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Unit Descriptors for the Pearson BTEC Higher Nationals in Health and Social Care Practice

Issue 2

For use with:

Pearson BTEC Higher National Certificate and Diploma in Health and Social Care Practice

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Summary of changes to Pearson BTEC Higher Nationals in Health and Social Care Practice Unit Descriptors Issue 2

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Added the new Level 4 and Level 5 pathway HNC Health and Social Care Practice (Ophthalmology) to *Figure 1* under 2.1 Programme structures overview	3
Added the new Level 4 and Level 5 pathway of HNC Health and Social Care Practice (Ophthalmology) to *Table 1: HNC and HND pathways showing core mandatory, specialist mandatory and space for optional or specialist units*	4, 5
Added new *Unit 419: Foundations of Anatomy, Physiology and Pathophysiology for Ophthalmology*	205
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Added new *Unit 522: Pathology and Clinical Manifestations of Diseases of the Visual System*	462
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Contents

1.0 Introduction

The unit descriptors included in this document are for use with the following qualifications:

- Pearson BTEC Level 4 Higher National Certificate in Health and Social Care Practice: **610/5301/6**
- Pearson BTEC Level 5 Higher National Diploma in Health and Social Care Practice: **610/5302/8**.

1.1 Qualifications indicated 'for England'

Qualifications that are indicated as 'for England' are designed to align to the requirements of specific occupational standards that meet Skills England (Institute for Apprenticeships and Technical Education (IfATE) at time of press) current occupation criteria. Meeting the requirements of the occupational standards relates to:

- qualifications that are 'quality marked' as Higher Technical Qualifications (HTQs)
- the knowledge, skills and behaviours for identified occupations that are associated with relevant occupational standards.

1.2 Qualifications not indicated 'for England'

Qualifications that are **not** indicated as 'for England' can be delivered at any centre, in the UK or overseas. These qualifications are not 'quality marked' as HTQs by Skills England (IfATE at time of press).

2.0 Programme structures

Programme structures define the unit combinations required for a given qualification. These are defined in *Section 6.0 Programme structures* within the relevant programme specification for the qualification.

2.1 Programme structures overview

These infographics (Figure 1 and Table 1) provide an 'at a glance' view of the pathway structures available in these qualifications. All units are 15 credits unless specified.

- HNC is made up of 120 credits (7 x 15 credit Level 4 units, 1 × 30 credit Level 4 unit).
- HND is made up of 240 credits, of which 120 credits are at Level 5 (5 × 15, 2 × 30 credit Level 5 units) and 120 credits are at Level 4 (see previous point).
- At both Levels 4 and 5, specialist units can also be selected as optional units for the standard pathway, and for any of the specialist pathways.
- For the general pathway, the combination of units selected must not replicate the rules of combination of any of the other specialist pathways.
- Figure 1: Student progression from HNC pathways to HND pathways.

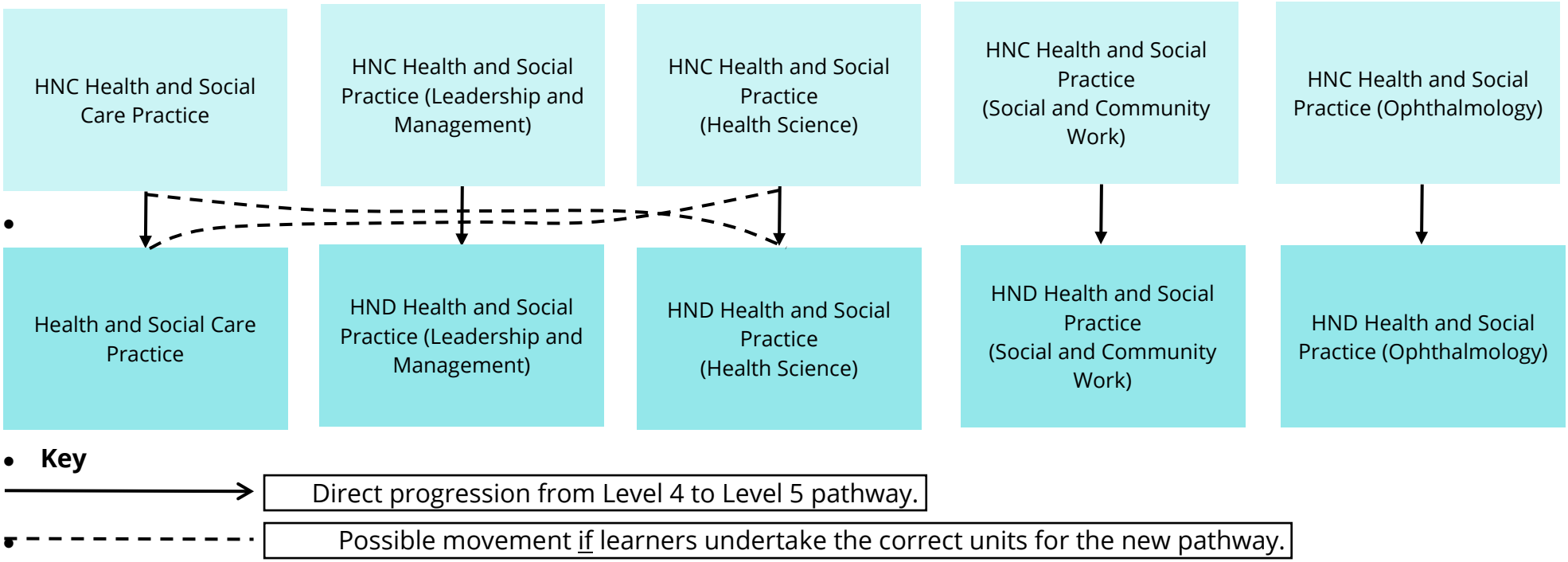

Table 1: HNC and HND pathways showing core mandatory, specialist mandatory and space for optional or specialist units.

Level 4

Unit type	Unit number	
Core *Mandatory*	401	Developing Professional Practice (30 credits)
Core *Mandatory*	402	Teamwork and Communication
Core *Mandatory*	403	Evidence Based Practice (Pearson-set)
Core *Mandatory*	404	Compassionate Care and Values-based Practice
Optional or specialist		
Optional or specialist		
Optional or specialist		

Unit type	Unit number	Leadership and Management pathway
Core *Mandatory*	401	Developing Professional Practice (30 credits)
Core *Mandatory*	402	Teamwork and Communication
Core *Mandatory*	403	Evidence Based Practice (Pearson-set)
Core *Mandatory*	404	Compassionate Care and Values-based Practice
Specialist *Mandatory*	405	Applying Governance Frameworks in Practice
Specialist *Mandatory*	406	Developing Leadership Skills
Optional or specialist		

Unit type	Unit number	Healthcare Science pathway
Core *Mandatory*	401	Developing Professional Practice (30 credits)
Core *Mandatory*	402	Teamwork and Communication
Core *Mandatory*	403	Evidence Based Practice (Pearson-set)
Core *Mandatory*	404	Compassionate Care and Values-based Practice
Specialist *Mandatory*	408	Applying Science in Healthcare
Specialist *Mandatory*	409	Essentials of Anatomy and Physiology
Optional or specialist		

Unit type	Unit number	Social and Community Work pathway
Core *Mandatory*	401	Developing Professional Practice (30 credits)
Core *Mandatory*	402	Teamwork and Communication
Core *Mandatory*	403	Evidence Based Practice (Pearson-set)
Core *Mandatory*	404	Compassionate Care and Values-based Practice
Specialist *Mandatory*	407	Planning and Supporting Community Led Activities
Optional or specialist		
Optional or specialist		

Unit type	Unit number	Ophthalmology pathway
Core *Mandatory*	401	Developing Professional Practice (30 credits)
Core *Mandatory*	402	Teamwork and Communication
Core *Mandatory*	403	Evidence Based Practice (Pearson-set)
Core *Mandatory*	404	Compassionate Care and Values-based Practice
Specialist *Mandatory*	408	Applying Science in Healthcare
Specialist *Mandatory*	419	Foundations of Anatomy, Physiology and Pathophysiology
Specialist *Mandatory*	420	Anatomy, Physiology and Pathophysiology of the Visual System and Optics of the Eye

Level 5

Unit type	Unit number	
Core *Mandatory*	501	Establishing Professional Practice (30 credits)
Core *Mandatory*	502	Leadership, Mentoring and Coaching Others
Core *Mandatory*	503	Innovation and Improvement through Participatory Action Research (Pearson-set) (30 credits)
Optional or specialist		
Optional or specialist		
Optional or specialist		

Unit type	Unit number	Leadership and Management pathway
Core *Mandatory*	501	Establishing Professional Practice (30 credits)
Core *Mandatory*	502	Leadership, Mentoring and Coaching Others
Core *Mandatory*	503	Innovation and Improvement through Participatory Action Research (Pearson-set) (30 credits)
Specialist *Mandatory*	504	Facilitating Practice Learning and Development
Specialist *Mandatory*	505	Facilitating Change for Quality Care
Optional or specialist		

Unit type	Unit number	Healthcare Science pathway
Core *Mandatory*	501	Establishing Professional Practice (30 credits)
Core *Mandatory*	502	Leadership, Mentoring and Coaching Others
Core *Mandatory*	503	Innovation and Improvement through Participatory Action Research (Pearson-set) (30 credits)
Specialist *Mandatory*	507	Assisting Practitioners and Professions
Specialist *Mandatory*	508	Applied Anatomy and Physiology
Optional or specialist		

Unit type	Unit number	Social and Community Work pathway
Core *Mandatory*	501	Establishing Professional Practice (30 credits)
Core *Mandatory*	502	Leadership, Mentoring and Coaching Others
Core *Mandatory*	503	Innovation and Improvement through Participatory Action Research (Pearson-set) (30 credits)
Specialist *Mandatory*	506	Safeguarding Children, Young People and Vulnerable Adults
Optional or specialist		
Optional or specialist		

Unit type	Unit number	Ophthalmology pathway
Core *Mandatory*	501	Establishing Professional Practice (30 credits)
Core *Mandatory*	502	Leadership, Mentoring and Coaching Others
Core *Mandatory*	503	Innovation and Improvement through Participatory Action Research (Pearson-set) (30 credits)
Specialist *Mandatory*	522	Pathology and Clinical Manifestations of Diseases of the Visual System
Specialist *Mandatory*	523	Ophthalmic Imaging and Measurement
Optional or specialist		

3.0 The unit descriptor

The unit descriptor is how we define the individual units of study that make up a Higher National qualification. Students will complete the units included in the programme you offer at your centre.

You can use any of the unit descriptors listed in *Section 4.0 Unit descriptors*. We have described each part of the unit as follows.

Table 1: Description of each part of the unit

Unit title	A general statement of what the unit will cover.
Unit code	The Ofqual unit reference number.
Unit type	There are three unit types: • core (mandatory to all pathways) • specialist (mandatory to specific pathways) • optional (available to most pathways).
Unit level	All our Pearson BTEC Higher National units are at Levels 4 or 5.
Credit value	The credit value relates to the total qualification time (TQT) and unit learning hours (ULH). It is easy to calculate: • 1 credit = 10 ULH • 15 credits = 150 ULH. To complete a Higher National Certificate or Higher National Diploma, students must achieve all of the credits required. Refer to *Section 7.5 Calculating the final qualification grade* in the programme specification.
Introduction	Some general notes on the unit: • setting the scene • stating the purpose and aim, and • outlining the topics to be learned and skills gained through the unit.
Learning Outcomes	These clearly explain what students will be able to do after completing the unit. There are usually four Learning Outcomes for each unit.
Essential Content	This section covers the content that students can expect to study as they work towards achieving their Learning Outcomes.
Learning Outcomes and Assessment Criteria	Tutors can refer to this table when grading assignments. The table connects the unit's Learning Outcomes with the student's work. Assignments can be graded at 'Pass' (P), 'Merit' (M) and 'Distinction' (D), depending on the quality of the student's work.
Suggested assessment method(s)	Tutors can choose to develop assignment briefs in line with the suggestion or not. The methods are suggestions only, not mandates.

Recommended Resources	This section lists the resources that students should use to support their study for the unit. It includes books, journals and online material. The programme tutor may also suggest resources, particularly for local information. It may also contain delivery requirements e.g., specific equipment, case study material and learning resources, depending on the subject.

Web resources – referencing

Some units have web resources as part of their recommended resources list. Hyperlinking to these resources directly can cause problems, as their locations and addresses may change. To avoid this problem we only link to the main page of the website and signpost students and tutors to the section where the resource can be found. Therefore, we have referenced web resources as follows:

[1] A link to the main page of the website

[2] The title of the site

[3] The section of the website where the resource can be found

[4] The type of resource it is, e.g.

- research
- general reference
- tutorial
- training
- eBook
- report
- wiki
- article
- data set
- development tool
- discussion forum.

Example

[1] www.kingsfund.org

[2] King's Fund

[3] 'Equality and diversity'

[4] (General reference)

Students and tutors must use a referencing system to cite and reference resources in an academic format.

4.0 Unit descriptors

Unit 401 Developing Professional Practice

Unit code: **T/651/4497**

Unit level: **4**

Credit value: **30**

Introduction

Practice is an essential, integral and important element of this qualification. The unit will introduce students to higher level practice and the principles that underpin it. The unit contains a blend of campus and practice learning with students spending the majority of their learning time applying the principles, techniques, knowledge and skills they have learned in the classroom.

The emphasis of the unit is to provide a strong foundation for those who are new to healthcare and social care practice. It also enables students with existing experience to build on that experience and to strengthen and solidify the practice foundations they already have.

Throughout this unit, students gather evidence of their own time in practice, learning and formative feedback they have received from supervisors and tutors. This will enable students to collate a substantial portfolio reflecting their time and experiences of practice learning, and their interactions with users of the services they are providing.

Consistency of practice and practice at the appropriate level are crucial elements of the unit. Students must provide evidence that they are not just observers while on placement. They are expected to take part in higher level care of others within the defined scope of their role.

Further guidance on placement units is provided within the specification document in *Sections 5.15* and *6.1.3*.

This unit cannot be compensated.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Implement a 'preparing for placement' plan from own portfolio to ensure smooth transition to placement learning

LO2 Record reflections on own placement experience throughout the placement duration

LO3 Produce a portfolio of validated evidence of consistent competent level appropriate practice throughout the duration of placement

LO4 Discuss ways own portfolio demonstrates completion of professional learning goals/objectives.

Key terms

Placement – this could be the student's workplace. The workplace must enable the student to complete the Learning Outcomes, be relevant to the qualification pathway and enable the student to practise at the relevant occupational level (see LO4 unit content for further details).

Validation/validated – confirmed, signed off or ratified by student's practice supervisor, who has been deemed competent:

- at the same or higher occupational level as the student is aiming to achieve
- in the area of service delivery where the student is placed.

Essential Content

LO1 **Implement a 'preparing for placement' plan from own portfolio to ensure smooth transition to placement learning**

Form and format of portfolio is at the discretion of the education provider.

Pre-placement learning:

What is 'professionalism' and 'professional practice'?

Personal time management

Professional communication, instant messaging and chat, social media and privacy settings

Use of artificial intelligence in communications

Exploring career and thus placement options

Health and social care professions and professionals

Reasons for: e.g. criminal record checks, mandatory training and occupational health appointments

Terminology, acronyms and initialisms commonly used in placement

Rapidly enabling escalation of concerns about service users' wellbeing e.g. Martha's Rule

Accessing professional supervision

Practising practice e.g. skills lab, simulated service users, practice hand washing facilities

Placement taster days/half days (can be counted as placement hours if validated).

Example pre-placement section components:

Components of this portfolio section will depend on students' own contexts, whether they have a placement or relevant workplace or still need to find one, career objectives, placement location and type and so on. It could include:

Pre-placement self-evaluation

Career aspirations or goals

Pre-placement task list or action plan e.g. tasks related to:

- Finding a placement
- Communicating with placement provider

Completion of pre-placement applications e.g. criminal record check, Disclosure and Barring Service check, AccessNI criminal record check

Occupational health appointments and vaccinations

Uniform fitting

Date, time, location of first day in placement.

Formal learning, training or courses to be completed before or during placement e.g. safeguarding, manual handing, equity, diversity and inclusion, basic life support or first aid, managing risk, data management and protection, infection control, fire safety, dementia awareness, autism awareness, disability awareness

Reflection on pre-placement visit or discussion with students who have already been on placement

Names and contact details[1] of placement provider, placement manager, placement supervisor, personal tutor and so on

Placement learning goals or objectives (see next heading).

Placement learning goals or objectives:

Setting level and setting appropriate learning goals/objectives

Expectations of student, placement peers and supervisor(s)

Discussing learning goals/objectives with placement supervisors very early in the placement

Adapting, editing, changing goals/objectives throughout placement

Reflection on changes to goals/objectives

Getting formative feedback from supervisor(s) – how often? Pre-, mid-, post-placement? Daily? Weekly?

Placement communication, formative feedback and check-ins:

Expectations of communication between student, practice coordinator, placement supervisor, mentor, practice educator, personal tutor and so on.

Ways of making formative feedback provision quick and easy for placement supervisors

Check-ins and formative feedback by campus-based tutor – minimum is mid-placement and towards end of placement.

[1] These details should be removed/made unavailable prior to unit assessment.

LO2 **Record reflections on own placement experience throughout the placement duration**

Developing higher level professional skills:

Professional writing and presentation of writing

Locating, referring to and citing authoritative sources of evidence and information in relation to professional practice

Professional reflection

Professional communication in and out of the workplace.

Recording reflections in the portfolio:

Why record reflections?

Where should reflections be recorded?

When should reflections be recorded?

Learning logs compared to reflections.

LO3 **Produce a portfolio of validated evidence of consistent competent level appropriate practice throughout the duration of placement**

Form and format of portfolio is at the discretion of the education provider.

Introduction to the portfolio:

Form and format of portfolio is at the discretion of the education provider.

Mandatory portfolio content:

Preparing for placement section

Log of placement hours section (only validated hours will be counted)

Placement supervisor formative feedback

Evidence of:

- Learning, including learning logs
- Continuing professional development
- Reflections on own practice
- Consistent professional practice – through Assessor and tutor formative feedback and other qualitative elements of the portfolio.

Consistent professional practice:

Practice that is professional throughout the placement. Not sufficient to evidence once only.

Required occupational level:

Occupational levels differ by nation. Tutors should signpost students to:

Relevant occupational level descriptors equivalent to Ofqual Level 4 (see specification document *Appendix 1*)

Professional body or regulator competencies or career framework levels (see *Recommended Resources* section within this unit for examples).

LO4 **Discuss ways own portfolio demonstrates completion of professional learning goals/objectives**

Use of formative feedback and own reflections to meet learning goals/objectives:

Demonstrating confidence in own practice

Relevant professional frameworks

Scope of practice or defined limit of knowledge, skills and experience.

Learning Outcomes and Assessment Criteria

Unit assessment

There are two elements to this unit's assessment:

1. Consistent, safe, competent practice
2. Professional discussion supported by portfolio of evidence.

Students must complete the required placement/workplace hours and demonstrate consistent, safe, competent practice to be eligible for a unit grade.

If any of the following are evident in the completion of practice, then students will not be deemed to have successfully completed their practice hours:

- Recorded evidence of episodes(s) of unsafe, unprofessional or dangerous practice
- Limited or no evidence of knowledge to demonstrate an understanding of practice in relation to the placement/workplace at the required occupation or qualification level
- Insufficient validated practice hours (minimum = 225 hours).

Consistent, safe, competent practice will be determined by validations from practice supervisor(s) in the practice portfolio of evidence, and a professional discussion supported by the evidence. The professional discussion will be graded Pass/Merit/Distinction, or Refer/Fail.

This unit cannot be compensated.

Assessment Board guidance

Where a student's practice is not consistently safe and competent, they need to carry out a period of further practice specified by the Assessment Board to provide sufficient opportunity to redeem the referral.

Where a student is referred in the professional discussion, they only need to repeat the professional discussion, although the Assessment Board may specify a further period of practice to support the student to redeem the referral.

Assessment criteria: professional discussion supported by portfolio of evidence

The professional discussion supported by the practice portfolio must be assessed in relation to the student's own practice. The assessment criteria table must be used to support grading this element.

The portfolio of evidence will be used to support the discussion. Evidence in the portfolio should be:

- validated by placement supervisor(s) where appropriate
- referenced where appropriate
- professional in format and style.

The assessment criteria are used holistically. They are a means to enable the assessment team to determine the unit grade. The assessment criteria are used as a reference for Assessors. They are not exhaustive and should be used in relation to each student's own practice placement or workplace. They should be used alongside relevant professional organisation and/or employer competencies and/or frameworks.

The assessment criteria are based on the *Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*[2], *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*[3], *Primary Care and General Practice Nursing Career and Core Capabilities Framework*[4] and *Subject Benchmark Statement: Health Studies*[5].

The assessment criteria are not weighted.

2 Quality Assurance Agency (2024) *Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*. Gloucester: The Quality Assurance Agency [online]. Available at: https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks.
3 Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.
4 Health Education England (2022) *Primary Care and General Practice Nursing Career and Core Capabilities Framework*. London: Health Education England.
5 Quality Assurance Agency (2024) *Subject Benchmark Statement: Health Studies*. Gloucester: Quality Assurance Agency [online]. Available at: https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements/subject-benchmark-statement-health-studies.

Professional discussion supported by portfolio of evidence compiled through practice experience and minimum hours

Pass **Competent/appropriate/adequate/ safe/reflective**	**Merit** **Effective/considered/clear/secure**	**Distinction** **Confident/perceptive/proficient/highly skilled/comprehensive**
LO1 Implement a 'preparing for placement' plan from own portfolio to ensure smooth transition to placement learning		
Gathers and interprets relevant information and evidence to provide safe, competent services. Evidence of professional values consistent with health or social care practice within diverse populations.	Understanding of role boundaries and the importance of supervision and carrying out appropriately delegated tasks.	Comprehensive evidence of wide reading/research of the practice evidence base. Evidence of highly skilled application of theory and research to practice.
LO2 Record reflections on own placement experience throughout the placement duration		
Effective self-management. Adequate use of self-reflection to develop appropriate professional skills, knowledge and practices. Takes adequate ownership of own learning. Evidence of sound use of the evidence base in relation to own practice. Uses authoritative sources related to own practice. Appropriate understanding of why learning is important and how it improves performance, practice and quality of own service provision.	Evidence of effectively supporting others to understand the principles that underpin professional practice. Clear demonstration and evidence of ownership of own practice learning. Thoughtful understanding of relevant concepts and principles within the area of practice. Evidence of effective judgement in selection of evidence used to improve practice and the delivery of services.	Highly developed self-management skills in relation to own workload and time, including prioritising tasks and resources, taking account of changing circumstances. May coach or mentor less experienced staff and students in practice. Evidences proficient ability to provide and receive complex and sensitive information, including to/from service users and colleagues.

LO3 Produce a portfolio of validated evidence of consistent competent level appropriate practice throughout the duration of placement		
Evidence of professional working in a team environment to support service users or clients within scope of role. Acts with integrity and honesty, ensuring individuals do not experience harm by reporting situations, behaviours or errors that might lead to adverse outcomes for clients or service users. Appropriate evidence of consistent person-centred care and/or service provision. Validated evidence of completion of practice hours.	Clear evidence of contemporary professional practice within the scope of the role. Clear evidence of application of research and service evaluation/improvement principles and processes to support delivery of high-quality services. Promotes and advocates for service users, their families and carers.	Evidence of highly skilled professional practice within scope of the role and adhering to local, professional and national procedures and policies. Confidently understands the aims and principles of health and wellbeing promotion, protection and improvement, and importance of relevant interventions for individual service users and their families. Actively promotes and practises the principles of inclusion, diversity, equity and justice for the wellbeing of service users, clients and their families and carers.
LO4 Discuss ways own portfolio demonstrates completion of professional learning goals/objectives		
Essential: No breaches of service user, client, colleague or placement/workplace confidentiality within portfolio or discussion. Takes part in discussion and/or debate during the assessment. Knowledge and understanding demonstrated in discussion can be benchmarked with relevant occupational standards, competencies or frameworks for the placement/workplace area at the appropriate occupation and qualification level.	Considered professional discussion with effective use of evidence from practice. Effective communication with evidence of both verbal and non-verbal skills. Effective ability to identify ways to promote dignity and is aware of individuals' environments and factors that might cause discomfort. Clearly understands the aims and principles of inclusion, health promotion, protection and service improvement for individual service users and their families.	Evidence of highly skilled professional practice within scope of the role and adhering to local, professional and national procedures and policies. Perceptive and comprehensive links to practice have been articulated. Demonstration of proficient communication and discussion skills, taking opportunity to lead elements of the discussion or pose questions. Confidently evidences opportunities they have taken to contribute to the learning culture in the practice environment.

Written, verbal or non-verbal language or communication meets professional requirements relevant to practice, occupational level or qualification level. Evidence of professional working in a team environment to support service users or clients within scope of role. Sufficient knowledge to deliver safe, competent care or service provision. Appropriately applies principles and processes or equity and inclusion to support access to services. Aware of own values, culture and position, and the impact of practice and actions on others. Provides support and care without prejudice.		

Assessment method(s)

Consistent, safe, competent practice.

Holistic, supportive, in-person (not online) discussion related to portfolio of evidence.

Recommended Resources

Textbooks

Spencer, M. and Healey, J. (2022) *Surviving Your Placement in Health and Social Care: A Student Handbook*. 2nd Ed. London: Open University Press.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://www.afpp.org.uk	Association for Perioperative Practice (Professional organisation)
https://www.acpuk.org.uk	Association of Clinical Psychologists (Professional organisation)
https://www.aep.org.uk	Association of Educational Psychologists (Professional organisation)
https://www.ahpo.net	Association of Health Professions in Ophthalmology (Professional organisation)
https://asltip.com	Association of Speech and Language Therapists in Independent Practice (Professional organisation)
https://www.baaudiology.org	British Academy of Audiology (Professional organisation)
https://www.orthoptics.org.uk	British and Irish Orthoptic Society (Professional organisation)
https://www.bamt.org	British Association for Music Therapy (Professional organisation)

https://www.bapo.com	British Association of Prosthetists and Orthotists (Professional organisation)
https://baat.org	British Association of Art Therapists (Professional organisation)
https://www.badth.org.uk	British Association of Dramatherapists (Professional organisation)
https://basw.co.uk	British Association of Social Workers (Professional organisation)
https://bcha-uk.org	British Chiropody and Podiatry Association (Professional organisation)
https://www.bda.uk.com	British Dietetic Association (Professional organisation)
https://www.csp.org.uk	Chartered Society of Physiotherapy (Professional organisation)
https://codp.org.uk	College of Operating Department Practitioners (Professional organisation)
https://www.collegeofparamedics.co.uk	College of Paramedics (Professional organisation)
https://www.ipem.ac.uk	Institute of Physics and Engineering in Medicine (Professional organisation)
https://www.ibms.org	Institute of Biomedical Science (Professional organisation)
https://nacas.org.uk	National Association of Care & Support Workers (Professional organisation)
https://www.napswi.org	National Association of Professional Social Workers in India (Professional organisation)
https://rcm.org.uk	Royal College of Midwives (Professional organisation)

https://www.rcn.org.uk	Royal College of Nursing (Professional organisation)
https://www.rcot.co.uk	Royal College of Occupational Therapists (Professional organisation)
https://www.rcslt.org	Royal College of Speech and Language Therapists (Professional organisation)
https://www.sor.org	Society of Radiographers (Professional organisation)

Occupational descriptions, frameworks and competencies

E.g.

British Association of Social Workers (2018) *Professional Capabilities Framework*. Birmingham: British Association of and Social Workers. Available at: https://basw.co.uk/training-cpd/professional-capabilities-framework-pcf.

Health Education England (2024) *Maternity Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/maternity/maternity-support-workers.

Health Education England (2021) *Primary Care and General Practice Nursing Career and Core Capabilities Framework*. London: Health Education England. Available at: https://www.skillsforhealth.org.uk/resources/primary-care-general-practice-nursing-career-core-capabilities-framework/.

Health Education England (2021) Allied Health Professions' Support Worker Competency, *Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.

Quality Assurance Agency (2024) *Subject Benchmark Statement: Health Studies.* Gloucester: Quality Assurance Agency. Available at: https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements/subject-benchmark-statement-health-studies.

Skills England (IfATE at time of publication) (n.d.) *Apprenticeship Standard Occupational Level Guide*. London: Institute for Apprenticeships and Technical Education. Available at: https://www.instituteforapprenticeships.org/developing-new-apprenticeships/resources/occupational-level-guide/.

Links

This unit links to the following related units:

All units. Practice reinforces all units, and all units reinforce practice.

Essential requirements

Tutors or placement coordinator should engage with placement providers as early as possible to facilitate high-quality placements.

See *Sections 5.1.5* and *6.1.3* in the specification document for full details.

Delivery

The majority of the unit content will be delivered prior to students going to placement. Tutors may wish to revisit some content during check-ins or during inter-placement periods.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is strongly recommended. Placement experts should be encouraged to deliver elements of the unit content either on campus or through placement tutorials.

Tutors *must* ensure that all students have an equitable learning experience while on placement. For example, if one placement supervisor offers an extra tutorial on an element of another unit, this could advantage the students at that placement site, and so disadvantage all other students.

Unit 402 Teamwork and Communication

Unit code: **Y/651/4498**

Unit level: **4**

Credit value: **15**

Introduction

Effective teamwork and the ability to effectively communicate with a wide range of people are essential attributes for those wishing to work in health and social care organisations. This unit is designed to enable students to identify and understand their key personal abilities and to underpin the development of their personal and professional skill set. This will include areas such as effective communication skills, interprofessional working, understanding the role of others within the healthcare team, professional identity and working as part of a team.

This unit will prepare students from a variety of backgrounds to work in health and social care organisations. Throughout this unit, students will learn to appreciate teamwork and communication as essential components of new and established practitioners' roles.

The unit promotes multi-agency working across health and social care teams. Interprofessional working is promoted through the exploration of topical issues within health and social care.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Identify communication skills needed to facilitate effective relationships with others

LO2 Evaluate own role within the interprofessional team

LO3 Demonstrate increased self-awareness leading to identification of strategies for continuing development

LO4 Discuss strategies which can be used to build own resilience.

Essential Content

LO1 **Identify communication skills needed to facilitate effective relationships with others**

Enhanced communication and interpersonal skills:

Types of communication skills

Principles of effective communication

Building effective communication skills and developing enhanced skills e.g.

- Active listening
- Emotional awareness
- Building empathy
- Paraphrasing and reflecting
- Mirroring
- Questioning
- Motivational interviewing

Enablers and barriers to effective communication

Evaluating own and others' communication skills.

LO2 **Evaluate own role within the interprofessional team**

Interprofessional team:

Interprofessional and team working

Professional identity and socialisation e.g. NHS constitution and values:

- Cross boundary and partnership working
- Service availability
- Services based on need
- Standards of excellence and professionalism
- Service users at the heart of everything
- Working across organisational boundaries
- Best value for money
- Accountable to public, communities and users of services
- Working together
- Respect and dignity

Commitment to quality care

Compassion

Improving lives

Everyone counts.

Teamworking:

Principles of effective teamworking

Enablers and barriers to teamworking

Dealing with conflict

Developing problem solving skills

Giving and receiving feedback.

LO3 **Demonstrate increased self-awareness leading to identification of strategies for continuing development**

Self-awareness:

Models and methods to identify own self-awareness starting point e.g. strengths, weaknesses, opportunities and barriers (SWOB) matrix; Johari window; question guided journaling; wheel of life

Exploring reflective practice

Developing emotional intelligence

Understanding the role of and developing resilience

Exploring professional development and continuing professional development (CPD) models

Developing personal development plans.

LO4 **Discuss strategies which can be used to build own resilience**

Resilience:

Definitions of resilience

Importance of resilience for self-care

Exploring self-esteem

Identify own level of resilience

Dealing with difficult situations

Personal and professional confidence

Assertiveness.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Identify communication skills needed to facilitate effective relationships with others</td><td rowspan="5">LO1 and LO2

D1 Evaluate how professional or institutional values can underpin cross boundary and partnership working.</td></tr>
<tr><td>P1 Identify a range of communication skills needed when communicating with service users.

P2 Explain how effective communication skills can help you to develop positive working relationships with colleagues.</td><td>M1 Discuss the enablers and potential barriers to enhanced communication.</td></tr>
<tr><td colspan="2">LO2 Evaluate own role within the interprofessional team</td></tr>
<tr><td>P3 Outline key principles for effective teamworking.

P4 Explain the role of professional identity and how it affects professional socialisation.</td><td>M2 Discuss methods of dealing with conflict within the interprofessional team.</td></tr>
<tr><td colspan="2">LO3 Demonstrate increased self-awareness leading to identification of strategies for continuing development</td></tr>
<tr><td>P5 Undertake self-awareness analyses through this unit.

P6 Describe the relationship between emotional intelligence and communication skills.</td><td>M3 Discuss areas identified for your own self-development.</td><td rowspan="3">LO3 and LO4

D2 Reflect on own personal and professional journey through this unit.</td></tr>
<tr><td colspan="2">LO4 Discuss strategies which can be used to build own resilience</td></tr>
<tr><td>P7 Define resilience in relation to own practice.

P8 Explain the link between resilience and self-care.</td><td>M4 Explore strategies that can by adopted to increase own resilience.</td></tr>
</table>

Suggested assessment method(s)

Development of a personal and professional development portfolio to evidence the student journey throughout the unit. The format of this portfolio may be individually negotiated with the tutor.

Students must be given time to develop knowledge and understanding before assessment of this unit.

Recommended Resources

Textbooks

Argyle, M. (2014) *Bodily Communication.* 6th Ed. East Sussex: Routledge.

Bolton, G. and Delderfield, R. (2018) *Reflective Practice: Writing and Professional Development*. 6th Ed. Los Angeles: Sage.

Burnard, P. (2002) *Learning Human Skills. An Experiential and Reflective Guide for Nurses and Health Care Professionals*. 4th Ed. Oxford: Butterworth-Heinemann.

Butler, G. and McManu, F. (2014) *Psychology (A Very Short Introduction)*. 2nd Ed. Oxford; New York: Oxford University Press.

Day, J. (2013) *Interprofessional Working: An Essential Guide for Health and Social-Care Professionals*. Andover: Cengage Learning. (eBook also available).

Hargie, O. and Dickson, D. (2016) *Skilled Interpersonal Communication: Research, Theory and Practice*. 6th Ed. Routledge: London.

Jasper, M. (2013) *Beginning Reflective Practice.* 2nd Ed. (Nursing and Health Care Practice Series). Hampshire: Cengage Learning EMEA.

Johns, C. (2016) *Becoming a Reflective Practitioner: A Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision*. 5th Ed. Oxford: Blackwell Science Ltd.

Moss, B. (2023) *Communication Skills in Nursing, Health and Social Care.* 5th Ed. London: Sage Publications.

O'Toole, G. (2020) *Core Interpersonal Skills for Healthcare Professionals*. 4th Ed. London: Elsevier. (eBook also available).

Palmer, A., Burns, S. and Bulman, C. (2004) *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. 3rd Ed. Oxford: Blackwell Science.

Payne, M. (2000) *Teamwork in Multiprofessional Care*. Hampshire: Palgrave Macmillan.

Reeves, S. (2010) *Interprofessional Teamwork for Health and Social Care* (eBook). Chichester: Blackwell.

Rolfe, G., Freshwater, D. and Jasper, M. (2025) *Critical Reflection in Practice: A Guide for Health and Social* Care. 3rd Ed. London: Bloomsbury Academic.

Stein-Parbury, J. (2018) *Patient and Person: Interpersonal Skills in Nursing*. 6th Ed. Chatswood, NSW: Elsevier.

Thomas, J., Pollar, K. and Sellman, D. (2014) *Interprofessional Working in Health and Social Care: Professional Perspectives*. 2nd Ed. Swansea: Red Globe Press.

West, M. A. (2012) *Effective Teamwork: Practical Lessons from Organizational Research*. 3rd Ed. Chichester: BPS Blackwell

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

www.caipe.org	Centre for the Advancement of Interprofessional Education (Membership organisation)
https://www.gov.uk	Department of Health and Social Care 'The NHS Constitution for England' (Resource)
https://jobs.hscni.net	Health and Social Care Jobs in Northern Ireland 'Health and Social Care Values' (Information)
https://www.healthcareers.nhs.uk	NHS Careers 'The NHS values' (Information)
https://nwssp.nhs.wales	NHS Wales 'Values and Standards of Behaviour Framework' (Information)
https://www.skillsforcare.org.uk	Skills for Care 'Our research' (Information)
https://www.skillsforhealth.org.uk	Skills for Health 'Resources' (Information)

Journals

British Journal of Social Work

Child & Family Social Work

Journal of Health Communication

Journal of Interprofessional Care

Journal of Nursing Management

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 406: Developing Leadership Skills

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 507: Assisting Practitioners and Professions

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Unit 514: Housing and Homelessness

Unit 518: Growing Careers in Health and Care

Unit 519: Project Management

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Tutors must be appropriately qualified and experienced in the health and social care sector to deliver the principles and skills development aspects of this unit and to enable students to make the link between theory and their own development.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 403 Evidence Based Practice (Pearson-set)

Unit code: **A/651/4499**

Unit level: **4**

Credit value: **15**

Introduction

Evidence based practice is fundamental to delivering sustainable, safe and effective services in health and social care. It involves taking systematic approaches to answer key questions, including undertaking an audit, a quality improvement project or a research project. Developing the evidence base within health and social care is everyone's business and is not just for academics or senior practitioners. Most importantly, the key questions on which to build the evidence base must be informed by the people who access the services, as encapsulated in the phrase 'Nothing about us without us'[6]. Therefore, the principles of co-production must be embedded within the development of the evidence base, regardless of the systematic approach being used.

The aim of this unit is to develop students' knowledge, understanding and application of audit, quality improvement and research – embedding the principles and key features of co-production throughout each process. Students will learn the purpose and the processes involved in undertaking an audit, a quality improvement project and a research project, exploring the concept of co-production at each stage. Students will devise a quality improvement plan on a topic of their choice, aligned to the Pearson-set theme and chosen topic.

On completion of this unit, and with the feedback from their assessment, students will have a quality improvement project outline that provides opportunities within their employment to actively engage in developing the evidence base to enhance the quality of the service in which they work. Possessing the necessary skills to develop the evidence base will enhance employability within existing roles and provide strong foundations to explore further study, including for pre-registration qualifications if desired.

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[6] Adapted from: Department of Health (2012). *Liberating the NHS: No decision about me, without me – Government response*. London: Department of Health.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explain the purpose of audit, quality improvement and research in informing evidence based practice in own field of care

LO2 Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence based practice in health and social care

LO3 Explore the concept of co-production to underpin quality improvement and research activity in health and social care

LO4 Develop a quality improvement plan embedding co-production principles.

Essential Content

LO1 **Explain the purpose of audit, quality improvement and research in informing evidence based practice in own field of care**

Purpose of audit:

Assess how services are performing against standards

Enable providers to identify areas for improvement for people who access services

Ask and answer the question 'What are we doing?'

Areas that are audited – structure of service, processes within services and/or outcome of services, use of data to benchmark performance and plan actions for improvement

Local audit processes

Examples of local or regional audits

Audit reports, action plans and review cycles.

Purpose of quality improvement:

Systematic and coordinated approach

Problem solving together across networks and pathway

Deliver sustained improvements in the quality, safety and effectiveness of services to those who access them

Provide people with skills and resources to make changes

Examples of local and national quality improvement projects within health and social care

Public and people involvement in quality improvement projects

Methods used in quality improvement projects.

Purpose of research:

Safety of those who use services

New knowledge acquisition

Determination of efficacy of intervention or approach

Development of effective services

Creating the evidence base

Challenging and evolving historical practices

Research priorities driven by people who access services.

LO2 **Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence based practice in health and social care**

Audit within service settings and workplaces:

Standards of care for a service or process

Benchmarking service against standards and other providers

Audit cycles and reporting

Outcome measures

Follow-up actions.

Quality improvement projects within healthcare settings and workplaces:

Principles of PDSA (Plan, Do, Study, Act) cycles

Iterative change

Collaboration between clinicians and people who access services

Culture change

Processes and systems

Small change, big impact.

The research process:

Working with those who access services

Identify problem and question

Literature review and critical appraisal tools

Research approaches and methodologies e.g. qualitative, quantitative, mixed methods

Data collection methods e.g. survey, semi-structured interview, co-participation groups, previously collected data

Data analysis

Results

Discussion

Conclusion

Sharing findings in a range of media and with a range of audiences

Apply findings to own and others' practice.

Principles of good practice for health and social care quality improvement projects and research:

Safety of participants and researchers

Competence and capability of researchers

Scientific and ethical conduct: ethical approval; consent and choice; respect for privacy; information about the research; research protocol; benefits and risks for participants, researcher and employer

Active participation from patient/service user/public involvement

Integrity, quality and transparency

Insurance and indemnity

Governance and compliance

Accessible findings.

LO3 **Explore the concept of co-production to underpin quality improvement and research activity in health and social care**

Key principles of co-production:

Work together to prioritise needs of local population

Principles of equity, diversity and inclusion in the co-production of quality improvement and research activity

Relationship building, power-sharing, everyone is of equal importance, including all perspectives and skills

Treating people with dignity, empathy and reciprocity.

Key features of co-production:

Full and equal partnerships at every stage of the quality improvement or research project

Clear ground rules

Ownership, ongoing discussion and dialogue

Finding solutions through shared decision making

Enhancing authenticity through continuous reflection

Different approaches to work with different groups of people to influence service design, delivery or commissioning of services.

LO4 **Develop a quality improvement plan embedding co-production principles**

Content of a quality improvement plan:

Aims and objectives

Background to the project

Scope of project (Plan, Do, Study, Act)

Expected deliverables and timescale

Analysis of risk

Resources and budget considerations

Method/process

Accountability to people who access services, colleagues and employer

Identification of the project team and sponsor

Data and measures

Dependencies (i.e. links between one action and another)

How the work is going to be sustained and shared with other services.

Co-production principles in quality improvement plans:

Joint setting of aims and objectives

Reflecting on the process and experiences as an individual and a team

Agreed deliverables

Joint decision making on practical elements, including risk and budget, methods, data collection, dissemination of findings, future action planning.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the purpose of audit, quality improvement and research in informing evidence based practice in own field of care</td><td rowspan="3">D1 Critique the use of audit, quality improvement and research to inform evidence based practice in health and social care.</td></tr>
<tr><td>P1 Explain the purposes of the three different processes.

P2 Describe how each process informs evidence based practice in own field of care.</td><td>M1 Compare the use of audit, quality improvement and research to inform evidence based practice in own field of care.</td></tr>
<tr><td colspan="2">LO2 Examine the processes involved in doing an audit, a quality improvement project and a research project to inform evidence based practice in health and social care</td></tr>
<tr><td>P3 Describe the components within audit, quality improvement and research processes.

P4 Identify examples for the application of the components within audit, quality improvement and research processes in practice.</td><td>M2 Compare the components in audit, quality improvement and research processes.

M3 Justify the use and application of the components within audit, quality improvement and research processes to inform evidence based practice in own field of care.</td><td>D2 Critique the use of the components of audit, quality improvement and research processes to inform evidence based practice in own field of care.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Explore the concept of co-production to underpin quality improvement and research activity in health and social care		
P5 Define the key principles and features of co-production in quality improvement and research. **P6** Discuss the importance of co-production within quality improvement and research activity.	**M4** Analyse the challenges to embedding co-production principles and features in quality improvement and research projects.	**D3** Provide a critical evaluation, based on the literature, that draws on your own opinions and experiences of co-production within quality improvement and research activity.
LO4 Develop a quality improvement plan embedding co-production principles		
P7 Produce a comprehensive quality improvement plan, related to a specific aspect within own work. **P8** Discuss the importance of co-production principles and key features within own quality improvement plan.	**M5** Propose ways to embed co-production principles and key features within every stage of the quality improvement plan.	**D4** Provide a critical reflection of own experiences of designing a quality improvement plan.

Suggested assessment method(s)

Quality improvement plan.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Aveyard, H. (2023) *Doing a Literature Review in Health and Social Care: A Practical Guide*. 5th Ed. Maidenhead: Open University Press.

Beresford, P. (2021) *Participatory Ideology: From Exclusion to Involvement*. Bristol: Bristol University Press.

Charlton, J. (2000) *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley, CA: University of California Press.

Cottrell, S. (2023) *Critical Thinking Skills: Effective Analysis, Argument and Reflection*. 4th Ed. London: Palgrave Macmillan.

Jolley, J. (2020) *Introducing Research and Evidence-Based Practice for Nursing and Healthcare Professionals*. 3rd Ed. London: Routledge.

Swanwick, T. and Vaux, E. (2020) *ABC of Quality Improvement in Healthcare*. Oxford: Wiley-Blackwell.

Websites

https://bepartofresearch.nihr.ac.uk	Be Part of Research: National Institute for Health and Care Research 'What is health and care research?' (General reference)
https://casp-uk.net	Critical Appraisal Skills Programme 'CASP Checklists' (General reference)
www.health.org.uk	Health Foundation 'Quality improvement made simple' (Report)

www.learningforinvolvement.org.uk	Learning for Involvement: National Institute for Health and Care Research 'Co-producing a research project' (Co-production collection) (General reference)
www.england.nhs.uk	NHS England 'Plan, Do, Study, Act (PDSA) cycles and the model for improvement' (Training)
www.hra.nhs.uk	NHS Health Research Authority 'Planning and improving research: UK Policy Framework for Health and Social Care Research' (General reference)
www.strokeaudit.org	Sentinel Stroke National Audit Programme 'About SSNAP' (General reference)
www.thinklocalactpersonal.org.uk	Think Local Act Personal 'Projects: Co-production' (General reference)

Journal articles

Backhouse, A. and Ogunlayi, F. (2020) 'Quality improvement into practice', *BMJ*, 368, m865. Available at: https://www.bmj.com/content/368/bmj.m865.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 405: Applying Governance Frameworks in Practice

Unit 406: Developing Leadership Skills

Unit 410: Caring for People with Dementia

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 414: Planning Care in Practice

Unit 416: Addressing Inequalities in Public Health

Unit 417: Changing Perspectives in Public Health

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 519: Project Management

Unit 520: Community Development Projects

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Tutors must be appropriately experienced in service improvement/research/service evaluation to deliver the principles and skills development aspects of this unit and to enable students to make the link between theory and their own practice.

Employer engagement and vocational contexts

The use of external research and practice-based experts in the delivery of this unit is encouraged.

Unit 404 Compassionate Care and Values-based Practice

Unit code: K/651/4500

Unit level: 4

Credit value: 15

Introduction

Compassionate care and values-based practice are core principles underpinning person-centred care in health and social care. Developing the skills that contribute to these ensures that effective patient care is delivered in an inclusive way that respects the rights and wishes of individuals. This unit is designed to enable students to develop their awareness of equity, diversity and inclusion, and professional ethical practice. They will build a skill set of empathy, compassion, dignity and respect and be able to apply this in the provision of personalised care.

This unit will prepare students from a variety of backgrounds to work within health and social care organisations. Throughout the unit, students will learn to appreciate the essential components that need to be developed to ensure ethical practice.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the principles of equity, diversity and inclusion necessary to facilitate effective relationships with others

LO2 Discuss the principles of values-based practice

LO3 Develop skills needed to deliver person-centred care

LO4 Demonstrate how reflective self-awareness leads to effective personalised care.

Essential Content

LO1 **Describe the principles of equity, diversity and inclusion necessary to facilitate effective relationships with others**

Equity, diversity and inclusion:

Definitions of the terms

Characteristics protected in law e.g. the Equality Act 2010

Organisational and employer responsibilities and best practice

Professional and membership organisation guidance

Regulator standards

Employee responsibilities.

Equity, diversity and inclusion in practice:

Embracing equity, diversity and inclusion in the workplace

Professional responsibilities

Raising concerns and whistleblowing.

LO2 **Discuss the principles of values-based practice**

Values-based practice:

Definition of values-based practice

Equitable use of resources

Sustainable use of resources

Transparent use of resources

Values-based practice in decision making.

Own values and behaviours:

Identifying own values

Conflicting values

Link between values and behaviours

Understanding compassion

Developing empathy

Adopting values-based practice.

Rights of service users:

Patient and service user charters

Maintaining rights and managing expectations

Responsibilities alongside rights.

LO3 **Develop skills needed to deliver person-centred care**

Person-centred care:

Definitions of person-centred care

Why person-centred care is important

Theoretical models of person-centred care

The 6 Cs

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment.

LO4 **Demonstrate how reflective self-awareness leads to effective personalised care**

Personalised care:

Definitions of personalised care

Exploring reflective practice

Developing emotional intelligence and exploring the link to compassion and empathy.

Resilience:

Definitions of resilience

Methods of developing resilience

Holistic approach to professional resilience

Stress, distress and wellbeing

Resilience underpinning personalised care.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the principles of equity, diversity and inclusion necessary to facilitate effective relationships with others</td><td rowspan="5">LO1 and LO2

D1 Evaluate how equity, diversity and inclusion and values-based practice are adopted by your placement or workplace organisation.</td></tr>
<tr><td>P1 Identify the principles of equity, diversity and inclusion.

P2 Explain why equity, diversity and inclusion are necessary to facilitate effective relationships with others.</td><td>M1 Discuss the practical ways in which equity, diversity and inclusion can be adopted in own practice with those accessing services.</td></tr>
<tr><td colspan="2">LO2 Discuss the principles of values-based practice</td></tr>
<tr><td>P3 Identify your own values in relation to practice.

P4 Explain the link between values and behaviour.</td><td>M2 Discuss why values-based practice is so important.</td></tr>
<tr><td colspan="2">LO3 Develop skills needed to deliver person-centred care</td><td rowspan="5">LO3 and LO4

D2 Evaluate the ways in which person-centred and personalised care is ensured in own placement or workplace organisation.</td></tr>
<tr><td>P5 Differentiate between person-centred and personalised care.

P6 Discuss the person-centred care in relation to own practice.</td><td>M3 Demonstrate appreciation of theoretical models of patient-centred care.</td></tr>
<tr><td colspan="2">LO4 Demonstrate how reflective self-awareness leads to effective personalised care</td></tr>
<tr><td>P7 Explain how own self-awareness has increased.

P8 Describe the relationship between reflective self-awareness and personalised care.</td><td>M4 Explore strategies to improve own personalised care in relation to practice.</td></tr>
</table>

Suggested assessment method(s)

Case study presentation illustrating how values-based practice, including equity, diversity and inclusion, has been used to ensure the provision of person-centred and personalised care in students' workplace/placement.

Recommended Resources

Textbooks

Argyle, M. (2014) *Bodily Communication*. 6th Ed. East Sussex: Routledge.

Bolton, G. and Delderfield, R. (2018) *Reflective Practice: Writing and Professional Development*. 6th Ed. Los Angeles: Sage.

Burnard, P. (2002) *Learning Human Skills. An Experiential and Reflective Guide for Nurses and Health Care Professionals*. 4th Ed. Oxford: Butterworth-Heinemann.

Burnard, P. (2005) *Counselling Skills for Health Professionals*. 4th Ed. Cheltenham: Nelson Thornes.

Butler, G. and McManu, F. (2000) *Psychology. (A Very Short Introduction)*. Oxford: New York: Oxford University Press.

Duncan, P. (2009). *Values, Ethics and Health Care*. London: Sage Publications Ltd.

Francis, M. and Giovanna Roberto, M. (2023) *Beyond Right and Wrong: Introductory Medical Ethics for Students and Healthcare Professionals*. Independently published.

Freshwater, D. (2003) *Counselling Skills for Nurses, Midwives and Health Visitors*. Oxford: Open University Press.

Hargie, O. and Dickson, D. (2016) *Skilled Interpersonal Communication: Research, Theory and Practice*. 6th Ed. London: Routledge.

Jasper, M. (2013) *Beginning Reflective Practice*. 2nd Ed. (Nursing and Health Care Practice Series). Hampshire: Cengage Learning EMEA.

Johns, C. (2016) *Becoming a Reflective Practitioner: A Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision*. 5th Ed. Oxford: Blackwell Science Ltd.

Koprowska, J. (2014) *Communication and Interpersonal Skills in Social Work*. 4th Ed. London: Learning Matters Ltd.

Moss, B. (2023) *Communication Skills in Nursing, Health and Social Care*. 5th Ed. London: Sage Publications.

Neenan, M. and Dryden, W. (2001) *Life Coaching. A Cognitive-Behavioural Approach*. Hove: Brunner-Routledge.

Palmer, A., Burns, S. and Bulman, C. (2004) *Reflective Practice in Nursing. The Growth of the Professional Practitioner*. 3rd Ed. Oxford: Blackwell Science.

Passmore, J. (Ed) (2006). *Excellence in Coaching. The Industry Guide*. London: Kogan Page.

Richardson, P. (2006) *The Life Coach*. London: Hamlyn Publishers.

Samuriwo, R., Pattison, S., Todd, A. and Hanninigan, B. (2017) *Values in Health and Social Care: An Introductory Workbook*. London: Jessica Kingsley Publishers.

Stein-Parbury, J. (2018) *Patient and Person: Interpersonal Skills in Nursing*. 6th Ed. Chatswood, NSW: Elsevier.

Thorne, K. (2004) *Coaching for Change*. London: Kogan Page.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://www.bma.org.uk	British Medical Association 'Advice and Support' (Professional guidance)
https://www.medicalprotection.org.uk	Medical Protection 'The Four Principles of Medical Ethics' (Professional guidance)
https://www.mind.org.uk	Mind 'Managing stress and building resilience' (Information and support)
https://resilienceresearch.org	Resilience Research Centre 'Our research' (Research)
https://www.who.int	World Health Organization 'Ethics and Health' (Professional guidance)

Journals

British Journal of Social Work

Child & Family Social Work

Journal of Health Communication

Journal of Interprofessional Care

Journal of Medical Ethics

Journal of Nursing Management

Journal articles

Amsrud, K. E., Lyberg, A. and Severinsson, E. (2019) 'Development of resilience in nursing students: A systematic qualitative review and thematic synthesis', *Nurse Education in Practice*, 41, 102621.

Kravets, V., Meshko, H., Meshko, O., Leskiw, A. and Habrusieva, N. (2021) 'Development of Future Managers' Resilience as a Condition for Efficiency and Reliability of Management Activities', *SHS Web of Conferences*, 100, 02003.

Lohner, M. S. and Aprea, C. (2021) 'The Resilience Journal: Exploring the Potential of Journal Interventions to Promote Resilience in University Students', *Frontiers in Psychology*, 12, p. 702683.

Plimmer, G., Berman, E. M., Malinen, S., Franken, E., Naswall, K., Kuntz, J. and Löfgren, K. (2022) 'Resilience in Public Sector Managers', *Review of Public Personnel Administration*, 42(2), pp. 338–367.

Reports

Gifford, J. and Young, J. (2021) *Employee Resilience: An Evidence Review* [Summary report], London: Chartered Institute of Personnel and Development. Available at: https://www.cipd.org/uk/knowledge/evidence-reviews/evidence-resilience/.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 416: Addressing Inequalities in Public Health

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 509: Leading Quality Care

Unit 511: End of Life Planning and Support

Unit 512: Conflict and Resolution

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Students and tutors must be able to quickly access mental health and wellbeing support services where needed. Consideration should be given to providing access to professional supervision with students and tutors where necessary.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 405 Applying Governance Frameworks in Practice

Unit code: **L/651/4501**

Unit level: **4**

Credit value: **15**

Introduction

Within the unit title, 'governance framework' is used loosely. There is no single framework or even a definable number of frameworks. The term could equally refer to regulation, policy, professional guidance, laws and legislation, standards of proficiency and practice, legislations, registration, statutory instruments or any number of other terms related to the broad schema under which healthcare and social care systems operate worldwide.

The aim of the unit is to enable students to identify the governance frameworks that apply to their own practice within the placement area or workplace. They will have the opportunity to research how they are used and how they impact the services they deliver.

Students will be introduced to the opportunities available to make changes or to provide feedback on proposed new or updated standards and guidance in order to effect change and improvements to health and social care services.

It is the *application* of governance frameworks, laws and professional guidance that is important within this unit rather than an understanding of the content, variety or 'legalness' of the words that make up standards and regulations.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explore governance frameworks in relation to own placement area

LO2 Describe the application of governance frameworks in relation to own placement area

LO3 Explain how governance frameworks can improve the experience of those who use or access the services

LO4 Research public consultations related to governance frameworks published by organisations in your sector.

Essential Content

LO1 **Explore governance frameworks in relation to own placement area**

Definitions:

Legislation

Law

Acts

Statutory instruments

Regulation of services

Policies

Principles

Standards applied to services

Standards, including professional body standards

Guidance, including guidance on legislation or regulations

Statutory regulation of professionals and registers

Protected titles

Registration

Public voluntary registration

Accreditation – individual and organisation

Codes of conduct, proficiency, professional standards, behaviour, and so on.

Education and career frameworks

Competency frameworks

Preceptorship frameworks

Other frameworks related to health or social care initiatives

Other terms related to students' contexts.

Examples of governance frameworks:

Tutors should use examples related to students' placement areas and those they work with e.g.

The Care Act 2014

The Health and Care Act 2022

Health and Social Care Act (Northern Ireland) 2022

Service inspectorates' frameworks

Occupational standards

NHS Knowledge and Skills Framework

Health and Care Professions Council Standards of Proficiency

Health and Care Professions Council Standards of Conduct, Performance and Ethics

Nursing and Midwifery Council Code

Nursing and Midwifery Council Standards of Proficiency for Registered Nurses

Nursing and Midwifery Council Standards of Proficiency for Midwives

Allied Health Professions' Support Worker Competency, Education and Career Development Framework

Maternity Support Worker Competency, Education and Career Development Framework

Primary Care and General Practice Nursing Career and Core Capabilities Framework.

Clinical and care governance:

Tutors should refer to the clinical and care governance frameworks related to students' placement areas e.g.

Seven pillars of clinical governance (England)

Seven methods or pillars of clinical governance (India)

Seven pillars of clinical governance (Wales)

Five domains of care governance (England)

Information governance and personally identifiable information.

LO2 **Describe the application of governance frameworks in relation to own placement area**

Providers of governance frameworks:

Governments

Statutory regulators – services and professionals

Inspectorates e.g. Healthcare Inspectorate Wales, Care Quality Commission (England), Regulation and Quality Improvement Authority (Northern Ireland)

Professional bodies and membership organisations

Public bodies (sometimes referred to as arm's length bodies) such as Institute for Apprenticeships and Technical Education, Health and Safety Executive

Sector skills councils such as Skills for Care, Skills for Health

Employers and groups of employers

Others relevant to students' placement areas.

Application of governance frameworks:

Everybody in the workplace has responsibility for governance frameworks

Work instructions

Standard operating procedures

Scope of practice.

LO3 **Explain how governance frameworks can improve the experience of those who use or access the services**

What do service users want from services?

Satisfaction surveys

Published research

Service user support groups

I statements (National Voices at www.nationalvoices.org.uk)

Service user and professional partnership

Service user expectation mirrored by service provision.

LO4 **Research public consultations related to governance frameworks published by organisations in your sector**

Sector organisations:

Those that publish governance frameworks such as professional bodies, membership organisations, sector skills councils, public bodies, local government, local councils, government departments or ministries, regulators.

Public consultations:

Organisations seeking views from the public about new proposals or amendments to existing governance frameworks

Evidence for organisations to use in their decision-making processes

Not the same as customer surveys or research surveys.

Membership consultations:

Membership organisations seeking the views of their membership only such as trade unions, professional organisations, lobbying organisations.

Finding public consultations:

Government department/ministry websites

Organisation website or consultation finder

Emailed newsletters

Word of mouth

Social media – triangulate validity of consultation before responding

Community hubs.

Responding to consultations:

Background reading into the proposal

Professional language

Concisely written

Reasoned responses

Answering questions that are relevant to you

Provide brief examples of how the proposal will, or won't, work for you or users of your services

Answering the questions asked, but providing more information where possible

Submitting by the deadline

Encouraging others to respond.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore governance frameworks in relation to own placement area</td><td rowspan="5">LO1 and LO2

D1 Create a detailed learning resource that supports peers' understanding of governance frameworks.</td></tr>
<tr><td>P1 Define a range of terminology used to describe governance frameworks.

P2 Describe a range of frameworks that govern practice in your own placement area.</td><td>M1 Synthesise clinical/care governance for a group of peers.</td></tr>
<tr><td colspan="2">LO2 Describe the application of governance frameworks in own placement area</td></tr>
<tr><td>P3 Summarise the role of an organisation that provides a governance framework applicable to own placement area.

P4 Describe own use of an governance framework.</td><td>M2 Describe how governance frameworks are integrated into local policies, procedures or work instructions.</td></tr>
<tr><td colspan="2">LO3 Explain how governance frameworks can improve the experience of those who use or access the services</td></tr>
<tr><td colspan="2"></td><td rowspan="5">LO3 and LO4

D2 Disseminate own learning about the production and use of governance frameworks professionally to peers.</td></tr>
<tr><td>P5 Determine how a governance framework relates to the experience of service users in your own area.

P6 Explain the impact of the governance framework on service user experience.</td><td>M3 Justify use of a governance framework to improve the experience of service users.</td></tr>
<tr><td colspan="2">LO4 Research public consultations related to governance frameworks published by organisations in your sector</td></tr>
<tr><td>P7 Interpret the ways the proposed governance framework will impact your practice with service users.

P8 Summarise your own perceptions of the governance framework being consulted on.</td><td>M4 Prepare a brief consultation response about an element of a governance framework related to own placement area.</td></tr>
</table>

Suggested assessment method(s)

Student facilitated learning session for peers.

Tutors may have to create or adapt a consultation exercise or range of exercises prior to the unit to ensure students have access to a relevant one for assessment.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://www.cqc.org.uk	Care Quality Commission (England) (General reference)
www.health-ni.gov.uk	Department of Health, Northern Ireland Government website of national policy, law and practice in Northern Ireland including links to NI health and social care trusts (General reference)
www.gov.scot	Government website of national policy and legislation in Scotland (General reference)
www.gov.wales	Government website of national policy, law and practice in Wales, including links to NHS Wales (General reference)
https://www.hcpc-uk.org	Health and Care Professions Council Regulator for 15 health and care professions in the UK (General reference)
https://www.hiw.org.uk	Healthcare Inspectorate Wales (General reference)

www.legislation.gov.uk	Legislation UK-wide government website on legislation, often with explanatory notes (General reference)
https://www.nationalvoices.org.uk	National Voices 'I statements' (Resource)
https://niscc.info	Northern Ireland Social Care Council 'Standards and guidance' (Resource)
https://www.nmc.org.uk	Nursing and Midwifery Council Statutory regulator for nurses and midwives in the UK, and nursing associates in England (Resources)
https://www.rqia.org.uk	Regulation and Quality Improvement Authority (Northern Ireland) (General reference)
https://www.rcm.org.uk	Royal College of Midwives (Professional organisation and trade union)
https://www.rcn.org.uk	Royal College of Nursing (Nursing union and professional body)
https://haso.skillsforhealth.org.uk	Skills for Health 'Consultations' (Resources)
https://socialcare.wales	Social Care Wales 'Summaries of legislation related to social care' (Resources)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 406: Developing Leadership Skills

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 416: Addressing Inequalities in Public Health

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 509: Leading Quality Care

Unit 510: Pharmacology and Medicine Management

Unit 519: Project Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Partnership links with placements, especially those responsible for governance frameworks.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged. Those that use and develop workplace governance frameworks, policies and processes will be particularly useful.

Unit 406 Developing Leadership Skills

Unit code: **M/651/4502**

Unit level: **4**

Credit value: **15**

Introduction

Leadership in caring and supportive services requires a multifaceted skill set and a deep understanding of both management principles and leadership theories. This unit aims to equip students with the necessary skills and knowledge to excel as leaders and managers within their workplace.

Through a combination of theoretical insights and practical applications, students will learn to navigate the complexities of leading teams, managing resources and ensuring compliance with quality standards. The unit also emphasises self-reflection and personal development, encouraging students to critically assess their leadership qualities and create actionable plans for continuous improvement.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the skills required of a leader in relation to own placement or workplace

LO2 Apply theories to the development of own leadership skills

LO3 Reflect on own leadership qualities in relation to the skills required of leaders in own placement or workplace

LO4 Develop an improvement action plan for an area where you lead an element of service.

Essential Content

LO1 **Describe the skills required of a leader in relation to own placement or workplace**

Leadership and management:

Difference between leadership and management

Leading and managing daily practice

Leading by promoting best practice

Evidence based leadership decisions

Developing positive relationships with colleagues

Multidisciplinary team working

Managing others

Staff development

Performance management.

Communication:

Active listening

Leading and managing own and others' non-verbal and verbal communication

E.g.

- Verbal – in-person and video conferencing
- Written – formal minutes, reports
- Written – informal, online chat and messaging
- Body language and visible presence online and in person.

LO2 **Apply theories to the development of own leadership skills**

The impact of the organisation's culture and values on management style:

Shein's artefacts and creations of culture

Handy's model of four principal forms of organisational culture.

Leadership and management styles and impact on team performance:

E.g.

Autocratic

Charismatic

Bureaucratic

Democratic

Laissez-faire

Micro-manager

Basic management styles: autocratic and permissive

Leading high performing teams.

Management styles and when to use them:

E.g.

Tannenbaum and Schmidt's Leadership Continuum (1958)

Hersey and Blanchard on situational leadership (mid-1970s)

John Adair's Action-centred Leadership (1973)

Fielder's Contingency Model (1958)

McGregor's Theory X and theory Y (1960).

Goleman's leadership styles:

Coercive

Authoritative

Democratic

Pacesetting

Coaching.

Matching style of management and leadership to situation:

Clarke and Pratt's styles of leadership at different stages of business

Rodrigues' three types of leader (1985)

Mintzberg's (2009) art, craft science triangle management styles

Goleman's emotional intelligence in team building.

LO3 **Reflect on own leadership qualities in relation to the skills required of leaders in own placement or workplace**

Reflective leadership practice:

Linking reflection to evidence based practice in health and social care

Methods of reflection and reflective cycles.

Self-assessment:

Reflecting on others' leadership styles

Use of self-assessment tools for self-reflection e.g.

- SWOT/B/C (strengths, weaknesses, opportunities, threats/barriers/challenges) analysis
- Johari window
- Myers-Briggs Type Indicator® framework
- 360-degree feedback
- Leadership self-assessment

Techniques for honest self-assessment

Identification of strengths and weaknesses.

LO4 **Develop an improvement action plan for an area where you lead an element of service**

Resource management:

Budgeting and financial management

Allocation of resources

Delivering results against targets

Recruitment.

Compliance and quality assurance:

Compliance frameworks

Policies and procedures

Standards of service.

Action plan headings:

E.g. introduction, discussion of targets and goals, summary table of action plan, references and links to literature, resources

Measurable goals e.g. the use of SMART (specific, measurable, achievable, relevant, time bound) targets.

Communication throughout the lifespan of the action plan.

Implementation and monitoring:

Timeline and milestones for achieving goals

Methods for evaluation and adjustment

Feedback from users of service and colleagues.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the skills required of a leader in relation to own placement or workplace</td><td rowspan="5">LO1 and LO2

D1 Evaluate, using theories, the leadership skills you have acquired while on placement or in the workplace.</td></tr>
<tr><td>P1 Define the skills required of a leader in health and social care practice.

P2 Explain how leadership skills contribute to effective leadership in relation to own placement or workplace.</td><td>M1 Analyse the characteristics of good leaders.</td></tr>
<tr><td colspan="2">LO2 Apply theories to the development of own leadership skills</td></tr>
<tr><td>P3 Identify relevant theories of leadership applicable to own placement or workplace.

P4 Demonstrate how these theories apply to own leadership practice.</td><td>M2 Analyse how specific leadership theories can be applied to improve leadership in own area of practice.</td></tr>
<tr><td colspan="2">LO3 Reflect on own leadership qualities in relation to the skills required of leaders in own placement or workplace</td><td rowspan="5">LO3 and LO4

D2 Critically reflect on your own leadership abilities to implement a service improvement action plan.</td></tr>
<tr><td>P5 Identify strengths and areas for improvement within your leadership qualities.

P6 Reflect on your personal leadership qualities.</td><td>M3 Utilise tools of self-reflection to analyse your leadership qualities.</td></tr>
<tr><td colspan="2">LO4 Develop an improvement action plan for an area where you lead an element of service</td></tr>
<tr><td>P7 Identify improvement required for an area where you lead an element of service.

P8 Create a plan to improve the identified element of service you lead.</td><td>M4 Develop an in-depth action plan that demonstrates a path to service improvement.</td></tr>
</table>

Suggested assessment method(s)

Development and communication of an evidence based service improvement action plan, including reflective analysis of own abilities to carry out the plan.

Recommended Resources

Textbooks

Barr, J. and Dowding, L. (2022) *Leadership in Health Care*. 5th Ed. Los Angeles; London: Sage.

Field, R. and Brown, K. (2020) *Effective Leadership, Management and Supervision in Health and Social Care, Post-Qualifying Social Work Practice Series*. 3rd Ed. London: Sage.

Kaehne, A. and Nies, H. (2021) *How to Deliver Integrated Care: European Health Management in Transition*. Bingley: Emerald Publishing Limited.

Websites

https://www.cqc.org.uk	Care Quality Commission (CQC) 'A new strategy for the changing world of health and social care – CQC's strategy from 2021' (Report)
https://www.cipd.org/uk	Chartered Institute of Personnel and Development Knowledge Hub (Information, tools and guidance)
https://www.healthcareers.nhs.uk	NHS Health Careers 'Management: Operational management' (Website)
https://www.leadershipacademy.nhs.uk	NHS Leadership Academy 'Self-assessment tool' (Resource)
https://www.skillsforcare.org.uk	Skills for Care 'Support for leaders and managers' (Resource)

Journal articles

Benmira, S. and Agboola, M. (2021) 'Evolution of leadership theory', *BMJ Leader*, 5(1), pp. 3–5. Available at: https://doi.org/10.1136/leader-2020-000296.

Bornman, J. and Louw, B. (2023) 'Leadership development strategies in interprofessional healthcare collaboration: A rapid review', *Journal of Healthcare Leadership*, 15, pp. 175–192. Available at: https://doi.org/10.2147/JHL.S405983.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 405: Applying Governance Frameworks in Practice

Unit 411: Working in High Quality Adult Residential Care

Unit 413: Applied Human Development and Behaviour

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Unit 518: Growing Careers in Health and Care

Unit 519: Project Management

Unit 520: Community Development Projects

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to leadership practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the leadership and management aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based leaders and managers in the delivery of this unit is encouraged.

Unit 407 Planning and Supporting Community Led Activities

Unit code: R/651/4503

Unit level: 4

Credit value: 15

Introduction

This unit introduces students to the practicalities of community involvement. It offers a good platform for those seeking to work in the community sector or progress to higher education opportunities in a variety of social or community related disciplines.

In order for societies to flourish, a social contract that encourages a shared sense of togetherness and belonging with others is important. Community cohesion is the 'social glue' that holds a society together and is focused on promoting good relations between and across individuals and groups. This will also necessitate anticipating and addressing the corrosive effects of inequalities and intolerance in order to develop a society wherein people are respected and accepted, and commonalities and differences are duly acknowledged and appreciated.

One measure of a good society is how it offers appropriate levels of care and support to its inhabitants. However, such services can often be costly, and not always easily accessible to marginalised individuals and groups. In response, government funded initiatives provide an often basic level of subsidised care and support for people; albeit 'means-tested' and rarely covering the full costs. Therefore, individuals and communities are often involved in planning and implementing various activities to acquire funding from other sources.

The unit will introduce students to the concept of community, provide an overview of how community life has changed over recent decades and examine factors that contribute to a decline in community cohesion. Students will consider avenues of potential funding, and how they can access the funding to develop initiatives that support the community. The central focus of this unit requires students to champion a community led activity through identifying an area of need within their own area of social or community work practice. In turn, they will produce a clear plan that explicitly focuses on the identified need, available resources (people, environmental, organisational and structural), budget and the potential impact on developing community cohesion.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Discuss the concept of community cohesion

LO2 Describe how different community led activities can be supported

LO3 Explore stages in developing a strategy to raise funds for a community led activity

LO4 Reflect on own performance in supporting a community led activity towards developing community cohesion.

Essential Content

LO1 **Discuss the concept of community cohesion**

Values and principles:

Respect, acceptance, trust, honesty and truth

Social justice and anti-oppressive practice, self-determination, inclusion, participation, working and learning together, sustainable communities.

Meaning of 'community':

Defined by geography, identity or interest

Historical and contemporary understanding and approaches

Types of community – communities of place, cultural communities, communities of memory, psychological communities, rural, urban and coastal.

Social capital:

Historical and current perspectives and critique

Value and key features of social cohesion

Physical and community resourcefulness

Social networks and connections.

Benefits arising from social capital and community cohesion:

Prioritises community development

Enables resolution of collective problems

Cooperation, cohesion, shared understanding and goals

Improved physical and psychological wellbeing

Facilitates achievement of collective goals

Better relationships and knowledge exchange

Increased internal and external resilience

Social support and networks to tackle inequalities and promote community.

Factors contributing to lack of community cohesion and decline of civic engagement:

Changes in patterns of social engagement with others such as becoming unsociable, disinterested, antisocial

Intolerance and mistrust

Residential mobility such as moving house or care home

Time pressures

Changes in family structure and community responses such as to divorce, single-person households, lone parents, same gender couples/parents and so on.

Suburban sprawl such as travelling further for work, shopping, and leisure

Rise, use and reliance on social media and artificial intelligence

Working patterns such as part/full-time, shifts

Unemployment

Violence.

Effects of lack of community cohesion and the emergence of community responses:

Working families reaching out to community-based programmes such as care support for children, adults, elders

Recognition of demographic sprawl and inability of some to provide care for relatives such as, work commitments

Voluntary and charitable organisations providing resources and support

Growing presence of non-profit organisations to tackle inequality, meeting individual and group needs, developing civic connections, community participation

UN Sustainable Development Goals.

LO2 **Describe how different community led activities can be supported**

Overarching areas for community led activities:

Developing community cohesion

Practising and promoting the aforementioned values and principles

Anti-oppressive practice considerations

Recognising the rights of individual and groups, and accommodating accordingly

Championing sustainability

Safeguarding

Health and safety

'Risk' assessment and management.

Types of community led activities:

'Care in the community'

Supporting independent living (life skills)

Bringing different communities/groups together such as religious/ ethnic/cultural/lone and/or young fathers and mothers

All age holiday clubs and breaks

Respite care

Promoting inter-generational relationships such as knowledge exchange, children visiting care homes to share experiences and learn from older people

Community development projects such as food banks, advocacy groups, combating loneliness activities

Providing services such as grocery shopping, hairstyling, lunch/tea party events, such as armed forces veterans services, children's carnivals, street parties, community radio

Regeneration programmes such as transforming derelict buildings/land to social community spaces

Working with others such as citizenship, reducing antisocial behaviour, youth community forums, summer holiday activities for all.

LO3 **Explore stages in developing a strategy to raise funds for a community led activity**

Listening to the needs of the community:

Building and maintaining relationships with key people

Sharing and learning such as hearing and seeking an understanding of different views about individual and community aspirations, needs, beliefs, experiences, and so on.

Creating a positive, safe and trusting environment.

Identify appropriate sources of funding:

E.g.

Government (local council, national agencies, and so on.)

Trusts (local, national and international)

Charities

Lotteries' good causes project funding

Sponsorship

Fundraising events

Volunteers offering help and services

Donations

Crowdfunding (and similar online opportunities)

Anticipating possible challenges meeting funders' time limits for making applications, immediate and future requirements, ongoing governance arrangements and responsibilities and so on.

Planning process and development:

Establishing agreed need(s) and resultant vision

Identifying audience(s) and intended impact

Audit of knowledge and skills needed

Planning requirements including feasibility, legislation and policy, building/room, budgetary needs, resources, delivery, refreshments, clarifying roles and tasks, one-off or ongoing project, management and monitoring, printing, publicity, and so on.

Working with individuals, groups, volunteers, colleagues, professionals

Agreed process and procedures such as appointing treasurer/secretary, accepting, managing and using money, expenses

Tackling barriers.

LO4 **Reflect on own performance in supporting a community led activity towards developing community cohesion**

Models of reflection to anchor and examine own performance and practice:

Identifying the chosen community led activity, establishing rationale and anticipated impact

Own efforts made in championing and supporting the community activity

Contribution made to developing community cohesion.

Monitoring performance:

Demonstrating appropriate knowledge and skills needed to develop community led activities

Conducting a SWOT/B/C (strengths, weaknesses, opportunities, threats/barriers/challenges) analysis before, during and after project

Seeking and obtaining feedback from others

Supporting innovation in promoting community led activities

Impact on practice and provision

Effect on, and contribution to, self and professional development.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the concept of community cohesion</td><td rowspan="5">LO1 and LO2

D1 Evaluate how the promotion of social capital develops and sustains community led activities that promote community cohesion and participation.</td></tr>
<tr><td>P1 Explain how ideas of social capital inform community cohesion.

P2 Identify factors affecting social cohesion that lead to community participation.</td><td>M1 Analyse how ideas of social capital can contribute to community cohesion and participation.</td></tr>
<tr><td colspan="2">LO2 Describe how different community led activities can be supported</td></tr>
<tr><td>P3 Explain types of community led activities that help to develop community cohesion.

P4 Examine potential obstacles to successful community led activities.</td><td>M2 Analyse how potential obstacles can be overcome in supporting community activities, cohesion and participation.</td></tr>
<tr><td colspan="2">LO3 Explore stages in developing a strategy to raise funds for a community led activity</td><td rowspan="5">LO3 and LO4

D2 Evaluate own community led activity plan and its potential impact in championing community cohesion and development.</td></tr>
<tr><td>P5 Discuss how to plan and fund a community led activity.</td><td>M3 Analyse a plan used to develop and fund a community led activity.</td></tr>
<tr><td colspan="2">LO4 Reflect on own performance in supporting a community led activity towards developing community cohesion</td></tr>
<tr><td>P6 Present a community led activity to promote social cohesion.

P7 Review your own contribution to community cohesion activities.</td><td>M4 Analyse own role in developing community led activities to encourage community cohesion.</td></tr>
</table>

Suggested assessment method(s)

Presentation and evaluation of student's contribution to an community led activity plan.

Recommended Resources

Textbooks

Field, J. (2016) *Social Capital: Key Ideas*. Abingdon: Routledge.

Gilchrist, A. and Taylor, M. (2022) *The Short Guide to Community Development*. Bristol: Policy.

John, P., Cotterill, S., Moseley, A., Richardson, L., Smith, G., Stoker, G. and Wales, C. (2019) *Nudge, Nudge, Think, Think: Experimenting with Ways to Change Citizen Behaviour*. Manchester: Manchester University Press.

Ryder, S. (2019) *Community Fundraising*. London: Directory of Social Change.

Websites

https://www.cafonline.org	Charities Aid Foundation (Information and resources)
www.campusforcommunities.org	Campus for Communities of the Future 'A Community-Led Process and Tools for Planning' (Toolkit)
https://ciof.org.uk	Chartered Institute of Fundraising (NI, England and Scotland) (Membership organisation)
https://www.communityplanning.cooperative.website	Community Planning 'The Community Planning Toolkit' (Toolkit)
https://www.dsc.org.uk	Directory of Social Change (Resources)
https://www.jrf.org.uk	Joseph Rowntree Foundation (Social change organisation)
https://www.iacdglobal.org	The International Association for Community Development (Membership organisation)

www.localgov.uk	Local Government Association 'A-Z of councils online' (General reference)
www.nidirect.gov.uk	nidirect 'Local councils of Northern Ireland' (General reference)
www.valeofglamorgan.gov.uk	Vale of Glamorgan Council 'Welsh local authorities' (General reference)
www.nicva.org	Northern Ireland Council for Voluntary Action (NICVA) (Membership organisation)
www.scie.org.uk	Social Care Institute for Excellence (SCIE) (Improvement agency)
https://open.ncl.ac.uk	TheoryHub 'Social Capital Theory' (Resources)
www.gov.uk	UK Government 'Community Development Handbook (2023)' (Guidance)
https://whatworkswellbeing.org	What Works Wellbeing 'What is social capital?' (Resources)

Reports

The Khan Review (2024) *'Threats to Social Cohesion And Democratic Resilience: A New Strategic Approach'*. Available at: https://assets.publishing.service.gov.uk/media/65fdbfd265ca2ffef17da79c/The_Khan_review.pdf.

Journals

British Journal of Sociology

Community Development Journal

International Journal of Community and Social Development

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 406: Developing Leadership Skills

Unit 413: Applied Human Development and Behaviour

Unit 415: Sociological Perspectives in Caring Practice

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 512: Conflict and Resolution

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 519: Project Management

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

The student's work/placement setting is the primary focus for this unit. Students must be given time to develop knowledge and understanding of the unit content in relation to the setting before assessment of this unit.

Tutors must be appropriately knowledgeable, qualified and experienced in community development, community work, social care or social work to deliver and assess this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 408 Applying Science in Healthcare

Unit code: T/651/4504

Unit level: 4

Credit value: 15

Introduction

Healthcare scientists and those working in scientific healthcare areas are valuable members of any healthcare team. Working closely with a range of healthcare professionals, their knowledge and skills facilitate the prevention, diagnosis and management of disease. Scientific enquiry and technological innovation have led to the development of over 50 different healthcare science specialisms. This unit offers insight into the various roles that form pathological services, physiological services, medical physics and clinical engineering, diagnostics, bioinformatics and scientific therapeutic services. This is by no means an exhaustive list.

Students will explore how these services, and services related to their own practice, individually and collectively improve health and wellbeing in various circumstances. Students will deepen their understanding of clinical tests and measures to recognise normal and abnormal ranges, and develop knowledge of their biochemical and physiological significance.

The unit focuses on developing knowledge of the scientific and mathematical principles that directly underpin practice. Emphasis is placed on the accurate application of principles and adopting a scientific and reasoned approach to practice to enhance safe and effective care.

Students will explore the importance of compliance with the legislative and regulatory frameworks that govern practice, and explore how these, alongside good practice guidelines, local policies and procedures, enhance standards of practice, benefiting service users, themselves and others.

The unit provides the opportunity to develop skills in accurately calculating, interpreting and communicating outcome measures and data. In addition, students will enhance skills associated with problem solving and scientific reasoning.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explore the interrelationship between healthcare science services and the health and wellbeing of individuals

LO2 Explain how scientific principles are applied in practice

LO3 Apply frameworks of good scientific practice in relation to own setting

LO4 Demonstrate mathematical principles in the delivery of care.

Essential Content

LO1 **Explore the interrelationship between healthcare science services and the health and wellbeing of individuals**

Healthcare science services:

Diversity of specialisms relevant to students' practice such as audiology, haematology, ophthalmology, cardiac and respiratory physiology, clinical photography, genomics, oncology, endoscopy

Broad categorisation of these areas within the field of healthcare science such as laboratory services, bioinformatics, physiological services, medical physics and clinical engineering

Physiological readings, laboratory tests, scientific tools and specialised equipment and appliances, which provide useful data of value to the prevention, diagnosis and management of health such as temperature, pulse, body mass index, cholesterol levels, blood cell counts, urine analysis, thermal imaging, samples of DNA and RNA to detect cancer

How care, science, engineering, technology, artificial intelligence research and innovation integrate to advance practice and improve healthcare outcomes.

Contribution to health and wellbeing:

How healthcare science contributes to the prevention, diagnosis, treatment and management of ill health such as through analysis of tissue samples, performance of specialised tests and diagnostics, maintenance of medical equipment and appliances, scientific treatment techniques or mining of biological data

Significance of healthcare science during emergency interventions and as part of general acute and chronic care

Contribution of science to the planning and delivery of holistic person-centred care that facilitates lifestyle and independent living

Contribution of artificial intelligence now and in the near future to diagnosis and care.

LO2 **Explain how scientific principles are applied in practice**

Scientific principles:

Scientific principles underpinning practice such as principles associated with centrifuge, osmotic pressure, optics, radioactivity, sound waves and data analysis

Methods and processes and the circumstances in which scientific principles are applied

Purpose of repeated observations and measurements

Developing scientific attitude and mindset while taking part in episodes of care for those using services such as being curious, systematic and objective, adopting a diligent pursuit of truth, acting with integrity, honesty and transparency during scientific activity, as well as aspiring for proficiency and remaining fit for practice.

Scientific reasoning:

The concept of scientific reasoning

The principles underpinning observation, questioning, hypothesising, testing, evaluating evidence and drawing conclusions directly related to practice

Potential causes of, and dealing with, contradictory and indeterminate outcomes

The merits and limitations of scientific methods and processes and the combined use of other methods to assess and improve health status

Problem-solving and critical thinking to enable informed, appropriate and ethical decisions that lead to improved care.

LO3 **Apply frameworks of good scientific practice in relation to own setting**

Exploration of key legislative and regulatory frameworks, purpose and function:

E.g. local examples equivalent to:

Control of Substances Hazardous to Health Regulations (COSHH) (2002)

General Data Protection Regulation (GDPR) (2018)

Health and Safety at Work Act (1974)

Health and Safety (Display Screen Equipment) Regulations (1992)

Manual Handling Regulations (1992)

Management of Health and Safety at Work Regulations (1999)

Personal Protective Equipment at Work Regulations (1999)

The Good Laboratory Practice Regulations (1997)

General examination of the role and purpose of frameworks in ensuring safety and determining standards of practice.

Exploration of key national and local policies and guidelines, purpose and function:

E.g. *Good Scientific Practice* (2025) focusing on how domain 1 (professional practice), domain 2 (scientific practice), domain 3 (clinical practice) and domain 5.1 (clinical leadership) are achieved to ensure proficient, safe, quality-assured practice that is ethical

Researching national and local policies and guidelines such as

- Service user consent
- Disclosure of results
- Infection control
- Handling biohazardous and cytotoxic waste, specimens and radioactive samples
- Double checking
- Reporting and escalating life-threatening critical values
- Reporting of incidents and errors

Impact of policies and guidelines in defining standards, ensuring consistency, efficiency and the delivery of safe care

Practical issues and challenges that may affect application and compliance and how these can be mitigated and overcome

Policies and procedures supporting quality assurance, quality control and quality improvement practices and initiatives.

LO4 **Demonstrate mathematical principles in the delivery of care**

Relationship between mathematics and healthcare:

Relationship between numerical data and physiological and biochemical processes within the body

Outcome measurements and data generated from routine tests and procedures, and how these are recorded and processed

Normal and abnormal ranges, understanding the biochemical and physiological significance of these and the response required by those determining the results.

Applied mathematical principles:

Mathematical principles and tools that are applied in practice, and the scientific rationale for their use such as computations, equations, statistics, geometry, trigonometry and vectors

International System of Units such as seconds, kilograms, metres, moles, kelvin

Mathematical principles affecting healthcare outcomes, interventions and delivery of care

Performing scientific calculations using appropriate formulae

Undertaking summations, fractions and ratios, and interpreting descriptive and inferential statistics

Extracting data from spreadsheets, and interpreting diagnostic and therapeutic tools, graphs, charts, outcome measures and data sets

Use of statistical significance to demonstrate the physiological efficacy, or not, of an intervention

Level of personal competence and confidence to apply mathematical principles with accuracy.

Roles and responsibilities in calculating, managing and communicating data:

Privacy, confidentiality and consequences of error

Accuracy, reliability, validity and specificity of mathematical information and how these affect care

Appropriate reporting systems and strategies to effectively communicate numerical information to colleagues, service users and their carers.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore the interrelationship between healthcare science services and the health and wellbeing of individuals</td><td rowspan="4">LO1 and LO2

D1 Critically explore how underpinning scientific principles can be effectively applied to improve health outcomes in a range of circumstances.</td></tr>
<tr><td>P1 Discuss how healthcare science services support health and wellbeing.

P2 Examine science roles in the prevention, diagnosis and management of health.</td><td>M1 Assess how the use of scientific tools, tests and measures impact health and wellbeing.</td></tr>
<tr><td colspan="2">LO2 Explain how scientific principles are applied in practice</td></tr>
<tr><td>P3 Explain scientific principles underpinning practice.

P4 Discuss the importance of developing a scientific mindset.</td><td>M2 Evaluate the merits and limitations of scientific methods and processes in practice.</td></tr>
<tr><td colspan="2">LO3 Apply frameworks of good scientific practice in relation to own setting</td><td rowspan="4">LO3 and LO4

D2 Critically appraise how frameworks of good scientific practice are reflected in your approach to safe and effective care.</td></tr>
<tr><td>P5 Demonstrate how frameworks of good scientific practice influence standards of practice.

P6 Explain how frameworks of good scientific practice protect those using and providing care.</td><td>M3 Assess how frameworks of good scientific practice contribute to quality of care.</td></tr>
<tr><td colspan="2">LO4 Demonstrate mathematical principles in the delivery of care</td></tr>
<tr><td>P7 Describe how results from routine tests are acted upon.

P8 Demonstrate how mathematical principles are applied in practice.</td><td>M4 Evaluate the significance of accurate and appropriate mathematical methods in the context of practice.</td></tr>
</table>

Suggested assessment method(s)

Oral case study presentation accompanied by evidence and/or reflections in practice portfolio.

Recommended Resources

Textbooks

Ahmed, N., Glencross, H. and Wang, Q. (2022) *Biomedical Science Practice: Experiential and Professional Skills*. 3rd Ed. Oxford: Oxford University Press.

Can, T. (2014) 'Ch 4: Introduction to Bioinformatics', in *Methods in Molecular Biology*. Totowa, NJ: Humana Press.

Davison, N. (2020) *Numeracy and Clinical Calculations for Nurses*. 2nd Ed. Banbury: Lantern Publishing.

Doucette, L. (2020) *Mathematics for the Clinical Laboratory*. 4th Ed. UK: Elsevier Health.

Pagana, K.D., Pagana. T.J. and Pagana, T.N. (2021) *Mosby's Manual of Diagnostic and Laboratory Tests*. 7th Ed. UK: Elsevier Health.

Pagana, K.D., Pagana. T.J. and Pagana, T.N. (2024) *Mosby's Diagnostic and Laboratory Test Reference*. 17th Ed. UK: Elsevier Health.

Syndercombe-Court, D., Kadri, A. and Xiu, P. (2024) *Medical Sciences*. 4th Ed. UK: Elsevier Health.

Websites

www.ahcs.ac.uk	Academy for Healthcare Science (Professional organisation)
https://assclinsci.org	Association of Clinical Scientists (Professional organisation)
www.britsafe.org	British Safety Council (Professional organisation)
https://digital.nhs.uk	NHS Digital (Data and information)
www.gov.uk	GOV.UK Department of Health & Social Care (General reference)

www.hse.gov.uk	Health and Safety Executive (Statutory regulator)
https://heiw.nhs.wales	Health Education and Improvement Wales (Strategic workforce body)
https://ico.org.uk	Information Commissioner's Office (Non-departmental public body)
www.ipem.ac.uk	Institute of Physics and Engineering in Medicine (Professional organisation)
www.legislation.gov.uk	Legislation GOV.UK (UK legislation)
https://nshcs.hee.nhs.uk	National School of Healthcare Science (Professional organisation)
www.nhs.uk	NHS (Health information in England)
www.healthcareers.nhs.uk www.careers.nhs.scot	NHS Careers (Career information)
www.nes.scot.nhs.uk	NHS Education for Scotland (Education and training board)
www.genomicseducation.hee.nhs.uk	NHS England Genomics Education programme (Information and learning opportunities)
www.professionalstandards.org.uk	Professional Standards Authority for Health and Social Care (Oversees UK healthcare regulators and social care regulator in England)

Policy, legislation and guidance

Academy for Healthcare Science (2021) *Good Scientific Practice Professional Standards of Behaviour and Practice for the Healthcare Science*. UK: Academy for Healthcare Science. Available at: https://nshcs.hee.nhs.uk/publications/academy-for-healthcare-science-good-scientific-practice/.

Health and Safety Executive (2013) *Control of Substances Hazardous to Health Regulations* (2013) (COSHH) Approved Code of Practice and Guidance. 6th Ed. UK: Crown Publications. Available at: https://www.hse.gov.uk/coshh/.

Information Commissioner's Office (ICO) *Guide to the General Data Protection Regulation* (GDPR) (2018). UK: Information Commissioner's Office.

Journals

Health Care Science

Journal of Health Sciences

Other journals specific to the student's professional discipline.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 409: Essentials of Anatomy and Physiology

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 501: Establishing Professional Practice

Unit 508: Applied Anatomy and Physiology

Unit 510: Pharmacology and Medicine Management

Unit 515: Further Understanding of Cancer Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the healthcare and science content in order to best support the students through this unit and assessment.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 409 Essentials of Anatomy and Physiology

Unit code: **Y/651/4505**

Unit level: **4**

Credit value: **15**

Introduction

This unit aims to provide students with background knowledge and understanding of how the healthy human body works and the changes that take place physically and mentally during ill health.

For anyone working within health and social care, recognising when an individual is becoming unwell, deteriorating or recovering from illness is a critical skill. This unit therefore explores how body systems function and interrelate to maintain health, and how dysfunction can lead to ill health.

Unit content includes an overview of the anatomy and physiology of musculoskeletal, cardiac, respiratory, digestive, urinary and nervous systems. Consideration is given to how particular long-term conditions and diseases (such as diabetes, heart failure, chronic obstructive pulmonary disease (COPD), stroke, dementia and cancer) affect major organs and impact health and wellbeing.

Emphasis is placed on managing risks to health and the importance of early detection and assessment to prevent, recognise and respond to signs of shock, breathlessness, infection, dehydration, malnutrition and pressure sores.

The unit will engage students in practical observations of the healthy human body and signs and symptoms of ill health. The skills developed will enable students to interpret normal and abnormal physiological measurements for any individual and respond appropriately to changes.

On successful completion of the unit, the knowledge and skills gained will enable students to contribute to improved care and better outcomes for individuals with complex conditions.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the structure and function of organs and systems within a healthy human body

LO2 Examine the physiological interrelationship between body systems in maintaining good health

LO3 Explain how physiological mechanisms and measurements are affected by ill health

LO4 Contribute to appropriate care-based interventions that reduce risks to health and meet an individual's physiological needs.

Essential Content

LO1 **Describe the structure and function of organs and systems within a healthy human body**

Microscopic structure and function:

The human cell, organelles and mitosis

Movement and transport of substances in and out of cells

Tissue types – epithelial, connective, muscle and nervous.

Body systems overview:

Musculoskeletal

Cardiovascular

Respiratory

Digestive

Urinary

Nervous

(other systems will be covered at Level 5).

For each body system:

Structural and functional features

Physiological mechanisms that lead to normal function

Developmental anatomy (prenatal through to late adulthood)

Effects of ageing on function.

LO2 **Examine the physiological interrelationship between body systems in maintaining good health**

Energy metabolism:

Function of the musculoskeletal system

Glucose production and glycogen for muscular activity

Cardiovascular and circulatory transportation of nutrients, gases, hormones and waste products

How the cardiovascular, circulatory and respiratory systems support breathing, nutrition, mobility, fluid balance and excretion

Digestive system – absorption of nutrients, energy production and elimination of waste products.

Homeostasis and normal physiological limits in health:

Nervous system – regulation of heart rate, respiratory rate and body temperature

Renal organs – regulation of blood pressure and urine output, fluids and electrolytes, and removing waste materials from the body

Internal and external self-regulatory processes (e.g. feedback loops, sensory, chemical and hormonal receptors) to balance blood glucose levels, blood pressure and temperature

Normal range of body temperature, heart rate, blood pressure, blood glucose levels, respiratory rate, oxygen saturation levels and levels of consciousness.

LO3 **Explain how physiological mechanisms and measurements are affected by ill health**

Physiological measurements:

Observing and monitoring physiological mechanisms to assess illness, deterioration and the effectiveness of treatments and interventions.

Impact of ill health on the human body:

Defining common disorders and conditions and their effects on organs and physiological processes and on an individual's wellbeing e.g.

- Chronic heart failure (CHF) – emphasising the physical changes to the heart and its effect on breathing
- Chronic obstructive pulmonary disease (COPD) – emphasising changes that take place within the lungs that impact airflow
- Inflammatory bowel disease (IBD) – emphasising the changes that occur to the bowel and the effect this has on the absorption of nutrients
- Dementia – emphasising physiological changes within the brain and the impact this can have on cognition, movement and control of bodily functions
- Renal failure – emphasising how it affects blood pressure and urinary output
- Shock and haemorrhage – emphasising how these conditions can adversely affect normal physiological measurements
- Cancer – exploring how cancer spreads and its impact on other organs and systems.

LO4 **Contribute to appropriate care-based interventions that reduce risks to health and meet an individual's physiological needs**

Risks to health:

Role of preventative interventions – minimising risk of dehydration, malnutrition and falls

Identifying changes in health status

Use of tools to predict and reduce the likelihood of illness

Measures to prevent and control infection

Safe hand-hygiene techniques and use of personal protective equipment

Safe moving and handling to prevent injury to individuals and self.

Tools and assessments:

Range of appropriate tools used in the assessment of health and conditions e.g. pressure sores, falls, pain, consciousness.

Physiological measurements and assessments:

Accurate recording and reporting of abnormal physiological measurements and assessments

Working within the remit of own role when interpreting physiological measurements and assessments

Topic areas should include but are not limited to:

- Temperature and blood pressure monitoring
- Urine analysis
- Airway, breathing, circulation, disability, exposure, fluids, glucose (A–G) assessments
- Situation, background, assessment and recommendation (SBAR) assessments as a framework for effective documentation and communication, supporting handover of care and escalation of situations
- Glasgow Coma Scale to assess the extent of impaired consciousness
- Use of universal and condition-specific tools which predict and prevent severe pain
- National Early Warning Score system (NEWS) to recognise and respond to individuals whose condition is deteriorating
- Tools used to identify diet quality, progress or change in an individual's weight and nutritional status

Any other appropriate tools and assessment relevant to the student's specific area of health or social care practice.

Effective person-centred care:

Practices that support inclusive and compassionate care

Using outcomes of physiological assessments to inform care and an individual's short- and long-term health goals.

Appropriate interventions:

Appropriate interventions relevant to the student's specific area of practice that are within their scope of practice, e.g. but not limited to:

Enabling environments to eat and drink

Reducing the likelihood of developing pressure sores or falling

Aseptic techniques, to prevent and control infection

Wound care.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the structure and function of organs and systems within a healthy human body</td><td rowspan="5">LO1 and LO2

D1 Critically analyse the interrelationship between different body systems in homeostasis for individuals with health and ill health.</td></tr>
<tr><td>P1 Outline the function of a human body cell and its role during osmosis and diffusion.

P2 Describe the structure and function of different organs and body systems in the healthy human body.</td><td>M1 Compare anatomical and physiological differences between a healthy human body and that of individuals who have ill health.</td></tr>
<tr><td colspan="2">LO2 Examine the physiological interrelationship between body systems in maintaining good health</td></tr>
<tr><td>P3 Explain how body systems cooperate to maintain the life and health of an individual.</td><td>M2 Examine how the cardiovascular, respiratory and digestive systems work together to provide energy for a healthy human body.</td></tr>
<tr><td colspan="2">LO3 Explain how physiological mechanisms and measurements are affected by ill health</td><td rowspan="5">LO3 and LO4

D2 Critically reflect on care-based interventions personally undertaken, identifying areas of good practice and areas for improvement.</td></tr>
<tr><td>P4 Interpret normal and abnormal physiological measurements for an individual with ill health within own workplace setting.</td><td>M3 Justify actions taken when physiological measurements are outside normal limits.</td></tr>
<tr><td colspan="2">LO4 Contribute to appropriate care-based interventions that reduce risks to health and meet an individual's physiological needs</td></tr>
<tr><td>P5 Undertake a risk assessment that minimises harm to an individual's health.

P6 Implement an appropriate intervention that improves an individual's health and associated outcomes.</td><td>M4 Assess the effectiveness of person-centred care interventions in supporting health and wellbeing.</td></tr>
</table>

Suggested assessment method(s)

Professional discussion based on a case study about a service user the student has cared for or supported. The student's practice portfolio with reflections and learning logs could be used to provide additional evidence.

Recommended Resources

Textbooks

Blows, W.T. (2024) *The Biological Basis of Clinical Observations*. 4th Ed. London: Routledge.

Doughty, L., Lister, S. and West-Oram, A. (2021) (Student Edition) *The Royal Marsden Manual of Clinical Nursing Procedures*. 10th Ed. Oxford: Wiley-Blackwell.

Ellis, P. and Standing, M. (2023) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. Thousand Oaks, CA: Sage/Learning Matters.

Keeling, J. and Richardson, S. (2021) *Clinical Skills: An Introduction for Nursing and Healthcare*. Banbury: Lantern Publishing Ltd.

Peate, I. and Nair, M. (2020) *Fundamentals of Anatomy and Physiology: For Nursing and Healthcare Students*. 3rd Ed. Oxford: Wiley-Blackwell.

Rowberry, D., Gauntlett, L. and Hurt, L. (2023) *Essential Clinical Skills in Nursing*. London: Sage.

Waugh, A. and Grant, A. (2022) *Ross and Wilson Anatomy and Physiology in Health and Illness*. 14th Ed. London: Churchill Livingstone Elsevier.

Websites

www.asthmaandlung.org.uk	Asthma and Lung UK (Information and learning)
www.ageuk.org.uk	Age UK (Information and learning)
www.bhf.org.uk	British Heart Foundation (Information and learning)
www.cancerresearchuk.org	Cancer Research UK (Information and learning)
www.dementiauk.org	Dementia UK (Information and learning)

www.diabetes.org.uk	Diabetes UK (Information and learning)
https://ibduk.org	IBD UK (Information and learning)
www.kidney.org.uk	National Kidney Federation (Information and learning)
www.nice.org.uk	National Institute for Health and Care Excellence (Clinical guidelines and resources)
www.england.nhs.uk	NHS England (Information and learning)
www.nss.nhs.scot	NHS National Services Scotland (Information and learning)
https://pumpingmarvellous.org	Pumping Marvellous (Information and learning)
https://stroke.org.uk	Stroke Association (Information and learning)
www.who.int	World Health Organization (Information and learning)

Journals

British Journal of Nursing

Health Service Journal

International Journal of Nursing Studies

Nursing Times

Other journals specific to student's placement or workplace.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 408: Applying Science in Healthcare

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 501: Establishing Professional Practice

Unit 508: Applied Anatomy and Physiology

Unit 510: Pharmacology and Medicine Management

Unit 515: Further Understanding of Cancer Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Delivery using a range of learning and teaching strategies including opportunities for group work and interaction.

Tutors should include a wide range of examples and case studies that provide context and accommodate the diversity of students' career pathways and the nature of their practice.

Tutors must be appropriately qualified, knowledgeable and experienced in relation to healthcare practice and the content of the unit in order to support students to develop the knowledge and associated practice skills.

Students must be given time to develop knowledge and understanding of the unit content and associated skills in relation to practice before assessment of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 410 Caring for People with Dementia

Unit code: **A/651/4506**

Unit level: **4**

Credit value: **15**

Introduction

The term 'dementia' describes the different brain disorders that trigger a loss or deterioration of brain function. These changes are often small to start with, but often they become so severe that they affect daily life. A person with dementia may also experience changes in their mood or behaviour. These conditions are all usually progressive and eventually severe. The World Health Organization (WHO) (2023) estimate that there are 55 million people living with dementia worldwide. This number is anticipated to be 75 million by 2030 and 132 million by 2050 (WHO, 2017).

The WHO and Alzheimer's Disease International highlight dementia as a global public health priority. Their joint report on dementia makes it clear that dementia presents a significant challenge to society in terms of the provision of appropriate care services and support. To address this, it is vital to ensure that the health and social care workforce of tomorrow is knowledgeable, competent and able to provide the specialist care and support needed for individuals experiencing dementia, along with their families and loved ones.

This unit introduces students to the specialist area of dementia care and the demands that can be faced when managing a person-centred service. The aim of this unit is to explore theories relating to the causes, signs and symptoms, therapies and treatments associated with dementia. The unit will enable students to identify strategies that will facilitate a person-centred ethos in the delivery of effective care services that address the needs of people living with dementia. The unit will also enable students to be aware of the challenges faced when delivering services that ensure that the rights and choices of people with dementia are upheld.

On completion of this unit, students will have developed the knowledge and skills to be involved in the delivery of services that meet the wide and varied needs of individuals with dementia.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the causes, symptoms, diagnosis and treatment of dementia

LO2 Explain factors that can impact on interactions and communication with individuals with dementia

LO3 Contribute to the provision of person-centred care for people with dementia

LO4 Reflect on challenges and solutions when implementing services which maximise the rights and choices of people with dementia.

Essential Content

LO1 **Describe the causes, symptoms, diagnosis and treatment of dementia**

Causes of different types of dementia:

Alzheimer's disease

Vascular dementia

Dementia with Lewy bodies

Frontotemporal dementia

Alcohol-related brain damage e.g. Korsakoff's syndrome

Huntington's disease

Mixed dementia

Young-onset dementia.

Risk factors:

The effect of ageing

Genetics

Lifestyle, leisure and profession choices e.g. exercise (physical and intellectual), diet, alcohol consumption, sports, smoking.

Symptoms:

Memory loss

Difficulty with planning/preparation

Poor judgement

Difficulty performing familiar tasks

Problems with language and communication

Problems finding things/constantly losing things

Disorientation

Changes to mood or behaviour

Changes to personality

Loss of motivation/initiative

Challenges with problem solving

Difficulty with time and place

Trouble understanding visual images and spatial relationships

Withdrawal from social interaction.

Diagnosis:

A thorough medical history

Physical examination

A review of current medication prescribed

Neurological examination

Structural imaging

Mini-mental state examination (MMSE)

Blood tests

Computerised tomography (CT) scan

Magnetic resonance imaging (MRI) scan

Single photon-emission computed tomography (SPECT) scan

Positron emission tomography – computerised tomography (PET-CT) scan

Electroencephalogram (EEG)

Input from carers/family members, as appropriate

Referral to neurologist, doctor in geriatric medicine or psychiatrist.

Treatment:

No current cure

Drugs and non-drug treatments that can lessen an individual's symptoms

Drug treatments:

- Cholinesterase inhibitors e.g. Donepezil, Rivastigmine and Galantamine, antipsychotic drugs e.g. Risperidone, Haloperidol, Benzodiazepine-Lorazepam, Memantine

Non-drug treatments:

- e.g. cognitive stimulation activities, life story work and/or reminiscence therapy, cognitive rehabilitation, cognitive stimulation therapy (CST), counselling, psychotherapy, music and creative arts therapies, complementary therapies.

LO2 **Explain factors that can impact on interactions and communication with individuals with dementia**

Environmental and physical factors:

Anxiety

The impact of certain medication on awareness and the ability to interact

The environment and how it facilitates communication and interaction

Sensory impairment

Pain or discomfort

The use of body language

Distractions

Increasing use of gestures.

Intellectual and emotional factors:

Anxiety

Interactions and communication-cognitive ability

Understanding and comprehension

Misunderstanding of communication from both parties

Use of jargon/terminology/dialect

The communication approach used

The individual repeating themselves, struggling to find the correct words

Confusion

Failing to understand what is being said

Confidence

The individual losing their train of thought

The individual communicating less often.

Strategies to support effective communication and interaction with individuals with dementia:

See the person first, not the condition

Adopting a non-judgemental approach in communication

Make eye contact if the individual is comfortable with this

Give the person time to respond

Speak clearly and at an appropriate pace

Show that you have heard the person, and encourage them to say more

Give the person simple choices

Use short sentences

Acknowledge what they have said

Use a variety of forms of communication, according to the person's need

Use questioning appropriately including rephrasing questions where necessary

Encourage the person to join in conversations with others

Let the person speak for themselves where possible

Familiarise self with the person's case history or biographical details

Demonstrating empathy s e.g. appropriate self-disclosure

Adjusting methods of communication to suit the person's mood, needs and preferences

Avoid patronising or ridiculing what the person says, avoid infantilising the individual

Ensure that the environment is conducive to effective communication e.g. appropriate light, air, space, privacy

Offering, not insisting on, support where possible

Personalise care to the individual.

LO3 **Contribute to the provision of person-centred care for people with dementia**

Types of service provision and levels of support required:

Services in the individual's own home or in a supported living home

Services in residential or nursing homes

Services in hospital and primary care

Services available in the community e.g. adult day care services

Multidisciplinary approaches to service provision.

Fundamentals of adopting a compassionate approach to care:

Dignity

Respect

Empathy.

Further considerations for person-centred practice:

Offering choice according to the person's ability, recognising much choice may be overwhelming but some is vital

Providing an inclusive environment where individual differences are respected and taken into account

Legal and ethical considerations when planning and providing services e.g. the Health and Social Care Act (2012) quality standards for service delivery, the Care Act (2014) and its influence in care planning, assessment and delivery

Adherence to confidentiality protocols

Safeguarding

Empowerment and supporting independence

Respect for individuality

Communicate using individual's preferred approach e.g. the use of pictures, symbols and memory aids

Partnership working – with the individual, their family and social networks, additional services the individual may require

Identification of needs in relation to all aspects of care and service delivery e.g. gender, ethnicity, diet, personal care.

LO4 **Reflect on challenges and solutions when implementing services which maximise the rights and choices of people with dementia**

Challenges:

Comorbidities

Staff skills, knowledge, understanding and competence

Resource allocation

Communication difficulties

Ongoing changes to individual's abilities and condition

The effect of medication on individual's abilities

Carer input, risk

Access to limited resources

Partnership working and collaboration.

Addressing challenges and providing compassionate care:

Staff training and development

Adherence to dementia quality standards

Reflective practice

Supervision, mentoring

Advocates or interpreters to support individuals

Psychological interventions

Positive risk taking

Adopting appropriate communication strategies throughout own interactions

Provision of information in the preferred language and/or in an accessible format

Use of befriending services

Referral to a speech and language therapist

The use of technology/augmentative and alternative communication

Ongoing assessment and review

Currency of knowledge and practice

Identifying preferred and effective methods of communication.

Capacity:

Provisions in law e.g. Mental Capacity Act (2005), code of practice that accompanies the Mental Capacity Act (2005)

Carers' assessments

Involvement of relatives and carers, as appropriate

Integrated working

Allocation of named health and/or care staff to implement and review the care plan

Access to memory assessment service.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the causes, symptoms, diagnosis and treatment of dementia</td><td rowspan="5">LO1 and LO2

D1 Critically examine the complexities of diagnosing, treating and communicating with people with dementia in own practice.</td></tr>
<tr><td>P1 Describe the causes, risk factors and symptoms affecting people with different types of dementia.

P2 Explain different approaches to treatment of people with dementia.</td><td>M1 Analyse the impact of different approaches to treating people with different types of dementia.</td></tr>
<tr><td colspan="2">LO2 Explain factors that can impact on interactions and communication with individuals with dementia</td></tr>
<tr><td>P3 Describe different factors that impact on effectiveness of communication and interaction with people with dementia.

P4 Explain the different influences on effective communication and interaction with people with dementia.</td><td>M2 Analyse own communication and interaction when supporting and caring for people with dementia.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Contribute to the provision of person-centred care for people with dementia		**LO3 and LO4** **D2** Critically reflect on own role in the multidisciplinary team providing person-centred care solutions that protect the rights and choices of people with dementia.
P5 Explain how to ensure health and care services promote the rights and choices of people to live independently with dementia. **P6** Actively participate in a period of effective person-centred care for people with dementia.	**M3** Assess different multiprofessional team approaches to care and support to meet the needs of people living with dementia.	
LO4 Reflect on challenges and solutions when implementing services which maximise the rights and choices of people with dementia		
P7 Explain challenges that exist when delivering services that promote the rights and choices of people with dementia. **P8** Describe service solutions that enable the rights and choices of people with dementia to be upheld.	**M4** Analyse the challenges, and solutions you implemented on placement/in the workplace when delivering services for people with dementia.	

Suggested assessment method(s)

Reflective case studies based on own practice experiences – one written, one conveyed in person.

Recommended Resources

Websites

https://www.alzheimers.org.uk	Alzheimer's Society (Information and learning)
https://www.communitycare.co.uk	Community Care (Information and learning)
https://www.dementiauk.org	Dementia UK (Information and learning)
https://www.nice.org.uk	National Institute for Health and Care Excellence 1. Dementia resource for carers and care providers 2. Dementia quality standards (Guidance)
https://www.who.int	World Health Organization Dementia: a public health priority (Brochure)

Journal articles

Kindell, J.A., Harman, K., Maguire-Rosier, K., Polonyi, R., Thompson, J. and Keady, J.D. (2025) 'Exploring the everyday care practices of healthcare support workers when working with people with dementia admitted to National Health Service hospital wards in the United Kingdom: a qualitative systematic review of the literature', *Aging and Mental Health*, pp. 1–13, Available at: https://doi.org/10.1080/13607863.2024.2447319.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 409: Essentials of Anatomy and Physiology

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 413: Applied Human Development and Behaviour

Unit 414: Planning Care in Practice

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 508: Applied Anatomy and Physiology

Unit 509: Leading Quality Care

Unit 510: Pharmacology and Medicine Management

Unit 511: End of Life Planning and Support

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to caring for people with dementia to best support and guide students throughout this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 411 Working in High Quality Adult Residential Care

Unit code: D/651/4507

Unit level: 4

Credit value: 15

Introduction

Adult residential care constantly evolves, reflecting changes in government policy and best research evidence. Each setting is expected to be responsive, inclusive and able to provide high-quality, personalised care and support that meets people's needs, regardless of who pays for the care.

Accessing residential care can be a frightening and lonely process for individuals. They might have made the decision to move for themselves, or the decision might have been made for them, in their best interests. This is exacerbated by the frequency of media stories and television documentaries about very poor care in adult residential facilities.

This unit is intended to introduce students to high-performing teams and provision of service excellence in the residential care sector. Students will have the opportunity to reflect on their own practice, and the practice of their teams when working with individuals, their carers and other professionals, to ensure that care needs are met through person-centred practice underpinned by evidence based decision making. Through this approach, practitioners can be part of the team that ensures that the individual's voice is heard and their needs are identified and met.

Students will explore how the best examples of the residential care system support individuals and involve them in their care to ensure that each individual's health and wellbeing are effectively promoted.

This unit will enable students to develop a deep understanding of their own values and principles and those that underpin the practice of those who work in, lead and manage residential care.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the functions of adult residential care services

LO2 Justify the need for continuously improving services within adult residential care services

LO3 Explain how you have applied inclusive person-centred care in adult residential services

LO4 Contribute to the provision of high quality adult residential care services underpinned by best evidence based practice.

Essential Content

LO1 **Describe the functions of adult residential care services**

Principles of adult residential care:

Person-centred and personalised practice that is inclusive and promotes equity, diversity and dignity

Providing a supportive environment

Enabling service users to live their best life and to remain independent

Enabling residents to remain physically and mentally active.

Functions of adult residential care:

Nursing care

Residential care

Respite care/holiday relief

Dementia care

Hospice and end of life care

Learning disability care.

Own function (role) in adult residential care service provision:

Role in relation to service users

Hierarchy and line management

Responsibilities

Employment rights and employment best practices

Ethical and professional practice

Leadership or leading elements of service provision

Own values, principles, attitudes and beliefs.

LO2 **Justify the need for continuously improving services within adult residential care services**

Voluntary improvement:

Anecdotal and peer-reviewed evidence

Attributes of high-performing teams and team members

Theories that could lead to improvements e.g. motivation (Hertzberg's two-factor theory) and needs (McClelland's need theory)

Links between improved customer/client service, revenue, morale and motivation.

Regulations, guidance, standards:

Ways in which regulation, guidance and standards and so on can be leveraged to improve the quality of services

Overcoming the perceived barriers of regulation and inspection

Receiving difficult feedback and acting on it

Service users' and carers' ease of access to service inspections.

Service user expectations:

Friends and family test

Availability of information

Serious case reviews

High profile poor practice identified by the media

Addressing mistrust by service users and their families.

LO3 **Explain how you have applied inclusive person-centred care in adult residential services**

Practice implications:

Person-centred care and personalised care

Respecting individuality, rights, choice, privacy, independence, dignity, respect and partnership

Providing care, support and guidance for individuals, family, friends, carers, groups and communities

Confidentiality and consent

Identifying and supporting preferences, wishes and needs

Supporting others to make informed choices in relation to their care.

LO4 **Contribute to the provision of high quality adult residential care services underpinned by best evidence based practice**

Role and responsibilities:

Job description, person specification, role and scope of practice

Professionalism and professional practice

Effective leadership and management

Rapidly enabling escalation of concerns about service users' wellbeing e.g. Martha's Rule

Confidentiality protocols, the sharing of information to enable rapid escalation of concerns

Line management as care enablers and barriers

Professional confidence to raise concerns

Whistleblowing

Effective communication and interaction

Specific roles and responsibilities: supervision, accountability

Partnership working – service users, self, peers, leadership, management, trade unions, regulators.

Decision making using research evidence:

Accessing evidence

Sharing evidence

Continuing professional development (CPD)

Learning beyond the workplace – online, professional conferences, communities of practice, professional organisation membership

Creating the evidence base – becoming involved in research.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the functions of adult residential care services</td><td rowspan="5">LO1 and LO2

D1 Critically evaluate own team's role in the provision of continuously improving adult residential care services.</td></tr>
<tr><td>P1 Describe the functions of adult residential care settings you have worked in.

P2 Explain own role in providing services for individuals accessing adult residential care.</td><td>M1 Reflect on own practice in relation to service provision for individual adults in residential care.</td></tr>
<tr><td colspan="2">LO2 Justify the need for continuously improving services within adult residential care services</td></tr>
<tr><td>P3 Compare voluntary and inspection-based improvement from a team perspective.

P4 Identify outcomes you have witnessed from service improvement initiatives.</td><td>M2 Reflect on own motivations to implement service improvements.</td></tr>
<tr><td colspan="2">LO3 Explain how you have applied inclusive person-centred care in adult residential services</td></tr>
<tr><td>P5 Explain what is meant by inclusive and person-centred care in adult residential services.

P6 Identify how you have worked in an inclusive and person-centred way to ensure individuals are at the centre of care delivery.</td><td>M3 Reflect on different approaches you have experienced in practice to ensure care is inclusive and person-centred.</td><td>LO3 and LO4

D2 Critically reflect on the effectiveness of own contribution to high quality, evidence based person-centred care in adult residential services.</td></tr>
<tr><td colspan="2">LO4 Contribute to the provision of high quality adult residential care services underpinned by best evidence based practice</td></tr>
<tr><td>P7 Evidence participation in service delivery where decisions are underpinned by evidence.

P8 Discuss how you could further enhance service quality by championing continuing professional development.</td><td>M4 Analyse how own decision-making practice has changed by referring to a variety of research evidence.</td></tr>
</table>

Suggested assessment method(s)

Portfolio of own short evidence based reflections from practice.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Johs-Artisensi, J.L. and Hansen, K.E. (2023) *Quality of Life and Well-Being for Residents in Long-Term Care Communities: Perspective on Policies and Practices*. Cham: Springer.

Last, R. and Lillyman, S. (2023) *Reflective Leadership in Healthcare: A Practical Guide*. London: Routledge.

Unicomb, C. and Bell, W. (2022) *Residential, Home and Community Aged Care Workbook*. 3rd Ed. Oxford: Elsevier.

West, M.A. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care*. London: The Swirling Leaf Press.

Websites

https://www.cqc.org.uk	Care Quality Commission (General reference)
https://www.england.nhs.uk	NHS England Friends and Family Test (Feedback provision)
https://www.nmc.org.uk	Nursing and Midwifery Council 'The Code' (Guidance)
https://www.scie.org.uk	Social Care Institute for Excellence 'Care Act 2014 Assessment and Eligibility – Ensuring assessment is appropriate and proportionate' (Training)
https://www.skillsforhealth.org.uk	Skills for Health (General reference)
https://www.skillsforcare.org.uk	Skills for Care (General reference)

Journals

British Journal of Healthcare Assistants

International Journal of Older People Nursing

Journal of Long Term Care

Nursing Older People

Nursing and Residential Care

Journal articles

Adeboye, O.R. et al. (2025) 'Perceptions of care homes as practice learning environments for pre-registration nursing students: A systematic-narrative hybrid literature review', *Nurse Education Today*, 145. Available at: https://doi.org/10.1016/j.nedt.2024.106504.

Sattar, Z. et al. (2023) 'Frailty nurse and GP-led models of care in care homes: The role of contextual factors impacting enhanced health in care homes framework implementation', *BMC Geriatrics*, 23, 69. Available at: https://doi.org/10.1186/s12877-023-03742-3.

Vellani, S. et al. (2022) 'Interdisciplinary staff perceptions of advance care planning in long-term care homes: A qualitative study', *BMC Palliative Care*, 21, 127. Available at: https://doi.org/10.1186/s12904-022-01014-2.

Links

This unit links to the following related units:

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Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

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Unit 405: Applying Governance Frameworks in Practice

Unit 406: Developing Leadership Skills

Unit 409: Essentials of Anatomy and Physiology

Unit 410: Caring for People with Dementia

Unit 413: Applied Human Development and Behaviour

Unit 414: Planning Care in Practice

Unit 415: Sociological Perspectives in Caring Practice

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 509: Leading Quality Care

Unit 510: Pharmacology and Medicine Management

Unit 511: End of Life Planning and Support

Unit 512: Conflict and Resolution

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 516: Approaches to Disability

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Students must have placements/work in one or more adult residential care settings.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 412 Introduction to Cancer Diagnosis and Treatment Pathways

Unit code: **F/651/4508**

Unit level: **4**

Credit value: **15**

Introduction

This unit is a prerequisite to *Unit 515: Further Understanding of Cancer Care*.

Cancer is a disease where cells in a specific part of the body grow and reproduce uncontrollably, and these cancer cells can invade and destroy surrounding healthy tissue and organs (NHS, 2024). One in two people in the UK will develop cancer at some point in their lifetime and, according to the World Health Organization (2022), cancer is the leading cause of death worldwide.

All healthcare professionals, even if not directly working in cancer care, are likely to be involved in the care of someone affected by cancer. This unit will provide students with an overall introduction to cancer; including how it develops, is diagnosed and is treated. By understanding the biology of cancer cells, the diagnostic procedures involved in detecting cancer and the treatment options available, students will gain knowledge about the whole cancer pathway. This unit will give students an understanding of the impact that cancer has on the people affected by it and the role of all health professionals in a person's cancer journey.

On completion of this unit, students will have a greater understanding of breast and prostate cancer and how these pathologies are diagnosed and treated. This will provide students with knowledge and skills that will enable them to support and care for individuals on a cancer pathway.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explain how cancer develops and spreads in the body

LO2 Examine oncology related to specific cancers

LO3 Describe the diagnosis and treatment pathway for people with specific cancers

LO4 Identify health professionals' roles in the cancer pathway.

Essential Content

LO1 **Explain how cancer develops and spreads in the body**

Differentiation from normal cells:

Features of normal cells and how they grow – cell cycle, mitosis

Cancer cell formation – gene changes within cells (mutations)

Difference between cancer cells and normal cells (differentiation) – cancer cells do not stop growing and dividing, do not stick together, mature or repair themselves.

How cancer cells grow:

Types of cancer and differences in how they grow – benign or malignant tumours

Blood supply and cancer cells

Hypoxic tumour centre.

How cancer cells spread and metastasise to other tissues:

Growing into or invading nearby tissue (direct spread)

Spread through the lymphatic system

Spread through the bloodstream (haematogenous spread)

Spread through natural body passageways (transcoelomic spread) e.g. bowel, oesophagus, urethra.

LO2 **Examine oncology related to specific cancers**

Epidemiology of cancer of the breast and prostate:

Definition of epidemiology – incidence, distribution, mortality and survival within a population

Cancer incidences considered by population, often rate per 10,000 people, age, ethnicity

Cancer mortality statistics considered by population, age, deprivation and cancer type

Cancer survival rates considered by population, age, socio-economic group and cancer type.

Aetiology (risk factors associated with cancer of the breast and prostate):

E.g.

- Age
- Sex
- Alcohol
- Tobacco
- Hormones, including hormone treatments for diabetes and perimenopause
- Family history and genetics
- Overweight and obesity
- Ethnicity
- Links between risks and cancer development for cancers of the breast and prostate
- Environment e.g. radiation, pesticides.

Histology of cancer of the breast and prostate:

Mostly adenocarcinomas, others are rare.

Staging, grading and survival of people with cancer of the breast and prostate:

Breast cancer – TNM staging (tumour, nodes, metastases), staging number 1 to 4

Prostate cancer – Gleason score, Cambridge Prognostic Group or TNM staging

Presence of spread and metastases

Five or ten year survival rate.

LO3 **Describe the diagnosis and treatment pathway for people with specific cancers**

Prevention and early detection:

European Code Against Cancer – *12 ways to reduce your cancer risk* (2024)

Early detection through cancer screening can help diagnose cancer or risk of cancer earlier and improve outcomes

Screening programmes e.g. breast screening

Non-screening programme tests e.g. prostate specific antigen (PSA) test

Cancer education – role of all professionals public health education

Impact of education on cancer prevention.

Signs and symptoms of breast cancer:

Differences between a sign (effects of the cancer that can be seen or detected via clinical investigations) and a symptom (can be experienced or felt by the individual)

Palpable lump in breast – most common in upper outer quadrant of left breast, most common sign

Skin changes e.g. puckering, nipple changes, peu d'orange

Breast pain

Back pain – advanced symptom

Weight loss – advanced symptom.

Signs and symptoms of prostate cancer:

Could be caused by prostate cancer or other conditions

Dysuria

Polyuria

Stop and start flow of urine

Back, hips or pelvic pain – advanced symptom

Dyspnoea (shortness of breath) – advanced symptom.

Diagnosis of breast and prostate cancer:

Physical examination and history

Laboratory tests including tumour markers

Imaging tests – computerised tomography (CT), magnetic resonance imaging (MRI), positron emission tomography CT (PET-CT) scan, ultrasound and radiographic imaging

Biopsy.

Cancer treatment goals of breast and prostate cancer:

Curative

Adjuvant

Palliative.

Common types of treatment:

Surgery

Chemotherapy

Radiotherapy

Immunotherapy

Hormone therapy.

Active surveillance for prostate cancer:

Active surveillance – cancer localised to prostate gland

Low or medium risk cancer

Regular blood test to measure PSA levels

Prostate examination or MRI scan

If cancer starts to grow, curative treatment is started.

Watchful waiting for prostate cancer:

May be used if comorbidities present

No curative treatment is wanted

Less regular blood test to measure PSA levels

Referral to oncology team if PSA levels rise or new symptoms develop.

LO4 **Identify health professionals' roles in the cancer pathway**

The multidisciplinary team – this is not an exhaustive list:

Diagnostic radiographer

Radiologist

Pathologist

Healthcare scientist

Surgeon

Operating department practitioner

Medical oncologist

Clinical oncologist

Medical physicist

Therapeutic radiographer

Haematologist

Clinical nurse specialist

Physiotherapist

Dietician

Speech and language therapist

Occupational therapist

Counsellor or clinical psychologist

Palliative care nurse.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain how cancer develops and spreads in the body</td><td rowspan="5">LO1 and LO2

D1 Evaluate the effectiveness of screening programmes or tests in early detection of cancers of the breast and prostate.</td></tr>
<tr><td>P1 Describe how cancer cells develop.

P2 Explain how cancer can spread through the body.</td><td>M1 Explain in detail how cancer development and spread varies for different cancer types.</td></tr>
<tr><td colspan="2">LO2 Examine oncology related to specific cancers</td></tr>
<tr><td>P3 Discuss oncological factors related to breast cancer.

P4 Discuss oncological factors related to prostate cancer.</td><td>M2 Explain how cancer incidence varies depending on exposure to risk factors.</td></tr>
<tr><td colspan="2">LO3 Describe the diagnosis and treatment pathway for people with specific cancers</td></tr>
<tr><td colspan="3">LO3 and LO4

D2 Demonstrate detailed knowledge of breast and prostate cancer presentation, diagnosis and treatment pathway, including the relevant multidisciplinary team and their role at each stage.</td></tr>
<tr><td>P5 Describe signs and symptoms experienced by people with breast and prostate cancer.

P6 Justify diagnostic tests and treatment modalities for people with breast and prostate cancer.</td><td>M3 Compare presentation, diagnosis and treatment for people with breast and prostate cancer.</td></tr>
<tr><td colspan="2">LO4 Identify health professionals’ roles in the cancer pathway</td></tr>
<tr><td>P7 Identify health professionals involved in diagnosis, treatment or ongoing care of individuals with breast and prostate cancer.

P8 Describe the role of health professionals involved in the diagnosis, treatment or ongoing care of individuals with breast and prostate cancer.</td><td>M4 Describe in detail the role of healthcare professionals involved in the diagnosis, treatment and ongoing care of individuals with breast and prostate cancer.</td></tr>
</table>

Suggested assessment method(s)

Case studies focused on individuals with breast and prostate cancer.

Recommended Resources

Textbooks

Adams, J. (2024) *Cancer Explained*. Green Mountain Publishing.

Alberts, B. (2011) *Essential Cell Biology*. New York; London: Garland Science.

Mcintosh, J.R. (2019) *Understanding Cancer: An introduction to the Biology, Medicine and Societal Implications of the Disease*. London: CRC Press.

O'Halloran, D. (2023) *Oncology: An introduction for Nurses and Health Care Professionals*. Oxford: Elsevier.

Price, P. and Sikora, K. (2021) *Treatment of Cancer*. 7th Ed. London: CRC Press.

Weinberg, R.A. (2023) *The Biology of Cancer*. 3rd Ed. New York; Abingdon: Garland Science.

Websites

https://www.cancerresearchuk.org	Cancer Research UK 1. 1. 'What is cancer?' (General reference) 2. 'Cancer statistics for the UK' (Data)
https://cancer-code-europe.iarc.fr/index.php/en	European Code Against Cancer '12 ways to reduce your cancer risk' (General reference)
https://www.nhs.uk	NHS 'Overview: Cancer signs and symptoms' (General reference)
https://www.who.int	World Health Organization 'Cancer' (General reference)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 408: Applying Science in Healthcare

Unit 409: Essentials of Anatomy and Physiology

Unit 414: Planning Care in Practice

Unit 416: Addressing Inequalities in Public Health

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 507: Assisting Practitioners and Professions

Unit 508: Applied Anatomy and Physiology

Unit 510: Pharmacology and Medicine Management

Unit 511: End of Life Planning and Support

Unit 515: Further Understanding of Cancer Care

Essential requirements

Access to diagrams and images of cancer and diagnostic images e.g. CT, MRI, PET-CT, bone (skeletal scintigraphy) scan images.

Students must have a placement/work in one of the areas involved in diagnosis, treatment or care of individuals with cancer.

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the oncology aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts working within cancer specialities in the delivery of this unit is encouraged.

Unit 413 Applied Human Development and Behaviour

Unit code: H/651/4509

Unit level: 4

Credit value: 15

Introduction

This unit provides an ideal opportunity for students to become informed about a central concern for the caring professions: human growth, development and behaviour. It will provide an important foundation for those seeking to work or who are already working in the caring professions. In additions it will be a stepping stone for students wishing to progress to additional higher education programmes to study one of the plethora of related vocational degree programmes.

All health and social care professionals have roles supporting individuals and communities along the lifespan, from childhood to older age. It is important to have an understanding of the range of factors that affect human development in order to support individuals at all life stages appropriately. In life, we all experience a variety of expected and unexpected significant events, and practitioners require insight into the potential impact of such experiences, in order to provide support for children, young people, adults and older people.

This unit introduces students to a range of theories and approaches that attempt to explain human development and behaviour across the life stages; these include psychodynamic, cognitive and behavioural theories. Students will explore how such theories help in understanding people and communities. Additionally, students will consider the impact of influencing factors that help or hinder people's progression at various life stages. Due consideration will also be given to the various roles and services provided across a range of supporting agencies.

On completion of this unit, students will have gained an awareness of the range of factors that may have an impact on human development throughout the lifespan. They will have acquired skills in independent research and be able to critique theory and its application to practice. Moreover, students will have had the opportunity to reflect on their roles in supporting individuals through identified life events, and consider areas for their own improvement.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Review how understanding theories of human development better informs practitioners

LO2 Assess various influences on development through childhood and adolescence

LO3 Describe how practitioners take into account the impact of life events in adulthood to provide support to adult service users

LO4 Consider your practice in assisting a service user or group through a significant life event.

Essential Content

LO1 **Review how understanding theories of human development better informs practitioners**

Theories of lifespan development:

Psychodynamic e.g. Freud, Erikson, Levinson

Cognitive e.g. Piaget, Vygotsky, Siegler

Behaviourist e.g. Pavlov, Skinner, Bandura, Gardner

Humanistic e.g. Maslow, Rogers

Atypical and neurodiversity (as opposed to the normative theory and approaches above).

Biological factors:

Genetics

Neurodevelopment and divergence

Acquired brain injury

Other factors e.g. endocrine system, physical health.

Environmental factors:

Socialisation

Culture

Education

Other factors e.g. status, affluence, poverty.

Nature/nurture debate:

Historical and contemporary arguments about the relative role and importance of genetics or environment in determining human development.

Application to practice:

How understanding human growth and developmental theories assists in supporting people

A critiquing perspective of how evidence based theory promotes anti-oppressive practice

Relevance of human growth and development theories to working with particular groups e.g. attachment, working with children and young people

Recognising the impact of factors affecting people's presentation and behaviour

Adjusting own behaviour and approach to take into consideration individuals' stage, age and developmental experiences and challenges.

LO2 **Assess various influences on development through childhood and adolescence**

Life stages:

Birth, infancy, early and later childhood, adolescence.

Prenatal factors:

Genetics, teratogens

Parents' lifestyle

Preterm birth

Congenital anomalies.

Life events in childhood:

Expected events, unexpected events e.g. loss and bereavement, disability, trauma

Milestones in physical, emotional, intellectual and social development

Parenting

Education

Socialisation.

Attachment:

Theory (e.g. Bowlby, Rutter, Hodges, Tizard: their relationship to other psychological approaches)

Impact of attachment in infants, early childhood, later childhood and adolescence.

Life events in adolescence:

Expected events, unexpected events

Milestones in physical, emotional, intellectual and social development

Development of brain and impact on behaviour

Puberty and hormonal influence on development and behaviour

Menarche and menstruation

Sexual identity and gender

Education.

Application:

Relevance of understanding factors, life events and theoretical approaches when working with children and young people.

LO3 **Describe how practitioners take into account the impact of life events in adulthood to provide support to adult service users**

Life stages:

Early, middle and later adulthood, early and later old/older age, end of life.

Life events in early and middle adulthood:

Expected and unexpected life events e.g. illness, loss and bereavement, dementia, Parkinson's disease, cancer, cerebral vascular accident, depression, suicide

Social roles

Early adulthood, emerging adulthood: romantic and platonic relationships, career, recent demographic changes leading to later parenthood and the impact of these, domestic abuse, separation, divorce, employment, unemployment

Pregnancy and birth

Middle adulthood: changes in caring responsibilities for children and relatives, employment, relationships

Physical and psychological changes e.g. perimenopause and menopause

Impact of lifestyle on physical and psychological development.

Development in elderhood:

Ageing process, primary and secondary ageing, physical and intellectual changes

Conditions often (but not exclusively) associated with the ageing process and the resultant impact on people e.g. decreased mobility, loss of functions, dementia, Parkinson's disease

Theories of development in later life.

Application.

Understanding the impact of life events (e.g. illness, retirement, loss of role, bereavement, dementia) and workers' responses to adults (and family).

LO4 **Consider your practice in assisting a service user or group through a significant life event**

Range of services:

Formal and informal support

Statutory, voluntary, community and private sector

Specialist services for a range of specific life events in local area e.g. domestic abuse, unemployment, divorce/separation, young parents

Health and wellbeing services.

Grief and loss:

Bereavement

Concept, types and theories of loss (attachment theory)

Grief (Kübler-Ross, Murray Parkes, Worden, and so on.)

Complicated grief, disenfranchised grief

Factors affecting the grieving process

Critique of stage-approaches to grief and loss

Recognition that grief and loss are not exclusive to bereavement.

Role in supporting individuals through grief and loss:

Applying theory to practice situations

Drawing upon a range of recognised values, principles, knowledge, skills and processes

Meaningful involvement of service users

Demonstrating counselling skills e.g. interviewing, open ended questions, empathy

Strengths-based assessment

Collaborative and person-centred support planning

Signposting to appropriate services

Using professional supervision, self-care.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review how understanding theories of human development better informs practitioners</td><td rowspan="2">D1 Evaluate how theories of human development can enhance practice with a specific age group.</td></tr>
<tr><td>P1 Describe different theories of human development across the lifespan in relation to supporting others.
P2 Review the importance of several biological and environmental factors to human development.</td><td>M1 Reflect on the importance of understanding human development theory to promote best practice.</td></tr>
<tr><td colspan="2">LO2 Assess various influences on development through childhood and adolescence</td><td rowspan="2">D2 Evaluate how understanding attachment theories can impact practice with children or adolescents.</td></tr>
<tr><td>P3 Assess the impact of several prenatal factors on human development.
P4 Discuss a life event that affects development through childhood or adolescence.</td><td>M2 Analyse the contribution of attachment theory to supporting children or adolescents through life events.</td></tr>
<tr><td colspan="2">LO3 Describe how practitioners take into account the impact of life events in adulthood to provide support to adult service users</td><td rowspan="5">LO3 and LO4
D3 Evaluate how applying theoretical approaches enhances support for people going through significant life events.</td></tr>
<tr><td>P5 Describe the impact of a life event on development through adulthood.
P6 Examine challenges associated with the ageing process.</td><td>M3 Discuss the relevance of development theories to later adulthood.</td></tr>
<tr><td colspan="2">LO4 Consider your practice in assisting a service user or group through a significant life event</td></tr>
<tr><td>P7 Describe your practice supporting an individual or group through a significant life event.
P8 Identify a range of support services applicable to your work with the service user/group experiencing a significant life event.</td><td>M4 Analyse the effectiveness of own practice in helping the person or group access support services and overcome challenges.</td></tr>
</table>

Suggested assessment method(s)

Written evidence based essay accompanied by short presentation of key findings. Short reflections in practice portfolio to evidence theories in relation to own practice.

Recommended Resources

Textbooks

Beckett, C. and Taylor, H. (2024) *Human Growth and Development*. 5th Ed. London: Sage.

O'Brien, E. (2020) *Psychology, Human Growth and Development for Social Work: A Comprehensive Guide*. 5th Ed. London: Red Globe.

Thompson, N. (2022) *The Loss and Grief Practice Manual*. Wrexham: Avenue Media Solutions Publications.

Walker, J. and Horner, N. (2024) *Social Work and Human Development*. 7th Ed. London: Sage.

Websites

https://www.bps.org.uk	British Psychological Society (General reference)
https://www.communitycare.co.uk	Community Care (General reference)
https://www.gov.uk	GOV.UK (General reference)
https://www.neural.org.uk	Neurological Alliance (separate organisations across the UK) (General reference and resources)
https://www.niscc.info	Northern Ireland Social Care Council (Resources)
https://www.psychologicalsociety.ie	Psychological Society of Ireland (General reference)
https://www.scie.org.uk	Social Care Institute for Excellence (SCIE) (General reference and resources)
https://www.universityofatypical.org	University of Atypical (Resources)

Journal articles

Dwyer, P. (2022) 'The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers?' *Human Development*, 66(2), pp. 73–92. Available at: https://doi.org/10.1159/000523723.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 408: Applying Science in Healthcare

Unit 409: Essentials of Anatomy and Physiology

Unit 501: Establishing Professional Practice

Unit 508: Applied Anatomy and Physiology

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 517: Health Psychology in Integrated Care: A Multidisciplinary Approach

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit. Tutors must be appropriately knowledgeable and experienced in relation to the content, for example, in psychology, healthcare, social care or social work, to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 414 Planning Care in Practice

Unit code: **L/651/4510**

Unit level: **4**

Credit value: **15**

Introduction

Quality care depends on clear and structured planning for all episodes of care so as to ensure effective interactions, interventions and treatment. Professionals will promote a person-centred approach by working in partnership with individuals and other professionals to assess positive outcomes from an episode of care. This unit will enable students to become familiar with care planning processes in their practice, however short or long the interaction and whatever type of care may be required. For example, many allied health professionals (AHPs) will not be involved in the long-term care of patients and service users but they will need to plan for episodes of care during, for example, diagnostic tests, follow-up monitoring of progress and delivery of treatment. Many social care and social work professionals will be involved in long episodes of care lasting months or years.

Students will examine current models and methods of assessment, and approaches designed to develop effective care strategies and to promote review of practice based on theoretical perspectives. Through this unit, students will explore person-centred care and the necessary planning they will need to undertake as part of their role in practice, underpinned by contemporary policy relating to the quality of provision in health and care services. They will develop the skills to implement appropriate approaches that are aimed at empowering people who use health and care services to make informed decisions and access relevant services when needed.

This unit will provide students with skills in managing and delivering care in their workplace and applying appropriate responses as necessary. They will develop skills in using assessment tools (if and when appropriate) and measuring outcomes. Students will be able to apply these skills either in practice or in future healthcare and social care qualifications.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace

LO2 Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals

LO3 Review the benefits of planning person-centred care/episodes of care in the workplace

LO4 Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice.

Essential Content

LO1 **Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace**

Theoretical perspectives:

Social care theory

Behavioural theory

Psychodynamic approaches

Solutions-focused and task-focused perspectives

Theories of change

Systems approach.

An awareness of the relevant applicable principles of legislative and regulatory frameworks and guidance supporting equality and diversity in the assessment process relevant to students' practice and placements:

E.g.

Individualised care e.g. Care Act 2014 and updates

Commissioning of care e.g. Health and Social Care Act 2022 (revised)

Referral, care and protection of individuals with additional mental health considerations e.g. Mental Health Act 2007 (reviewed 2017) and Mental Capacity Act 2005 (amended 2019)

Promoting equality and diversity and the cultural implications for care and effective communication e.g. Equality Act 2010 data protection, Data Protection Act 2018 and related UK General Data Protection Regulation

NHS England response to the specific duties of the Equality Act: Equality information relating to public facing functions (2016)

Department of Health and Social Care equality objectives: 2019 to 2023 (2019), Health Education England's *Diversity and Inclusion: Our Strategic Framework 2018–2022* (2018).

Models and methods of assessment relevant to workplace:

E.g.

The nursing process – assessment, planning, implementation, evaluation (APIE)

ASPIRE – assessment, systematic nursing diagnosis, planning, implementation, recheck, evaluation (Barrett et al., 2012)

Medical and social models of assessment

Have you 'paused and checked'? Radiotherapy treatment (Society and College of Radiographers, 2020)

Integrated care models: An overview (World Health Organization, 2016)

Shared decision making: National Institute for Health and Care Excellence guideline NG197 (2021).

Planning of care/episodes of care and the core care principles:

Fundamentals of planning care e.g. evidence based approaches, respect, training, care and compassion, environment, information sharing, involvement of service users, sensitivity to diverse needs, accessibility, agreed actions.

Types of assessment in health and care settings relevant to workplace:

Care planning, care pathways and care bundles e.g.

Care needs assessment

Outcomes-based assessment

Risk assessment

Joint assessment

Face-to-face assessment

Structured interviews

Self-assessment

Evidence based assessment

Single assessment framework

Other forms of assessment required when planning specific episodes of care.

LO2 **Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals**

Preparing for episodes of care:

Using information to plan care, taking into consideration the service user's specific needs

Consider any adaptations that may be needed to undertake high-quality care

Identify any contingencies, support or resources that can be used in case of challenges

Understanding the relevant legislation, policies and guidance and applying these to the episode of care.

Roles and responsibilities relevant to workplace:

Duty of care

Provide appropriate care

Safeguarding

Focus on the individual

Promote independence and empower the individual

Develop clear assessment methods

Develop strategies in partnership with the individual, family and carers

Follow the setting's policies and procedures

Ensure records are kept accurately and safely

Maintain own training and update professional practice

Support other staff in team, including mentoring new staff

Listen to the individual and be supportive

Gain feedback on quality of care provided

Review and develop care plan in line with care planning process

Multidisciplinary working.

Person-centred care:

Person-centred approaches that are seamless and proactive

Personalised care

Supporting independence

Promoting quality of life e.g. the ability to contribute fully to communities, tailored to the religious, cultural and ethnic needs of individuals

Promoting value-driven practice based on inclusiveness, respect and dignity

Personal care

Focusing on positive outcomes and wellbeing

Working proactively to include the most disadvantaged groups

Approaches that take into account individual physical, psychological, public health, social, economic, spiritual and learning needs and considerations

Values-based care.

Outcomes-based assessment in planning of care/episodes of care:

Consideration of who the desired outcome is for e.g. service user, care professional, relative/carer

The impact of values, beliefs and attitudes on care planning

Involving the service user as a patient expert

Multidisciplinary team e.g. medical consultants, social worker, care support workers, general practitioner, occupational therapist, other professionals

Personalised care

Strengths-based approach

Record keeping

Data collection

Assessment tools.

Types of intervention reflected in plans for care/episodes of care relevant to workplace:

Medical interventions

Social care interventions

Therapeutic interventions

Multidisciplinary approaches

Home care

Residential care.

Communicating with the service user throughout the care process:

Pre-care considerations e.g. introductions, building a rapport, gaining consent, offering instructions and assistance if needed, discussing whether the service user has any specific support needs to be taken into consideration, adapting the environment as necessary, involving friends and family as appropriate

Communicating during the care episode e.g. maintaining open lines of communication and ongoing service user cooperation, checking whether adaptations have been clearly communicated or options given, checking of environmental factors

Post-care episode e.g. ensuring that the service user knows what happens next, explaining any side effects, giving aftercare advice as necessary, providing opportunity for questions, relevance of signposting for further support, giving final guidance, directions and reassurance.

Use of risk assessment tools as appropriate:

Recognising norms and implications of deviations

Reporting concerns effectively

Checking measurements

Accuracy in recording

Interpreting results to inform care planning

Setting realistic targets to make improvements in conditions.

LO3 **Review the benefits of planning person-centred care/episodes of care in the workplace**

Person-centred holistic approaches:

Benefits e.g.

- Active participation of individual
- Clear communication channels
- Early identification of issues/gaps in service
- Promotes teamwork
- Guides provision of care
- Enables effective planning of services and service provision
- Enables preventative practices.

Partnership approaches and effective communication in resolving challenges:

Agreed ways of working in teams, clarity of roles and responsibilities

Agreed outcomes

Input from individual and family, friends and carers

Target setting and overcoming challenges

SMART (specific, measurable, achievable, realistic, timely) targets

Risk assessment and risk taking

Reflecting on practice

Ways of evaluating quality outcomes

Dealing with conflict

Using appropriate support and resources

Overcoming barriers to inclusion

Understanding the importance of inclusive care.

LO4 **Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice**

Family and friends as partners in planning care and care episodes:

Valuing family and friends, importance of communication between individuals, family, friends and professionals

Consideration of what is important to the individual

Recognition of the individual as part of the family unit

Promotion of rapport with the individual, family, friends and professionals

Recognition of the right of family and friends to be involved

Provision of individualised care and support

Addressing issues that affect plans

Basing plans on an individual's priorities in alliance with family, friends and professionals

Use of facilitators.

Impact of care process on individual, friends and family:

Positive impact e.g. reassuring, shared decision making, working towards shared goals, enabling the individual to feel involved and empowered, enabling the individual to ask questions, supporting them to feel that they are being listened to

Increased knowledge and understanding: gives structure and purpose to care processes, enables the individual to recognise outcomes, enables advocacy support.

Teamwork – processes and impact:

Working in partnership

Supporting care teams, multidisciplinary approaches

Promoting best practice in the best interests of the individual

Reflective review, identifying gaps in service to improve

Collecting and interpreting data and drawing conclusions

Regulation and monitoring: benchmarks and standard-setting

Critical incident analysis.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the influence of theoretical models and practical methods of assessing planned care/episodes of care in the workplace</td><td rowspan="5">LO1 and LO2

D1 Critically reflect on own role in using theory to inform creation or implementation of care plans/plans for episodes of care.</td></tr>
<tr><td>P1 Compare the different methods of assessment and their implementation in care.

P2 Discuss the application of theoretical perspectives to planning care or episodes of care in the workplace.</td><td>M1 Review how legislative and regulatory frameworks support equality and diversity when planning care or episodes of care in the workplace.</td></tr>
<tr><td colspan="2">LO2 Demonstrate involvement in care plans/plans for an episode of care in the workplace to meet desired outcomes for individuals</td></tr>
<tr><td>P3 Discuss responsibilities and duties of own role in promoting person-centred care planning or planning episodes of care in the workplace.

P4 Demonstrate own contribution to the care planning process or planning episodes of care in the workplace.</td><td>M2 Assess how an individual's wellbeing has been maintained through effective communication when implementing a plan of care or planning an episode of care in own workplace.</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO3 Review the benefits of planning person-centred care/episodes of care in the workplace</td><td rowspan="5">LO3 and LO4

D2 Critically reflect on the planning process in relation to own practice with individuals, families and carers, and other care professionals.</td></tr>
<tr><td>P5 Describe the benefits of person-centred planning.

P6 Discuss the benefits of implementing care planning or planning episodes of care in the workplace.</td><td>M3 Discuss the use of a range of strategies to implement person-centred care plans or in planning episodes of care.</td></tr>
<tr><td colspan="2">LO4 Reflect upon the impact of the planning of care/episodes of care on practitioners, individuals, family and carers in relation to own practice</td></tr>
<tr><td>P7 Reflect on the partnership between individuals and self during planning of care/episodes of care.

P8 Reflect on the partnership between families and carers and self during planning of care/episodes of care.</td><td>M4 Review in detail specific aspects of the care planning process and their impact on the individual, family and carers.</td></tr>
</table>

Suggested assessment method(s)

Presentation about using theory in practice for the benefit of service users, and reflection on own practice in the planning process.

Recommended Resources

Textbooks

Carrier, J. (2022) *Managing Long-term Conditions and Chronic Illness in Primary Care. A Guide to Good Practice*. 3rd Ed. Oxford: Routledge.

Ellis, P., Standing, M. and Roberts, S. (2023) *Patient Assessment and Care Planning in Nursing (Transforming Nursing Practice Series)*. 4th Ed. London: Learning Matters (Sage Publications).

Hayes, S., Newton, M. and Llewellyn, A. (2019) *The Care Process: Assessment, Planning, Implementation and Evaluation in Healthcare*. Banbury: Lantern Publishing.

Nicol, J. and Hollowood, L. (2019) *Nursing Adults with Long Term Conditions (Transforming Nursing Practice Series)*. 3rd Ed. London: Learning Matters (Sage Publications).

Wilson, B., Woollands, A. and Barrett, D. (2018) *Care Planning: A Guide for Nurses*. 3rd Ed. Oxford: Routledge.

Websites

https://www.derbyshirehealthcareft.nhs.uk	Derbyshire Healthcare NHS Foundation Trust 'Our core care standards' (Resources)
https://www.kingsfund.org	King's Fund 'Equality and diversity' (General reference)
https://www.ncpc.org.uk	National Council for Palliative Care (General reference)
https://www.england.nhs.uk	NHS England 'House of Care – a framework for long-term condition care' (Resources)

https://www.nationalvoices.org.uk	National Voices (General reference)
https://www.patientvoices.org.uk	Patient Voices 'Long-term action for allied health professions' (Blog) (General reference)
https://www.rcn.org.uk	Royal College of Nursing 'Diversity and inclusion' (General reference)
https://www.scie.org.uk	Social Care Institute for Excellence 'Mental Capacity Act and care planning' (Report)
https://www.scie.org.uk	Social Care Institute for Excellence 'Integrated care' (General reference)

Journal articles

Bramley, L. and Matiti, M. (2014) 'How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses', *Journal of Clinical Nursing*, 23(19–20), pp. 2790–2799. Available at: https://doi.org/10.1111/jocn.12537.

Harvey-Lloyd, J. and Strudwick, R. (2018) 'Embracing diversity in radiography: The role of service users', *Radiography*, 24(S1), pp. s16–s19. Available at: https://doi.org/10.1016/j.radi.2018.06.008.

Policy and guidance

Department of Health (2010) *Essence of Care 2010: Benchmarks for the Fundamental Aspects of Care*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216691/dh_119978.pdf.

Department of Health and Social Care (2022, updated 2025) *Care and Support Statutory Guidance*. Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.

HM Government (2023) *Working together to safeguard children. A guide to multi-agency working to safeguard and promote the welfare of children*. Available at: www.gov.uk/government/publications/working-together-to-safeguard-children--2.

National Institute for Health and Care Excellence (2021) *Shared decision making. NICE guideline NG197*. Available at: https://www.nice.org.uk/guidance/ng197.

NHS England (2022) *Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework*. Available at: https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework.

Royal College of Nursing (2018, updated 2022) *Adult safeguarding: Roles and competencies for health care staff*. Intercollegiate document. Available at: https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 416: Addressing Inequalities in Public Health

Unit 417: Changing Perspectives in Public Health

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 509: Leading Quality Care

Unit 510: Pharmacology and Medicine Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately qualified and experienced in the healthcare sector to cover the principles and skills development aspects of this unit.

Not all students will be in roles that require care planning in the context of long-term care, but all students will be involved in 'care planning' in its wider form, however short or long term the interaction and whatever type of care may be required. For example, many students supporting allied health professionals will not be involved in the long-term care of service users but they will need to plan for episodes of care during, for example, diagnostic tests, follow-up monitoring of progress and delivery of treatment.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged. To supplement campus teaching and learning, Centres may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

Unit 415 Sociological Perspectives in Caring Practice

Unit code: **H/651/4536**

Unit level: **4**

Credit value: **15**

Introduction

This unit provides a helpful foundation for those working in a range of settings and environments in the supporting sector, or who will be continuing higher education in either academic or vocational disciplines (including sociology, social policy, health and social care, community work and development).

Sociology is concerned with the study of society, and sociologists primarily focus on understanding its nature and how different systems within a society operate. At a macro level, organisational systems, such as governments, prescribe the way in which people should behave, setting 'norms' by means of laws, regulations and policing. At a micro level, family systems can incorporate systemic 'norms' but may interpret them in a way that fits their beliefs, customs and behaviours. Core to all helping professions is the ability to support people, in an effort to maintain their independence, challenge inequality, improve their wellbeing through social interaction and empower them to take an active part in society while protecting them from vulnerable situations.

Students will develop their knowledge and understanding of sociological frameworks, exploring theoretical perspectives in sociology (including functionalism, symbolic interactionism and conflict theories) and how these are applied to practice. Concepts of power, status, gender, ethnicity, social class, disability, sexuality, age, poverty, deprivation and so on, will be examined, through the lens of sociological theory. Students will consider how these inform family, community and organisations and be able to apply resulting insights to their daily practice with people. Finally, the effectiveness of national perspectives and systems is assessed in terms of challenging and tackling poverty, inequality and social deprivation.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe social factors that can influence people's vulnerability to inequalities

LO2 Explore sociological approaches used in the supporting professions

LO3 Review how sociological approaches are applied to address issues of poverty, social deprivation and inequality in own country

LO4 Compare sociological approaches to caring practice in different nations.

Essential Content

LO1 **Describe social factors that can influence people's vulnerability to inequalities**

Definition of vulnerability:

Use of evidence based sources and theoretical perspectives

External stressors related to vulnerability e.g. risks, shocks

Internal stressors related to vulnerability e.g. lack of means to cope with loss, physical weakness, social dependence, psychological harm, mental illness, defencelessness

Causes e.g. rapid population growth, hunger, social inequalities related to access to goods and services, institutionalised prejudice

Links between power and oppression, inequality and economic wellbeing.

Poverty as a significant predictor of vulnerability:

Definitions, absolute versus relative poverty

Causes e.g. material, human destruction, illness, disease, agricultural cycles, natural disasters, climate change, corruption, inequality, illiteracy

Effects e.g. abuse, neglect, discrimination, marginalisation, death.

Other factors influencing vulnerability to inequality:

Personal characteristics e.g. impact of disability, gender, age, race, ethnicity, identity, beliefs, cultural norms, attitudes, behaviours

Chronic or debilitating illness

Primary and secondary socialisation, household type, education, occupation and income

Impact of social divisions on individual and group wellbeing

Impact of people's social characteristics on behaviour

Societal prejudices, discrimination and the influence of the media.

Political context for social reforms tackling inequality:

View of poverty being the root of inequality

Impact of historic factors e.g. industrialisation, demographic and cultural changes, mass urban-based poverty and its related challenges

Incentives and drivers tackling poverty and inequality

Welfare state and recognition of caring for people

Political systems creating and perpetuating inequalities

Contemporary approaches to understanding and intervening in social problems

Development of practice and professions to address inequality e.g. charities, health and social care, community work, community development

Anti-oppressive practice.

Organisations informing patterns and trends of society:

World Health Organization

International Labour Organization

International Council on Social Welfare

Organisation for Economic Co-operation and Development

National government statistical services e.g. Office for National Statistics

United Nations Sustainable Development Goals

Local and national government (and related agencies).

LO2 **Explore sociological approaches used in the supporting professions**

Overarching sociological perspectives:

Key theorists e.g. Durkheim, Marx, Weber, Mead, Goffman, Martineau, Addams, Gilman, Foucault, Bourdieu

Symbolic interactionism e.g. use of symbols and face-to-face interactions, labelling

Conflict theory e.g. power and control, the elite

Functionalism e.g. relationships between aspects of society.

Overarching principles of interactionist theory:

Subjective interpretations of experience and reality

Institutionalisation

Focus on the here and now; language and symbolism

Self is seen as socially created.

Critique of interactionist theory:

Seen as ideology and not reality; lack of focus on differences and possible conflicts between service users, carers and professionals; preoccupation with micro interaction; inflexibility of structural power.

Conflict theories:

Focus on conflict, dominance, oppression in social life, powerful and powerless

Inequality of power division

Social order based on control

Social change driven by conflict

Foucault's ideas of control, discipline and punishment asserting power over individuals

Feminist and anti-racist perspectives of inequality

Bourdieu and materialism.

Overarching principles of conflict theories:

Competing social divisions and systems (e.g. classes) cause societal problems

Centrality of power and powerlessness in understanding problems

Generational reproduction of culture, wealth, power, status

Marginalisation and oppression.

Critique of conflict theories:

Focus on daily life, changing reality and structures

Idealistic.

Systems theories:

Central principle of society consisting of various systems with hierarchical structures

Society as a series of social systems consisting of various parts

Systems take many forms e.g. information, family, organisational, communication, network, ecological

Relationship between systems and society e.g. the way the family sits within own system and is reactive to other systems (e.g. legal/educational)

Bronfenbrenner's ecological approach

Six characteristics of systems theory

Open and closed systems

Identifying goals in systems theory.

Critique of systems theories:

Deterministic focus e.g. individuals governed by their place in the system

Concentration on relations between people not on characteristics or qualities

Rigidity of systems assumptions

Lack of individualist approach.

LO3 **Review how sociological approaches are applied to address issues of poverty, social deprivation and inequality in own country**

Using sociological concepts to understand inequalities:

Stratification, marginalisation and consequences

Health, wellbeing and illness

Crime and justice

Societal, economic, political and cultural cohesion

Participation and sense of belonging

Access to, and use of, health and care services

Social mobility and education

Social exclusion

Mills' 'sociological imagination'.

Impact of sociological approaches in supporting people:

Users of services

Families and carers

Professionals

Public.

Implications of applying sociological approaches on wider provision:

For caring practitioners, service provision and resources

Access to services and quality of provision

Ability to perform work role

Human and financial resources

Societal change

Legal remedies.

LO4 **Compare sociological approaches to caring practice in different nations**

Comparison of key features in sociological approaches to caring practice:

Formal and informal models of practice

Roles and responsibilities of workers in using sociological approaches

Recognising the impact of social factors e.g. culture

Ability to tackle inequalities

Upholding human rights.

Impact of sociological approach in delivery of service at an individual level:

Supporting and meeting individual needs

Facilitating and encouraging people to work in partnership

Developing an effective, person-centred approach.

Value of sociological approaches in service delivery at an organisational level:

Informing and advancing understanding and practice

Place and importance of sociological approaches in terms of promoting the health and wellbeing of individuals in society

Applicability of sociological approaches in challenging inequality in practice.

Personal reflections on exploring sociological approaches in own area of practice:

Value and impact of sociological approaches in developing own role in championing best practice

Impact on professional beliefs, attitudes and behaviours

Influence of laws, regulations and ethical practice

Impact on valuing and promoting diversity, difference and inclusion

Supporting individuals' physical, mental, emotional and spiritual wellbeing

Ensuring the health, safety and safeguarding of people

Ability to lead and support others and challenge inequality.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe social factors that can influence people's vulnerability to inequalities</td><td rowspan="5">LO1 and LO2

D1 Evaluate the context and underpinning theory that inform sociological approaches in the supporting (helping) professions.</td></tr>
<tr><td>P1 Explain political contexts within which poverty and vulnerability have been defined.

P2 Describe different factors influencing individuals' vulnerability to social inequality.</td><td>M1 Analyse how political systems have responded to groups identified as vulnerable to experiencing inequality.</td></tr>
<tr><td colspan="2">LO2 Explore sociological approaches used in the supporting professions</td></tr>
<tr><td>P3 Describe how symbolic interactionist theories inform sociological approaches to supporting (helping).

P4 Compare how conflict and functionalist theories inform sociological approaches to caring practice.</td><td>M2 Analyse the influence of different theoretical sociological approaches to supporting (helping).</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">LO3 Review how sociological approaches are applied to address issues of poverty, social deprivation and inequality in own country</td><td rowspan="5">LO3 and LO4

D2 Evaluate how effectively the practical application of sociological approaches addresses social deprivation and inequality nationally and globally.</td></tr>
<tr><td>P5 Produce a case study that evidences the application of sociological approaches to meeting individual needs.</td><td>M3 Discuss how supporting strategies, underpinned by sociological approaches, address social deprivation and inequality experienced by individuals in own country.</td></tr>
<tr><td colspan="2">LO4 Compare sociological approaches to caring practice in different nations</td></tr>
<tr><td>P6 Compare caring practice of own and other countries in terms of the integration of sociological approaches to person-centred practice.</td><td>M4 Discuss how own person-centred practice can reflect sociological approaches, drawing on national and international perspectives.</td></tr>
<tr><td colspan="2"></td></tr>
</table>

Suggested assessment method(s)

Evidence based case study accompanied by validated reflections/learning logs/evidence from practice portfolio.

Recommended Resources

Textbooks

Chang, J. (2024) *Equity, Diversity and Inclusion for Nursing Associates*. London: Sage Publishing.

Giddens, A. and Sutton, P. (2021) *Sociology*. 9th Ed. Cambridge: Polity.

Murji, K., Neal, S. and Solomos, J. (2024) *An Introduction to Sociology*. London: Sage Publishing.

Thompson, N. (2020) *Anti-Discriminatory Practice: Equality, Diversity and Social Justice*. 7th Ed. London: Red Globe.

Thompson, N. and Cox, G. (2020) *Promoting Resilience: Responding to Adversity, Vulnerability and Loss*. London: Routledge.

Websites

https://www.jrf.org.uk	Joseph Rowntree Foundation Social change organisation (General reference)
https://niscc.info	Northern Ireland Social Care Council (Resources)
https://www.who.int	World Health Organization (General reference)

Journals

British Journal of Sociology

International Journal of Sociology

Irish Journal of Sociology

Journal articles

McCartan, C., Morrison, A., Bunting, L., Davidson, G. and McIlroy, J. (2018) 'Stripping the wallpaper of practice: Empowering social workers to tackle poverty', *Social Sciences Journal*, 7(10), p. 193. Available at: www.mdpi.com/2076-0760/7/10/193.

Policies and guidance

NI Department of Health (2018) *Anti-Poverty Framework*. Available at: www.health-ni.gov.uk/sites/default/files/publications/health/Povertyframework.pdf.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 407: Planning and Supporting Community Led Activities

Unit 416: Addressing Inequalities in Public Health

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 512: Conflict and Resolution

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 517: Health Psychology in Integrated Care: A Multidisciplinary Approach

Unit 520: Community Development Projects

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 416 Addressing Inequalities in Public Health

Unit code: J/651/4537

Unit level: 4

Credit value: 15

Introduction

Despite significant advances in public health in the UK over the past century, there remain inequalities in health status across the country. Public health addresses all areas relating to the health and wellbeing of our communities. It covers an extremely wide remit and addresses issues such as air pollution, obesity, climate change and smoking, to name but a few. These are issues that affect not only the individual but wider populations as well.

Public health is monitored by government groups who develop influential legislation aimed at improving the health of the nation. Public health remains the responsibility of all and is significantly influenced by pressure groups across society. The development of strategies aimed at reduction and prevention of disease is targeted at different levels across communities.

In this unit, students will explore current public health issues and will develop understanding of the factors that influence differences in health status across populations. Students will analyse different types and levels of intervention in health protection. Health protection and the reduction of disease is an important public health role and students will review how healthcare professionals prevent and control the spread of disease.

This unit will support progression to more senior roles with allied health professionals working in public health and it can also support progression to continuing higher education in public health and health promotion-related degrees.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explore the factors that contribute to current public health issues in own nation

LO2 Explain the different levels of public health intervention

LO3 Review national strategies aimed at reduction or prevention of disease

LO4 Explore the role of healthcare professionals in preventing and controlling the spread of disease.

Essential Content

LO1 **Explore the factors that contribute to current public health issues in own nation**

Public health issues:

E.g.

- Obesity
- Accidents
- Chronic illnesses
- Substance and alcohol misuse
- Smoking
- Tooth decay
- Disability
- Pollution
- Infectious diseases.

Local population:

Region

Population

Migration

Urban density

Housing

Local authorities.

Contributing factors:

E.g.

- Levels of deprivation
- Urbanisation
- Rural poverty
- Infrastructure
- Resourcing
- Unemployment
- Low educational attainment

Migration e.g. immigration and emigration

Transport

Housing

Education

Crime

Social networks

Postcode lottery

Health services

Social class/status

Environmental conditions e.g. pollution and agriculturalisation

Other factors specific to own region.

LO2 **Explain the different levels of public health intervention**

Primary prevention:

Avoiding the development of diseases

Focusing on interventions to maintain a healthy life.

Secondary prevention:

Screening to treat existing health complaints or problems

Early diagnosis.

Tertiary prevention:

Last level of public health intervention

Rehabilitation

Prompt treatment

Patient education

Primordial prevention

Actions to reduce hazards from factors known to lead to the risk of disease

Health at key stages of life – the life course approach to public health

Health issues occurring at different life stages

Focus on primary prevention.

Population-based interventions:

Community-focused interventions: changing health behaviours through strategy at a national level

Systems-focused interventions: changing organisational behaviours at a local level

Individual-focused interventions: changing individual behaviours on a personal level.

Challenges to implementing different levels of public health intervention:

Individual

Family

Community

Societal

Structural.

LO3 **Review national strategies aimed at reduction or prevention of disease**

National priorities:

E.g.

- Health protection
- Screening
- Infection prevention and control practices
- Optimising antibiotics prescribing practice
- Effective management of outbreaks of infectious diseases
- Vaccination programmes
- Identifying emerging diseases
- Antimicrobial resistance (AMR)
- Environmental hazards, climate change.

Local priorities:

Link to local public health authorities

Tools to identify or assess local health inequalities e.g. the World Health Organization's Health Equity Assessment Toolkit.

Aspects of national policy or strategy addressing health inequalities:

National policy and strategy as applicable to own home nation.

LO4 **Explore the role of healthcare professionals in preventing and controlling the spread of disease**

Role of registered and non-registered practitioners:

Following policies and procedures and scope of practice

Autonomous practice where applicable

Giving advice within scope of practice

Resourcing health promotion activities

Links with health promotion team – interprofessional and multidisciplinary working

Developing promotional displays and media

Monitoring of health status within scope of practice

Role modelling positive behaviours

Awareness and in depth knowledge of disease processes where applicable

Supporting and maintaining hygiene measures in practice

Promoting support to individuals in maintaining safe practice.

Infection control measures:

Vaccination and immunisation programmes

Barrier nursing

Health and safety – use of personal protective equipment (PPE), infection control measures, promoting food safety, reporting infectious diseases

Other examples of infection control measures in effect in own nation.

Screening for disease and conditions:

Viability of screening, needs to be for a common disease, reaching everyone in target population, inequalities of access

Most efficient screening should be cost-effective, simple to do, non-invasive

Sensitivity, specificity and predictive value

Benefits in early detection, prevention of earlier death or improvement to quality of life, reduction in incidence of people developing a serious condition or its complications

Provision of information to enable people to make informed choices

Opportunistic screening.

Prevention measures:

Health improvement initiatives

Information and advice

Inter-agency approaches

Local government approach

Local response to health issues

Improved immunisation programmes

Increased screening opportunities

Health education.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore the factors that contribute to current public health issues in own nation</td><td rowspan="2">LO1 and LO2

D1 Evaluate the contribution of different factors to the development of specific national public health issues.</td></tr>
<tr><td>P1 Describe the current public health issues relevant to own nation.

P2 Explain, using examples, how population data is used to highlight health determinants contributing to current public health issues.</td><td>M1 Analyse the main factors that contribute to public health issues in own local region.</td></tr>
<tr><td colspan="2">LO2 Explain the different levels of public health intervention</td><td rowspan="4">LO2 and LO3

D2 Critically analyse the effectiveness of different types of public health intervention in reducing health inequalities, based on nationwide health protection strategies.</td></tr>
<tr><td>P3 Describe the different types of intervention used to address public health issues.

P4 Explain how different types of health intervention lead to measurable health improvements on a local and national level.</td><td>M2 Review the challenges to enabling effective intervention in public health.</td></tr>
<tr><td colspan="2">LO3 Review national strategies aimed at reduction or prevention of disease</td></tr>
<tr><td>P5 Describe the strategies aimed at reducing the incidence of disease in a local community.

P6 Explain the role of statutory bodies in developing health protection strategies.</td><td>M3 Assess the effectiveness of health protection strategies in place to prevent disease in a local community.</td></tr>
<tr><td colspan="2">LO4 Explore the role of healthcare professionals in preventing and controlling the spread of disease</td><td rowspan="2">D3 Reflect upon own role in promoting the prevention and spread of disease in the local community.</td></tr>
<tr><td>P7 Compare the roles of different healthcare professionals involved in the prevention and control of the spread of disease.

P8 Explain ways in which healthcare professionals promote infection control.</td><td>M4 Assess the challenges for healthcare professionals in preventing the spread of disease.</td></tr>
</table>

Suggested assessment method(s)

Student conference presentation with written evidence based abstract.

Recommended Resources

Textbooks

Bartley, M. and Kelly-Irving, M. (2024) *Health Inequality: An Introduction to Concepts, Theories and Methods.* 3rd Ed. Cambridge: Polity Press.

Chang, J. (2024) *Equity, Diversity and Inclusion for Nursing Associates*. London: Sage Publishing.

Giddens, A. and Sutton, P. (2021) *Sociology*. 9th Ed. Cambridge: Polity.

Murji, K., Neal, S. and Solomos, J. (2024) *An Introduction to Sociology*. London: Sage Publishing.

Thompson, N. (2020) *Anti-Discriminatory Practice: Equality, Diversity and Social Justice*. 7th Ed. London: Red Globe.

Websites

https://www.health-ni.gov.uk	Department of Health Northern Ireland 'Health inequalities statistics' (Healthcare statistics and reports)
www.gov.scot	Scottish Government 'Long-term monitoring of health inequalities' (Report)
www.ons.gov.uk	Office for National Statistics Health inequalities data sets (England and Wales) (Statistical data and reports)

www.who.int	World Health Organization 1. 'Public Health, Environmental and Social Determinants of Health (PHE) e-News' (Newsletter) 2. Health Equity Assessment Toolkit (Tools) 3. 'Health promotion' (Information and resources)

Journals

International Journal of Public Health

Journal of Public Health

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 413: Applied Human Development and Behaviour

Unit 415: Sociological Perspectives in Caring Practice

Unit 417: Changing Perspectives in Public Health

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 517: Health Psychology in Integrated Care: A Multidisciplinary Approach

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 417 Changing Perspectives in Public Health

Unit code: K/651/4538

Unit level: 4

Credit value: 15

Introduction

Public health has evolved over millennia. Its foundations were in provision of sanitation and improved health for communities. Today, there is an emphasis on the leading health issues of any community at any given time. Significant epidemiological factors have influenced the practice of public health.

Public health focuses on promoting improvements in attitudes to health and lifestyle based upon individual responsibility. There has been a shift in the perspectives of public health linked to changing understanding and beliefs of what health means. Health improvement measures are often guided by societal attitudes, and changes to health are influenced by government policies that legislate for measures aimed at limiting risky behaviours: for example, the banning of smoking in public places and increased tax revenues on alcohol and sugary foods.

In this unit, students will consider the evolution of public health over time with particular focus on public health research and development in policies and strategic planning. Students will review the impact of recent public health measures and how changed understanding of health has influenced responses to those measures. It is important that healthcare support staff have a sound understanding of the significance of the role of public health regulatory bodies and of the skills and knowledge frameworks that promote health improvements across communities.

Completion of this unit will support progression to more senior roles in public health and to continuing higher education to study subjects related to health research and improvement.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Review the timeline of the development of public health from historical antecedents through to contemporary practice

LO2 Examine the influence of public health research and policy on current practice in public health

LO3 Contribute to the implementation of an aspect of current public health strategy within own local community

LO4 Explore the roles of public health agencies in promoting practice and strategies aimed at health improvement.

Essential Content

LO1 **Review the timeline of the development of public health from historical antecedents through to contemporary practice**

Tutors should deliver with reference to priorities currently applicable in own home nation or internationally.

Pre-1800s:

E.g.

Early Egyptians – earliest written evidence of medical practice

Early Greeks – causes of disease, Hellenistic approaches to health, Hippocrates – focus on patient rather than disease

Romans – sanitation

Plagues of the Middle Ages – development of reporting of victims with disease and quarantine measures

European and British colonialism – multiple famines.

Urbanisation and industrialisation of the 1800s:

E.g.

Sanitary reform as basis for public health activities aimed at populations

Development of legislation to address public health matters

Recognition of poverty as a significant determinant in health status.

Early 1900s:

E.g.

Developments in the study of microbes including bacteria and viruses

Development of penicillin (an antibiotic)

Understanding of the impact of the environment on community health

Understanding of the relationship between bacteria and infectious diseases

Emergence of 'new public health'

Stronger focus on social model of health

Improvements in public health through reforms

Health seen as a person's individual responsibility

Introduction of welfare systems e.g. in the UK, National Insurance, state pensions, statutory welfare support.

Mid–late 1900s:

E.g.

- Increased government involvement after Second World War
- Establishment of the World Health Organization (WHO)
- Establishment of the NHS in the UK
- Growth in global approaches to tacking public health, international aid agencies e.g. United Nations World Food Programme, ActionAid, Doctors Without Borders, Disasters Emergency Committee
- Global awareness through media e.g. of famine, lack of access to safe drinking water, preventable disease
- Other developments applicable to home nation e.g. establishment of national emergency health services.

2000s and beyond:

E.g.

- Major health advances and health reforms
- Impact of political, ideological and demographic changes on national systems of health and welfare support
- Focus on major public health challenges – smoking, obesity, drug use, alcohol, use of vapes by children and non-smokers – through redefined national and international public health services
- Focus on health promotion and health improvement
- Focus on mental health and mental illness
- Development and evolution of new and existing vaccines
- Limited development of new antibiotics
- Other developments as applicable to home nation e.g. in the UK, the establishment of local health protection teams responsible for the public health agenda and strategy.

Definitions of health and wellbeing:

World Health Organization (WHO) definition

Other models and definitions e.g. social, medical.

Influences on public health development:

Environmental changes

Global conflicts

Growth in knowledge and understanding of the causes of disease

Social changes, the enlightenment: linking disease transmission and protection, the 'sanitarians', sanitary reform developments

Political influences from mid-20th century onward e.g. changes in approach to public service provision

Global health – migration and immigration, globalisation, global travel, speed and scope of disease transmission and so on.

Media, including social media

Use of artificial intelligence.

Contemporary practice:

Raising awareness of public health and the responsibilities of all health and care practitioners

Focus on protecting the general health of the public

Change and modernisation

Broadening of public health professions, including those who are registered with alternative statutory regulators to medical doctors

Globalisation

Neighbourhood and community renewal

Sustainability

Climate change and its effects on health and wellbeing.

LO2 **Examine the influence of public health research and policy on current practice in public health**

Tutors should deliver with reference to priorities currently applicable in own home nation or internationally.

Influential public health research and strategy:

Identifying current public health research

Current themes in public health research

Public health or health protection policy, guidance and strategy makers

Public health organisations – local, national and international.

Policy development:

Current public health policies relevant to own location and practice

Wider national and international policies.

Current practice:

Guidance documents for best practice e.g. *Good Public Health Practice* (Faculty of Public Health, 2024).

Current priorities:

Reducing preventable deaths and the burden of ill health associated with e.g. smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, social media use by children, vape use by children and non-smokers, alcohol and exposure to sunlight (skin cancer incidence rising), other factors relevant to own location and practice

Preventing and recovering from the conditions with the greatest impact e.g. cancer, stroke, heart disease, dementia (no cure at present), diabetes, anxiety, depression, drug and alcohol dependency

Protecting populations from infectious diseases and environmental hazards e.g. the growing problem of infections that resist treatment with antibiotics, transmission of infectious diseases

Supporting families to give children and young people the best start in life

Improving health, including mental health, in the workplace

Women's health throughout the lifespan.

LO3 **Contribute to the implementation of an aspect of current public health strategy within own local community**

Tutors should provide examples currently applicable in own home nation or locality.

Public health strategy/local initiatives:

Improved health status and health outcomes

Reduction in infectious illness

Healthy eating

Active living

Promoting mental health improvement

Screening programmes

Immunisation programmes.

Strategic planning:

Social research

Application of evidence into practice

Public health policy

Place-based approach that engages local communities

Addressing the wider determinants of health

A life course approach to public health

Promoting a holistic view, total health and wellbeing needs

Community profiling.

Strategic approaches to partnership working to improve public health:

Integrated approaches and multidisciplinary approaches

Community involvement e.g. support groups

Developing and maintaining partnerships with the individual, families, communities, the general public and across services

Own role in supporting local strategy.

Measures of health improvement:

Health outcomes improving

Reduced health gap

Reduction in morbidity and mortality rates.

LO4 **Explore the roles of public health agencies in promoting practice and strategies aimed at health improvement**

Public health agencies in own location:

E.g.

England: Health Research Authority, Healthwatch, UK Health Security Agency, Office for Health Improvement and Disparities, Care Quality Commission

India: Public Health Foundation of India, Institutes of Public Health

Northern Ireland: Public Health Agency

Scotland: Public Health Scotland

Wales: Public Health Wales

Health profession statutory regulators

Service provision regulators

Professional bodies.

Roles of national and independent or private agencies:

Governmental agencies responsible for public health strategy and policy, police, probation services, prison services, fire services, ambulance services and so on.

Roles of regional/local agencies:

E.g. clinical commissioning groups, integrated care systems, health and wellbeing boards, healthcare trusts and health boards, local and national charities, housing services.

Roles of community-based services:

Primary and community care services e.g. general practitioners, health visiting services, dentists, mental health services, community health teams, occupational health, community pharmacies, local education providers.

Role of the independent and voluntary sectors:

Charities working alone or with other charities

Independent sector provision of traditionally state-provided healthcare e.g. clinical imaging, routine surgical procedures.

Current priorities in improving and regulating public health services:

Focus on coordinated approaches to education, promotion, protection and improvement

Expansion of health services e.g. remit

Improved public health intelligence and data

Academic public health

Workforce development.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review the timeline of the development of public health from historical antecedents through to contemporary practice</td><td rowspan="2"></td></tr>
<tr><td>P1 Explain how the understanding of what public health is has changed over time.</td><td>M1 Analyse current public health issues that affect own home country today in relation to historical antecedents.</td></tr>
<tr><td colspan="2">LO2 Examine the influence of public health research and policy on current practice in public health</td><td rowspan="2"></td></tr>
<tr><td>P2 Explain how research contributes to the development of national policy, giving examples related to one area of a public health concern.</td><td>M2 Assess the impact of public health research on the development of policy in relation to a specific national public health priority.</td></tr>
<tr><td colspan="2">LO3 Contribute to the implementation of an aspect of current public health strategy within own local community</td><td rowspan="5">LO3 and LO4
D3 Critically review local public health strategies aimed at integrating approaches to health improvement in response to priorities identified by a public health agency.</td></tr>
<tr><td>P3 Demonstrate how own role supports individuals to be aware of and participate in local health initiatives.</td><td>M3 Review different approaches to partnership working that support improvement in individuals' health.</td></tr>
<tr><td colspan="2">LO4 Explore the roles of public agencies in promoting practice and strategies aimed at health improvement</td></tr>
<tr><td>P4 Explain the roles and responsibilities of different agencies involved in public health improvement.</td><td>M4 Analyse the role of the public health agencies in setting standards in public health.</td></tr>
</table>

Suggested assessment method(s)

Short series of group or individual three-minute vlogs or podcasts related to public health and initiatives related to own practice. Citations should be included in each vlog/podcast description (5,000 characters), and a full reference list should be provided with submission.

Recommended Resources

Textbooks

Holland, A., Phillips, K., Moseley, M. and Joomun, L. (2022) *Fundamentals for Public Health Practice*. London: Sage

Websites

https://www.gov.uk	Department of Health and Social Care 'Health and wellbeing boards' (Information and resources)
https://www.healthcareers.nhs.uk	Health Careers 'Roles in public health' (Career information)
https://www.nice.org.uk	National Institute for Health and Care Excellence (NICE) (Guidelines and standards)
https://www.publichealth.hscni.net	Public Health Agency (Information and resources)
https://phfi.org	Public Health Foundation of India (Information and resources)
https://www.publichealthscotland.scot	Public Health Scotland (Information and resources)
https://phw.nhs.wales	Public Health Wales (Information and resources)

Journals

Global Public Health

Indian Journal of Public Health

International Journal of Public Health

Journal of Public Health

Journal of Public Health Research

Public Health Today

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

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Unit 413: Applied Human Development and Behaviour

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Unit 501: Establishing Professional Practice

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Unit 505: Facilitating Change for Quality Care

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 517: Health Psychology in Integrated Care: A Multidisciplinary Approach

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 418 Community Development Initiatives

Unit code: **L/651/4539**

Unit level: **4**

Credit value: **15**

This unit is a prerequisite to *Unit 520: Community Development Projects*.

Introduction

The knowledge and skills developed in this unit will support students in understanding the importance of locally driven community development, the role of facilitators and dilemmas affecting community development. This unit provides an excellent foundation for students wishing to work in community development and for those continuing in higher education to study related disciplines such as community development and social work.

Community development is undertaken by a range of people in different settings and roles, and practitioners may be employed or unpaid (community activists and voluntary workers). All community development practitioners need to be competent in the necessary knowledge and skills to work with and support communities, which may have few recognised resources and limited access to decision makers. Community development practice covers a number of areas and includes working with individuals, families and groups, supporting their wellbeing and addressing the issues of social, cultural and economic inequality experienced by communities.

In this unit, students will develop their knowledge and understanding of, and the need for, community development. Furthermore, it will develop their awareness of the impact of wider structural and cultural issues that may affect the implementation of community development initiatives, participation and access. Students will review values, principles and ethics, legislation and policy, and skills and processes required for establishing and sustaining community development practice. This will be coupled with an appreciation of the various challenges that can often arise for practitioners and others involved. They will explore how to engage with communities in order to identify and respond to needs through action, and recognise the need to promote and support effective relationships with key professionals and others. Students will also consider ways to develop and promote opportunities for community learning and social change within their practice context.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the characteristics of community development

LO2 Explore approaches to effecting social change through community development

LO3 Describe the processes involved in effective community development

LO4 Engage with a local community development initiative.

Essential Content

LO1 Describe the characteristics of community development

Definitions of community development:

Theory, methods, models and approaches e.g. Freire

Supporting environments that enable individuals to work collectively

Strengthening societal change through collective action to generate solutions to common problems

Enabling communities to function and grow together while managing conflict.

Purpose of community development:

Meeting community needs, enabling change or transformation, environmental stewardship, improving or maintaining individual and community health and wellbeing, challenging and driving change in working practice and provision, influencing social change.

Types of community development:

Local, national and international community development

Subtypes e.g. social, education, lifestyle behaviours, economic, environmental.

Types of community:

Communities defined by geography (e.g. neighbourhood, region, nation), by interest (e.g. digital, professional communities) and by identity (e.g. culture, ethnicity, language).

Importance of community cohesion:

Benefits for services and individuals e.g. inclusive, democratic, coordinated and collaborative approaches to addressing challenges and improving lives of people, fairness and equity, reflecting the needs of users

Methods of establishing community cohesion e.g. social or community clubs, networks, meetings or events, in-person or online.

Key values, principles and processes of community development:

Respect, acceptance, honesty, trust and truth, social justice equality, anti-discrimination, empowerment, collective action, generation of solutions to common problems

Working and learning together.

Key terminology in community development practice:

Baseline data, demographics, community structure

Community-based organisations

Participatory impact assessments e.g. social, equality, economic, health, environmental

Stakeholder mapping, stakeholder engagement plan or policy

Monitoring and evaluation, incorporating key performance indicators

Focus group discussions.

Key legislative and regulatory features when working in community development:

Health and safety, safeguarding and/or protection, equity and diversity, inclusion, data protection, employment, governance.

LO2 **Explore approaches to effecting social change through community development**

Approaches to effect social change:

Social planning and social action.

Characteristics of social planning:

Process of addressing social issues at a strategic level

Usually adopts a top-down approach

Research-orientated

Consideration of laws, regulations, media campaigns, programmes of services and provision

Statutory funding opportunities for local community-based organisations to implement strategic goals.

Agencies in social planning:

Typically directed by specialists and experts e.g. policy makers, legislators, government, planners, funders.

Issues relating to social planning structures:

Ineffective identification of baseline data, may not take into account or have an understanding of community needs at a grassroots level

Planners may lack experience in, or of, the community affected by changes so desired outcomes may not be achieved or be achieved poorly.

Characteristics of social action:

Steps taken by groups or individuals within communities to effect social or political change

Usually at local level, community-focused, participative and consensual

Typically generated by those with little perceived power, including minorities, individuals with specific needs, unemployed, homeless and so on.

Pressure groups, activists, supporters and promotors of causes, local groups, educators and researchers, charities

May be political or radical in nature

Usually not-for-profit and takes the form of community-based projects, lobbying for action, local networks

Influence and impact of international community development in own location.

Agencies for community development towards enabling social action:

Members of a community, those with common ideals/needs come together to effect change and (re)solve specific problems e.g. practitioners, individuals, families, carers, community groups, charities.

Issues relating to social action:

Individuals' views and opinions may be too radical

Unrealistic expectation/hopes

Action may be based on perceived issues and may not recognise wider influencing factors

Lack of expertise, knowledge and experience

Limited social, political or economic power may make it difficult to challenge existing social structures and effect change.

Community learning for social change:

Enabling opportunities for community development learning e.g. informal and formal training events, newsletters, information to individuals, families, carers, stakeholders

Facilitation of community learning for social and political change e.g. building and sharing learning through involvement in driving public agendas, raising awareness through pressure group membership.

LO3 **Describe the processes involved in effective community development**

Theory and approach:

Theories of change

Participatory rather than 'top-down' approach

Identification of issue that requires improvement/change

Necessity for change and potential benefits

Concept of 'blue sky thinking'

Resources, measures and other aspects needed to achieve change.

Process:

Action-based research that asks questions to create awareness of issues

Desk research e.g. reviewing key legislation and policy, stakeholder mapping, identifying and establishing protocols, relating to ongoing or previous initiatives

Baseline to determine current state of issue(s) and support measurement of progress at the end of the process

Participatory impact assessments

Capacity audits of potential service providers – capacity and constraints

Participatory programme planning

Early identification of exit strategies

Development of the community-based initiative or organisation

Implementation and review.

Understand and engage with communities:

Clarity of purpose, establishing a baseline

Facilitating community research and consultations to identify needs

Engaging communities and supporting community learning e.g. through use of drama for development, films, people's voices, documentaries

Demonstrating respect for cultural beliefs and norms

Analysing and disseminating findings from community research to individuals, colleagues and professionals with interest in community development

Supporting group work and collective action.

Approaches to establishing a baseline and understanding community needs:

Direct approaches e.g. forums, public enquiries, face-to-face surveys, focus groups

Indirect approaches e.g. questionnaires, satisfaction surveys, comment boxes

Use of local and national research, databases

Consultations with individuals, families and carers, and professionals

Information from voluntary, charitable and community organisations.

Group work and collective action:

Organising community events and activities e.g. campaigns, demonstrations, protests, holiday clubs, sponsored runs, fêtes, sales

Facilitating community leadership

Addressing and managing conflict situations with colleagues, individuals and professionals, and effecting positive change.

Collaborative and cross-sectoral working:

Promoting, supporting and maintaining effective relationships

Networks and partnerships useful for community development initiatives e.g. individuals, families, carers, local businesses, places of worship, charities, potential donors, sponsors, local groups.

The roles of different organisations in collaborative and cross-sectoral working:

E.g. national and local aid agencies, international charities, national charities, local charities, local social enterprises and groups, cooperatives.

LO4 **Engage with a local community development initiative**

Identifying a community development initiative to support:

Identifying own area of interest

Establishing baseline to determine local related need

Researching local initiatives relevant to own area of interest e.g. through internet searches, physically accessing local community centres, groups, cooperatives, social enterprises, charities

Making contact e.g. in person, via phone/email

Establishing own role in supporting the initiative

Agreeing terms of engagement and role within the community initiative.

Organisational governance guiding own work role:

Legislative frameworks relating to community development

Policies and procedures of setting and context

Roles and responsibilities of others within the initiative

Resourcing and funding capacities

Systems for monitoring and evaluating community development activities

Managing internal organisational development and external relationships

Supervision and support mechanisms.

Supporting a community development initiative:

Professional attitudes and behaviour e.g. supporting planning, time management, organisation, professional presentation appropriate to the initiative, courteous and effective communication

Demonstrating enthusiasm, drive and commitment

Taking part in required activities, demonstrating appropriate leadership and supporting others

Supporting community learning

Developing internal and external relationships

Reflecting on own performance

Evaluating own role in championing community development in practice

Recognising areas for development e.g. areas for organisational improvement in meeting community development standards, areas for personal and professional development in meeting standards.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Describe the characteristics of community development</td><td rowspan="3">LO1 and LO2

D1 Evaluate the effectiveness of the initiative in embodying the key values and principles of community development and enabling sustainable change.</td></tr>
<tr><td>P1 Describe different types of community development in relation to their purpose using real-world examples from different types of community.

P2 Explain how the key values and principles contribute to effective community development practice.</td><td>M1 Assess the success of a recent community development initiative in effecting the change it was intended to make.</td></tr>
<tr><td colspan="2">LO2 Explore approaches to effecting social change through community development</td></tr>
<tr><td>P3 Outline the main differences between social action and social planning in relation to community development.

P4 Explain the benefits of community development for individuals in communities.</td><td>M2 Assess how social change is created through community learning.</td><td>D2 Critically assess how to promote learning opportunities while respecting the knowledge of communities.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Describe the processes involved in effective community development		**LO3 and LO4** **D3** Critically reflect on own contribution to engaging with and promoting a community development initiative.
P5 Detail the process of effecting change through community development, supported by theory and specific examples. **P6** Suggest ways in which to promote and support collaborative and cross-sectoral relationships across community development networks.	**M3** Critique different methods used to understand and engage communities in terms of their effectiveness in realising positive change.	
LO4 Engage with a local community development initiative		
P7 Explain your rationale for choosing the community development initiative. **P8** Describe several ways in which you engaged in the community development initiative.	**M4** Analyse the enablers to successful community engagement.	

Suggested assessment method(s)

Defended poster presentation accompanied by validated reflections/learning logs/evidence from practice portfolio.

Recommended Resources

Textbooks

Gilchrist, A. and Taylor, M. (2022) *The Short Guide to Community Development*. Bristol: Policy.

Ledwith, M. (2020) *Community Development: A Critical and Radical Approach*. Bristol: Polity.

McConnell, C., Muia, D. and Clarke, A. (2022) *International Community Development Practice*. Abingdon: Routledge.

Thompson, N. (2020) *Anti-Discriminatory Practice: Equality, Diversity and Social Justice*. London: Red Globe.

Websites

www.communitycare.co.uk	Community Care (Information and resources)
www.dsc.org.uk	Directory of Social Change (Training and resources)
www.jrf.org.uk	Joseph Rowntree Foundation (Information and resources)
www.scie.org.uk	Social Care Institute for Excellence (SCIE) (Information and resources)
www.communityplanning.cooperative.website	The Community Planning Toolkit (Information and resources)
www.iacdglobal.org	The International Association for Community Development (Information and resources)

Journals

Community Development Journal

International Journal of Community and Social Development

Policies, guidance and reports

GOV.UK (2023) *Community Development Handbook (updated 2023)*. Available at: www.gov.uk/government/publications/community-development-handbook/community-development-handbook.

DOH-NI (2023) *Social Work and Community Development*. Available at: www.health-ni.gov.uk/sites/default/files/publications/health/doh-social-work-reflections-community-develpment.pdf.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 415: Sociological Perspectives in Caring Practice

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 512: Conflict and Resolution

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 514: Housing and Homelessness

Unit 516: Approaches to Disability

Unit 519: Project Management

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to community work, community development, social care or social work to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 419: Foundations of Anatomy, Physiology and Pathophysiology for Ophthalmology

Unit code: D/651/8017

Unit level: 4

Credit value: 15

Introduction

Knowledge of the structure and function of the human body is an essential foundation for healthcare practice. Through the study of anatomy and physiology we acquire a consistent and logical language to categorise the structures that make up the body and describe their relationships, and an understanding of how the different body systems function together to sustain life. There are many human diseases and their manifestations can be very complex, but if we understand the underlying pathological processes that give rise to disease, we can begin to make sense and see connections within this complexity.

The unit covers anatomy, the structural organisation of the body and the relationships among structures, the physiological processes of body functions and how they are maintained by homeostasis. and the pathophysiological changes that disrupt normal function.

Topics include levels of structural organisation and body systems, anatomical features and terminology, life processes, principles of homeostasis and feedback systems pathological processes that give rise to disease and their effects on the different levels of organisation of the body, and physiological measurements of body functions.

On completion of this unit, learners will be able to describe anatomical structures, explain physiological and pathological processes, and the methods and interpretation of basic physiological measurements. This unit provides a strong foundation for careers in health sciences, nursing, and biomedical research.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explain the levels of organisation of the body, life processes and homeostasis

LO2 Describe the anatomy and physiology of each major body system

LO3 Describe the pathophysiological processes that give rise to disease and their effects on the structure and function of body systems

LO4 Explain the principles and core concepts of the sociology of health and illness.

Essential Content

LO1 **Explain the levels of organisation of the body, life processes and homeostasis**

Levels of structural organisation:

Cells, tissues, organs, organ systems, anatomical terminology, anatomical planes, body cavities, anatomical landmarks.

Anatomical features and orientation:

Location, structure, relationships between organs, regional anatomy, surface anatomy.

Homeostasis:

Internal environment, stability, set points, physiological balance, regulatory factors.

Feedback mechanisms:

Negative feedback, positive feedback, control centres, effectors, regulatory pathways.

Physiological processes:

Fluid balance, electrolyte balance, temperature regulation, blood pressure, glucose regulation, hormonal regulation, physiological measurements.

Interrelationships between organs and body systems:

Functional connections, integration, support of body function, system interactions.

LO2 **Describe the anatomy and physiology of each major body system**

Body systems:

Skeletal system, muscular system, nervous system, cardiovascular system, respiratory system, digestive system, urinary system, endocrine system, reproductive system, integumentary system, lymphatic system, immune system.

Interactions between body systems:

Oxygen delivery, carbon dioxide removal: cardiovascular system, respiratory system

Metabolism regulation, growth, stress response: nervous system, endocrine system

Movement, posture: musculoskeletal system, nervous system

Pathogen defense: immune system, integumentary system, lymphatic system

Blood pressure regulation, homeostatic feedback loops: renal system, cardiovascular system, endocrine system.

LO3 **Describe the pathophysiological processes that give rise to disease and their effects on the structure and function of body systems**

Definition and manifestations of illness and disease:

Illness, disease, syndrome, symptoms and signs, acute conditions, chronic conditions, clinical presentation, disease progression.

Pathological processes and effects on body systems:

Inflammatory, infectious, allergic and autoimmune, ischaemic, metabolic, congenital including genetic, developmental, degenerative, neoplastic e.g. carcinoma, traumatic processes, tissue response, healing mechanisms, complications.

Common conditions affecting each body system:

Prevalent diseases, pathophysiological mechanisms, anatomical changes, physiological changes, clinical signs, symptoms

Case study example for each body system to include: Pathophysiological mechanisms, Anatomical changes, Physiological changes, Clinical signs and Symptoms, Treatment/management.

LO4 **Explain the principles and core concepts of the sociology of health and illness.**

Principles and core concepts of the sociology of health and illness:

Social determinants, health inequalities, cultural perspectives, illness narratives.

Biomedical and social models of health and disability:

Biomedical model, social model, medicalisation, disability frameworks.

Impact of the biomedical and social models on the delivery of patient care:

Patient experience, healthcare delivery, service provision, care pathways.

How the clinical environment can disable the patient:

Environmental barriers, accessibility, institutional factors, patient autonomy.

Implementation of biomedical and social models in clinical environment:

Policy integration, multidisciplinary teams, care planning, service adaptation.

Social, personal, and economic effects of mental ill health:

Social stigma, personal wellbeing, economic burden, employment impact.

Impact of experiencing a mental health problem on individuals, family, and society:

Family dynamics, social support, community resources, societal attitudes.

Biological, psychological, and social aspects that predispose, precipitate and perpetuate mental health conditions:

Genetic factors, psychological stressors, social influences, risk factors.

Principles and methods for rehabilitation:

Principles and methods for rehabilitation of people commonly referred to healthcare science services or own area of work.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Explain the levels of organisation of the body, life processes and homeostasis		
P1 Describe anatomical features and levels of organisation of selected organ systems. **P2** Explain key life processes and mechanisms of homeostasis in the human body.	**M1** Analyse how the anatomical organisation of two organ systems supports their physiological functions and contributes to homeostasis.	**D1** Evaluate the significance of integrated anatomical organisation and homeostatic regulation in maintaining overall health, using examples from clinical practice.
LO2 Describe the anatomy and physiology of each major body system		
P3 Identify the anatomical features of each major body system. **P4** Explain the key physiological functions of each major body system.	**M2** Analyse how anatomical structures of two body systems support their functions, highlighting adaptations to specific demands.	**D2** Evaluate the significance of interactions between two major body systems in supporting overall physiological function.

Pass	Merit	Distinction
LO3 Describe the pathophysiological processes that give rise to disease and their effects on the structure and function of body systems		
P5 Describe common pathological processes that give rise to disease. **P6** Explain the effects of these processes on the structure and function of selected body systems.	**M3** Analyse a case study to demonstrate the progression and impact of a specific pathophysiological change on body structure and function.	**D3** Justify a clinical intervention or management strategy based on interpretation of pathophysiological data and evidence from a case study.
LO4 Explain the principles and core concepts of the sociology of health and illness		
P7 Distinguish between the biomedical and social models of health and illness. **P8** Illustrate how these models impact patient care and healthcare delivery.	**M4** Analyse the influence of both biomedical social determinants on health outcomes and access to healthcare.	**D4** Evaluate the impact of biomedical and sociological factors on patient experiences and health inequalities, using examples from healthcare practice.

Recommended Resources

Textbooks

Drake, R.L., Vogl, A.W. and Mitchell, A.W.M. (2024) *Gray's Anatomy for Students*. 4th edn. Philadelphia: Elsevier.

Hull, R. (2023) *Anatomy, Physiology and Pathology*. 3rd edn. London: Lotus Publishing.

Marieb, E.N. and Hoehn, K. (2023) *Human Anatomy & Physiology*. 11th edn. Harlow: Pearson Education.

Peate, I. and Evans, S. (2023) *Fundamentals of Anatomy and Physiology: For Nursing and Healthcare Students*. 3rd edn. Oxford: Wiley-Blackwell.

Websites

https://documents.ahcs.ac.uk	Academy for Healthcare Science: Good Scientific Practice (v1.7, January 2025) Guidance on professional standards and frameworks for scientific practice in healthcare (Report)
https://teachmeanatomy.info	Teach Me Anatomy (General reference)
https://teachmephysiology.com	Teach Me Physiology (General reference)
https://peersinpatho.com	Peers in Patho (Research)
https://humanbiomedia.org	Human Bio Media (General reference)
https://anatomytool.org/content/best-open-anatomy-learning-resources	Anatomy TOOL (OpenStax Open Textbook) (Research)

Journals and articles

Anatomical Sciences Education (n.d.) Wiley. Available at: https://onlinelibrary.wiley.com/journal/19359780 (Accessed: 15 October 2025).

Anatomy & Physiology: Current Research (n.d.) Longdom Publishing. Available at: https://www.longdom.org/anatomy-physiology-current-research.html (Accessed: 15 October 2025).

Pathophysiology (n.d.) MDPI. Available at: https://www.mdpi.com/journal/pathophysiology (Accessed: 15 October 2025).

Links

This unit links to the following related units:

Unit 420: Anatomy and Physiology of the Visual System and Optics of the Eye

Unit 522: Pathology and Clinical Manifestations of Diseases of the Visual System

Unit 523: Ophthalmic Imaging and Measurement

Unit 420: Anatomy, Physiology and Pathophysiology of the Visual System and Optics of the Eye

Unit code: F/651/8018

Unit level: 4

Credit value: 15

Introduction

The study of ophthalmic and vision science is essential for professionals working across healthcare, research, and technology sectors. This unit provides a foundational understanding of the visual system, focusing on the anatomy, physiology, and optics of the eye, and is designed for students beginning their journey in this field.

The unit aims to introduce the key anatomical structures and physiological mechanisms that enable sight, alongside the principles of optics and common pathologies affecting vision. Students will explore how the eye and its associated structures function together to support visual perception and processing, and how errors of refraction can impact vision and be corrected.

Through a combination of theoretical and practical learning, students will develop the ability to describe and explain the anatomy and physiology of the visual system, apply optical principles to assess visual function, and understand the clinical significance of common disorders.

On completion, students will be equipped with essential knowledge and skills for progression in ophthalmic imaging, vision science, and related sectors. This foundation supports further study, clinical training, or research and prepares students for roles in ophthalmic technology, ophthalmic imaging, or vision science.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Describe the anatomical structures of the eye and their roles in visual function

LO2 Explain the structure and function of the visual pathway, the pupillary light reflex, and cranial nerves with a role in the visual system

LO3 Explain the optical properties of the eye and errors of refraction

LO4 Discuss the pathophysiological mechanisms, clinical and practical aspects of disorders affecting the visual system.

Essential Content

LO1 **Describe the anatomical structures of the eye and their roles in visual function**

Overview of ocular structures, and directional terminology:

Eye layers: fibrous layer, vascular layer, neural layer

Eye chambers: anterior chamber, posterior chamber, vitreous chamber

Structural relationships: ocular structures, ocular adnexae, directional terminology, anatomical planes, anatomical sections

Ocular adnexae, structures and functions:

Ocular adnexae components: orbit, extraocular muscles, eyelids, lacrimal apparatus, conjunctiva

Muscle innervation: cranial nerves, motor pathways, muscle actions

Surface maintenance: eyelid function, tear production, tear drainage, corneal protection

Anterior segment of the eye, structures and functions:

Cornea: light refraction, transparency maintenance, stromal hydration

Iris: pupil size regulation, light entry control

Lens: accommodation, light focusing, near vision, distance vision

Ciliary muscle: lens shape modulation

Ciliary body: aqueous humour production

Anterior chamber angle: aqueous drainage

Autonomic innervation: sympathetic pathways, parasympathetic pathways

Sensory innervation: trigeminal nerve, sensory pathways

Posterior segment of the eye, structures and functions:

Vitreous body: gel structure, corneal

Choroid: vascular supply to retinal pigment epithelium and outer neuroretina, pigment layer

Retina: retinal pigment epithelium, neuroretinal layers, photoreceptor cells

Photoreceptors: rods, cones, light adaptation, dark adaptation

Neural transmission: phototransduction, retinal signal processing

Retinal layers: ganglion cell layer, nerve fibre layer, optic nerve, anatomical variations

Blood supply: choroidal circulation, optic disc perfusion, retinal vasculature, blood-ocular barriers.

LO2 **Explain the structure and function of the visual pathway, the pupillary light reflex, and cranial nerves with a role in the visual system**

Visual Pathway:

Optic nerve, optic chiasm, optic tract, lateral geniculate nucleus, optic radiations. visual cortex, transmission of light impulses from retina to visual cortex, functional pathways for visual perception and processing.

Pupillary Light Reflex:

Pathway for pupillary light reflex

Mechanism of consensual and direct pupillary response

Neural connections involved in pupillary constriction

Cranial Nerves in the Visual System:

Cranial nerves relevant to vision: II (optic), III (oculomotor), IV (trochlear), V (trigeminal), VI (abducens), VII (facial)

Distribution of cranial nerves in the visual system

Functions of cranial nerves in visual perception and ocular movement.

Visual Perception:

Visual acuity, contrast sensitivity, visual field, motion detection, oculomotor reflexes, binocular vision, stereopsis, colour vision, common abnormalities of colour perception.

Integration and Interrelationships:

Interrelationships between visual pathway, pupillary light reflex, and cranial nerves

Coordination of neural pathways for visual perception and ocular reflexes

Integration of sensory and motor functions in vision.

Dysfunctions and Clinical Consequences:

Visual pathway lesions, cranial nerve palsies, defective pupillary reflex, clinical consequences of dysfunctions in visual pathway, pupillary light reflex, and cranial nerves, impact of dysfunctions on visual perception and processing.

LO3 **Explain the optical properties of the eye and errors of refraction**

Optical Properties of the Eye:

Cornea: curvature, refractive index

Lens: structure, accommodation, refractive index

Aqueous and vitreous humour: refractive media

Visual axis, nodal point, visual angle

Image formation: focal length, clarity, visual acuity.

Geometric optics:

Ray diagrams, principal axis, focal points, nodal points, image formation, refractive power, reduced eye model, optical media.

Errors of Refraction:

Emmetropia, ametropia, myopia, hypermetropia, astigmatism, anisometropia, presbyopia, causes and effects of refractive errors.

Optical Principles and Theoretical Models:

Refractive interfaces

Refractive media

Spherocylindrical lenses

Theoretical models of refraction and correction

Assessment and correction of errors: Identification of errors of refraction

Methods and equipment for measuring refractive error

Optical prescription notation and interpretation

Transposition of optical prescriptions

Calculation of spherical equivalence

Principles of focimetry

Measurement of spectacle prescription

Keratometry principles and measurement.

Complex Errors and Visual Phenomena/Irregular astigmatism:

Higher-order aberrations

Complex refractive errors

Visual phenomena not explained by basic refraction.

LO4 **Discuss the pathophysiological mechanisms, clinical and practical aspects of disorders affecting the visual system**

Pathophysiological Mechanisms:

Inflammatory mechanisms

Infectious mechanisms

Allergic and autoimmune mechanisms

Ischaemic mechanisms

Metabolic mechanisms

Congenital mechanisms (including genetic, developmental)

Degenerative mechanisms

Neoplastic mechanisms (e.g., carcinoma)

Traumatic mechanisms.

Common Disorders Affecting the Visual System:

Disorders of the ocular adnexa: orbital trauma, tear efficiency disorders, blepharitis, eyelid cysts, eyelid tumours

Disorders of the anterior segment: conjunctivitis, anterior uveitis, cataract

Disorders of the posterior segment and optic nerve: glaucoma, macular degeneration, diabetic retinopathy.

Clinical Aspects:

Signs and symptoms of common disorders

Disease progression and stages

Diagnostic features

Prognostic indicators.

Clinical Management and Practical Outcomes:

Clinical management strategies for common disorders

Treatment implications of underlying mechanisms

Prognosis and outcome measures

Impact of mechanisms on clinical management and practical outcomes,

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Describe the anatomical structures of the eye and their roles in visual function		
P1 Explain the main anatomical structures of the visual system. **P2** Describe the basic roles of the anatomical structures in visual function.	**M1** Analyse how the anatomical structures of the visual system interact to support visual function.	**D1** Evaluate the impact of anatomical variations or abnormalities on visual function.
LO2 Explain the structure and function of the visual pathway, the pupillary light reflex, and cranial nerves with a role in the visual system		
P3 Explain the structure and function of the visual pathway involved in visual perception and processing. **P4** Explain the structure and function of the pupillary light reflex and the cranial nerves involved in visual perception and processing.	**M2** Analyse the interrelationships between the visual pathway, pupillary light reflex, and cranial nerves in supporting visual perception and processing.	**D2** Evaluate the effects of dysfunctions in the visual pathway, pupillary light reflex, and cranial nerves on visual perception and processing.

Pass	Merit	Distinction
LO3 Explain the optical properties of the eye and errors of refraction		
P5 Explain the optical properties of the eye, referencing theoretical models. **P6** Distinguish between common errors of refraction, referencing theoretical models.	**M3** Analyse how optical principles are applied to assess and correct errors of refraction in visual function, using theoretical models.	**D3** Evaluate the effectiveness of different optical models in explaining and correcting complex errors of refraction and visual phenomena.
LO4 Discuss the pathophysiological mechanisms, clinical and practical aspects of disorders affecting the visual system		
P7 Explain the pathophysiological mechanisms of common disorders affecting the visual system. **P8** Discuss the clinical and practical aspects of common disorders affecting the visual system.	**M4** Analyse the interrelationships between pathophysiological mechanisms, clinical aspects, and practical management of disorders affecting the visual system.	**D4** Evaluate the impact of pathophysiological mechanisms on the clinical management and practical outcomes of disorders affecting the visual system**.**

Recommended Resources

Textbooks

Kolb, H. (2023). *The Retina: An Approachable Overview for Students and Clinicians*. Springer.

Levin, L.A., Nilsson, S.F.E., Alm, A., & Kaufman, P.L. (2022). *Adler's Physiology of the Eye*. 12th Edition. Elsevier.

Remington, L.A. (2021). *Clinical Anatomy and Physiology of the Visual System*. 4th Edition. Elsevier.

Websites

https://www.aao.org/	American Academy of Ophthalmology Clinical Education (General reference)
https://www.ncbi.nlm.nih.gov/books/NBK11533/	NCBI Bookshelf Anatomy and Physiology of the Eye (E-book)
https://www.optical.org/	General Optical Council Professional Standards (General Reference)
https://www.vision-research.eu/	European Vision Institute Research News (Research)

Journals and articles

Choi, J., Lee, S., & Park, K. (2022). "Recent Advances in Optics for Vision Correction." Optometry and Vision Science, 99(4), 200-210. https://doi.org/10.1097/OPX.0000000000001856.

Kolb, H. (2023). "The Structure and Function of the Retina." Progress in Retinal and Eye Research, 92, 101-115. https://doi.org/10.1016/j.preteyeres.2023.101115.

Wong, T.Y., & Cheung, C.M.G. (2023). "Ethical Considerations in Ophthalmic Practice." British Journal of Ophthalmology, 107(2), 145-150. https://bjo.bmj.com/content/107/2/145.

Links

This unit links to the following related units:

Unit 419: Foundations of Anatomy, Physiology and Pathophysiology

Unit 522: Pathology and Clinical Manifestations of Diseases of the Visual System

Unit 523: Ophthalmic Imaging and Measurement

Unit 501 Establishing Professional Practice

Unit code: **T/651/4540**

Unit level: **5**

Credit value: **30**

Introduction

Practice continues to be an essential and highly important part of this qualification at Level 5. Students will have built strong foundations through their Level 4 practice, and the aim of this unit is to enable them to consolidate their learning and to enhance it and their career opportunities within health and social care professions, including the registered professions.

The unit will enable students to gain further confidence in their own abilities and to use that confidence to support others within the workplace. They will demonstrate continuing professionalism, high quality care and advocacy with and for those who use their services.

Students' portfolios are expected to contain evidence of complex evidence based practice, autonomous decision making (where possible, within their scope of practice), leadership and contributions to facilitating learning with others in their team.

As well as consistency of practice, students will be able to highlight evolution of their practice from intermediate to a level where they are directly supporting the registered professions, for example, social workers, allied health professionals, biomedical scientists, midwives and registered nurses. Students will be in a strong position to continue their career trajectories in whatever directions they desire.

Further guidance on placement units is provided within the specification document *Sections 5.15* and *6.1.3*.

This unit cannot be compensated.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Demonstrate own confident leadership capabilities in practice

LO2 Apply evidence based decision making in situations of varying complexity within scope of own practice role

LO3 Facilitate episodes of practice learning with service users and workplace peers

LO4 Discuss ways own portfolio demonstrates completion of higher-level professional learning goals/objectives.

Key terms

Placement – could be the student's workplace. The workplace must enable the student to complete the Learning Outcomes, be relevant to the qualification pathway and enable the student to practise at the relevant occupational and qualification level.

Validation/validated – confirmed, signed off or ratified by student's practice supervisor, who has been deemed competent:

- at the same or higher occupational level as the student is aiming to achieve
- in the area of service delivery where the student is placed.

Essential Content

LO1 **Demonstrate own confident leadership capabilities in practice**

Leading own learning:

Preparing for placement

Creating own learning goals/objectives to update and enhance knowledge and skills

Organisation of own learning

Reflecting on own practice

Validation of learning evidence, including placement hours.

Leading others:

Meanings of 'leadership' in relation to own scope of practice or role

Professional confidence

Responsibilities and scope of practice or role

Safeguarding responsibilities

Delegating to others

Accountability

Exercising judgement

Autonomy within scope of own practice or role

Planning, carrying out and evaluating episodes of care or service provision

Coaching and mentoring others.

LO2 **Apply evidence based decision making in situations of varying complexity within scope of own practice role**

Establishing higher level professional skills:

Using and critiquing authoritative sources of evidence and information in relation to professional practice

Critical reflection

Sharing own professional learning with others

Advanced professional communication skills.

Evidence based decision making:

Using evidence in decision making

Referring to other services or members of the multidisciplinary team

Seeking advice, help and support when needed or when things go wrong

Active participation in professional supervision.

LO3 **Facilitate episodes of practice learning with service users and workplace peers**

Service users:

Conversations and informal communication

Creating learning resources

Formal and informal learning or support sessions.

Workplace peers:

Learning session plans

Teaching techniques

Formal and informal learning and continuing professional development

Study days or learning sessions

Sharing experiences

Placement taster days/half days for others (can be counted as placement hours if validated).

Constructive feedback:

Giving and receiving constructive feedback following learning episodes

Reflecting on feedback received.

LO4 **Discuss ways own portfolio demonstrates completion of higher-level professional learning goals/objectives**

Form and format of portfolio is at the discretion of the education provider.

Mandatory portfolio content:

Preparing for placement section

Log of placement hours section (only validated hours will be counted)

Placement supervisor formative feedback

Evidence of:

- Learning, including learning logs
- Continuing professional development
- Reflections on own practice
- Consistent professional practice at required occupational level – through Assessor and tutor formative feedback and other qualitative elements of the portfolio
- Evidence based decision making
- Leadership capabilities
- Facilitation of learning with service users and peers.

Professional discussions:

Elements of a professional discussion

Planning and preparing for a professional discussion.

Learning Outcomes and Assessment Criteria

Unit assessment

There are two elements to this unit's assessment:

1. Consistent, safe, competent practice
2. Professional discussion supported by portfolio of evidence.

Students must complete the required placement/workplace hours and demonstrate consistent, safe, competent practice to be eligible for a unit grade.

If any of the following are evident in the completion of practice, then students will not be deemed to have successfully completed their practice hours:

- Recorded evidence of episodes(s) of unsafe, unprofessional or dangerous practice
- Limited or no evidence of knowledge to demonstrate an understanding of practice in relation to the placement/workplace at the required occupation or qualification level
- Insufficient validated practice hours (minimum = 225 hours).

Consistent, safe, competent practice will be determined by validations from practice supervisor(s) in the practice portfolio of evidence and a professional discussion supported by the evidence. The professional discussion will be graded Pass/Merit/Distinction, or Refer/Fail.

This unit cannot be compensated.

Assessment Board guidance

Where a student's practice is not consistently safe and competent, they only need to carry out a period of further practice specified by the Assessment Board to provide sufficient opportunity to redeem the referral.

Where a student is referred in the professional discussion, they only need to repeat the professional discussion, although the Assessment Board may specify a further period of practice to support the student to redeem the referral.

Assessment criteria: professional discussion supported by portfolio of evidence

The professional discussion supported by the practice portfolio must be assessed in relation to the student's own practice. The assessment table must be used to support grading this element.

The portfolio of evidence will be used to support the discussion. Evidence in the portfolio should be:

- validated by placement supervisor(s) where appropriate
- referenced where appropriate
- professional in format and style.

The assessment criteria are used holistically. They are a means to enable the assessment team to determine the unit grade. The assessment criteria are used as a reference for Assessors. They are not exhaustive and should be used in relation to each student's own practice placement or workplace. They should be used alongside relevant professional organisation and/or employer competencies and/or frameworks.

The criteria are based on the *Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*[7], *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*[8], *Primary Care and General Practice Nursing Career and Core Capabilities Framework*[9] and *Subject Benchmark Statement: Health Studies*[10].

The assessment criteria are not weighted.

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7 Quality Assurance Agency (2024) *Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*. Gloucester: The Quality Assurance Agency. Available at: https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks.

8 Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.

9 Health Education England (2022) *Primary Care and General Practice Nursing Career and Core Capabilities Framework*. London: Health Education England.

10 Quality Assurance Agency (2024*) Subject Benchmark Statement: Health Studies Gloucester: Quality Assurance Agency* [online]. Available at: https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements/subject-benchmark-statement-health-studies.

Professional discussion supported by portfolio of evidence compiled through practice experience and minimum hours

Pass **Effective/considered/clear/ thorough/secure**	**Merit** **Confident/perceptive/ highly skilled**	**Distinction** **Critical/strategic/insightful/ exceptional/reflexive/authoritative**
LO1 Demonstrate own confident leadership capabilities in practice		
Leads elements of discussion and/or debate effectively. Evidence of professional working across teams to support service users or clients if within scope or role. Understanding of role boundaries and the importance of supervision and carrying out appropriately delegated tasks. Thorough use of self-reflection to develop effective professional skills, knowledge and practices and support personal progression. Effective leadership or management style. Promotes equality and actively challenges discriminatory behaviour.	Confident application of planning and leadership processes to deliver care in person-centred and personalised professional contexts. Understands the communication needs of others and adapts communication style accordingly.	Actively develops own leadership skills, for example, by volunteering for broader opportunities within their placement/workplace organisation, or actively contributing to the development, application and evaluation of organisational procedures and protocols. Leads elements of the discussion, posing topical/thought-provoking/insightful questions. Multiple examples of high quality and impactful advocacy for service users, clients, their families and carers.
LO2 Apply evidence based decision making in situations of varying complexity within scope of own practice role		
Effective use of personalised care and/or service provision principles. Effective use of evidence base and analysis of information to support ideas generation and development in placement/workplace.	Participates in, contributes to and may lead audits, service evaluation and quality improvement projects relevant to own practice and role.	Evidence of wide reading related to own practice and the practice of others, accurately referenced.

Some application of evidence and theory to solve practice problems. Use of authoritative research evidence related to practice. Referencing largely accurate.		Applies research, audit or service evaluation governance, ethics, protocols and guidelines and may undertake more complex research or service evaluation activities, including data collection and analysis. Disseminates research, audit or service evaluation findings.
LO3 Facilitate episodes of practice learning with service users and workplace peers		
Applies principles of behaviour change within individualised contexts to enable personalised discussion, sensitively communicating complex and/or potentially challenging information to service users. Takes considered ownership of own learning and supports/facilitates others' learning. Understands the social, cultural and economic influences, individual circumstances, behaviours and lifestyle choices that impact health outcomes for service users and their families, including health inequalities. Clear evidence of advocacy for professional values consistent with health or social care practice within diverse populations.	Enthusiastically works with others to create an active learning culture within placement/workplace. Demonstrates or evidences high quality role modelling, including advocating for other support staff. Perceptive use of self-reflection to develop confident professional skills, knowledge and practice, and support personal progression. Evidence of actively challenging discriminatory behaviour where witnessed. Confidently promotes equity, diversity and inclusion in relation to own practice and the practice of others.	Actively and regularly creates and facilitates high quality learning opportunities for others. Contributes to the learning of the organisation, colleagues and team, for example, by giving and receiving constructive feedback and contributing to learning resources for others. Actively and routinely applies principles of behaviour change within individualised contexts to enable personalised interaction with service users.

LO4 Discuss ways own portfolio demonstrates completion of higher-level professional learning goals/objectives		
Essential: No breaches of service user, client, colleague or placement/workplace confidentiality within portfolio or discussion. Evidence of effective professional practice through discussion and validated evidence in portfolio. Clear evidence of application of knowledge to, or links with, practice at the relevant occupation or qualification level. Written, verbal or non-verbal language or communication meets professional requirements relevant to practice, occupational level or qualification level. Evidence of considered equity, diversity and inclusivity principles in portfolio or discussion. Knowledge and understanding demonstrated in discussion can be benchmarked with relevant occupational standards, competencies or frameworks for the placement/workplace area at the appropriate occupation and qualification level. Portfolio is logically developed, coherently structured and clearly expressed. Professionally presented throughout.	Confident professional discussion, leading elements of the discussion and/or debate. Strong evidence of highly skilled contemporary professional practice within the scope of the role.	Exceptional evidence of professional practice skills and knowledge within scope of the role and adhering to local, professional and national procedures and policies. A range of well developed, integrated and highly articulated links to practice have been made. Portfolio displays evidence of analytical, evaluative, creative and reflexive thinking and practice.

Assessment method(s)

Consistent, safe, competent practice.

Holistic, supportive, in-person discussion related to portfolio of evidence.

Recommended Resources

Textbooks

Spencer, M. and Healey, J. (2022) *Surviving Your Placement in Health and Social Care: A Student Handbook*. 2nd Ed. London: Open University Press.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://www.afpp.org.uk	Association for Perioperative Practice (Professional organisation)
https://www.acpuk.org.uk	Association of Clinical Psychologists (Professional organisation)
https://www.aep.org.uk	Association of Educational Psychologists (Professional organisation)
https://www.ahpo.net	Association of Health Professions in Ophthalmology (Professional organisation)
https://asltip.com	Association of Speech and Language Therapists in Independent Practice (Professional organisation)
https://www.baaudiology.org	British Academy of Audiology (Professional organisation)
https://www.orthoptics.org.uk	British and Irish Orthoptic Society (Professional organisation)
https://www.bamt.org	British Association for Music Therapy (Professional organisation)

https://www.bapo.com	British Association of Prosthetists and Orthotists (Professional organisation)
https://baat.org	British Association of Art Therapists (Professional organisation)
https://www.badth.org.uk	British Association of Dramatherapists (Professional organisation)
https://basw.co.uk	British Association of Social Workers (Professional organisation)
https://bcha-uk.org	British Chiropody and Podiatry Association (Professional organisation)
https://www.bda.uk.com	British Dietetic Association (Professional organisation)
https://www.csp.org.uk	Chartered Society of Physiotherapy (Professional organisation)
https://codp.org.uk	College of Operating Department Practitioners (Professional organisation)
https://collegeofparamedics.co.uk	College of Paramedics (Professional organisation)
https://www.ibms.org	Institute of Biomedical Science (Professional organisation)
https://www.ipem.ac.uk	Institute of Physics and Engineering in Medicine (Professional organisation)
https://nacas.org.uk	National Association of Care and Support Workers (Professional organisation)
https://www.napswi.org	National Association of Professional Social Workers in India (Professional organisation)
https://rcm.org.uk	Royal College of Midwives (Professional organisation)

https://www.rcn.org.uk	Royal College of Nursing (Professional organisation)
https://www.rcot.co.uk	Royal College of Occupational Therapists (Professional organisation)
https://www.rcslt.org	Royal College of Speech and Language Therapists (Professional organisation)
https://www.sor.org	Society of Radiographers (Professional organisation)

Occupational descriptions, frameworks and competencies

For example:

British Association of Social Work and Social Workers (2018) *Professional Capabilities Framework. Birmingham: British Association of Social Work and Social Workers*. Available at: https://basw.co.uk/training-cpd/professional-capabilities-framework-pcf.

Health Education England (2019) *Maternity Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/maternity/maternity-support-workers.

Health Education England (2022) *Primary Care and General Practice Nursing Career and Core Capabilities Framework*. London: Health Education England. Available at: https://www.skillsforhealth.org.uk/resources/primary-care-general-practice-nursing-career-core-capabilities-framework/.

Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.

Quality Assurance Agency (2024) *Subject Benchmark Statement: Health Studies.* Gloucester: Quality Assurance Agency. Available at: https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements/subject-benchmark-statement-health-studies.

Skills England (IfATE at time of publication) (n.d.) *Apprenticeship Standard Occupational Level Guide*. London: Institute for Apprenticeships and Technical Education. Available at: https://www.instituteforapprenticeships.org/developing-new-apprenticeships/resources/occupational-level-guide/.

Links

This unit links to the following related units:

All units. Practice reinforces all units, and all units reinforce practice.

Essential requirements

Tutors or placement coordinator should engage with placement providers as early as possible to facilitate high quality placement.

See Sections 5.1.5 and 6.1.3 in the specification document for full details.

Delivery

The majority of the unit content will be delivered prior to students going to placement. Tutors may wish to revisit some content during check-ins or during inter-placement periods.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is strongly recommended. Placement experts should be encouraged to deliver elements of the unit content either on campus or through placement tutorials.

Tutors *must* ensure that all students have an equitable learning experience while on placement. For example, if one placement supervisor offers an extra tutorial on an element of another unit, this could advantage the students at that placement site, and so disadvantage all other students.

Unit 502 Leadership, Mentoring and Coaching Others

Unit code: **Y/651/4541**

Unit level: **5**

Credit value: **15**

Introduction

This unit focuses on understanding the principles and theories of leadership, coaching and mentorship and their application within the context of health and social care. Emphasis is placed on their role in and contribution to supporting personal development, health and wellbeing and lifelong learning of others.

Materials and activities within the unit support students in understanding the value of leadership, coaching and mentoring in the wide context of practice, exploring benefits at a personal, individual and organisational level. Throughout the unit, students will examine critical issues and opportunities for supporting the emotional and physical needs of a diverse workforce.

The unit will enable students to develop their confidence and practice in applying principles, strategies and techniques to effectively lead, mentor and coach others in health and social care related environments. Throughout the unit, students will explore the value of communication in building open and effective relationships and appraise the impact of their personal characteristics, attributes, values, attitudes and approaches in supporting and developing individuals.

Students will plan, implement and review a period of leadership, mentoring or coaching in their own workplace setting. By means of self-reflection, students will gain awareness of the effectiveness of their own leadership, coaching and mentoring practice in terms of enhancing their own personal development and empowering other individuals.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Appraise theories and principles of team and individual leadership, mentoring and coaching within the context of health and social care

LO2 Participate in exploration of how mentorship and coaching practices empower individuals and benefit self, service users and organisations

LO3 Discuss strategies and techniques which can be used to effectively manage and create an environment that supports open and trusting relationships between self, service users and those being coached or mentored

LO4 Assess personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs.

Essential Content

LO1 **Appraise theories and principles of team and individual leadership, mentoring and coaching within the context of health and social care**

Leadership within healthcare:

Leadership theories within healthcare e.g. emotional intelligence leadership theory, leader member exchange (LMX) theory, transactional and transformational change theory

Principles of leadership and distributed leadership in ensuring direction, alignment and commitment within teams and organisations

Relevance of diversity in leadership, discussing critical issues, opportunities and challenges, and the potential for stereotyping

Key leadership roles and the significance of effective communication, coaching and mentoring

Similarities and differences between leadership and management

Intelligence-based models and approaches to leadership – cognitive, emotional, moral, spiritual and others

Qualities of leadership and the intelligences, attitudes, values and behaviours that others appreciate

Comparison between leadership within organisations and leadership of organisations

Assessing the influence of leadership on organisational culture

Impact of failed leadership on individuals, teams and organisations.

Principles of team leadership:

Purpose and function of a team

Team building theories

Team role theory, role and qualities of the team leader

Complementary skill sets within the team

Different team roles, their benefits and the challenges they pose to effective team working

Creating a strong team, building commitment, sustaining motivation, ensuring respect and inclusivity

Cooperative and collaborative working

Characteristics of unsuccessful teams and the impact leadership has on team success

Team leader's role in the facilitation of tasks and supporting team members emotionally and physically.

Mentoring and coaching:

Purpose and function of mentoring, peer mentoring and coaching in relation to developing others

Similarities and differences between mentoring and coaching and the value of each within the health and social care setting

Roles and responsibilities of mentor or coach and their professional boundaries

Qualities required to mentor and coach, and the nature of the relationship with those who are being coached or mentored

Models and principles of mentorship and coaching and their application within a range of contexts within the health and social care setting

Mentoring/coaching cycles and developing effective ways to manage and build open and trusting relationships at each stage.

LO2 **Participate in exploration of how mentorship and coaching practices empower individuals and benefit self, service users and organisations**

Impact of coaching and mentorship in developing and supporting individuals:

Role of coaching and mentorship in personal, professional and career development, as well as supporting the maintenance of good mental health and wellbeing

Ways in which mentoring and coaching can effectively be used in a variety of contexts to support the diversity and inclusion of minority groups

Concept of empowerment and ways in which mentoring and coaching can effectively be used to empower individuals.

Purpose and impact of mentorship and coaching on self and organisation:

Personal benefits and challenges in mentoring and coaching others

Benefits and challenges in building and sustaining mechanisms for promoting learning and development within an organisation.

LO3 **Discuss strategies and techniques which can be used to effectively manage and create an environment that supports open and trusting relationships between self, service users and those being coached or mentored**

Legal and professional boundaries:

Concepts of power and authority and the relationship between self and those being coached or mentored

Professional boundaries within own role, and exploration of issues associated with establishing mutual ground rules. safeguarding, data protection, record keeping, consent and escalation

Concepts of advocacy, and the significance of cultural awareness and sensitivity and their impact on relationships.

LO4 **Assess personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs**

Recognising personal abilities, beliefs, attitudes and values:

Impact of self-efficacy, personal beliefs and values, conscious and unconscious biases, attitudes, behaviours and stereotyping impacts on others

Critical and objective approach to personal development

Reflective and evaluative tools and techniques that can be used to assess effectiveness and strengths as a leader, coach or mentor.

Recognising personal learning needs and professional competence:

Levels of competence and areas for personal growth and development

Recognising limitations of practice and experience and knowing when to escalate and seek support from more experienced coaches and mentors

Planning for improvement and sustainable performance

Process of personal development planning, prioritising and achieving goals

Evidence based approaches to overcoming barriers and challenges to ensure beneficial outcomes for self and those being coached and mentored.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Appraise theories and principles of team and individual leadership, mentoring and coaching within the context of health and social care		
P1 Explore principles and theories of team and individual leadership, coaching and mentoring in relation to the health and social care setting. **P2** Discuss models of leadership, coaching and mentoring in relation to supporting development of individuals and their practice within the health and social care setting.	**M1** Critically explore how theories and principles of leadership, mentoring and coaching can be applied to enhance effectiveness in fulfilling associated roles and responsibilities.	**D1** Critically appraise how principles and theories of individual and team leadership have influenced personal perspectives on approaches to leading, coaching and mentoring others within practice.

Pass	Merit	Distinction
LO2 Participate in exploration of how mentorship and coaching practices empower individuals and benefit self, service users and organisations		**LO2 and LO3** **D2** Critically appraise the effectiveness of coaching and mentoring in supporting the development of individuals within the health and social care setting.
P3 Discuss the significance of coaching and mentorship strategies in practice within health and social care organisations. **P4** Explore the impact of coaching and mentorship strategies on those individuals receiving support.	**M2** Critically appraise the benefits of coaching and mentoring in relation to self, those being coached or mentored, and health and social care organisations.	
LO3 Discuss strategies and techniques which can be used to effectively manage and create an environment that supports open and trusting relationships between self, service users and those being coached or mentored		
P5 Explain factors that influence the creation of an environment that supports open and trusting relationships. **P6** Discuss how the principles and theories associated with communication and relationship building can be used to deliver empathetic care.	**M3** Critically discuss how principles and theories associated with effective communication can be applied to create an environment that supports open and trusting relationships.	
LO4 Assess personal skills and capacity to lead, mentor and coach individuals within the workplace and establish future personal development needs		**D3** Critically reflect on personal skills and ability to lead, coach or mentor others in ways that enhance their personal development and the quality of care delivered, and support future development along a chosen career pathway.
P7 Discuss the impact of personal skills on the capacity to lead, mentor and coach individuals. **P8** Explore the impact of learning on own personal and professional development as a leader, mentor or coach.	**M4** Critically appraise personal skills to lead, coach and mentor, establishing future learning and development needs.	

Suggested assessment method(s)

Closed group professional discussion forum (students, tutors) and evidence based (referenced) reflection on personal skills in relation to leading, coaching or mentoring others.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Aris, S-J., Rao, A., Roycroft, P. and Clutterbuck, D. (2024) *Mentoring in Health, Social Care and Beyond: A Handbook for Practice*, *Training and Research*. UK: Pavilion Publishing.

Barr, S. and Dowding, L. (2022) *Leadership in Healthcare*. 5th Ed. London: Sage Publications

Garvey, B. and Stokes, P. (2021) *Coaching and Mentoring: Theory and Practice*. 4th Ed. London: Sage Publications

Salt, T. (2022) *Effective Leadership in Health and Social Care: Towards Outstanding Teams and Services*. UK: Pavilion Publishing.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://cec.hscni.net	Clinical Education Centre (Information and resources)
www.cipd.org	Chartered Institute of Personnel Development (Information and resources)
www.hsj.co.uk	Health Service Journal (Information and resources)
www.iriss.org.uk	Institute for Research and Innovation in Social Services (Information and resources)
www.kingsfund.org	The King's Fund (Information and resources)

www.leadershipacademy.nhs.uk	Leadership Academy (Information and resources)
www.nice.org.uk	National Institute for Health and Care Excellence (Information and resources)
www.scie.org.uk	Social Care Institute for Excellence (Information and resources)
www.skillsforcare.org.uk	Skills for Care (Information and resources)
www.skillsforhealth.org.uk	Skills for Health (Information and resources)

Journals

BMJ Leader

Human Service Organizations: Management, Leadership and Governance

International Journal of Practice-based Learning in Health and Social Care

Journal of Healthcare Leadership

Leadership in Health Services

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 406: Developing Leadership Skills

Unit 413: Applied Human Development and Behaviour

Unit 501: Establishing Professional Practice

Unit 504: Facilitating Practice Learning and Development

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Unit 518: Growing Careers in Health and Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 503 Innovation and Improvement Through Participatory Action Research (Pearson-set)

Unit code: **A/651/4542**

Unit level: **5**

Credit value: **30**

Introduction

Research, as part of informing evidence based practice, is essential to the delivery of sustainable, safe and effective services in health and social care. There are two fundamental components for effective research: first, research topics need to focus on the priorities within the system; second, to identify the priorities, it is necessary to work together to design, conduct and disseminate the research. This is called co-production and involves equitable participation between people who access services, practitioners and researchers.

It can take a long time for research to be implemented in practice. Participatory action research (PAR) is a research approach that seeks to bridge the knowledge–practice gap. Co-production is embedded in the design.

The aim of this unit is to develop students' knowledge, understanding and application of PAR within health and social care. Students will learn the concepts and processes involved in PAR, develop skills in conducting a literature review and develop a PAR proposal. Students will be expected to reflect on their experience of writing the proposal and to identify their learning and development needs as future participatory action researchers.

On completion of this unit, and with the feedback from their assessment, students will have a PAR proposal outline that they can implement in practice (once relevant ethical approvals have been obtained, where required). This unit provides students with the knowledge and skills to devise co-produced proposals and to develop services in health and social care. It enhances their employability within existing roles. For students who wish to explore further study, including for pre-registration qualifications, the knowledge and skills acquired in this unit provide a strong foundation on which to build capability in research engagement.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Evaluate the processes involved in undertaking a participatory action research project

LO2 Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using participatory action research methodology

LO3 Develop a participatory action research proposal to explore a specific aspect of service delivery in health and social care

LO4 Reflect on learning and development needs, as a potential future action researcher, across all four pillars of practice.[11]

[11] The four pillars of practice were first defined for allied health professionals in 2000, when they were termed the four core functions. The four pillars of practice now form the foundation of all tiers of healthcare professionals, including those working in nursing and midwifery roles and, in particular, in enhanced, advanced and consultant roles. The essence of the pillars is embedded in the education and career frameworks in all countries of the UK, although sometimes these are termed differently. This includes the Health Education England (now part of NHS England) framework for those supporting the allied health professions. Although healthcare based, the pillars are inherent in social care governance frameworks.
Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.

Essential Content

LO1 **Evaluate the processes involved in undertaking a participatory action research project**

What is participatory action research?:

Interactive inquiry process

A research methodology with and for people

Involves taking action and doing research at the same time

Practical and collaborative

Informed by theory

Generates new contextual insights

Reflexive – being aware of self and others within the process

Concepts in action research.

Co-production:

Reflexivity to understand researcher role and influence within project, including to manage bias, confidentiality, choice, consent, ethics in action research, trustworthiness and transparency in the processes, and to contribute to knowledge

Processes involved in action research

Ethical considerations and approval

Action research spirals or cycles

Working together with and for people to identify a problem

Review possible interventions, including from the literature

Select course of action

Implement action together

Data collection to evaluate action

Reflect on learning

Identify next problem.

What action research is not:

Does not allow for generalisability of findings beyond research context

Does not mean that results will be consistent in another setting conducted by other people (reliability, validity)

Not a positivist method.

LO2 **Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using participatory action research methodology**

Purpose of literature review:

Establish what is known about a topic from multiple perspectives, including from people who access services

Identify next logical gap to frame research question

Identify similar methods used within research.

Conducting a literature search using authoritative textbooks, peer-reviewed journals, reports, authoritative websites, policy documents and other sources:

Primary and secondary citations

Methods used for searching internet, including databases

Search terms and key words

Reading techniques (scanning abstract, skim reading).

Using Critical Appraisal Skills Programme (CASP) tools to evaluate the quality of an article:

Critical appraisal of qualitative research, quantitative research, systematic reviews, scoping reviews, randomised controlled trials, clinical controlled trials, single case studies.

Presenting literature reviews using academic writing and referencing system (within a participatory action research project):

Reporting search strategies

Paraphrasing versus direct quotes

Accurate referencing within text and in the list at the end to avoid unintentional plagiarism

Articulating a gap in the research that proposal could seek to fill.

LO3 **Develop a participatory action research proposal to explore a specific aspect of service delivery in health and social care**

Identify a problem:

Methods for identifying a focused problem impacting on quality and effectiveness of service delivery

Forming suitable research questions based on a problem.

Review possible interventions, including from the literature:

Ways to present key findings from literature search

Evaluating the quality of evidence, including strengths and limitations.

Select course of action:

Timelines and action planning, based on cycles for the action research project.

Implement action together:

Co-production: active participation, equity in participation

Ethical considerations: choice, consent, approvals.

Data collection to evaluate action:

Data collection approaches: qualitative, quantitative, within a mixed methods design

Methods for collecting data e.g. interviews, questionnaires, observations, focus groups, standardised tools versus non-standardised tools.

Reflect on learning:

Reflecting on process of writing a research proposal

Reflecting on own skills and performance.

LO4 **Reflect on learning and development needs, as a potential future action researcher, across all four pillars of pactice**

Tutors should direct students to relevant career/professional development frameworks to support this unit (e.g. occupational therapy or speech and language therapy), which will provide lists of topics for them to consider.

The four pillars of practice:

Four pillars: Clinical/Professional Practice; Leadership; Facilitation of Learning; Evidence, Research and Development

Interrelationship between the four pillars.

Learning and development needs across the four pillars of practice:

Professional practice in own area

Leadership skills to act as an action researcher, including working with and for people

Ability to facilitate learning of others

Research skills and knowledge.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Evaluate the processes involved in undertaking a participatory action research project		
P1 Describe the concepts in action research. **P2** Explain the processes involved in action research.	**M1** Examine the relationship between the concepts and processes in action research.	**D1** Critically evaluate the application of the concepts and the processes involved in action research.
LO2 Conduct a review of key literature relating to a specific topic with the aim of innovating or improving an aspect of service delivery in health and social care that can be explored using participatory action research methodology		
P3 Construct a literature review section that details the strategies used to select the resources. **P4** Draw conclusions from the literature to justify the need for the proposed research question.	**M2** Appraise the literature, including the limitations and the strengths of the selected sources. **M3** Synthesise the literature to justify the research question.	**D2** Critically evaluate the literature within the context of health and social care to justify the research question.
LO3 Develop a participatory action research proposal to explore a specific aspect of service delivery in health and social care		
P5 Create a comprehensive participatory action research proposal. **P6** Organise the participatory action research proposal in a clear and logical way.	**M4** Synthesise the information and sections within the action research proposal to provide a detailed and coherent proposal.	**D3** Provide a critical evaluation of the participatory action research proposal.

Pass	Merit	Distinction
LO4 Reflect on learning and development needs, as a potential future action researcher, across all four pillars of practice		
P7 Reflect on learning and development needs as a future action researcher, using each pillar of practice as a structure. **P8** Produce a list of actions to identify where to take learning next, using each pillar of practice as a structure.	**M5** Synthesise learning and development needs as a future action researcher, across the four pillars of practice. **M6** Articulate a personal learning plan, with learning goals, based on reflections.	**D4** Critically reflect on learning and development needs as a future action researcher, across the four pillars of practice. **D5** Construct a plan of action for learning goals, with indicators for successful outcomes.

Suggested assessment method(s)

Participatory action research proposal with self-reflection section.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Aveyard, H. (2023) *Doing a Literature Review in Health and Social Care: A Practical Guide*. 5th Ed. Maidenhead: Open University Press.

Bilorusky, J.A. (2021) *Cases and Stories of Transformative Action Research: Five Decades of Collaborative Action and Learning*. United Kingdom: Taylor and Francis.

Bilorusky, J. A. (2021) *Principles and Methods of Transformative Action Research: A Half Century of Living and Doing Collaborative Inquiry*. UK: Taylor and Francis.

Creswell, J. and Plano Clark, V. (2017) *Designing and Conducting Mixed Methods Research*. 3rd Ed. Los Angeles: Sage Publishing.

Kemmis, S., McTaggart, R. and Nixon, R. (2014) *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer.

Parkin, P. (2009) *Managing Change in Healthcare: Using Action Research*. London: Sage Publications.

Williamson, G.R. and Whittaker, A. (2020) *Succeeding in Literature Reviews and Research Project Plans for Nursing Students*. 4th Ed. London: Sage Publications.

Websites

www.advance-he.ac.uk	Advance HE 'Action research: practice guide' (Training)
https://bepartofresearch.nihr.ac.uk	Be Part of Research: National Institute for Health and Care Research 'What is health and care research?' (General reference)
https://casp-uk.net	Critical Appraisal Skills Programme 'CASP Checklists' (General reference)

www.learningforinvolvement.org.uk	Learning for Involvement: National Institute for Health and Care Research 'Co-producing a research project' (Co-production collection) (General Reference)
www.hra.nhs.uk	NHS Health Research Authority 'UK Policy Framework for Health and Social Care Research' (General reference)
www.rcot.co.uk	Royal College of Occupational Therapists 'Career Development Framework: Guiding principles for occupational therapy' (Training)
https://www.rcslt.org	Royal College of Speech and Language Therapists (RCSLT) RCSLT Professional Development Framework (2023) (Career framework)
www.thinklocalactpersonal.org.uk	Think Local Act Personal 'Projects: Co-production' (General reference)

Journal articles

Cornish, F., Breton, N., Moreno-Tabarez, U. et al. (2023) 'Participatory action research', *Nature Reviews Methods Primers*, 3, Article 34. Available at: https://doi.org/10.1038/s43586-023-00214-1.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 406: Developing Leadership Skills

Unit 501: Establishing Professional Practice

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 518: Growing Careers in Health and Care

Unit 519: Project Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately qualified and experienced in the healthcare, social care or social work sector to cover the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

To supplement campus teaching and learning, tutors may wish to invite statutorily registered expert clinical practitioners working in the areas where students are placed to deliver elements of the unit content.

Unit 504 Facilitating Practice Learning and Development

Unit code: D/651/4543

Unit level: 5

Credit value: 15

Introduction

As well as developing their own knowledge and skills, healthcare, social and community practitioners are expected to facilitate learning with others. At Level 4, students identified their own learning and development needs; in this unit, they will use tools and techniques to enable them to support learning and development needs with others.

Students will learn valuable skills for their future careers. The ability to facilitate and lead learning is one of the four core pillars of practice and is likely to be a component of person specifications and job descriptions at students' occupational level and beyond. The ability to facilitate learning will open doors to careers parallel to direct practice with service users, and will enable students to challenge themselves to step beyond their current roles.

The aim of this unit is to enable students to identify the learning and development needs with others and to facilitate learning related to the practice environment. By the end of the unit, students should feel more confident in delivering learning and development sessions with others.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Investigate techniques and tools to identify practice learning needs with others

LO2 Design an in-person learning and development session to meet identified practice learning needs

LO3 Conduct a learning session for a group in order to meet their practice learning needs

LO4 Assess whether learning needs have been met.

Essential Content

LO1 Investigate techniques and tools to identify practice learning needs with others

Perceived and true learning needs:

Learner generated – communication and involvement of learners

Identification of learning need from other sources e.g. feedback from service users, peers, leaders and managers

Findings from formal review e.g. critical incident reports, audits and review, external organisation reviews, peer reviews of service provision by other service providers.

Identifying learning needs:

Learning needs assessments e.g. gap analysis, mapping to occupational standard or education/career framework, annual appraisal or performance reviews.

Learning preferences and tools for identifying them:

For example:

- Learning style inventory (Kolb)
- Fleming's VARK(AD) – visual, auditory, read/write, kinaesthetic, (auditory digital is a later addition)
- Kolb's theories of experiential learning and learning cycle
- Gardner's theory of multiple intelligences
- Luft and Ingham's Johari window
- Other authoritative tools

Use of styles and preferences in teaching

Use of styles contrary to learners' preferences

Critical analysis of learning styles, preferences, theories, tools, tests and quizzes.

LO2 Design an in-person learning and development session to meet identified practice learning needs

Lesson planning:

Format of plan: paper, digital document, something else

Date, time, location, subject, who the learners are, how many learners there should be

Observation of learning session by others

Session aims and objectives/learning outcomes

Learners' previous knowledge

Reflection for action/forward reflection

Timing of activities within learning session

Background information and theories to be used

Content of session

What learning facilitator will be doing

Resources needed e.g. handouts, laptop and charger, fresh whiteboard markers and eraser, USB stick with presentation, lesson plan, paper for making notes, learner attendance log

What learners will be doing

Methods of assessing learning

Evaluation of learning session and reflection.

Creating learning aims and objectives/learning outcomes:

Why are you conducting the learning opportunity?

'The aim of this learning opportunity is to…'

What is it you want learners to know or be able to do?

'By the end of this learning opportunity, learners should be able to…'

Action verbs

Number of learning outcomes

Assessment of learning in relation to learning outcomes.

Activity/activities design:

Learners' concentration span

Range of learning preferences

Resource availability

Time availability

Room layout.

LO3 **Conduct a learning session for a group in order to meet their practice learning needs**

Learning facilitator:

Room and resource preparation

Performance – enthusing learners at start, keeping them motivated and engaged to the end, demonstrating confidence and knowledge

Introduction and overview of learning opportunity

Eye contact

Positive mutual regard

Techniques for dealing with unknown range of learning preferences

Approaches to challenging behaviour e.g. talking, mobile phone use, nobody contributing or answering, too many contributions, one person contributing, boredom

Monitor timing throughout session

Adapting session content and activity during the session

Questions and responses, including tools for what to do if you do not know an answer

Bringing learning opportunity to a conclusion and identifying next steps for learners.

Learners:

Learner expectations

Identifying what they know already

Assessment of learning during the session.

Session content:

Sufficient amount of content, resources and activities

Use own experiences

Learn from the learners

Avoid over-complication.

Observer (Assessor):

Identifying their expectations prior to the learning opportunity

Will they contribute or just observe?

How and when will they provide feedback?

Implications of receipt of good feedback or identification of areas for development.

LO4 **Assess whether learning needs have been met**

Assessment during development session:

Method(s) of assessing learning outcomes

Checking learners' understanding.

After learning session:

Post-session tests, questions, activities, observations for learners

Discussion with observer

Reflection on own learning and identifying improvements.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Investigate techniques and tools to identify practice learning needs with others</td><td rowspan="2"></td></tr>
<tr><td>P1 Discriminate between perceived and true practice learning needs.

P2 Perform learning needs analysis with peers.</td><td>M1 Rationalise use of learning preferences or styles in development of practice learning sessions.</td></tr>
<tr><td colspan="2">LO2 Design an in-person learning and development session to meet identified practice learning needs</td><td rowspan="6">LO2, LO3 and LO4

D2 Critically reflect on whole process of delivering and assessing learning to meet identified practice needs, and plan actions for the future.</td></tr>
<tr><td>P3 Develop session aims and objectives/learning outcomes for an in-person learning and development session for a group of peers.

P4 Create a lesson plan designed to facilitate practice learning and development for a group of peers.</td><td>M2 Critique lesson plan in detail with development session observer (Assessor) after delivery of the session.</td></tr>
<tr><td colspan="2">LO3 Conduct a learning session for a group in order to meet their practice learning needs</td></tr>
<tr><td>P5 Prepare room, resources and learners prior to learning session.

P6 Deliver a learning session to a group of peers in order to meet their practice learning needs.</td><td>M3 Monitor and adapt learning session throughout to enable learners' engagement with learning outcomes.</td></tr>
<tr><td colspan="2">LO4 Assess whether learning needs have been met</td></tr>
<tr><td>P7 Assess learners' understanding of the concept(s) within the learning session.

P8 Reflect on own learning session performance with respect to feedback received.</td><td>M4 Critically reflect on own role in enabling learning outcomes and needs to be met, identifying areas for development.</td></tr>
</table>

Suggested assessment method(s)

Lesson plan with short background and application of theories section, delivery of the learning session, and additional post-session reflection on the plan.

Recommended Resources

Textbooks

Mohanna, K., Wall, D., Cottrell, E. and Chambers, R. (2023) *Teaching Made Easy: A Manual for Health Professionals*. 4th Ed. Abingdon: CRC Press.

Websites

https://www.cipd.org	Chartered Institute of Personnel and Development (CIPD) 'Learning needs analysis' (General reference)
https://naep-uk.org	National Association of Educators in Practice (Membership organisation – free)

Journals

International Journal of Practice-based Learning in Health and Social Care

Journal of Health Care Education in Practice

Journal of Social Work Education and Practice

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 406: Developing Leadership Skills

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 509: Leading Quality Care

Unit 518: Growing Careers in Health and Care

Unit 519: Project Management

Unit 520: Community Development Projects

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged, for example clinical academics.

Unit 505 Facilitating Change for Quality Care

Unit code: **F/651/4544**

Unit level: **5**

Credit value: **15**

Introduction

The health and social care sector is constantly evolving, influenced by a myriad of factors ranging from technological advancements to policy reforms and demographic shifts. Understanding these changes and effectively managing them is crucial for ensuring that health and social care services meet the needs of the population. This unit aims to provide students with a comprehensive understanding of the factors driving recent changes in the sector, the essential components of change management initiatives, and the skills needed to evaluate and implement these changes within health and social care settings.

Students will explore the key factors that have driven recent changes in the health and social care sector. By identifying and describing these factors, and explaining their impacts, students will develop a foundational understanding of the dynamic environment in which health and social care services operate. Topics in this unit include the theories behind change management within health and social care services, barriers to change that the students may experience, especially where ingrained culture may prove difficult to navigate, decision-making structures created in partnership with organisational policy, and the impact on key stakeholders, for example, allied health professionals and service users.

The unit will then guide students through the evaluation of existing health and social care services. By identifying and describing a specific service, assessing its strengths and weaknesses and evaluating its effectiveness, students will apply their knowledge in a practical context, developing critical analytical skills.

Finally, students will create their own small-scale change management plans. This will involve developing a plan to address a specific issue in health and social care, outlining the steps and resources needed and justifying the proposed changes based on evidence and best practices. Through this process, students will gain hands-on experience in planning and implementing change, ensuring they are well-equipped to contribute to the continuous improvement of health and social care services.

By the end of the unit, students will have a thorough understanding of the need for change management initiatives, the components that make them successful, and the ability to evaluate and create plans that enhance service delivery and outcomes for users.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Determine factors that have driven recent changes in the health and social care sector

LO2 Explain the components of a change management initiative in health and social care provisions

LO3 Evaluate an existing service within health and social care

LO4 Create own small-scale change management plan.

Essential Content

LO1 **Determine factors that have driven recent changes in the health and social care sector**

Structure of health and social care:

Political impacts on changes to policy

Organisation and funding of health and social care systems

Service delivery at local, regional and national levels e.g. primary and secondary care, integrated care boards and integrated care partnerships

Financial balance and deficit and their impact on health and social care targets.

Service user population:

Effect of local population on regional health and social care needs and targets e.g. prevalence of diseases local to population and the impact on the care required, changes to lifestyle, developing diseases

Increasing service user expectation of services provided e.g. increasing use of technology and impact of social media and artificial intelligence.

LO2 **Explain the components of a change management initiative in health and social care provisions**

Change management:

Theories of the change process

Facilitating change

Practice development

Transformation

Identifying change

Ideation and innovation

Concept analysis.

Motivation for and barriers to change:

Leadership and management

Resource implications

Readiness to change

Priorities for change

Culture

Resistance to change

Additional factors e.g. hidden agendas, workload pressures, colleague and staff engagement, workforce and staff shortages.

LO3 **Evaluate an existing service within health and social care**

Measurements of success:

Methods of evaluation e.g. clinical audit, questionnaires and surveys

Efficiency, effectiveness and value for money

Benefits and added value

Service impact

Service user experience

Stakeholders

Workforce considerations.

LO4 **Create own small-scale change management plan**

Content of plan:

For example:

Summary/overview including background and evidence

Aim, objectives/outcomes and rationale

Targets, timelines and milestones

Project team including lead

Project sponsor

Stakeholders

Scope of plan – what the project will cover, and what it will not

Constraints

Risks and risk register

Budget

Contingency

Monitoring

Evaluation.

Impact of change:

Service users

Stakeholders

Workforce

Conveying the change

Communication

Professionalism

Workplace issues e.g. stereotyping and discrimination, cultural diversity.

Factors influencing change:

Dealing with conflict

Barriers to change

Equity, diversity and inclusion.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Determine factors that have driven recent changes in the health and social care sector</td><td rowspan="5">LO1 and LO2

D1 Evaluate the need for change management initiatives in health and social care as driven by recent changes in the sector.</td></tr>
<tr><td>P1 Identify key factors that have driven recent changes in the health and social care sector.

P2 Explain current unmet needs that require change in the health and social care sector.</td><td>M1 Analyse factors that have driven recent changes in health and social care.</td></tr>
<tr><td colspan="2">LO2 Explain the components of a change management initiative in health and social care provisions</td></tr>
<tr><td>P3 Describe the fundamental components of change management initiatives.

P4 Illustrate the importance of these components of change management initiatives.</td><td>M2 Explain key components of change management initiatives in health and social care provisions.</td></tr>
<tr><td colspan="2">LO3 Evaluate an existing service within health and social care</td></tr>
<tr><td>P5 Identify and describe an existing service within health and social care.

P6 Evaluate the effectiveness of a service within health and social care.</td><td>M3 Assess the strengths and weaknesses of an existing service within health and social care.</td><td rowspan="3">LO3 and LO4

D2 Create a small-scale change management plan that effectively explores the impact on service users and the workforce.</td></tr>
<tr><td colspan="2">LO4 Create own small-scale change management plan</td></tr>
<tr><td>P7 Develop a small-scale change management plan addressing a specific issue in health and social care.

P8 Outline the steps and resources required to implement the change management plan.</td><td>M4 Justify the proposed changes in the proposed change management plan.</td></tr>
</table>

Suggested assessment method(s)

Presentation on the need for change management initiatives accompanied by a written change management plan for a small-scale initiative in own area of practice.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Cameron, E. and Green, M. (2019) *Making Sense of Change Management*. 5th Ed. London: Kogan Page.

Hayes, J. (2022) *The Theory and Practice of Change Managemen*t. 6th Ed. London: Macmillan Education.

Huczynski, A. and Buchanan, D. (2019) *Organizational Behaviour*. 10th Ed. London: Pearson.

National Academies of Science, Engineering, and Medicine (2019) *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Washington DC: The National Academies Press.

Websites

https://aqua.nhs.uk	Advancing Quality Alliance (Aqua) 'Quality, Service Improvement and Redesign (QSIR) Tools' (Tools)
https://www.england.nhs.uk	NHS England 'Statistical work areas' (Data)
https://www.longtermplan.nhs.uk	NHS Long Term Plan (Report)
https://www.kingsfund.org.uk	The King's Fund Insight and analysis (Resources)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 406: Developing Leadership Skills

Unit 411: Working in High Quality Adult Residential Care

Unit 417: Changing Perspectives in Public Health

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 509: Leading Quality Care

Unit 519: Project Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 506 Safeguarding Children, Young People and Vulnerable Adults

Unit code: H/651/4545

Unit level: 5

Credit value: 15

Introduction

Social and community practitioners will come into contact with a variety of service users, some of whom may require protection from abuse, exploitation, harm or neglect. They need a broad understanding of safeguarding and the key concepts and contexts related to safeguarding issues. Practitioners need to be informed about relevant law and policy relating to the safeguarding of specific groups such as children, young people and vulnerable adults.

This unit builds gradually from fundamental terms and concepts to the specific law, policy and practice relating to the safeguarding of children, young people and vulnerable adults, including local and national initiatives and the range of professionals involved. Students will investigate the factors that contribute to the incidence of abuse and harm and develop an understanding of the different types of abuse and self-harm that are linked to these. They will learn about individuals vulnerable to abuse and, in particular, the contexts and relationships where abuse may occur.

Students will be encouraged to reflect on their own practice and identify the key skills that contribute to the development of positive partnership working with other agencies and its impact on the individual. They will examine the effectiveness of working practice and strategy and be able to identify the challenges and dilemmas experienced by professionals in everyday situations. Finally, students will review systems that have been put in place to detect, minimise and respond to safeguarding concerns, including abuse in social and community service provision.

This unit will support those interested in working directly with service users in a range of situations, including local authority, voluntary, independent and community settings. It is also useful for those who wish to continue higher education by working towards qualifications in youth and community work or social work.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explain the factors that contribute to abuse and harm

LO2 Summarise current legislation, policy and professional involvement relating to safeguarding for children, young people and vulnerable adults

LO3 Examine how safeguarding can be effectively promoted through positive partnership working

LO4 Reflect on own working practices and strategies used to minimise abuse and harm.

Essential Content

LO1 **Explain the factors that contribute to abuse and harm**

Key definitions:

Abuse

Harm

Self-harm

Exploitation

Safeguarding

Protection

Vulnerability

Capacity.

Individuals vulnerable to abuse:

Children, young people and vulnerable adults

Individuals lacking capacity e.g. as a result of a mental health conditions, or physical, learning or sensory disability

Individuals with complex conditions e.g. dementia

Individuals with drug and alcohol addictions

Individuals with additional support needs.

Types of abuse:

Physical

Emotional

Coercive control

Sexual

Neglect

Self-harm

Financial

Female genital mutilation – child abuse

Honour-based violence

Domestic violence

Cyberbullying.

Forms of neglect:

Physical neglect e.g. neglect of food, clothing, hygiene, shelter

Emotional neglect e.g. withdrawal of love and affection

Medical neglect.

Types of self-harm:

Self-inflicted wounds

Drug, alcohol and substance misuse or abuse.

Signs of abuse and self-harm:

Physical e.g. bruising, burns, scalding, malnourishment

Emotional e.g. low self-esteem, emotional withdrawal

Sudden withdrawing from support

Sudden decline in finances

Other indicators.

Situations where abuse may occur:

The individual's own home, community-based services and facilities, residential care, institutional care including offender units, relationships involving power, caring relationship, within families, online and in-person social environments.

Individual factors:

Mental capacity and mental ill health, low self-esteem and identity, gender and gender identity, previous experience of abuse, unhealthy relationships, drug and alcohol abuse, family background

Psychological bases of abuse, the cycle of abuse.

Social factors:

Housing, education, poverty, social exclusion, isolation and disadvantage, inappropriate social relationships, unavailability of networks of support.

Cultural factors:

Ethnic grouping, religion, associated norms, values, expectations and discrimination, other cultural factors.

Mitigating the impact of different factors:

Support programmes and systems in different areas of health and social care service provision

Interventions

Awareness of challenges faced by professionals and other social and community work practitioners

Awareness of own experience and its impact on own relationship with individuals who have experienced abuse

Challenging own preconceptions or emotional responses.

LO2 **Summarise current legislation, policy and professional involvement relating to safeguarding for children, young people and vulnerable adults**

Legislation and policy initiatives:

Tutors should deliver with reference to relevant statutory legislation and policy as currently applicable in own location

National e.g. in England:

- Children Act (1989 and 2004)
- Children and Social Work Act (2017)
- Safeguarding Vulnerable Groups Act (2006)
- Mental Capacity Act (2005)
- Children and Young Persons Act (2008)
- Protection of Freedoms Act (2012)
- Children and Families Act (2014)
- Care Act: Safeguarding adults at risk (2014)

Regional and local policies e.g. in England

- *Working Together to Safeguard Children* (2023)
- *Making Safeguarding Personal* (2013)

Professional standards and guidance as appropriate

Legislation and policy protecting individual rights and freedoms.

Providers of social and community services relevant to safeguarding or protection:

Voluntary

Statutory

Private and community e.g. neighbours, families, charities.

Range of professionals required to implement safeguarding or protection standards:

Requirements for individuals to be able to work with or around children, young people and vulnerable adults in own location for example:

England, Wales, the Channel Islands and the Isle of Man – Disclosure and Barring Service (DBS) checks

Scotland – Disclosure Scotland

Northern Ireland – applications via AccessNI

Range of professionals e.g. social workers, community workers, social service staff, healthcare professionals including diagnostic radiographers, registered nurses, midwives, general practitioners and other doctors of medicine, police, teachers and others

Specific organisations e.g. in the UK, the National Society for the Prevention of Cruelty to Children (NSPCC)

Youth justice system

Criminal justice system.

LO3 **Examine how safeguarding can be effectively promoted through positive partnership working**

Partnership relationships:

Service users and service user groups e.g. children, older people, young people in care, people with disabilities, people with learning difficulties, people with mental health issues, patients, refugees, asylum seekers

Professional groups e.g. social workers, health workers, educationalists, healthcare professionals, therapists, support workers

With organisations e.g. statutory, voluntary, private, independent, charitable, community forums.

Positive partnership working:

Empowerment

Theories of collaborative working

Co-production

Informed decision making

Information sharing

Capacity

Consent

Confidentiality

Professional roles and responsibilities

Models of working

Management structures

Communication methods

Current interdisciplinary and inter-agency working.

Legislation affecting partnership working:

Current and relevant legislation relating to:

- Social and community work
- Safeguarding and protection of children and young people
- Adults
- Older people
- Mental health
- Disability
- Data protection
- Diversity, equity and inclusion.

LO4 **Reflect on own working practices and strategies used to minimise abuse and harm**

Organisational practices and policies:

Current and relevant practices

Agreed ways of working

Statutory, voluntary and private agency practices

Local, regional and national policy

Documents produced e.g. by government departments, specialist units, voluntary agencies

Risk assessment procedures

Employment practices

Service planning procedures.

Working practices:

Written and oral communication

Use of web-based technology in sharing information between professionals

Anti-oppressive practice

Anti-discriminatory practice

Use of artificial intelligence by professionals and people, and ensuring anti-oppressive and anti-discriminatory practice

Thresholds

Risk factors

Risk predictions

Framework of assessment

Identifying children in need

Link between statutory and professional guidelines and practice in settings

Using established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice.

Strategies:

E.g.

- Working collaboratively with users of health and care services
- Between professionals and within organisations
- Decision-making processes and forums
- The ‘at risk’ registers
- Local child protection committees
- Organisational policies and training.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the factors that contribute to abuse and harm</td><td rowspan="5">LO1 and LO2

D1 Critically assess the challenges for the social and community care workforce and services in addressing key factors that contribute to abuse and harm, and in protecting different individuals in different groups vulnerable to abuse.</td></tr>
<tr><td>P1 Analyse the factors that make some individuals more vulnerable to abuse than others and the types of abuse or harm they may experience.

P2 Discuss the individual, social and cultural factors that contribute to abuse and harm.</td><td>M1 Review different real-life case study examples from across the lifespan in which abuse and harm have occurred, making suggestions for how the impact of contributing factors could be mitigated to prevent future occurrences.</td></tr>
<tr><td colspan="2">LO2 Summarise current legislation, policy and professional involvement relating to safeguarding for children, young people and vulnerable adults</td></tr>
<tr><td>P3 Produce a map of the relationship between key legislation and national policy relevant to safeguarding or protection, and policies and strategies implemented at a local level.

P4 Compare different approaches taken in the local community and social care services to implement key legislation.</td><td>M2 Explain in detail ways in which professionals working in specific social or community services address the national standards and legislative requirements relating to safeguarding and protection.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Examine how safeguarding can be effectively promoted through positive partnership working		**LO3 and LO4** **D2** Critically evaluate own role in different working practices and strategies in terms of own effectiveness in promoting positive partnership working and minimising the risk of abuse and harm to individuals of different ages.
P5 Discuss the different types of partnership that are involved in safeguarding and protection. **P6** Analyse the influence that legislation has on effective partnership working across social, community and health services.	**M3** Evaluate the impact legislation has on effective partnership working, giving case study examples to support own conclusions.	
LO4 Reflect on own working practices and strategies used to minimise abuse and harm		
P7 Describe how placement/workplace organisational policy and own practice minimise abuse and harm to children, young people and vulnerable adults. **P8** Reflect on the effectiveness of different strategies embedded through own working practices in minimising the risk of abuse and harm.	**M4** Critically reflect on own professional development in terms of how abuse and harm may be minimised through own personal and organisational working practice.	

Suggested assessment method(s)

Professional presentation of factors that contribute to abuse and harm, with inclusion of concept map. Reflective case studies related to own practice.

Recommended Resources

Textbooks

Chisnell, C. and Kelly, C. (2019) *Safeguarding in Social Work Practice: A Lifespan Approach*. 2nd Ed. London: Learning Matters.

Frost, N. (2020) *Safeguarding Children and Young People: A Guide for Professionals Working Together*. London: Sage Publications.

Killick, C. and Taylor B. J. (2024) *Assessment, Risk and Decision Making in Social Work: An Introduction*. 2nd Ed. London: Learning Matters.

Spreadbury, K. (2024) *The Adult Safeguarding Practice Handbook*. 2nd Ed. Bristol: Policy Press.

Websites

https://resourcecentre.savethechildren.net	Child Rights Resource Centre (General reference)
https://www.gov.uk	GOV.UK 'Safeguarding' (General reference)
https://www.nspcc.org.uk	National Society for the Prevention of Cruelty to Children (General reference)
https://www.who.int	World Health Organization *World Report on Violence and Health, Chapter 5: Abuse of the Elderly* (Report)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 405: Applying Governance Frameworks in Practice

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable, experienced and up to date in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 507 Assisting Practitioners and Professions

Unit code: **J/651/4546**

Unit level: **5**

Credit value: **15**

Introduction

This unit is for students currently in, or working towards, an assistant practitioner or similar role. Students will be working to assist registered practitioners in the delivery of person-centred care to improve health and wellbeing.

The unit explores the role and responsibilities of those working at this occupational level within the context of their organisation and field of practice. Students will explore the services provided and their role in delivering those services to the standards required. Emphasis is placed on the valuable contribution made by this vital tier of the healthcare workforce, and how the role complements that of others.

Students will explore the concept of professional identity and its influence on practice. Emphasis is placed on developing a strong professional identity, engaging with a wider community of assistant practitioners, and developing self-awareness to appraise personal competence and professional values, attitudes and behaviours.

Students will explore the importance of compliance with the legislative and regulatory frameworks that govern practice. They will learn how these, alongside local policies and procedures, enhance standards of practice, benefiting service users, themselves and others.

There is a strong focus on working in partnership with others and developing and strengthening teamwork skills to enhance the efficiency and effectiveness of multidisciplinary team-based approaches to care. In addition, students will prioritise adopting an inclusive approach to care to meet the needs of a diverse range of service users, their families and carers.

The broad title of 'assistant' is used within this unit. It could refer to an occupational Level 5 (England) role or a trainee role in healthcare.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Investigate how health and social care services facilitate health and wellbeing

LO2 Research professionalism as an assistant within a multidisciplinary team

LO3 Assess the impact of frameworks and standards of practice on the provision of care

LO4 Contribute to the provision of service through a holistic approach to person-centred practice.

Essential Content

Tutors should customise delivery and discussions to students' contexts and areas of practice

LO1 **Investigate how health and social care services facilitate health and wellbeing**

Service provision:

Tutors should customise delivery and discussions to students' contexts and areas of practice

Diverse range of services and work-related activities within a relevant field of practice

How activities support assessment, diagnosis, treatment and management of health and wellbeing

Relationship between the services provided and the emotional, physical, physiological, psychosocial and mental wellbeing of the service user

Working across services, exploring the relationship between differing and alternative services.

Routes of access:

Routes of access to healthcare services and post-service follow-up provision

Benefits and challenges in accessing health services, assessing the impact these may have on the health and wellbeing of a diverse group of service users

How services are organised, prioritised and evaluated so they alleviate challenges, improve satisfaction, reduce inequality and optimise health and wellbeing

Post-care service provision, advice lines and local community services that offer complementary health and wellbeing support.

Working in partnership with service users:

Working in partnership with service users, their families and carers and the impact this has on outcomes

Inclusive approaches to care, the right to empowerment and autonomy

Physical and emotional support, and advice services that support management of conditions e.g. pain, diet, wounds, mobility and so on.

Working in partnership with colleagues:

The range of professional disciplines involved in the administration and delivery of care

Valuing practice-related activities associated with the assistant practitioner role, and how these complement the roles and responsibilities of other practitioners

Skill sets required to work collaboratively to deliver safe and comprehensive person-centred care to a diverse population of service users with differing emotional, physical and mental health needs.

LO2 **Research professionalism as an assistant within a multidisciplinary team**

Professional identity:

Concept of professional identity and its influence on thoughts and actions in practice

Personal growth and aspirational focus

Building positive perceptions of self as a valuable member of the healthcare team

Developing self-awareness of identity and the values, attitudes, skills and personal standards that underpin it

Strategies to broaden understanding of healthcare issues and engage with a wider community of assistant practitioners.

Roles and responsibilities:

Skills, competencies and qualifications required and their significance to fulfilling the role

Roles and responsibilities that constitute an assistant practitioner's role, from first point of contact to patient discharge or referral elsewhere

Commitment to compassionate care and quality assurance, efficient teamwork and high standards of practice

Defining personal contribution made to the delivery of a health and social care service

Scope of practice, understanding accountability, the purpose of supervision and recognising limitations and boundaries

Competencies and capabilities in relation to roles.

Working as part of a multidisciplinary team (MDT):

The value of MDT in the planning and coordination of care in a range of situations

Skills for productive interactions, efficiency and effectiveness.

LO3 **Assess the impact of frameworks and standards of practice on the provision of care**

To include, but not limited to the following. In each case, discuss the significance of these for protecting service users, self and others, and explore how compliance and adherence enhance the quality of care and service.

Legislation:

E.g.

Children Act (1989)

General Data Protection Regulation (GDPR) (2018)

Health and Safety at Work etc. Act (1974)

Mental Health and Mental Capacity Acts

Personal Protective Equipment at Work Regulations (1992).

Regulations:

E.g.

Manual Handling Operations Regulations (1992)

Management of Health and Safety at Work Regulations (1999)

Professional regulation e.g. Social Work England, Nursing and Midwifery Council, Health and Care Professions Council or similar in setting and monitoring standards of behaviour and competence.

Guidelines, policies and procedures:

Local and national strategies and implementation frameworks related to, but not exclusive of, other relevant guiding principles e.g.

Protocols for safety, safeguarding and personal protection

Positive patient identification and consent

Online digital safety, data protection and confidentiality

Equity, diversity and inclusion

Reporting concerns

Use of artificial intelligence in diagnosis, treatment and care.

Codes, standards of practice, proficiency and occupations:

E.g.

Academy for Healthcare Science's Standards of Proficiency for Healthcare Science Assistants

Skills for Health and Skills for Care's Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

Public voluntary registers e.g. Healthcare Science Practitioner Register

Occupational standards

Professional body or membership organisation standards or requirements

Standards for accreditation related to profession and/or membership

Codes of conduct and standards of proficiency related to the registered workforce only e.g. allied health professionals, registered nurses, nursing associates, midwives, clinical scientists, biomedical scientists.

LO4 **Contribute to the provision of service through a holistic approach to person-centred practice**

Fulfilling role in line with expectations:

Range of activities relevant to the assistant practitioner role and within the scope of agreed practice

Carrying out duties in line with legislation, regulations, policy and procedures

Effective use of technology to record information accurately

Practising ethically, demonstrating adherence to quality standards and best practice

Adopting a holistic approach to care that supports health and wellbeing.

Strengthening communication and collaborative working:

Working across services and in partnership with multidisciplinary teams

Adapting communication according to individual needs

Communicating with service users

Liaising and sharing information with family and other healthcare professionals in line with policies on data management and confidentiality

Building and sustaining a culture of privacy, dignity and respect

Acknowledging diversity and promoting inclusion.

Recognising the needs of the service user:

Assessing and meeting individual service user needs and preferences

Providing care, support and guidance to service users, their families and carers

Applying local practices and strategies to ensure informed choice and that the voices and preferences of service users are heard and respected, while complying with legislation and upholding policies that limit information sharing.

Maintaining competence, knowledge and skills:

Effective use of support networks and resources that support continual development

Developing self-awareness and practical and interpersonal skills to meet competency requirements

Reflecting on areas of strength and areas for development

Creating an appropriate, goal-orientated personal development plan.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Investigate how health and social care services facilitate health and wellbeing</td><td rowspan="5">LO1 and LO2

D1 Critically evaluate own role in facilitating health and wellbeing as part of a wider healthcare workforce.</td></tr>
<tr><td>P1 Investigate the current service provision available to service users within your area of practice.

P2 Research how the services offered support the needs of a diverse group of service users.</td><td>M1 Analyse the significance of a multi-agency approach to service delivery to meet individual service user needs.</td></tr>
<tr><td colspan="2">LO2 Research professionalism as an assistant within a multidisciplinary team</td></tr>
<tr><td>P3 Discuss how own professional identity impacts on practice.

P4 Justify the skills and competencies required to fulfil your role and responsibilities as an assistant in healthcare.</td><td>M2 Assess the value of a collaborative team-based approach in the planning and delivery of care within your area of practice.</td></tr>
<tr><td colspan="2">LO3 Assess the impact of frameworks and standards of practice on the provision of care</td></tr>
<tr><td>P5 Discuss how legislation underpins service delivery and quality of care.

P6 Justify how professional regulation or voluntary registration protects service users, self and others.</td><td>M3 Evaluate the impact that standards of practice have on own service delivery and quality of care.</td><td>D2 Critically explore how compliance with frameworks and adherence to standards of practice are reflected in your approach to care.</td></tr>
</table>

Pass	Merit	Distinction
LO4 Contribute to the provision of service through a holistic approach to person-centred practice		
P7 Engage proactively in different activities that demonstrate respect for service users as consensual and equal partners in the planning and delivery of their care. **P8** Apply appropriate communication strategies in providing support to colleagues, identifying and responding to their needs.	**M4** Demonstrate how different aspects of own practice are informed by the principles, attitudes, values and behaviours required of an assistant in healthcare.	**D3** Reflect on own person-centred contribution to service delivery and capacity to apply best practices.

Suggested assessment method(s)

Simulated job interview and portfolio of reflections that could be contained within practice portfolio.

Recommended Resources

Textbooks

Arai, L. (2024) F*oundations for 21st-Century Health and Social Care Theory and Practice for Nursing Associates, Assistant Practitioners, Support Workers and Beyond*. Oxford: Routledge

Mackreth, P. and Walker, B. (2020) *A Handbook for Support Workers in Health and Social Care: A Person-Centred Approach*. London: Routledge

Koprowska, A. (2020) *Communication and Interpersonal Skills in Social Work (Transforming Social Work Practice Series)*. London: Learning Matters, Sage Publications

O'Toole, G. (2020) *Communication, Core Interpersonal Skills for Healthcare Professionals*. 4th Ed.UK: Elsevier

Rowe, G., Ellis, S. and Gee, D. (2022) *The Handbook for Nursing Associates and Assistant Practitioners*. London: Sage Publications

Websites

https://www.ahcs.ac.uk	Academy for Healthcare Science The Healthcare Science Practitioner Register (Accredited voluntary register)
https://basw.co.uk	British Association for Social Workers (General reference)
https://cpdonline.co.uk	CPD Online (Training)
https://www.hcpc-uk.org	Health and Care Professions Council 1. 'Professional bodies' 2. 'Professions and protected titles' (General reference)
https://nacas.org.uk	National Association of Care and Support Workers (Membership organisation)

www.healthcareers.nhs.uk	NHS Careers (Healthcare profession descriptions)
www.england.nhs.uk	NHS England (General reference)
www.nice.org.uk	National Institute for Health and Care Excellence (General reference)
https://www.nmc.org.uk	Nursing and Midwifery Council (General reference)
www.skillsforcare.org.uk	Skills for Care (Resources and general reference)
www.skillsforhealth.org.uk	Skills for Health (Resources and general reference)
www.socialworkengland.org.uk	Social Work England (Regulator)

Policies, guidance and reports

Academy for Healthcare Science (2023) *Standards of Proficiency for Healthcare Science Assistants*. Available at: https://www.ahcs.ac.uk/education-training/standards/.

Broughton, W., Harris, G. and on behalf of the Interprofessional CPD and Lifelong Learning UK Working Group (eds) (2019) *Principles for Continuing Professional Development and Lifelong Learning in Health and Social Care*. Bridgewater: College of Paramedics. Available at: https://collegeofparamedics.co.uk/COP/Professional_development/Principles_for_CPD/COP/ProfessionalDevelopment/Principles_for_CPD.aspx?hkey=c1310302-0b10-41cc-b071-5b1caf876f01.

Health Education England (2021) *Allied Health Professions' Support Worker Competency, Education and Career Development Framework*. London: Health Education England. Available at: https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development.

Skills for Care and Skills for Health (2013), *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England*. Available at: https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-people/Code-of-Conduct.aspx.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 405: Applying Governance Frameworks in Practice

Unit 406: Developing Leadership Skills

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 504: Facilitating Practice Learning and Development

Unit 518: Growing Careers in Health and Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 508 Applied Anatomy and Physiology

Unit code: **L/651/4548**

Unit level: **5**

Credit value: **15**

Introduction

The unit explores how body systems function and interrelate to maintain health, and how dysfunction can lead to ill health. Content includes an overview of the anatomy and physiology of the special senses, endocrine, lymphatic, haematological, immunological and reproductive systems. Consideration is given to the physical and physiological changes that occur with age and illness.

The unit offers insight into physiological mechanisms governed by hormones, exploring interactions and interrelationships that affect production, transportation and regulation.

Emphasis is placed on examining the body's response when the immune system fails. Students will learn to recognise signs of mild and severe allergic reactions, and the response required. Students will gain insight into a range of immunological disorders and their effects on health and wellbeing.

Consideration is given to health-related tests, treatments and interventions that support the detection, assessment and management of disease, health conditions and immunity, and the detection of hearing loss and sight loss. Students are encouraged to adopt good practice principles to enhance safe practice and improve the quality of care.

The unit will engage students in practical observations of the healthy human body and of signs and symptoms of ill health. The skills developed will enable students to communicate effectively and to interpret and respond appropriately to normal and abnormal physiological measurements

On successful completion of the unit, the knowledge and skills gained will enable students to contribute to improved care and better outcomes for individuals with complex conditions.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Examine the structure and function of specified organs and systems within a healthy human body

LO2 Discriminate between the physiological mechanisms of the endocrine system

LO3 Synthesise understanding of the body's responses when the immune system fails

LO4 Appraise own practice when carrying out physical or physiological tests with service users.

Essential Content

LO1 **Examine the structure and function of specified organs and systems within a healthy human body**

Body systems overview:

Endocrine system

Reproductive system

Lymphatic system

Integumentary system

Immune system

Haematological system – to include haemostasis and coagulation

Special senses – hearing and sight.

Each system should include:

Structural, functional and accessory features

Physiological mechanisms that lead to normal function

Developmental anatomy (prenatal through to late adulthood)

Effects of ageing on function.

LO2 **Discriminate between the physiological mechanisms of the endocrine system**

Hormonal interactions:

Hormonal effects on the internal environment, metabolism and immune response

Permissive, synergistic and antagonistic effects

Regulation of over- and under-secretion, transportation and interactions between hormones and target cells.

Hypothalamus and pituitary gland:

How the nervous system and the endocrine system support homeostasis

Pituitary gland hormones, with emphasis on those supporting growth and reproduction.

Endocrine system:

How the thyroid and parathyroid hormones regulate calcium and phosphate levels within the blood

Adrenal gland hormones and regulation of metabolism, stress, potassium, glucose and water reabsorption

How pancreatic insulin and human growth hormone both work to regulate blood glucose levels

Exploring the effects of hormonal imbalance and disorders that result from over- and under-secretion e.g.

- Thyroid – hypo- and hyperthyroidism, exploring the impact imbalance has on puberty, menstruation and reproduction in women
- Parathyroid – hypo- and hyperparathyroidism, exploring the impact on bones, kidneys and bowel
- Adrenal glands – Addison's disease and the impact of hormones on the immune system and inflammatory response
- Pancreas – diabetes, and an exploration of the effect this has on blood vessels and vision.

Reproductive system:

Secretion and physiological effects of gonadotropic hormones, male and female sex hormones in the development of sexual characteristics, sexual function and metabolism

Female reproductive cycle, emphasis on the relationship between hormones and the ovarian and uterine cycles

Age-related decline of hormone production leading to the perimenopause and menopause.

LO3 **Synthesise understanding of the body's responses when the immune system fails**

Body defences:

How various organs and systems offer protection against infection, toxins, allergens, parasites and organ damage

Stages of inflammatory response and the vascular, cellular and chemical changes occurring when invaded

The impact of age on immune response.

Immunological reactions and disorders:

Types of allergens and immune-mediated response to environmental substances and those that are ingested, inhaled or touched

Symptoms of, and differentiation between, mild and severe reactions

Clinical features of anaphylaxis, exploring the organ systems affected

Initial and long-term management of anaphylaxis in a healthcare setting – noting the significance of clinical observation in such cases

Differentiating primary, overactive, weakened and auto-immune disorders

Defining common immunological disorders and conditions, exploring the effect these have on organs and physiological processes and considering the impact this may have on an individual's physical and mental capacity and emotional wellbeing e.g. asthma, lupus, psoriasis, multiple sclerosis, rheumatoid arthritis and human immunodeficiency virus (HIV)

Exploration of effects of cancer and chemotherapy on the immune system.

Strengthening and maintaining immunity:

Role of vaccines in boosting immunity

Nutrition, lifestyle choices and their impact on the immune system

Good practice principles and care requirements of those who are immunologically compromised.

LO4 **Appraise own practice when carrying out physical or physiological tests with service users**

Quality of life:

Defining the concept

Exploring factors that impact health and wellbeing and the ability to enjoy a fulfilling life.

Haematological tests:

Common haematological tests and normal parameters e.g. red blood cell count (RBC), platelets, white blood cell count (WBC) erythrocyte sedimentation rate (ESR), haemoglobin (HB), haematocrit levels and ABO typing

Exploration of the value and purpose of blood in the early detection of disease, assessment of health and physiological functioning and monitoring of medical conditions

Insight into haematological conditions and their impact on organs, physiological processes, health and immunity e.g. anaemia, leukaemia, sickle cell anaemia, haemophilia

Safety precautions for handling blood products and specimens

Exploration of values outside normal range that may impact quality of life.

Ophthalmological testing:

Various factors that influence and affect eyesight

Common tests to assess visual acuity, the field of vision, blood flow, and the function and health of parts of the eye e.g. the pupil, cornea and retina

Role of ophthalmological testing in the diagnosis and management of e.g. cataracts, glaucoma, macular degeneration and other conditions

Causes of ophthalmological conditions e.g. as a result of cancer treatment, hypertension, diabetes and heart disease

Symptoms and stages of sight loss and forms of impairment and treatment options

Impact of visual impairment on quality of life, communication and access to healthcare services

Good practice principles and guidelines for communicating and supporting those receiving care who are visually impaired.

Auditory testing:

Various factors that influence and affect hearing e.g. genetics, infection, medication, disease, occupation, ageing

Defining and differentiating sensorineural and conductive hearing loss

Common tests to assess the physical features of the outer and inner ear, response to sound, pitch, frequency and volume

Levels of hearing loss and treatment options

Impact of auditory impairment on quality of life, communication and access to healthcare services

Good practice principles and guidelines for communicating and supporting those receiving care who are deaf or have hearing loss.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the structure and function of specified organs and systems within a healthy human body</td><td rowspan="5">LO1 and LO2

D1 Critically explore the interrelationship between different body systems and the hormones they produce and their effect on maintaining homeostasis, demonstrating how an imbalance can lead to ill health.</td></tr>
<tr><td>P1 Investigate the structure of healthy body systems and organs in relation to the service users you have supported.

P2 Explain the normal processes of ageing in relation to a diverse range of service users you have supported.</td><td>M1 Examine anatomical and physiological differences between a healthy human body and a service user you have supported.</td></tr>
<tr><td colspan="2">LO2 Discriminate between the physiological mechanisms of the endocrine system</td></tr>
<tr><td>P3 Compare the broad actions of hormones on cells throughout the body.

P4 Examine how hormones are synthesised, transported and regulated.</td><td>M2 Categorise hormonal interactions and demonstrate their physiological influence on organs and systems.</td></tr>
<tr><td colspan="2">LO3 Synthesise understanding of the body’s responses when the immune system fails</td></tr>
<tr><td>P5 Investigate how organs and systems work together to protect the body.

P6 Examine the process of inflammatory response and factors that trigger mild and severe allergic reactions.</td><td>M3 Critically explore how age, nutrition, lifestyle, illness, medical treatments and interventions affect the immune system.</td><td>D2 Justify the management of individuals who are either experiencing immunological reactions, have an immune disorder or, due to illness, are immunologically compromised.</td></tr>
</table>

Pass	Merit	Distinction
LO4 Appraise your practice when carrying out physical or physiological tests with service users		
P7 Demonstrate the significance of physical and physiological testing in the management of medical conditions. **P8** Explore how haematological, ophthalmic and auditory disorders and conditions can compromise quality of life and affect access to healthcare.	**M4** Assess how good practice principles assist effective communication and client-centred care for individuals with blood disorders or whose hearing and/or sight is impaired.	**D3** Critically evaluate own practice and ability to communicate effectively and apply good practice principles to individuals receiving care for blood disorders or whose hearing and/or sight is impaired, identifying areas of good practice and areas for improvement.

Suggested assessment method(s)

Concept map in conjunction with a short case study, and reflection(s) in practice portfolio.

Recommended Resources

Textbooks

Doughty, L., Lister, S. and West-Oram, A. (2021) (Student Edition) *The Royal Marsden Manual of Clinical Nursing Procedures*. 10th Ed. Oxford: Wiley-Blackwell.

Keeling, J. and Richardson, S. (2021) *Clinical Skills: An Introduction for Nursing and Healthcare*. Banbury: Lantern Publishing Ltd.

Peate, I. and Nair, M. (2020) *Fundamentals of Anatomy and Physiology: For Nursing and Healthcare Students*. 3rd Ed. Oxford: Wiley-Blackwell.

Sompayrac, L. (2022) *How the Immune System Works*. 7th Ed. West Sussex: Wiley-Blackwell.

Waugh, A. and Grant, A. (2022) *Ross and Wilson Anatomy and Physiology in Health and Illness*. 14th Ed. London: Churchill Livingstone Elsevier.

Websites

www.allergyuk.org	Allergy UK (Information and resources)
www.asthmaandlung.org.uk	Asthma and Lung UK (Information and resources)
https://bda.org.uk	British Deaf Association (Information and resources)
www.hse.gov.uk	Health and Safety Executive (Information and resources)
https://lupusuk.org.uk	LUPUS UK (Information and resources)
www.mssociety.org.uk	Multiple Sclerosis Society (Information and resources)
www.nhivna.org	National HIV Nurses Association (Information and resources)

www.nhs.uk	NHS (Information and resources)
www.nice.org.uk	National Institute for Health and Care Excellence (Information and resources)
www.nras.org.uk	National Rheumatoid Arthritis Society (Information and resources)
www.psoriasis-association.org.uk	Psoriasis Association (Information and resources)

Journals

British Journal of Healthcare Assistants

Nursing Times

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 408: Applying Science in Healthcare

Unit 409: Essentials of Anatomy and Physiology

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 414: Planning Care in Practice

Unit 501: Establishing Professional Practice

Unit 510: Pharmacology and Medicine Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Delivery using a range of learning and teaching strategies including opportunities for group work and interaction.

Unit delivery should include a wide range of examples and case studies that provide context and accommodate the diversity of students' career pathways and the nature of their practice.

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit. They will be expected to present evidence based substantially on their practice in health, care or support services, within their scope of practice.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 509 Leading Quality Care

Unit code: **M/651/4558**

Unit level: **5**

Credit value: **15**

Introduction

Every organisation should strive for excellence in service and, in health and social care, the process of continuous improvements to safety, wellbeing and satisfaction is a hallmark of effective service provision. Staff and service users should be reassured that leaders and managers recognise the benefits of improvement to the quality of provision and the impact of the individual on the overall success of the organisation. Being able to understand and implement continuous improvement measures is part of the leader's role in care service provision. Further, increasing demands on care settings to improve quality of service have identified the importance of all staff understanding the different perspectives on, and methods of, achieving quality on a daily basis.

This unit will enable students to develop their knowledge of these differing perspectives, to review the requirements of external professional and regulatory bodies and to analyse these in relation to the needs of service users, clients, customers, staff and other internal stakeholders.

Students will explore the methods used to assess different quality markers as well as strategies for managing service quality in order to maintain continuous improvement and positive outcomes. Further, students will have the opportunity to use this knowledge to plan, implement, monitor and evaluate a small-scale quality improvement initiative in their own work setting.

A leader or manager in care settings would be expected to be a driving force in terms of quality improvement. This unit will provide students with the knowledge and skills that employers will expect their leaders to bring to the setting.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Assess stakeholders' perceptions and expectations of quality of service provision in a care or community setting

LO2 Discuss the impact that improving quality has on different individuals in a care or community setting

LO3 Propose leading a small-scale quality improvement project in a care or community setting

LO4 Implement and monitor a small-scale quality improvement project in own care or community setting.

Essential Content

LO1 **Assess stakeholders' perceptions and expectations of quality of service provision in a care or community setting**

Theories of and approaches to measuring and monitoring quality:

Approaches e.g. servqual (service and quality), total quality management, continuous quality management

Theories e.g. quality circles, technical quality, functional quality.

Responding to professional, legislative and statutory requirements:

Legislation regarding data protection, safeguarding and/or protection and equity, aspects applicable to measuring and monitoring quality

Requirements of professional, regulatory and inspecting bodies, and the difference between the three terms

Standards set by national agencies

Processes used to assess effectiveness of response e.g. quality reviews, quality assurance, quality audits, quality control.

Meeting external stakeholders' expectations of quality:

Service users, clients, customers, carers, families and so on.

Friends and family test

Regulators and inspectorates

Professional organisations

Accrediting organisations

Local authority, national and international standard-setting agencies.

Setting standards to measure, monitor and improve quality:

Minimum standards

Performance indicators

Target setting

Benchmarks

Charters

Codes of practice

Quality assurance frameworks

Governance frameworks

The concept of continual improvement.

LO2 **Discuss the impact that improving quality has on different individuals in a care or community setting**

Identifying internal stakeholders:

Recognising users of services as individuals and the primary and most important stakeholder

Enabling service users' ownership of their own care journey

Integrating service user feedback and experience into quality improvement measures

Keeping the service user at the heart of any quality improvement initiatives

Recognising and actively promoting respect for diversity and difference and adopting inclusive practices

Peers, colleagues, direct reports, line manager and so on.

Taking a holistic approach to meeting needs and safeguarding/protection e.g. physical, mental, social, emotional, cognitive, including communication

Providing individuals with the tools for self-determination.

Impact on service user of improving quality:

Involvement in quality improvement leading to enhanced satisfaction

Enhanced self-esteem

Enriched customer satisfaction and trust levels

Improved, high-quality healthcare

Developed approaches to inclusion and wellbeing

Improved experience of services

Enhanced safety

Enhanced clinical effectiveness

Enhanced relationships with families and carers

More effective transition between different services.

Meeting staff needs and expectations:

Developing and supporting staff through provision of necessary or relevant education, training and continuing professional development (CPD) opportunities

Appraisal processes and positive performance management

Actively promoting equity, diversity and inclusion

Appropriate delegation of responsibilities

Safeguarding and protecting staff

Impact on staff and management of improving quality

Enabling an effective working partnership with other professionals e.g. partnership working, collaborative approaches

Increasing job satisfaction

Lowering stress levels

Involving staff in decision making

Communicating often and well

Professional supervision

Working with trade union representatives (health and safety, industrial relations and learning representatives)

Reducing staff attrition

Improving professionalism in the service

Positive working environment and constructive processes.

LO3 **Propose leading a small-scale quality improvement project in a care or community setting**

Auditing and review of quality improvement documentation and policies:

Review of resources e.g. staffing levels, finance and budgets, equipment, accommodation

Review of personnel e.g. capacity, effectiveness, qualification, training, CPD

Review of care environment e.g. hygiene, cleanliness, appropriateness, safety

Review of records of experience of service e.g. service user, staff and local community views, direct reports, colleagues, line management

Review of processes e.g. values-based recruitment and training, safeguarding and protection

Using artificial intelligence to improve care.

Assessing quality expectations of setting:

Using different methods of gathering information e.g. questionnaires, focus groups, structured and informal staff and service user interviews, panels

Involving service users throughout e.g. direct communication, listening exercises, consultations, surveys, complaints and compliments processes.

Rationale for improving quality in a setting:

Results from information gathering

Published evidence in peer-reviewed research, reports, professional body publications

Improving services to service users, clients, customers, carers, families etc.

Empowering service users

Valuing all staff

Enhancing the environment

Meeting external demands and expectations

Recognising that all improvements to quality are related to service users' experience of the service.

Methods of sharing information with stakeholders:

Communications with service users, carers and families in ways that they want and need

Formal and informal meetings with staff, service users, families and local communities, using appropriate communication styles e.g. language, tone, presentation and listening skills

Differences between confidential, private and public information

Information science

Production of informatics

Publishing or disseminating findings through different means e.g. reports, newsletters, websites, conferences, publications, staff training days.

LO4 **Implement and monitor a small-scale quality improvement project in own care or community setting**

Within the student's scope of practice this should be a small-scale project that is possible to complete within the scope of this 15-credit, Level 5 unit. Tutors should advise students appropriately when proposed projects appear to be too large to be achievable.

Tutors should also advise students on the challenges of engaging service users in student-led projects.

Planning a quality improvement initiative:

Identifying a small-scale problem to solve

Prioritisation and identifying an aspect to improve

Gaining evidence for required change

Measuring current standard of quality.

Creating a plan:

Setting SMART (specific, measurable, achievable, realistic, timely) targets

Identifying problem, people, processes, places and products (solution)

Scope of project – identifying and prioritising intended outcomes.

Implementing and monitoring plan:

Carrying out planned improvements

Involving peers, leadership team, manager in the process

Ongoing review of the achievement of SMART targets

Ongoing review of perception of progress e.g. gaining feedback, observations, critical reviews

Analysing results e.g., producing informatics

Making adaptations to plans to respond to outcomes

Planning for future improvements.

Barriers to implementing planned improvement:

External barriers e.g. inter-agency interactions, legislation, social policy

Internal risks e.g. resources, organisational structures, interactions between people, staff responsibilities, staff apathy

Own roles, limitations and responsibilities, scope of practice

Managing change

Operational technology

Leading, managing and monitoring staff in the community

Leading, managing and monitoring staff in home care environments.

Benefits of implementing planned improvement:

To service users e.g. enhanced wellbeing, improved patient outcomes, improved service user safety

To service e.g. improved service provision, raised profile, meeting the challenges of the future

To staff e.g. improved performance and satisfaction, increased potential, enhanced position.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Assess stakeholders' perceptions and expectations of quality of service provision in a care or community setting</td><td rowspan="5">LO1 and LO2

D1 Synthesise stakeholders' perceptions and expectations of quality in order to identify a solvable quality problem.</td></tr>
<tr><td>P1 Assess internal stakeholders' perceptions of quality.

P2 Investigate external stakeholders' expectations of quality.</td><td>M1 Interpret stakeholders' perceptions and expectations of quality.</td></tr>
<tr><td colspan="2">LO2 Discuss the impact that improving quality has on different individuals in a care or community setting</td></tr>
<tr><td>P3 Discuss evidence related to quality improvement in care or community settings similar to own.

P4 Justify making quality improvements in care or community settings similar to own.</td><td>M2 Propose improvements to a small element of own setting that may have a positive impact on service quality.</td></tr>
<tr><td colspan="2">LO3 Propose leading a small-scale quality improvement project in a care or community setting</td></tr>
<tr><td colspan="3">LO3 and LO4

D2 Critically evaluate own leadership in relation to the planning, implantation and review of a quality improvement project.</td></tr>
<tr><td>P5 Present proposal for a small-scale quality improvement project in a care or community setting that will be led by self.

P6 Participate in evaluation of the proposal in respect of own leadership skills.</td><td>M3 Critically review the small-scall project proposal, suggesting areas for change or improvement.</td></tr>
<tr><td colspan="2">LO4 Implement and monitor a small-scale quality improvement project in own care or community setting</td></tr>
<tr><td>P7 Implement planned small-scale quality improvement project.

P8 Discuss project monitoring throughout project lifecycle.</td><td>M4 Summarise feedback received on the small-scale project implementation.</td></tr>
</table>

Suggested assessment method(s)

Presentation of a quality improvement project to be led by the student, and a reflective project log recorded throughout the duration of project.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Rosser, E. A. and Wood, C. (eds.) (2022) *Leading and Managing in Contemporary Health and Social Care*. United Kingdom: Elsevier.

Salt, T. (2022) *Effective Leadership in Health and Social Care*. Shoreham by Sea: West Sussex.

West, M. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care*. Swirling Leaf Press.

Whiting, C. (2023) *Professionalism Matters: Practical Ways to Enhance Credibility and Reputation*. Birmingham: Tantamount.

Websites

https://www.qcs.co.uk	Care Quality Commission CQC Information Hub (Information and resources)
www.ncbi.nlm.nih.gov	National Centre for Biotechnology (Information) Patient Safety and Quality: An Evidence-Based Handbook for Nurses (eBook)
www.nice.org.uk	National Institute for Health and Care Excellence Standards and indicators (General reference)
https://aqua.nhs.uk	Advancing Quality Alliance (Aqua) Quality, Service Improvement and Redesign (QSIR) Tools (Tools)

www.who.int	World Health Organization *Introduction to quality improvement methods* (eBook)

Journals

Journal of Leadership and Organizational Studies

Journal articles

De Brún, A. and McAuliffe, E. (2023) ' "When there's collective leadership, there's the power to make changes": A realist evaluation of a collective leadership intervention (Co-Lead) in healthcare teams', *Journal of Leadership and Organizational Studies*, 30(2), pp. 155–172. Available at: https://doi.org/10.1177/15480518221144895.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 405: Applying Governance Frameworks in Practice

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 504: Facilitating Practice Learning and Development

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Unit 518: Growing Careers in Health and Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 510 Pharmacology and Medicine Management

Unit code: **R/651/4559**

Unit level: **5**

Credit value: **15**

Introduction

The use of pharmaceutical medicines is an important tool in the treatment of disease and the management of symptoms in healthcare. It is important for practitioners working in healthcare to understand the use of these medicines and how legislation, policies, procedures and practice control their use.

In this unit, students will develop knowledge of the physiological action of a range of different medicines and the importance of adhering to legislative requirements, policies and procedures related to their administration within their scope of practice. Students will also develop skills in practising safe medicine management.

Students will explore how policies and procedures support staff to administer and manage medicines in a wide range of settings. They will learn to apply the knowledge, skills and competencies required for safeguarding, protecting and supporting the best outcomes for patients, themselves and others.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Analyse the actions of, and physiological response to, different types of medicine

LO2 Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting

LO3 Explain why the interactions of drugs must be considered when developing policies, procedures and practices for managing medicines

LO4 Safely implement workplace, local and national policies and procedures when administering and managing medicines.

Essential Content

LO1 **Analyse the actions of, and physiological response to, different types of medicine**

Types of medicine used to treat physical and mental health conditions:

Analgesics

Antibiotics

Antidepressants

Antipsychotics

Anti-inflammatories

Hormonal agents

Sedatives

Vaccines.

Drug pathways and physiological responses:

Common pharmaco-dynamic actions

Common pharmaco-therapeutic actions

Adverse drug reactions (ADRs), common side effects and contraindications of different medicines.

Considerations regarding the physiological status of the individual:

E.g.

- Pregnant or breastfeeding women
- Older adults
- Neonates and children
- Individuals with significant pathologies e.g. renal or hepatic impairments
- Individuals with comorbidities.

LO2 **Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting**

Legislation:

Statutory requirements concerning:

- Mental health
- Mental capacity
- Children/young people and medicines

National service frameworks, updates and other country-specific guidance such as in the UK, Medicines Act (1968), Human Medicines Regulations (2012)

Patient group directions

Patient specific directions

Policies, local and national (relevant to a particular workplace)

Risk assessment in medicine management.

Standards:

E.g.

UK (all countries) – the Nursing and Midwifery Council standards for medicines management

Scotland – NHS National Services Scotland *Best Practice Guidance: Medicines Storage in Clinical Areas*.

Regulation and guidance:

Medicines and drug regulations applicable to geographical location e.g.

- UK (all countries): Medicines and Healthcare products Regulatory Agency (MHRA)
- National Institute for Health and Care Excellence (NICE)
- Europe: the European Medicines Agency (EMA).

LO3 **Explain why the interactions of drugs must be considered when developing policies, procedures and practices for managing medicines**

Interactions with:

Other prescribed medicines

Over-the-counter medicines

Self-medication e.g. alcohol, illegal drugs

Supplements, vitamins and herbal remedies

Nutrients

Other diseases and conditions

Effect on dosage calculations.

Drug interactions:

Synergy

Additive

Antagonism.

Policy, procedure and practice:

Prioritising treatments when dealing with complex situations

Relative efficacy and cost.

LO4 **Safely implement workplace, local and national policies and procedures when administering and managing medicines**

Policies and procedures:

National policies and procedures

Local policies and procedures

Workplace policies and procedures.

Areas covered by the policies and procedures:

Safeguarding and protecting patients and staff

Ensuring ethical and person-centred care e.g. managing and responding to distress, consulting the individual, adapting communication to suit the individual's needs

Keeping accurate records of medicine administration and management

Consequences and procedures to follow in the case of errors

Confidentiality

Management of dosages (calculation, timing, recording)

Checking medicines, intravenous (IV) fluids and blood results

The safe handling of medicines e.g. the receipt, storage and disposal of medicines both in and out of hospital settings, managing out-of-date stock and the management of discrepancies in stock

Assisting individuals in taking medication within the remit of working role.

Prescription:

Rights of administration

Consideration of side effects

Risk versus benefit of prescribing drugs

Patient choice

Patient compliance.

Calculation of dosage and the pharmacokinetics of drugs:

Measurement of dosage and different units of measurement

Calculating drug doses and rates of administration accurately

Dosage conversion

Common calculation errors and process of double checking

Stages of pharmacokinetics and factors that affect these.

Invasive and non-invasive methods of administration:

Topical, inhalation, oral administration, subcutaneous/intramuscular injection, intravenous injection/infusion, rectal and vaginal administration.

Adverse drug events (ADEs) and adverse drug reactions (ADRs):

Definitions and characteristics of ADEs and ADRs

Distinctions and relationship between the ADE and ADR terms

The potential impact of prescribing and administration errors on individuals and their families or carers

The potential impact of prescribing and administration errors on teams, departments and organisations

Managing ADEs or ADRs.

Alternative therapeutic approaches and symptom control:

Physiotherapy, counselling, cognitive behavioural therapy

Surgical intervention

Complementary therapies e.g. acupuncture

Relaxation, distraction and lifestyle advice.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Analyse the actions of, and physiological response to, different types of medicine</td><td rowspan="2"></td></tr>
<tr><td>P1 Discuss the therapeutic use of different types of medicine.

P2 Discuss the physiological actions of different types of medicine.

P3 Analyse the reasons for the different methods of administration.</td><td>M1 Assess the efficacy of different medicines and for specific therapeutic uses.</td><td>D1 Critically evaluate the efficacy of different medicines and for specific therapeutic uses.</td></tr>
<tr><td colspan="2">LO2 Investigate the legislation, policies and standards that govern the management of medicines in a healthcare setting</td><td rowspan="5">LO2 and LO3

D2 Critically evaluate how effective local policy is at reflecting legislative requirements on the use of medicines in protecting the service user.</td></tr>
<tr><td>P4 Discuss how legislation and standards that govern the use of medicines protect the service user.

P5 Explain how local policies reflect the legislation governing the use of medicines.</td><td>M2 Assess how effectively legislation and standards that govern the use of medicines protect the service user.</td></tr>
<tr><td colspan="2">LO3 Explain why the interactions of drugs must be considered when developing policies, procedures and practices for managing medicines</td></tr>
<tr><td>P6 Explain how drug interactions may affect efficacy and produce different side effects.</td><td>M3 Discuss how drug interactions are taken into account when developing policies, practices and procedures for managing medicines.</td></tr>
</table>

Pass	Merit	Distinction
LO4 Safely implement workplace, local and national policies and procedures when administering and managing medicines		
P7 Rationalise own work setting's policies and procedures used for managing and prescribing medicines, including consideration of adverse drug events and reactions. **P8** Safely implement own healthcare setting's policies on administering and managing medicines under the supervision of an appropriate professional and within current scope of practice.	**M4** Evaluate personal effectiveness in relation to the safe implementation of the policies and procedures on administering, prescribing and managing different medicines.	**D3** Justify the rationale for taking the interactions of drugs, adverse events and adverse reactions into account when developing policies, procedures and practices for managing medicines within own practice setting.

Suggested assessment method(s)

Individual professional discussion and group concept map presentation, in conjunction with validated reflections/learning logs/evidence from practice portfolio.

Recommended Resources

Textbooks

Anand, R., DeWilde, S. and Page, C. (2022) *Trounce's Clinical Pharmacology for Nurses and Allied Health Professionals*. 19th Ed. London: Elsevier.

Boyd, C. (2021) *Medicine Management Skills for Nurses: Student Survival Skills*. 2nd Ed. Oxford: Wiley-Blackwell.

Cook, N., Shephard, A., Dunleavy, S. and McCauley, C. (2022) *Essentials of Pathophysiology for Nursing Practice*. London: Sage.

Davison, N. (2020) *Numeracy and Clinical Calculations for Nurses*. 2nd Ed. Banbury: Lantern Publishing.

Joint Formulary Committee *British National Formulary (BNF).** London: BMJ Publishing Group Ltd and Royal Pharmaceutical Society.
* The BNF is updated every six months; students are advised to access the most up-to-date publication.

Peate, I. and Hill, B. (2021) *Fundamentals of Pharmacology for Nurses and Healthcare Students*. Hoboken, NJ: Wiley-Blackwell.

Websites

https://bnf.nice.org.uk	British National Formulary (BNF) (Specialist reference)
www.ema.europa.eu	European Medicines Agency (General reference)
www.hcpc-uk.org	Health and Care Professions Council (General reference)
www.gov.uk	GOV.UK (General reference)
www.mhra.gov.uk	Medicines & Healthcare products Regulatory Agency (General reference)

www.medscape.co.uk	Medscape UK (General reference)
www.england.nhs.uk	NHS England (General reference)
www.nss.nhs.scot	NHS National Services Scotland (General reference)
www.nice.org.uk	National Institute for Health and Care Excellence (General reference)
www.rcn.org.uk	Royal College of Nursing (General reference)
www.sps.nhs.uk	Specialist Pharmacy Service (Specialist reference)
www.ukmi.nhs.uk	UK Medicines Information (Specialist reference)

Journals

Nursing Times or other journals specific to the student's professional discipline

British Journal of Pharmacy

The BMJ

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 408: Applying Science in Healthcare

Unit 409: Essentials of Anatomy and Physiology

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 501: Establishing Professional Practice

Unit 508: Applied Anatomy and Physiology

Unit 515: Further Understanding of Cancer Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts is *strongly* recommended in the delivery of this unit. Examples of relevant experts could be those who have the appropriate independent prescriber annotation in their statutory registration record e.g. community practitioner nurse prescriber, independent prescriber or supplementary prescriber.

Unit 511 End of Life Planning and Support

Unit code: **A/651/4560**

Unit level: **5**

Credit value: **15**

Introduction

Providing care for an individual at the end of their life is a sensitive and emotional period of care. Health and social care practitioners and support staff may be involved in supporting families in end of life care, at time of death and through bereavement. This can affect any individual at any life stage. Death can be sudden and this demands compassionate, supportive and empathetic skills from the carer. Some end of life care requires careful planning to support the individual and their family and friends effectively throughout this period.

In this unit, students will review local and national end of life guidelines as well as legislative processes in reporting death. Students will demonstrate skills in planning end of life care and providing support. It will be important for students to reflect on periods of care and consider the development of their role as a part of the wider team providing palliative or end of life care. This unit will also give students the opportunity to explore cultural and social factors that influence approaches to end of life care.

On completion of this unit, students will have increased their knowledge and awareness of the impact of death and care up to and after loss, and be able to demonstrate skills to support individuals throughout this challenging time.

Providing end of life care can have a significant emotional impact upon all practitioners working in health and social care and it is important to address these issues. Students will consider these challenges in this unit; they will learn to recognise when they need support and self-care, and become aware of the support available to practitioners working in these environments.

The learning in this unit will support progression into continuing higher education courses for healthcare and allied health professions. Further, it can support progress to more senior support roles in health and social care environments and will enable students to consider specialising in palliative care or counselling roles.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Discuss current national standards and guidelines in planning end of life care

LO2 Examine how cultural, religious and social factors influence end of life care planning and support

LO3 Explore own role in planning end of life care and providing support to individuals and their families

LO4 Review services available to support individuals and their families in planning end of life care.

Essential Content

LO1 **Discuss current national standards and guidelines in planning end of life care**

Tutors should include guidelines and content relevant to students' own contexts and location.

National guidelines relevant to country of practice:

Common core principles and competences for social care and health workers working with adults at the end of life

Local policies and guidelines e.g.

Ambitions for Palliative and End of Life Care: A national framework for local action 2021–2026 (National Palliative and End of Life Care Partnership, 2021)

The Gold Standards Framework (National Gold Standards Framework (GSF))

Getting it right every time: Fundamentals of nursing care at the end of life (Royal College of Nursing, 2015, under review at time of print)

Care of dying adults in the last days of life. NICE guideline [NG31] (National Institute for Health and Care Excellence, 2015, current edition at time of print).

Challenges to implementing guidelines:

Needs of individuals relative to their age/stage of development e.g. infancy, childhood, adolescence, early adulthood, middle adulthood, later adulthood

The different periods over which people may require care

Managing own emotional responses to practical considerations

Local availability of skills and services

The range of different individuals that may be involved e.g. friends, families, representatives, legal and social advocates

Complexity of decision making

Issues around transparency versus sensitive handling

Knowing where to get support.

Legal and ethical issues with regard to end of life and palliative care:

Relevant legislation e.g. Care Act 2014, Equality Act 2010, Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, Human Rights Act 1998, Mental Capacity Act 2005 – best interests

Other related legislation as applicable to work area

Advance care planning – advance directive/living will/advance refusal

Consent and capacity

The right for an individual to give someone else the legal authority to act on their behalf e.g. through lasting power of attorney (LPA)

Controversies around assisted dying in some countries.

LO2 **Examine how cultural, religious and social factors influence end of life care planning and support**

Cultural:

Customs relating to death

Funeral preparations

Family roles

Preparing for death, last wishes

Burial, cremation, natural burial, other methods available in country of practice

Grieving processes and norms.

Religious factors:

Different religious customs

Wakes/celebrations of life

Last rites

Preparation of body

Belief structures in afterlife, reincarnation

Spirituality, rejoicing in past life, wanting to make amends, wanting to share.

No religion, atheism, humanism, agnosticism:

No spirituality or structured beliefs.

Social factors:

Family/friends, support networks, how they react to death and dying

Feelings of fear, guilt, anxiety about death process and what happens next

Preparing for death, wanting to support those left behind, wanting to make contact with lost friends/family

Making plans – wills, advance directives, paying funeral costs

Age, sex, gender identity, sexual orientation, disability and influence on death

Effective communication between professionals, discussion regarding death

Taboos, superstitions

Organ donation.

Barriers to effective planning:

Sudden death

Fears of dying, lack of support

Death of a child, shock to family, trauma and criminal implications

Financial difficulties, unable to plan funeral, stress of not meeting last wishes

Denial, refusal to participate in planning

Family breakdown

Practitioners not recognising or respecting the cultural, religious and social factors impacting on the individual, their friends and family, or not recognising or not respecting no religious or structured beliefs

Practitioners finding it difficult to manage their own emotional responses

Professional supervision

Unwarranted variations in care plan.

LO3 **Explore own role in planning end of life care and providing support to individuals and their families**

Role in planning end of life care:

Supporting the individual through person-centred planning, involvement in planning with family and friends

Holistic planning, acknowledging all aspects of a person's life and respecting spiritual belief structures within planning

Dignity and respect, equality and non-discriminatory practice

Actively listening to the individual, their family and friends

Adapting responses to each situation with regard to the age, ability, needs and circumstances of the individual and implementing innovative care methods when safe and appropriate to do so

Appreciating the significance of and respecting the wishes and preferences of the individual, their family and friends

Supporting activities that promote value in life

Supporting symptom management and physical care, nutrition and hydration, pain relief, personal care

Anticipatory prescribing

Being a reliable and professional source of support for individuals experiencing end of life

Working closely with multidisciplinary teams and agencies to provide effective support

Recognising boundaries of role.

Advance care planning:

Identify wishes and preferences

Refusing specific treatments, putting a 'do-not-resuscitate' (DNR) order in place

Requesting an advocate

Making a lasting power of attorney or similar provision

Support from medical team

Recording information

Open dialogue.

Communication:

Effective methods of communication, reading cues to talk, privacy, respect

Active listening skills

Confidentiality, sharing life experiences and appropriate self-disclosure

Record keeping

Encouraging opportunities for individual to talk with family and friends

Effective communication across agencies, integrated planning

Building relationships based on trust and open dialogue

Communicating with individuals at different ages and stages

Effective exploration of children's understanding of dying and death

Referral processes where grieving and bereavement is complex

Referral and communicating with relevant services.

Grieving process:

Loss, bereavement, grief and mourning, stages of grief (Kübler-Ross, 1965)

Bereavement, emotional and psychological impact

Complicated grieving, unable to move on

Support, counselling and cognitive behavioural therapy

Supporting individuals and families through the grieving process.

Issues for those supporting care at end of life:

Own ability to cope with death and dying – emotional and psychological impact

Grief and grieving/stress and anxiety around death

Lack of experience/worries about what happens

Fear of own responses/self-awareness

Coping with grief of others

Links to personal experiences

Distinguishing between own and others' responses e.g. the individual, their family and friends

Maintaining own professionalism e.g. demonstrating appropriate empathy

Recognition of the impact of own emotional state on the individual, their friends and family, colleagues and others

Recognition of the impact of own emotional response on other areas of working practice and home life.

Recognising when need own support:

Seeking and accessing support and supporting other colleagues, adhering to policies and procedures

Sources of support e.g. leader/manager/supervisor, mentor, colleagues, counselling services, support groups in person and online.

LO4 **Review services available to support individuals and their families in planning end of life care**

Holistic considerations in measuring the quality of end of life care planning and provision:

Overall quality of life of the individual

Physical, psychological, social and spiritual dimensions of comfort and wellbeing

The individual's own perception of their care

The wellbeing and perceptions of family and/or social networks involved in the individual's life

Keeping the choices and priorities of the individual at the centre of planning and delivery

Helping to keep individuals, families and friends well informed about the range of options and resources available to them to be involved with care planning.

Services supporting end of life care:

Palliative care teams, hospice care, social care services, voluntary support agencies.

Multidisciplinary approache e.g.

- Shared communication
- Closely integrated support and planning, inter-agency working
- Support for families
- Practical support – finances, benefits, planning funerals
- Best-interests meetings, advance planning directives
- Community-based support and engagement.

Roles of professionals:

Palliative care professionals e.g. Macmillan nurses, hospice staff, consultants/GP, pharmacists, non-registered primary care palliative care staff, social workers, psychologists, grief counsellors, funeral directors, staff counselling services.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss current national standards and guidelines in planning end of life care</td><td rowspan="5">LO1 and LO2

D1 Critically evaluate the importance of taking into account the contribution of different factors when planning and providing end of life care for different individuals.</td></tr>
<tr><td>P1 Review national standards and guidelines for planning and supporting end of life care.

P2 Discuss the challenges of effectively implementing guidelines in end of life care across different stages of the lifespan.</td><td>M1 Critically discuss possible ethical issues that can arise when planning end of life care across different stages of the lifespan in terms of safeguarding the individual receiving care.</td></tr>
<tr><td colspan="2">LO2 Examine how cultural, religious and social factors influence end of life care planning and support</td></tr>
<tr><td>P3 Discuss the cultural and religious (or non-religious) influences on planning end of life care.

P4 Analyse social factors that can affect the way the individual and family respond to planning and support in end of life care.</td><td>M2 Critically discuss how to address potential barriers to effective end of life care and support, taking into account different influential factors.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Explore own role in planning end of life care and providing support to individuals and their families		**LO3 and LO4** **D2** Critically reflect on own provision of care and impact on care processes when working as a team to support individuals, friends and families coping with end of life.
P5 Communicate sensitively with different individuals, their friends and family in a setting where end of life care is provided. **P6** Review the procedures and practices in place in the setting to ensure care planning is responsive to preferences and needs of individuals and their families requiring end of life care and support.	**M3** Reflect on own professional skills and behaviour as part of a team in planning and providing person-centred care for individuals towards end of life.	
LO4 Review services available to support individuals and their families in planning end of life care		
P7 Research local and national support groups available to support end of life care. **P8** Discuss the role of different health and care professionals involved in supporting end of life care.	**M4** Critically review own contribution to teamwork as part of the multidisciplinary approach to planning end of life care.	

Suggested assessment method(s)

Group presentation or seminar and individual reflections of own practice. Reflections could be within the practice portfolio.

Recommended Resources

Textbooks

Corr, C.A., Corr, D.M. and Doka, K.J. (2018) *Death and Dying, Life and Living*. 8th Ed. Boston, MA: Cengage Learning.

Ferrell, B. R. and Paice, J. A. (2019) *Oxford Textbook of Palliative Nursing*. 5th Ed. Oxford: Oxford University Press.

Grinyer, A. (2012) *Palliative and End of Life Care for Children and Young People: Home, Hospice and Hospital*. Oxford: Wiley-Blackwell.

Hunter, H. and Sanderson, F. L. *End of Life Care: 50-minute Learning for Healthcare Workers* [eBook].

Kessler, D.K. and Kübler-Ross, E. (2005) *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss*. London: Simon and Schuster.

Kübler-Ross, E. (1969) *On Death and Dying*. New York: Macmillan Publishing.

Morris, C. and Collier, F. (2012) *End of Life Care: A Care Worker Handbook*. London: Hodder Education.

Rezek, C. (2015) *Mindfulness for Carers: How to Manage the Demands of Caregiving While Finding a Place for Yourself*. London: Jessica Kingsley Publishers.

Sadler, C. (2015) *A Practical Guide to End of Life Care*. Maidenhead: Open University Press.

Thomas, K., Lobo, B. and Detering, K. (2017) *Advance Care Planning in End of Life Care*. 2nd Ed. Oxford: Oxford University Press.

Volandes, A.E. (2016) *The Conversation: A Revolutionary Plan for End of life Care*. New York: Bloomsbury Publishing.

Websites

https://www.mariecurie.org.uk	Marie Curie 'National guidelines for end of life care' (List of resources from the UK countries)
https://www.nice.org.uk	National Institute for Health and Care Excellence (NICE) 1. Guideline NG142 End of life care for adults 2. Guideline NG197 Shared decision making 3. Quality standard QS13 End of life care for adults (Guidelines and standards)
https://thewhpca.org/resources	Worldwide Hospice Palliative Care Alliance (Information and resources)

Journals

British Journal of Nursing

Indian Journal of Palliative Care

Journal of Palliative Care

Journal articles

Bruun, A., Cresswell, A., Jeffrey, D., Jordan, L., Keagan-Bull, R., Giles, J., Swindells, S., Wilding, M., Payne, N., Gibson, S. L., Anderson-Kittow, R. and Tuffrey-Wijne, I. (2024) 'The All Together Group: Co-designing a toolkit of approaches and resources for end of life care planning with people with intellectual disabilities in social care settings', *Health Expectations*, 27(4), e14174. Available at: https://doi.org/10.1111/hex.14174.

Machin, L., Walshe, C. and Dunleavy, L. (2024) 'Exploring specialist palliative care practitioner perspectives on the face validity of the attitude to health change scales in assessing the impact of life-limiting illness on patients and carers', *Journal of Palliative Care*, 39(3), pp. 175–183. Available at: https://doi.org/10.1177/08258597211064016.

Merlane, H. and Cauwood, L. (2020) 'Core principles of end of life care'. *British Journal of Nursing*, 29(5), pp. 280–282. Available at: https://doi.org/10.12968/bjon.2020.29.5.280.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 409: Essentials of Anatomy and Physiology

Unit 410: Caring for People with Dementia

Unit 411: Working in High Quality Adult Residential Care

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 413: Applied Human Development and Behaviour

Unit 414: Planning Care in Practice

Unit 415: Sociological Perspectives in Caring Practice

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 507: Assisting Practitioners and Professions

Unit 508: Applied Anatomy and Physiology

Unit 509: Leading Quality Care

Unit 510: Pharmacology and Medicine Management

Unit 515: Further Understanding of Cancer Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 512 Conflict and Resolution

Unit code: **D/651/4561**

Unit level: **5**

Credit value: **15**

Introduction

This unit will provide students with an invaluable insight into working directly with practitioners, service users and carers across a range of settings. It is also excellent grounding for those considering progressing to other higher education programmes (e.g. health, social care or community careers).

Conflict is often inevitable when working with and for people, and in all our relationships and interactions. This is often exacerbated by living in a multicultural society where structural inequality is inherent and persistent. Conflict between individuals, groups, organisations and nations has always existed, because of ideological, social, political or economic differences. Indeed, conflict can take place at various (sometimes overlapping) levels (individual, group, organisational and societal), and may require the skilled intervention of a negotiator in resolving an impasse or discord at each stage.

The key focus of this unit is to examine how differences can be resolved through mediation, advocacy and empowerment. In particular, students will use their experiences to reflect on how individuals, groups, organisations and societies can move from a position of conflict to resolution. They will develop an appreciation of the importance of stability and harmony both to individual health and wellbeing and in supporting effectively functioning organisations and societies. Furthermore, students will come to understand the context of conflict and the various models that have been developed to resolve it. They will examine the basis for successful mediation and the use of advocates in this process. Students will be encouraged to reflect upon their practice with service users, families and colleagues/other practitioners, to apply the knowledge and skills acquired in this unit, and to identify future learning/ developmental needs.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explain the context of conflict and the models used to resolve it

LO2 Examine the role of advocacy and empowerment in conflict situations

LO3 Explore the role of mediation in resolving conflict in organisations

LO4 Reflect on own practice in mediating and resolving conflict.

Essential Content

LO1 **Explain the context of conflict and the models used to resolve it**

Key definitions and considerations:

Power

Conflict

Conflict resolution

Benefits of conflict as a change factor.

Levels of conflict:

Intrapersonal e.g. conflict between own morality, beliefs and standards and the requirements of a caring role

Interpersonal e.g. dealing with service user/carer dissatisfaction, complaints and challenges

Organisational e.g. managing competing priorities of services users, carers and families and upholding the organisation's standards

Societal e.g. institutional discrimination, challenging injustice and unfair systems and approaches.

Models of conflict resolution:

Dual model

Courageous conversation model

Other people's shoes model

Conflict between people model

Thomas-Kilmann conflict mode instrument (TKI)

Anti-oppressive practice.

Personal approaches to conflict:

Defensiveness

Giving in

Holding your ground

Compromising

Collaboration

Avoidance.

Factors that contribute to conflict at individual, organisational and societal level:

Fear

Roles and responsibility

Position and authority

Unforeseen, uniformed or sudden change(s)

Resistance to planned change

Personality

Culture

Identity

Economics

Politics

Social influence e.g. media.

LO2 **Examine the role of advocacy and empowerment in conflict situations**

Dynamics of relationships giving rise to situations of conflict:

Power imbalances or inequality, bullying, harassment, mistrust

Professional and personal differences of opinion or disagreements

Discrimination, abuse

Definition of advocacy and empowerment.

Processes involved in advocacy:

Legislation and policy

Advocates

Access to information

Confidentiality

Independence

Rights and responsibilities.

Advocacy services:

Local services

National services

Charitable and voluntary organisations

Advocacy services for specific groups.

Strategies to empower services users, carers and others:

Trust building

Positivity

Effective communication

Encourage self-improvement

Open door approach

Delegation

Challenge

Feedback

Seeing conflict as a catalyst for positive change.

Benefits of supporting the empowerment of individuals and communities:

Confidence

Independence

Enablement

Self-determination

Increased productiveness

Commitment

Consensus.

LO3 **Explore the role of mediation in resolving conflict in organisations**

Performance issues giving rise to conflict:

Arguments or disagreements over performance and standards

Expectations

Role ambiguity

Differences in working style

Management styles

Compliance

Feeling undervalued, blamed, excluded.

Management of change and resultant conflict:

Change in work patterns

Pressure of work

Workload increase

Financial constraints on service provision

Reduction in service provision

Impact on relationships with service users and carers and between staff.

Tools and techniques for conflict resolution:

Supervision

Mediation

Mentoring and coaching

Diplomacy

Arbitration

Compromise

Legal compliance

Effective time management

Trade unions

Policy and procedures

Training.

The process of mediation:

Definition and theory underpinning mediation

Informed and voluntary consent

Discussion

Exploration

Guidance

Advice

Closure.

Benefits of mediation:

Between different parties e.g. staff, staff and service users/carers, service users and carers

Improved communication

Individuals feeling heard and valued

Health and wellbeing promoted

Healthier, more cohesive working environment

Improved service user satisfaction, participation and engagement

Cost reduction

Lower sickness/absenteeism rates.

Challenges of mediation:

Confidentiality means no evidence of what was said

When mediation does not lead to resolution

Mental and physical wellbeing of one or both parties.

LO4 **Reflect on own practice in mediating and resolving conflict**

Effective communication processes:

Self-management

Interpersonal skills

Insight and self-awareness

Perceptiveness

Empathy

Resilience

Congruence.

Practical techniques involved in resolving situations of conflict:

Negotiation

Collaboration

Facilitation

Information sharing

Establishing and sustaining trust

Proposing the unexpected question

Developing time frames, agenda, rules of engagement, procedures

Visualising implications

Adapting or troubleshooting

Coordination

Use of positive language

Cultural sensitivity and anti-oppressive practice.

Challenges in resolving conflict:

Apathy or disinterest

Time constraints

Unwillingness to compromise or intransigence

Ineffective communication

Financial or economic constraints

Complexity of issues

Own discomfort with conflict or disagreement.

Measuring the success of resolving situations of conflict:

Impact on the individual/group and service

Outcomes for the concerned parties (in short, medium and longer term)

Satisfaction levels of people involved

Fair and equitable resolutions

Further action to be taken to sustain resolution

Lessons learned to further progress, plans, goals

Reflecting on approaches used and planning for improvement.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explain the context of conflict and the models used to resolve it</td><td rowspan="2">D1 Critically evaluate the effectiveness of models used in local practice.</td></tr>
<tr><td>P1 Explain how the different levels of conflict occur in practice settings.
P2 Discuss different models used in resolving conflict.</td><td>M1 Justify the use of conflict resolution models at different levels.</td></tr>
<tr><td colspan="2">LO2 Examine the role of advocacy and empowerment in conflict situations</td><td rowspan="2">D2 Produce a strategy to improve the effectiveness of a local service in promoting user advocacy and empowerment in own location.</td></tr>
<tr><td>P3 Explain how local and national advocacy services operate to address individual and group situations of conflict.
P4 Outline different approaches to empowering service users or carers to address conflict in own location.</td><td>M2 Evaluate the effectiveness of empowerment and advocacy strategies to work with service users or carers in own location, with regard to a current conflict.</td></tr>
<tr><td colspan="2">LO3 Explore the role of mediation in resolving conflict in organisations</td><td rowspan="4">LO3 and LO4
D3 Critically reflect on own skills and approach to mediating and resolving conflict in becoming an effective practitioner.</td></tr>
<tr><td>P5 Explain the purposes of mediation.
P6 Discuss situations in which mediation may be an effective way to resolve conflict.</td><td>M3 Justify the use of mediation in situations to resolve conflict in comparison with other tools and techniques.</td></tr>
<tr><td colspan="2">LO4 Reflect on own practice in mediating and resolving conflict</td></tr>
<tr><td>P7 Apply appropriate skills to resolving situations of conflict.
P8 Analyse how own attributes and skills contributed towards resolving a conflict.</td><td>M4 Reflect on own effectiveness in using different skills and techniques to address challenges faced in resolving a conflict.</td></tr>
</table>

Suggested assessment method(s)

Evidence-based strategy (plan) to promote advocacy and empowerment in own practice setting, accompanied by continuing professional development activity/activities related to mediation and conflict resolution within portfolio.

Recommended Resources

Textbooks

Barsky, A. (2017) *Conflict Resolution for the Helping Professions: Negotiation, Mediation, Advocacy, Facilitation, and Restorative Justice*. 3rd Ed. Oxford: Oxford University Press.

Covey, S. R. and Covey, S. (2020) *The 7 Habits Of Highly Effective People: Revised and updated*. London: Simon and Schuster.

Fisher, R. and Ury, W. (2012) *Getting to Yes: Negotiating an Agreement Without Giving in*. Boston: Houghton Mifflin.

Katz, N., Lawyer, J., Sweedler, M., Tokar, P. and Sosa, K. (2020) *Communication and Conflict Resolution Skills*. 3rd Ed. Dubuque: Kendall Hunt.

Pollack, J. (2020) *Conflict Resolution Playbook: Practical Communication Skills for Preventing, Managing, and Resolving Conflict*. New York: Rockridge Press.

Thompson, N. (2020) *The Problem Solver's Practice Manual*. Wrexham: Avenue Media Solutions Publications.

Thompson, N. (2024) *Effective Problem Solving*. St Albans: Critical Publishing.

West, M. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care.* Swirling Leaf Press.

Websites

www.acas.org.uk	Advisory, Conciliation and Arbitration Service (Acas) (Information and advice for employees and employers)
www.belfastinterfaceproject.org	Belfast Interface Project (Information and resources)
www.citizensadvice.org.uk	Citizens Advice (based in each of the four UK countries) (Information and resources)
www.communitycare.co.uk	Community Care (Information and resources)

www.gov.uk	GOV.UK 1. 'Resolving neighbour disputes' 2. 'Family mediation' 3. 'A guide to civil mediation' (General reference)
https://mediationni.org	Mediation Northern Ireland (Workplace and community mediation information and advice)
https://kilmanndiagnostics.com	Thomas-Kilmann Conflict Mode Instrument (Assessment tool)

Journals

Sage Journal of Conflict Resolution

UK Mediation Journal

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 411: Working in High Quality Adult Residential Care

Unit 413: Applied Human Development and Behaviour

Unit 416: Addressing Inequalities in Public Health

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 513 Mental Health: Understanding Distress, Disorders and Community Support

Unit code: F/651/4562

Unit level: 5

Credit value: 15

Introduction

Many people will have mental health needs at some point in their life. As a result, healthcare and care professionals who are working with people in the community need to understand the mental health needs of individuals and their families. There remain barriers for individuals with mental health disorders and a lack of understanding and knowledge within the population. Historically, the treatment of mental health conditions has changed over time, but it is possible that this has contributed to the barriers that exist.

This unit will provide the opportunity for students to understand the ways in which people who have experienced mental ill health have been viewed and treated by others. Students will explore the elements and insights that may contribute to better promotion of mental health and wellbeing in the future. Students will develop the skills and understanding required to support individuals with mental health conditions. The evidence for the unit is based on theoretical considerations and investigations into mental health support that is available within the community. The material covered in this unit may be highly sensitive and students may divulge personal information, so tutors should create a safe environment to support this and be able to implement local and national safeguarding/protection policies and procedures with respect to disclosure.

On completion of this unit, students will have a greater understanding of mental health and wellbeing, and of the legal and ethical framework under which practitioners operate. They will have further developed the skills required to work with people who require support with mental ill health within the community and in the health and care sector. This unit also supports students who will continue higher education in areas related to healthcare, social care, social work, community development, psychology and counselling.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explore conditions associated with mental ill health

LO2 Examine the current structure of service provision for individuals experiencing mental ill health or distress

LO3 Investigate professional approaches to mental ill health and distress

LO4 Review the role of the healthcare, social care or community worker in supporting people experiencing mental ill health or distress.

Essential Content

LO1 **Explore conditions associated with mental ill health**

Key concepts:

Mental health and wellbeing e.g. emotional, psychological, psychosocial, wellbeing, and the relationship between these aspects of health

Impact on cognition and behaviour, health and ill health

Interrelationship between physical and mental ill health.

Types of mental ill health:

Current International Classification of Diseases (ICD)

Classification of mental and behavioural disorders e.g. organic, symptomatic, mental disorders, mental and behavioural disorders due to psychoactive substance use, schizophrenia, schizotypal and delusional disorders, mood (affective) disorders, neurotic, stress related and somatoform disorders

National and global prevalence and risk factors

Signs and symptoms of mental ill health e.g. emotional, cognitive and physical signs and symptoms

Behavioural indicators.

Types of treatment:

Medication, counselling/psychotherapy, cognitive behavioural therapy (CBT), electroconvulsive therapy (ECT), complementary and alternative medicines, exercise, social models of support.

Risks associated with mental ill health:

Risks to self and others

Impact on the individual, family/friends and the wider community

Impact on health and social care service provision

Assessing risk

Relationship between risk, safety and recovery.

Characteristics of improvements in mental health:

Reduction in, or alleviation of, symptoms associated with specific conditions, increasingly positive lifestyle choices, increased family, social, work and community participation and interaction, improved physical wellbeing, more effective coping strategies when dealing with life and changes, feelings of being valued and respected, feelings of meaningfulness and purpose in relation to life, increased optimism.

LO2 **Examine the current structure of service provision for individuals experiencing mental ill health or distress**

Historical:

Asylums

Criminalisation of mental ill health, prisons, workhouses

Mid-20th century changes in perception and approaches to treatment.

The impact of public perception:

Stigmatisation of mental ill health and individuals experiencing mental ill health or distress

The impact of stigmas on mental ill health and distress

Challenging stigmas and changing attitudes towards individuals with mental health needs

The role of health education and raising awareness of the prevalence of mental ill health.

Current and relevant legislation underpinning mental health service provision:

Legislation pertaining to mental health and mental capacity, safeguarding and/or protection, equity and diversity, human rights.

Hospital-based support:

Services e.g. inpatient, outpatient, day hospitals

Professionals e.g. psychiatrists, occupational therapists, registered mental health nurses, occupational therapists, assistant practitioners, support workers.

Community-based support:

Services e.g. children and adolescent mental health services, community mental health teams

Professionals e.g. community registered mental health nurses, psychologists/counsellors, mental health social workers, general practitioners, self-help groups.

Charities, voluntary/independent bodies supporting individuals experiencing mental health and distress:

In the UK, CALM, Contact, Heads Together, Mind, Rethink, Turning Point.

Health and social care service provision that reflects a sociological approach to supporting individuals experiencing mental ill health and distress:

Recovery movement, recovery colleges

Crisis intervention

Early intervention in psychosis

Assertive outreach

Social model of support

Advocacy

Increased service user involvement.

Challenges and ethical dilemmas in providing support:

Funding mechanisms for accessing mental health services, partnership working, respect for the rights of other individuals living in the community, respecting confidentiality, addressing stigmas, challenging 'not in our back yard' and evidence of discrimination against individuals within their own communities.

LO3 **Investigate professional approaches to mental ill health and distress**

Professional approaches reflecting a clinical and medical illness model of mental ill health and distress:

Focus on biological, neurological processes, determinants and treatments

Clinical and medical intervention as primary means of treating diagnosed mental illness

Impact of this focus on recovery and change

Medical approach versus sociological models of mental ill health.

Professional approaches reflecting a sociological model of mental ill health and distress:

Recognising the person at the centre of the condition, taking into account the range of sociological influences

Considering mental ill health in the context of the whole person

Focus on human potential and opportunities to bring about change

Recognising the individual as the expert regarding their own needs and experiences

Relationship building, empathy, positive regard in treating individuals experiencing mental ill health or distress

Utilising the skills and knowledge of the individual, their family and friends in approaches to treating mental ill health or distress.

Recognising the whole person and considering the range of antecedents and determinants of mental ill health and distress:

Social factors e.g. peer pressure, availability of support networks, social isolation, relationships, media influences

Emotional and psychosocial factors e.g. experiences in childhood and adolescence, trauma, loss, abuse

Economic and environmental factors e.g. inequalities in geographical and home environment, poverty, income and employment, education, lifestyle

Biological factors e.g. genetics, diet, stress, abuse, relationship between mental ill health and drug or alcohol abuse.

LO4 **Review the role of the healthcare, social care or community worker in supporting people experiencing mental ill health or distress**

The responsibilities of social care, community care and healthcare workers within mental health service provision:

Enabling individuals to access the statutory social care and social work services and advice to which they are entitled

Discharging any legal duties and promoting the social care ethos of the local authority

Promoting recovery and social inclusion with individuals and families

Working with local communities to support community capacity

Working with the individual and their family or loved ones towards developing personal and family resilience

Engaging with communities and at-risk individuals to enable earlier intervention and active citizenship

Supporting partnership work across health and social care services in the provision of care

Protecting and safeguarding service users

Working preventatively.

The knowledge, behaviours and skills required of social care, community and healthcare workers within mental health service provision:

Recognising the impact of disadvantage and oppression on individuals and the relationship to mental health

Recognising the alienation and stigmas that can be faced by individuals with mental ill health and working to champion their rights and support their recovery

Being able to challenge the broader barriers faced by individuals experiencing mental ill health

Knowing when to intervene in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity

Showing professional judgement and leadership in responding to situations requiring intervention

Reflecting social work values, qualities and behaviours e.g. warmth, respect, exercising discerning judgement, treating people with equality, being trustworthy, open and honest, reliability, effective communication

Being a reflective and self-aware practitioner.

Addressing own experience of mental ill health and associated attitudes, behaviours or prejudices honestly to work in the best interests of the individual and to identify and utilise people's needs and strengths:

Taking a person-centred approach

Acknowledging the personal, social, cultural and spiritual strengths and needs of the individual

Working in partnership with the individual's friends and family to collect information to assist understanding of their strengths and needs

Supporting individuals who need assistance e.g. signposting or supporting individuals with benefit/funding queries and applications, as appropriate

Promoting community involvement and engagement.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Explore conditions associated with mental ill health</td><td rowspan="2">D1 Justify the risk assessment plans in terms of their effectiveness in supporting the sustained improvement and recovery of individuals presenting with different mental health conditions.</td></tr>
<tr><td>P1 Discuss the signs, symptoms and forms of treatment associated with different types of mental ill health.

P2 Explain the importance of assessing risk in enabling sustained improvement and recovery.</td><td>M1 Produce risk assessment plans that address the signs and symptoms of mental ill health conditions, making recommendations for enabling recovery.</td></tr>
<tr><td colspan="2">LO2 Examine the current structure of service provision for individuals experiencing mental ill health or distress</td><td rowspan="5">LO2 and LO3

D2 Critically evaluate current services available in terms of their effectiveness in treating and supporting individuals with mental ill health, with regard to their social network and the local community.</td></tr>
<tr><td>P3 Analyse the impact of mental health legislation on the experience of an individual presenting with mental ill health in a social or community care setting.

P4 Reflect on own experience of the impact of stigmas on the experience of an individual with a mental health disorder, with regard to their social network and the local community.</td><td>M2 Critically analyse the relationship between stigma and the effectiveness of services and support provided in the case study identified.</td></tr>
<tr><td colspan="2">LO3 Investigate professional approaches to mental ill health and distress</td></tr>
<tr><td>P5 Produce a case study comparison of sociological and medical models of treatment and support for individuals with mental ill health.</td><td>M3 Evaluate sociological and medical models of treatment and support in terms of their impact on the individual with a diagnosed mental health disorder.</td></tr>
</table>

Pass	Merit	Distinction
LO4 Review the role of the healthcare, social care or community worker in supporting people experiencing mental ill health or distress		
P6 Explain the responsibilities of social and community work practitioners in mental health service provision. **P7** Reflect on how the role of social and community workers can enable service users with mental health conditions to feel supported and empowered towards recovery.	**M4** Critically reflect on own knowledge, skills and behaviours in terms of meeting the requirements of social or community work practice in mental health service provision and promoting the recovery of individuals with mental ill health.	**D3** Produce a personal development plan to improve own knowledge, skills and behaviours and provide effective professional and person-centred support to individuals experiencing mental ill health.

Suggested assessment method(s)

Presentation of small portfolio of risk assessment plans accompanied by reflective case study with action plan to develop own practice.

Recommended Resources

Textbooks

Bland, R., Drake, G. and Drayton, J. (2021) S*ocial Work Practice in Mental Health: An Introduction*. 3rd Ed. London: Routledge.

Corcoran, J. and Walsh, J.M. (2021) *Mental Health in Social Work: A Casebook on Diagnosis and Strengths-based Assessment*. 3rd Ed. Harlow: Pearson.

Golightley, M. and Goemans, R. (2017) *Social Work and Mental Health (Transforming Social Work Practice Series)*. Exeter: Learning Matters.

Gould, N. (2016) *Mental Health Social Work in Context (Student Social Work)*. Oxford: Routledge.

Gerig, M. S. (2020) *Foundations for Clinical Mental Health Counseling: An Introduction to the Profession*. 3rd Ed. Harlow: Pearson.

Pilgrim, D. (2017) *Key Concepts in Mental Health*. London: Sage Publications Ltd.

Tew, J. (2011) *Social Approaches to Mental Distress (Practical Social Work Series)*. Basingstoke: Palgrave.

Webber, M. (2010) *Reflective Practice in Mental Health: Advanced Psychosocial Practice with Children, Adolescents and Adults (Reflective Practice in Social Care)*. London: Jessica Kingsley Publishers.

Websites

https://www.kingsfund.org.uk	The King's Fund 'Bringing together physical and mental health: A new frontier for integrated care' (Report)
https://www.who.int	World Health Organization 'Mental health' (Resources and reports)
https://www.worldbank.org	World Bank 'Mental health' (Briefings, articles and blogs)

https://www.youtube.com	YouTube 'Mental Health for All by Involving All' Vikram Patel, TED Talks (Video)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 406: Developing Leadership Skills

Unit 411: Working in High Quality Adult Residential Care

Unit 413: Applied Human Development and Behaviour

Unit 415: Sociological Perspectives in Caring Practice

Unit 416: Addressing Inequalities in Public Health

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 510: Pharmacology and Medicine Management

Unit 512: Conflict and Resolution

Unit 514: Housing and Homelessness

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 514 Housing and Homelessness

Unit code: **H/651/4563**

Unit level: **5**

Credit value: **15**

Introduction

Housing and homelessness are common concerns for people; particularly for those in need. This is an issue that cuts across the health, social care and community sectors. This unit will help students to understand the multidisciplinary nature of these themes and prepare them for working in a range of assistance settings and roles. Access to appropriate housing is a fundamental requirement for people, and it contributes positively to physical, mental and emotional wellbeing.

Various practitioners have roles related to housing, for example, providing 'floating support' and working within supported living facilities and homeless hostels. These workers play an important role in helping people to maintain tenancies, and prevent homelessness, by working alongside tenants and various professionals across health, social care, community and housing, to provide the best outcomes for individuals in need of support.

In this unit, students will develop their awareness of housing and homelessness policies and their impact on people's health and wellbeing. They will examine the context of housing and homelessness, and the crucial role of the supportive professions across this sector. Students will consider risk factors for individuals and groups who are often in particular danger of becoming homeless. These include care leavers, people released from prison, those with mental health difficulties or who use substances, and people who have experienced multiple exclusion homelessness.

Students will examine assessment and care planning to support people with their housing needs and have the opportunity to devise a support plan for an individual. They will explore strategies to help people to gain skills required for independent living and maintaining a tenancy. The importance of services working together to address housing issues and involving people with lived experiences will be emphasised.

On completion of this unit, students will have developed an understanding of legislation and policy applicable to housing and homelessness. They will be aware of the factors leading to multiple exclusion homelessness and have the skills to promote the wellbeing of people. The learning gained from this unit will provide good grounding for those wishing to continue higher education and progress to careers related to housing, hostels, health and social care, and community outreach and support.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Review the context of working with people who have specific housing needs

LO2 Assess factors contributing to homelessness

LO3 Discuss interventions that support people with specific housing needs

LO4 Promote the wellbeing of people with specific housing needs.

Essential Content

LO1 **Review the context of working with people who have specific housing needs**

Legislation related to supporting individuals with specific housing needs:

Housing law and entitlement

Human rights

Protection and safeguarding

Welfare rights.

Health, safety and security:

Health and safety legislation and policy

Maintenance, reporting faults

Security in group setting

Safeguarding

Risk assessment and management.

Policy:

Political factors

National and local policy

Housing/homelessness strategies

Funding for housing

Housing First – approach to ending homelessness through housing and support provision.

Practice contexts:

Settings e.g. local councils, housing associations, hostels, supported living environments, 'floating' support, social work, health, criminal justice

Groups e.g. housing facilities for specific needs including mental health, intellectual disability, older adults, young people, asylum seekers, refugees, those with autism, people with physical disabilities, people with addiction issues, offenders.

LO2 **Assess factors contributing to homelessness**

Homelessness definitions:

Types of homelessness, absolute and relative e.g. statutory, temporary, 'rough-sleeping', hidden, 'sofa surfing'

State-provided temporary accommodation e.g. hotels, caravans or tents.

Multiple exclusion homelessness:

Groups at risk e.g. people with mental health difficulties, substance users, care experiencers, care leavers, ex-offenders, those begging, sex workers, rough sleepers, people with no recourse to public services including benefits.

Homelessness while employed:

Lack or loss of affordable or social housing

Location of affordable housing compared to workplace, schools, support networks

Rent increases beyond wage increases

No fault evictions

Zero hours contracts or irregular shifts.

Approaches to supporting individuals with multiple exclusion homelessness:

Assertive outreach for people with mental illness

Harm reduction in substance use

Transition planning strategies to support young people leaving care, released prisoners.

Impact of homelessness:

Poverty

Cycle of deprivation

Social exclusion

Lack of access to mainstream services, including welfare, housing, medical, health, social, education, leisure

Impact on physical, emotional, spiritual, mental and financial health

Risks e.g. becoming a victim of physical or sexual assault, theft, death.

Partnership working:

Health and social care collaborative approach

Criminal justice

Housing and homelessness services

Statutory, voluntary and charitable sector

Meaningful involvement of those with lived experience of homelessness.

LO3 **Discuss interventions that support people with specific housing needs**

Support planning:

Assessment of needs, ability, capacity, individual strengths and aspirations

Principles and practice of person-centred support planning

Reviewing and evaluating support plans

Record keeping.

Supporting the development of life and social skills:

Budgeting, cooking, shopping, house maintenance, personal care

Social skills e.g. communication, confidence-building, self-management, relationships.

Advocacy:

Developing ability and capacity

Self-advocacy

Empowerment

Liaison with housing, welfare and support services.

Supporting individuals with communal living:

Tensions in communal living

Facilitating tenants' groups

Conflict resolution

Dealing with antisocial behaviour.

LO4 **Promote the wellbeing of people with specific housing needs**

Appropriate housing for need:

Assessment of housing need, generally and in relation to physical disabilities, mental health, intellectual disabilities, social disability

Impact of housing on physical, emotional and mental health

Financial implications.

Access to community services:

Concepts of inclusion and social exclusion

Strategies to support engagement with services

Access to community services e.g. social and healthcare; social security; employment; education; leisure facilities, sports, arts, entertainment; literacy and numeracy.

Health improvement strategies:

Harm reduction for substance use e.g. tobacco, alcohol, drugs

Brief interventions

Supported employment initiatives

Recovery colleges

Strategies to improve physical health, activity, nutrition

Loneliness reduction/mentoring and befriending schemes.

Supporting individuals with relationships:

Recognition that many people who are homeless have experience of trauma (often multiple traumas)

Signposting to appropriate services in relation to individual need e.g. self-harm, abuse.

Building trust:

Facilitating contact with family/significant other(s) and where needed, subsequent meetings.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Review the context of working with people who have specific housing needs</td><td rowspan="4">LO1 and LO2
D1 Critically evaluate a national or local homelessness prevention strategy in respect of own practice experience.</td></tr>
<tr><td>P1 Review legislation relevant to working with specific housing need.
P2 Discuss the worker's role in supporting housing needs in a range of settings.</td><td>M1 Analyse the worker's role in safeguarding people in supported housing.</td></tr>
<tr><td colspan="2">LO2 Assess factors contributing to homelessness</td></tr>
<tr><td>P3 Discuss the factors that lead to different types of homelessness.
P4 Examine the impact of homelessness on people.</td><td>M2 Assess barriers to supporting people who are homeless in accessing appropriate housing.</td></tr>
<tr><td colspan="2">LO3 Discuss interventions that support people with specific housing needs</td><td rowspan="3">D2 Evaluate own support plan for a person with specific housing needs.</td></tr>
<tr><td>P5 Devise a support plan for a person who has specific housing needs.
P6 Discuss strategies to support people living in communal supported living.</td><td>M3 Analyse the role of advocacy in supporting people with specific housing needs.</td></tr>
<tr><td colspan="2">LO4 Promote the wellbeing of people with specific housing needs</td></tr>
<tr><td>P7 Consider the importance of appropriate housing for physical, mental, emotional and spiritual wellbeing.
P8 Discuss barriers faced by people with specific housing needs in accessing community services.</td><td>M4 Analyse approaches to supporting individuals with specific housing needs to develop and maintain social networks.</td><td>D3 Critically review strategies to support individuals with specific housing needs engaging with community services.</td></tr>
</table>

Suggested assessment method(s)

Peer seminar presentation of a homelessness prevention strategy review accompanied by a case study that considers the wellbeing of the people the strategy is designed to support. The presentation should be supported by relevant reflections from own practice within the practice portfolio.

Recommended Resources

Textbooks

Alcock, P., Haux, T., McCall, V. and May, M. (2022) *The Student's Companion to Social Policy*. 6th Ed. Chichester: Wiley.

Ellison, N. and Haux, T. (2020) *Handbook on Society and Social Policy*. Cheltenham: Edward Elgar.

Hartley, D. (2019) *Social Policy (Short Introduction)*. Cambridge: Polity.

Teixeria, L. and Cartwright, J. (2020) *Using Evidence to End Homelessness*. Bristol: Policy Press.

Skelton, G. (2018) *A Decade of Gerry Skelton's Homelessness Awareness Panel and Related Events*. Belfast: NI Simon Community.

Thompson, N. and Cox, G. (2020) *Promoting Resilience: Responding to Adversity, Vulnerability and Loss*. London: Routledge.

Watts, B. and Fitzpatrick, S. (2018) *Welfare Conditionality*. London: Routledge.

Websites

https://arcuk.org.uk	Association for Real Change (General resource)
www.homelessnessimpact.org	Centre for Homelessness Impact (General resource)
https://www.crisis.org.uk	Crisis 'Homelessness Monitor' (General resource)
www.feantsa.org/en	European Federation of National Organisations Working with the Homeless (General resource)

https://www.equalityhumanrights.com	Equality and Human Rights Commission (General resource)
https://www.nihe.gov.uk	NI Housing Executive *Ending Homelessness Together Strategy (2022-2027)* (General resource)
www.health-ni.gov.uk	NI Office of Social Services *Homelessness and Social Work (2019)* (General resource)
https://niscc.info	NI Social Care Council (General resource)
www.spicker.uk	Paul Spicker: Social Policy (General resource)
www.simoncommunity.org	Simon Community (General resource)
www.youtube.com	YouTube (General resource)

Journals

International Journal on Homelessness

Journal of Social Policy

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 405: Applying Governance Frameworks in Practice

Unit 415: Sociological Perspectives in Caring Practice

Unit 416: Addressing Inequalities in Public Health

Unit 417: Changing Perspectives in Public Health

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 505: Facilitating Change for Quality Care

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 520: Community Development Projects

Unit 521: Working with People Affected by Drug and Alcohol Addiction

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 515 Further Understanding of Cancer Care

Unit code: **J/651/4564**

Unit level: **5**

Credit value: **15**

Introduction

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways is a prerequisite to this unit.

It is predicted that by 2025 3.5 million people will be living with cancer in the UK, and this will continue to rise to 4 million in the following five years due to the increasing cancer incidence and developing treatments (Macmillan, 2021).

All healthcare professionals, even if not directly working in cancer care, are likely to be involved in the care of someone affected by cancer. This unit will build on students' knowledge of cancer diagnosis and treatment gained in *Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways* to develop a deeper understanding of these pathways alongside the impact they have on patients.

In this unit, students will focus on lung cancer and head and neck cancer. Following completion of both units, they will have extensive knowledge of four of the most common cancers worldwide.

On completion of this unit, students will have a greater understanding of the impact that cancer diagnosis, treatment and living with cancer can have on people affected with the disease and how they can support patients throughout their cancer journey.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Discuss the holistic impact of a specific type of cancer on a person

LO2 Analyse the side effects of cancer treatments on a person with a specific type of cancer

LO3 Review the methods of support that a person with a specific type of cancer can access or be signposted to

LO4 Evaluate own role in diagnosis, treatment or ongoing care of a person with a specific type of cancer.

Essential Content

LO1 **Discuss the holistic impact of a specific type of cancer on a person**

Oncology of head and neck cancer and lung cancer:

Epidemiology

Aetiology

Histology

Staging

Survival.

Effects of cancer on physical health:

Symptoms experienced

Dependent on cancer stage, spread and comorbidities

Lethargy and exhaustion

Not able to do what they once could

Benefits of exercise

Diet and nutrition

Pain and pain management.

Mental health:

Emotions e.g. fear, shock, anger, hope, depression, loneliness, guilt

Anxiety about wait for treatments

Loss of control or feelings of having to give up control to healthcare professionals

Effect on family and friends

Unmet needs

Remission and return of cancer cycle

Living with cancer and treatment for prolonged period

Prognosis

End of life planning

Other impacts.

Lifestyle and financial impact:

Employment

Money

Holidays and travel

Lifestyle changes

Caring responsibilities – family and pets

Other impacts.

Impact on family and friends:

Breaking the news to family and friends

Caring for the person with cancer

Limited lifestyle changes

Other impacts.

LO2 **Analyse the side effects of cancer treatments on a person with a specific type of cancer**

Acute side effects:

Treatment and cancer site dependent

Surgery – depends on surgical site and extent of surgery e.g. pain, changes to the way an individual looks, tracheostomy

Chemotherapy – depends on cytotoxic drugs given e.g. fatigue, sense changes, loss of appetite, hair changes, sex life, nausea, constipation, diarrhoea, mouth ulcers

Radiotherapy – depends on site treated and dose of radiation given e.g. pruritis, erythema, dry and moist desquamation, saliva changes, lethargy, change of taste and smell, weight loss

Healing following surgery or radiotherapy.

Chronic side effects:

Surgery – scarring and scar tissue

Chemotherapy – depends on cytotoxic drugs given e.g. sensations in hands and feet, effects on organs e.g. heart, lungs and kidneys, and sense organs

Radiotherapy – depends on site treated e.g. osteoradionecrosis of bones in treatment area, xerostomia, tissue fibrosis, lymphoedema in neck and face, dental problems.

LO3 **Review the methods of support that a person with a specific type of cancer can access or be signposted to**

Information:

Cancer professionals e.g. oncologist, cancer or oncology nurse specialist, therapeutic radiographer, assistant practitioners, support workers, dietician, speech and language therapist

Authoritative websites

Risk of biased, wrong or dangerous information on websites and social media, or through use of artificial intelligence.

Cost of living support:

Benefits

Help with bills and housing costs

Grants.

Emotional support:

National and local charities

Online communities

In-person support groups

Complementary therapies, often provided by charities for free

Counselling, often provided by charities for free

Financial support e.g. benefits, grants.

Palliative and end of life support and care:

Palliative care – can last years

End of life care – last a few days or months

Palliative care and end of life services in local area

Nursing or care in own home

Hospices.

LO4 **Evaluate own role in diagnosis, treatment or ongoing care of a person with a specific type of cancer**

Own role:

Place in the cancer pathway

Working with others in the multidisciplinary team

Scope of practice

Responsibility and delegation

Completing episodes of care

Information, advice and signposting.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Discuss the holistic impact of specific types of cancer on a person</td><td rowspan="5">LO1 and LO2

D1 Synthesise and present a detailed case study on a person you have cared for with head and neck cancer or lung cancer, including oncology, treatment and side effects.</td></tr>
<tr><td>P1 Discuss the holistic impact of head and neck or lung cancer on the person who received the diagnosis.

P2 Investigate the impact of the cancer diagnosis on the individual's family and friends.</td><td>M1 Present a case study on the impact of head and neck or lung cancer on a person you have cared for.</td></tr>
<tr><td colspan="2">LO2 Analyse the side effects of cancer treatments on a person with a specific type of cancer</td></tr>
<tr><td>P3 Assess the reasons for the side effects experienced by an individual who had head and neck or lung cancer.

P4 Design an informative method of disseminating information about head and neck or lung cancer treatment side effects to a group of peers.</td><td>M2 Create a case study of the side effects experienced by a person you have cared for with head and neck or lung cancer.</td></tr>
</table>

Pass	Merit	Distinction
LO3 Review the methods of support that a person with a specific type of cancer can access or be signposted to		**LO3 and LO4** **D2** Reflect deeply on own role in providing support to individuals and commence own professional development to enhance quality of support provided.
P5 Review support services available locally to support people with head and neck or lung cancer. **P6** Prepare information for people with head and neck or lung cancer detailing methods of support they can access locally.	**M3** Evidence ways you have supported people with head and neck or lung cancer to access support services.	
LO4 Evaluate own role in diagnosis, treatment or ongoing care of a person with a specific type of cancer		
P7 Explain own role in the diagnosis, treatment or ongoing care of a person with head and neck or lung cancer. **P8** Reflect on ways own delivery of service could be improved.	**M4** Collaborate with other members of the multidisciplinary team to enhance care provided by self.	

Suggested assessment method(s)

Case study presentation related to a person the student has cared for with either a type of head and neck cancer or lung cancer, accompanied by reflections and validated evidence in practice portfolio.

Recommended Resources

Textbooks

Adams, J. (2024) *Cancer Explained*. Green Mountain Publishing.

Alberts, B. (2011) *Essential Cell Biology*. New York; London: Garland Science.

McIntosh, J.R. (2019) *Understanding Cancer: An Introduction to the Biology, Medicine and Societal Implications of the Disease*. London: CRC Press.

O'Halloran, D. (2023) *Oncology: An Introduction for Nurses and Health Care Professionals*. Elsevier.

Price, P. and Sikora, K. (2021) *Treatment of Cancer*. 7th Ed. Routledge.

Weinberg, R.A. (2023) *The Biology of Cancer*. 3rd Ed. New York; Abingdon: Garland Science.

Websites

https://www.cancerresearchuk.org	Cancer Research UK 1. 'What is cancer?' (General reference) 2. 'Cancer Statistics for the UK' (Cancer statistics)
https://cancer-code-europe.iarc.fr	European Code Against Cancer: '12 ways to reduce your risk' (General reference)
https://www.macmillan.org.uk	Macmillan Cancer Support (General reference)
https://www.nhs.uk	NHS 1. 'Overview: Cancer signs and symptoms' 2. 'What end-of-life care involves' (Specialist reference)

https://www.ncbi.nlm.nih.gov	National Center for Biotechnology Information (Specialist reference)
https://www.who.int	World Health Organization (General reference)

Journals

European Journal of Oncology Nursing

Journal articles

McKeague, B. and Maguire, R. (2021) '"The effects of cancer on a family are way beyond the person who's had it": The experience and effect of a familial cancer diagnosis on the health behaviours of family members', *European Journal of Oncology Nursing*, 51, 101905. Available at: https://doi.org/10.1016/j.ejon.2021.101905.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 408: Applying Science in Healthcare

Unit 409: Essentials of Anatomy and Physiology

Unit 412: Introduction to Cancer Diagnosis and Treatment Pathways

Unit 501: Establishing Professional Practice

Unit 507: Assisting Practitioners and Professions

Unit 508: Applied Anatomy and Physiology

Unit 510: Pharmacology and Medicine Management

Unit 511: End of Life Planning and Support

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 516 Approaches to Disability

Unit code: **K/651/4565**

Unit level: **5**

Credit value: **15**

Philosophy of the unit

In present day society, people have greater awareness and understanding of disability, which can be visible or invisible, and this has resulted in a more positive approach to individuals with an impairment. This means that a greater focus has been placed on promoting inclusive practices in order to empower individuals with disability and recognise the value of their contributions to our diverse society. These sentiments are echoed by enabling frameworks such as the human-rights-based model of disability promoted by the United Nations, which focuses on full participation of individuals with disabilities and recognises them as experts on their situation with the same rights and needs as everyone else.

However, freedom and equity are far from being the reality for the more than one billion people with disabilities, who make up approximately 15 per cent of the world's population. It is reported that 80 per cent of people with disabilities live in developing countries and it is estimated that one in five of the world's poorest people has a disability. Despite this, according to the disability paradox, having a disability does not preclude individuals from their freedom and happiness.

Historically, disability has been viewed through the lens of the medical model, which suggests that the 'problem' of disability is a deficiency within the individual that requires treatment or cure. By contrast, the social model emerged as a social construct created by the social environment. It is important to acknowledge, in relation to these two models, which are not mutually exclusive, that individuals with disabilities may need healthcare and/or reasonable adjustments made to their environment to realise their full potential. However, both the medical and the social model have been challenged by rights-based and capability models, such as the human-rights-based model of disability. This model of disability seeks to embrace person-centred practice with an emphasis on enablement and strengths-based approaches in supporting individuals with disabilities.

Introduction

In this unit, by examining the human-rights-based, medical and social models, students will review these viewpoints of disability and the impact they have on the experiences of individuals with disabilities supported by social and/or healthcare services.

Students will explore and come to the realisation that the adverse effects are frequently not a result of the individual's disability in and of itself, but rather are related to society's inability to embrace difference. Students will critically review theoretical perspectives of disability; specifically, the humans-rights-based, social and medical models of disability. Students will be given the opportunity to challenge their own attitudes, as well as those of others, in upholding the rights of individuals with a disability to achieve full participation, inclusivity and equity, with the emphasis on promoting practice focused on ability rather than disability.

As a result of studying this unit, students will develop their knowledge and practice and be able to apply this when obtaining positions in social and healthcare settings. Students may also consider embarking on further higher education opportunities in health or social care disciplines, where they will be able to continue developing their expertise in supporting disabled people.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Examine the human-rights-based, medical and social models of disability

LO2 Review the role of person-centred practice in supporting individuals with a disability

LO3 Explore own role in supporting individuals with a disability and their families

LO4 Justify own role in promoting working in partnership with service users and other professionals in relation to the benefits and challenges.

Essential Content

LO1 Examine the human-rights-based, medical and social models of disability

The three models are theories. They do not always reflect the values, attitudes and beliefs of practitioners. Nor do they always reflect current evidence-based practice. In reality, the boundaries between the models are not defined. Healthcare practitioners do not practise solely according to the medical model, and social and community practitioners do not practise only using the social model.

Tutors should use the summaries of the three models below, and further authoritative sources, as a basis for discussion, debate and reflection linked to the service users they support in placements or workplaces.

The human-rights-based model of disability:

The human rights model of disability is a legal concept that recognises disability as a natural part of human diversity and that people with disabilities have the same rights as everyone else. It is based on the idea that disability is not defined by a person's medical condition, but rather by the attitudes and structures of society. The model also challenges the assumption that impairment can limit a person's ability to exercise their human rights.

The human rights model of disability is different from other models of disability, such as the medical model, which views impairment as an individual problem, and the social model, which distinguishes between impairment and disability as an experience of social oppression.

The human rights model of disability is associated with the new concept of equity in international anti-discrimination law. It also places an obligation on states to ensure that people with disabilities can enjoy their human rights on an equal basis with others.

This model reflects the principle of participation: 'nothing about as without us' used by organisations that support individuals with disabilities as part of the global movement to achieve full participation.

Medical model of disability:

Characteristics of the traditional medical model approach to disability is that disability is caused by disease, injury or some other health condition. It is a 'problem' with, and for, the individual that needs fixing or changing. The disability requires medical care in the form of treatment and rehabilitation. The model attributes the problem to the individual, who is perceived in the 'sick' role and perceives the individual with disability being unable to function as a 'normal' person. This model focuses on provision of healthcare and rehabilitation services.

Social model of disability:

Characteristics of the social model are that disability is a social construct. The disability is not attributed to the individual, but it is created by the social environment and requires social change. It is society that disables physically impaired people.

LO2 **Review the role of person-centred practice in supporting individuals with a disability**

Approaches to disability:

Person-centred practice

Rights-based approach e.g. principles of independence, choice and inclusion

The psycho-emotional dimensions of disability

Therapeutic developments

Sociocultural approach

Capability approach

Inclusive policies

Challenging discrimination

Legislative support e.g. in the UK, Equality Act (2010)

Promoting independence

Enablement and empowerment through personal budgets and direct payments.

Active participation:

Service user voice

Action groups

Supporting Involvement in commissioning and planning stages

Accessibility and transparency

Advocacy services.

Person-centred planning:

Person-centred and personalised planning

Informed

Participatory

Relevant and updated

Accessible

Contributors from multi-agency team as well as family and friends

Supported and funded

Maintained and reviewed in line with planning cycle

Based upon inclusivity and empowerment.

Challenges to person-centred practice:

Assumptions, stereotyping and biases

Service-led provision

Reliance on traditional approaches

Funding restrictions

Lack of resources

Poor staffing, recruitment and training

Lack of individual involvement

Poor relationships, power relationships

Attitudes and exclusion

Being risk averse

Solutions to the challenges.

LO3 **Explore own role in supporting individuals with a disability and their families**

Types of disability, types and levels of support that may be needed:

Physical disabilities e.g. mobility, tasks of daily living, transport, personal care

Complex medical needs e.g. personal care, life-enhancing treatments and emergency responses, administration of medication and parenteral feeding, 24-hour care packages, monitoring and supporting physical care needs

Learning disability e.g. promoting independence, choice through advocacy, positive behaviour management, enabling daily living activities.

Own role in providing support:

Holistic approach

Strengths-based approach

Rights-based approach

Advocacy

Abiding by agreed ways of working

Teamwork

Clear communication

Accessing support and advice

Building positive relationships

Consent and protection

Safeguarding

Promoting wellbeing

Updating training

Supervision and appraisal processes

Promoting inclusivity

Respect for equity and diversity

Actively challenging oppressive behaviours

Promoting anti-discriminatory practice.

Strategies to promote active participation:

Communication

Care planning

Care reviews

Service user involvement and consultation

Supporting access to services

Supporting risk taking

Enabling individuals to take control

Choice and involvement in decision making

Encouraging problem-solving approaches

Outcome measure planning.

Challenges:

Relationships

Attitudes

Poor communication

Lack of resources, time, staffing

Ineffective management and leadership

Lack of innovative approaches

Risk-averse practitioners

Assumptions and generalisations

Lack of training and research

Discriminatory approaches

Poor ethos and lack of vision

Inaccessibility.

LO4 **Justify own role in promoting working in partnership with service users and other professionals in relation to the benefits and challenges**

Benefits of partnership working:

Joined-up approaches and centralised decision making

Focused outcomes

Clear planning

Effective communication

Involvement and participation of individual

Safeguarding and protection

Shared resourcing, pooled budgets

Shared intelligence

Co-production and involvement of informal carers, family and friends

Improved standards of care

Integrated care.

Challenges to effective partnerships:

Lack of resources

Power imbalance

Ineffective communication

Lack of support

Poor resourcing, lack of time, staff, training

Disparate approaches

Non-participatory approaches

Exclusive practices

Solutions to challenges.

Services and professionals providing support:

Statutory, public, independent, private and voluntary services e.g. healthcare and therapeutic professionals and teams, health services including mental health, education, training and employment services, commissioning groups, welfare and benefits services, housing services, community resources, day centres, transport services, charities

Professionals in statutory, public, independent, private and voluntary services e.g. social workers, advocates and befrienders, occupational therapists, physiotherapists, personal assistants, community healthcare professionals and teams

Equipment and resources required, sourcing, allocation, assessment and entitlements.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Examine the human-rights-based, medical and social models of disability		
P1 Review the three models of disability and their impact on the viewpoints of disability. **P2** Discuss how the three models of disability have an impact on the provision of support for individuals with a disability.	**M1** Analyse the three models of disability in relation to current practice.	**D1** Critically evaluate the impact of the three models in supporting approaches to disability.
LO2 Review the role of person-centred practice in supporting individuals with a disability		
P3 Assess the merits of the person-centred approach in supporting individuals with a disability. **P4** Review the strategies that ensure active participation and empowerment of the individual in approaches to disability.	**M2** Critically analyse the challenges to promoting person-centred approaches in supporting individuals with a disability.	**D2** Critically evaluate the effectiveness of the person-centred approach to supporting individuals at the centre of care planning.

Pass	Merit	Distinction
LO3 Explore own role in supporting individuals with a disability and their families		**LO3 and LO4** **D3** Critically reflect on your role as part of the wider contributing partnerships that support approaches to disability.
P5 Explain how your role within a health or social care setting provides support to individuals with a disability and their families. **P6** Discuss the ways in which your personal work ethic in a health or social care environment enables the empowerment of individuals with a disability and their families.	**M3** Discuss the challenges to promoting effective support and care for individuals with a disability and their families within a health or social care setting.	
LO4 Justify own role in promoting working in partnership with service users and other professionals in relation to the benefits and challenges		
P7 Review the roles of professionals who support individuals with a disability within their workplace setting. **P8** Assess the benefits of effective partnership working in supporting individuals with a disability.	**M4** Analyse the challenges to successful partnership working in the promotion of current approaches to disability	

Suggested assessment method(s)

Presentation on why own role is important in supporting individuals with disabilities and their families, accompanied by an evidence based executive summary.

Recommended Resources

Textbooks

Dunn, D. (2014) *The Social Psychology of Disability (Academy of Rehabilitation Psychology Series)*. Oxford: Oxford University Press.

Ellis, K., Kent, M. and Cousins, K. (2024) *The Routledge International Handbook of Critical Disability Studies*. London: Routledge.

Mladenov, T. (2016) *Critical Theory and Disability: A Phenomenological Approach* London: Bloomsbury Academic.

Oliver, M. (2009) *Understanding Disability: From Theory to Practice*. 2nd Ed. Oxford: Palgrave Macmillan.

Oliver, M. (2018) 'A Sociology of Disability or a Disablist Sociology?' In *Disability and Society: Emerging Issues and Insights*, L. Barton (ed.), pp. 18–42. London: Routledge.

Valle, J.W and Connor, D.J. (2019) *Rethinking Disability: A Disability Studies Approach to Inclusive Practices*. 2nd Ed. New York: Routledge.

Watson, N., Roulstone, A. and Thomas, C. (2019) *Routledge Handbook of Disability Studies*. 2nd Ed. London: Routledge.

Websites

https://www.add.org.uk	ADD (Action on Disability and Development) International (Resources and guidance)
https://www.driadvocacy.org	Disability Rights International (General reference)
https://www.internationaldisabilityalliance.org	International Disability Alliance (General reference)
https://www.scie.org.uk	Social Care Institute for Excellence (General reference and guidance)

Journal articles

Albrecht, G. L. and Devlieger, P.J. (1999) 'The disability paradox: high quality of life against all odds', *Social Science and Medicine*, 48(8), pp. 977–988. Available at: https://doi.org/10.1016/s0277-9536(98)00411-0. (seminal work)

Bunbury, S. (2019) 'Unconscious bias and the medical model: How the social model may hold the key to transformative thinking about disability discrimination', *International Journal of Discrimination and the Law*, 19(1), pp. 26–47. Available at: https://doi.org/10.1177/1358229118820742.

Haegele, J.A. and Hodge, S. (2016) 'Disability discourse: Overview and critiques of the medical and social models', *Quest*, 68(2), pp. 193–206. Available at: https://doi.org/10.1080/00336297.2016.1143849.

Lawson, A. and Beckett, A.E. (2021) 'The social and human rights models of disability: Towards a complementarity thesis', *The International Journal of Human Rights*, 25(2), pp. 348–379. Available at: https://doi.org/10.1080/13642987.2020.1783533.

McGill, P., Bradshaw, J, Smyth, G., Hurman, M. and Roy, A. (2020) 'Capable environments' *Tizard Learning Disability Review*, 25(3), pp. 109–116. Available at: https://doi.org/10.1108/TLDR-05-2020-0007.

Policies, guidance and reports

SPECTRUM Centre for Independent Living (2018). *Sticks and Stones: The Language of Disability*. Available at: https://spectrumcil.co.uk/help-and-information/reports-and-publications/general-spectrum-information/.

Uk Government (2024)* *Disability Action Plan*. Available at: https://www.gov.uk/government/publications/disability-action-plan/disability-action-plan. * This policy was published under the 2022–2024 Sunak Conservative government. It is provided as an example of proposed policy as opposed to current UK policy.

United Nations Human Rights Council (2020) A*nalytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change: Annual Report of the Office of the United Nations High Commissioner for Human rights*. Available at: http://undocs.org/A/HRC/44/30.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 404: Compassionate Care and Values-based Practice

Unit 411: Working in High Quality Adult Residential Care

Unit 414: Planning Care in Practice

Unit 415: Sociological Perspectives in Caring Practice

Unit 416: Addressing Inequalities in Public Health

Unit 501: Establishing Professional Practice

Unit 506: Safeguarding Children, Young People and Vulnerable Adults

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 517 Health Psychology in Integrated Care: A Multidisciplinary Approach

Unit code: L/651/4566

Unit level: 5

Credit value: 15

Introduction

Health psychology explores the dynamic relationship between biological, psychological, cultural and social-environmental factors that influence health and wellbeing. This unit is designed to be relevant to all health and social care students, recognising the importance of a holistic understanding of these factors in providing effective care and support across diverse settings.

The unit encourages students to critically examine various theoretical perspectives in health psychology, with an emphasis on how these can be applied in everyday practice to support individuals, families and communities. By understanding the underlying causes of health and social care challenges, practitioners can better address the behavioural processes that either promote wellbeing or contribute to illness, ensuring that care is tailored to the needs of those they support.

Students will explore a range of psychological conditions, such as stress, anxiety, eating disorders and substance misuse, that commonly intersect with social care needs. They will analyse how these conditions arise, the impact they have on individuals and their families, and the best approaches for intervention. The unit also covers the process of psychological evaluation and the importance of promoting positive health outcomes and behavioural change within social care settings.

This unit equips students with the knowledge and skills needed to effectively support individuals across health and social care environments. It emphasises the importance of person-centred care and the role of health psychology in enhancing the quality of life for service users.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Discuss factors that have an impact on the health and behaviour of individuals at different life stages

LO2 Examine how current theoretical perspectives in health psychology explain human behaviour

LO3 Explore the various forms of assessment used to formulate treatment for different health issues

LO4 Analyse the role of health psychology practice in improving outcomes for individuals using health and social care services.

Essential Content

LO1 **Discuss factors that have an impact on the health and behaviour of individuals at different life stages**

Life stages:

Understanding the impact of biological, psychological and social factors on health and wellbeing from childhood through to old age, with an emphasis on how these factors affect care needs.

Biological contributors:

Exploring the role of genetics, chronic conditions and environmental factors in health, and how these are managed within social care settings.

Social and cultural influences:

Examining how socio-economic status, cultural background and social relationships influence health behaviours and access to care, guiding practitioners in providing culturally sensitive support.

Psychological factors:

Understanding the impact of stress, trauma and family dynamics on health and behaviour, and how these are addressed within social care practices.

LO2 **Examine how current theoretical perspectives in health psychology explain human behaviour**

Health beliefs and theories:

Reviewing theories such as the health belief model, the theory of planned behaviour and the diathesis-stress model, and how they apply to understanding client behaviour in social care.

Coping strategies:

Identifying effective coping strategies and how these can be supported and encouraged within care plans to enhance the wellbeing of service users.

LO3 **Explore the various forms of assessment used to formulate treatment for different health issues**

Assessment methods:

Exploring psychological, behavioural and social assessments that inform care planning and intervention, ensuring they are tailored to the individual needs of service users.

Role of practitioners:

Highlighting the collaborative roles of social care workers, health psychologists, general practitioners and other professionals in assessing and meeting the needs of individuals within social care settings.

Conditions and interventions:

Focusing on common conditions such as anxiety, depression, substance misuse, and the impact of chronic illness, with an emphasis on behaviour modification and holistic care approaches.

LO4 **Analyse the role of health psychology practice in improving outcomes for individuals using health and social care services**

Framework of practice:

Understanding the importance of professional standards and ethical considerations in health psychology, and how this guides effective practice within social care.

Person-centred practice:

Emphasising the importance of core skills e.g. assessment, intervention and evaluation in delivering care that is responsive to the needs and preferences of service users

How these frameworks and approaches lead to significant improvements in long-term health outcomes, wellbeing and independence for individuals in health and social care settings.

Communication and collaboration:

Importance of effective communication and multidisciplinary collaboration in achieving positive outcomes for individuals in health and social care settings.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Discuss factors that have an impact on the health and behaviour of individuals at different life stages		
P1 Discuss biological influences of health and behaviour across different life stages and the implications for care provision. **P2** Evaluate practical applications of health psychology theories in healthcare practice to inform and modify health behaviours.	**M1** Analyse the combined influence of biological and social factors on health, illness and health behaviours at various life stages, with a focus on implications for person-centred care.	**D1** Critically analyse biological, social and psychological factors that affect the health and behaviour of individuals at different life stages, demonstrating an advanced understanding of how these factors interact and influence overall wellbeing.
LO2 Examine how current theoretical perspectives in health psychology explain human behaviour		
P3 Examine theoretical underpinnings of different health psychology theories used to explain health behaviours. **P4** Evaluate the practical application of health psychology theories in healthcare practice to inform interventions aimed at modifying health behaviours.	**M2** Analyse the application and effectiveness of health psychology theories in understanding and managing behavioural disorders in healthcare settings.	**D2** Critically evaluate own person-centred care approaches by integrating insights from these factors to effectively improve outcomes for individuals at different life stages.
LO3 Explore the various forms of assessment used to formulate treatment for different health issues		
P5 Review the different forms of assessment used to diagnose and support individuals with specific health conditions.	**M3** Analyse the effectiveness of assessments and intervention strategies in improving long-term health outcomes for individuals.	**D3** Critically assess how assessments, combined with the strategic integration of health psychology practices within multidisciplinary teams, can be used to design and implement interventions that are responsive to the specific needs of service users.

Pass	Merit	Distinction
LO4 Analyse the role of health psychology practice in improving outcomes for individuals using health and social care services		
P6 Discuss the role of professional frameworks in guiding health psychology practice within healthcare settings. **P7** Evaluate the current legal and ethical obligations in supporting healthcare practitioners' work in health psychology.	**M4** Justify the integration of health psychology practices within multidisciplinary healthcare teams to improve health and wellbeing outcomes for service users.	**D4** Critically evaluate the role of frameworks and ethical considerations in creating significant improvements in long-term health outcomes, wellbeing and independence for individuals in health and social care settings.

Suggested assessment method(s)

Small portfolio of theoretically based reflections on own practice with themes related to life stages, use of assessment by the multidisciplinary team and the use of professional frameworks. Reflections could be contained within practice portfolio.

Recommended Resources

Textbooks

American Psychiatric Association (2022) *Diagnostic and Statistical Manual of Mental Disorders*. 5th Ed. Washington DC: American Psychiatric Association.

Anisman, H. (2021) *Health Psychology*. 2nd Ed. London: Sage Publications Ltd.

Chambers, S. (2018) *Health Psychology in Nursing Practice*. 2nd Ed. London: Sage Publications Ltd.

Morrison, V. and Bennett, P. (2021) *Introduction to Health Psychology*. 5th Ed. London: Pearson Education Ltd.

Marks, D.F., Murray, M., Evans, B. and Estacio, V.E. (2020) *Health Psychology: Theory, Research and Practice*. 5th Ed. London: Sage Publications Ltd.

Websites

https://www.healthcareers.nhs.uk	Health Careers (General reference)
https://www.bps.org.uk	Health Psychology Online (Division of Health Psychology, British Psychological Society) (General reference)
https://www.nice.org.uk	National Institute for Health and Care Excellence (NICE) (General reference)
https://www.kingsfund.org.uk	The King's Fund (General reference)
https://www.who.int	World Health Organization (WHO) 'Health topics' (General reference)

Journal articles

Taylor, S.E. (2021) 'Health psychology: The science and the field', *American Psychologist*, 76(1), pp. 22–33. Available at: https://doi.org/10.1037/0003-066X.45.1.40.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 407: Planning and Supporting Community Led Activities

Unit 413: Applied Human Development and Behaviour

Unit 414: Planning Care in Practice

Unit 501: Establishing Professional Practice

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 518: Growing Careers in Health and Care

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 518 Growing Careers in Health and Care

Unit code: **M/651/4567**

Unit level: **5**

Credit value: **15**

Introduction

Growing the health and care workforce is essential to ensure safe and effective service delivery. It is important to have inclusive and supportive practices to aid recruitment and retention, and workers must have the knowledge and skills to lead both themselves and others.

This unit will enable students to evaluate and apply principles of compassionate leadership and inclusive recruitment. It will also provide an opportunity to use and evaluate selected frameworks to support career growth and employment retention. Students will learn more about the functions of different organisations that support workforce recruitment, retention and career development.

Students will investigate the importance of continuing professional development (CPD) and examine their role in supporting themselves and others. They will formulate personal development plans as part of identifying their ongoing learning needs.

The skills and understanding gained in this unit will help students to become effective leaders and to enable the people they manage at their relevant level to grow their careers.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Apply the principles of compassionate and inclusive leadership in recruitment practices

LO2 Analyse selected resources available to develop the workforce in health and care

LO3 Evaluate the roles of different organisations and functions that support learning, career and workforce development

LO4 Plan own learning relevant to the next steps for growing careers.

Essential Content

LO1 **Apply the principles of compassionate and inclusive leadership in recruitment practices**

Compassionate leadership:

The behaviours associated with compassionate leadership (attending, understanding, empathising and helping)

Compassionate behaviours in health and care practice e.g. noticing challenges at work, being curious, avoiding blame, listening to others, helping people to cope with suffering

Challenges to being compassionate e.g. excessive workload, time pressure, poor leadership, role confusion, conflict.

Inclusive recruitment practices:

Role design and job adverts e.g. the language and structure of the person requirements and job specification

Attracting diverse candidates e.g. ways to advertise and organise the recruitment experience effectively

Application process – gathering the specific information required in an inclusive way

Selection process – ways to sift, questions to consider and avoid, setting up the selection experience, making decisions

Monitoring and measuring – reviewing the outcomes, including for inclusivity.

LO2 **Analyse selected resources available to develop the workforce in health and care**

Transitional support, including into the workplace:

Identifying different transitions e.g. joining the workforce for the first time, promotions, international recruits, changing settings and sectors, retirement

Principles of preceptorship e.g. creating a culture, the role of a preceptee and preceptor, tailored support

Delivering preceptorship programmes.

Supporting continuous professional development (CPD) to grow and retain the workforce:

The principles of CPD – responsibilities, benefit to service users, improve quality of service delivery, relevant, recording

Examples of CPD in practice – work-based learning, professional activity, formal education, self-directed learning, applying in practice.

LO3 **Evaluate the roles of different organisations and functions that support learning, career and workforce development**

Seeking employment guidance:

The roles and functions of:

Arm's-length organisations e.g.

- Skills for Health provides resources to support the workforce, such as the Employability Skills Matrix
- Skills for Care provides resources to support the workforce including recruitment and retention

Trade unions e.g. UNISON, Unite the union, GMB Union

Advisory and mediation services e.g. Acas (the Advisory, Conciliation and Arbitration Service).

Professional bodies:

Roles and functions of health and social care professional bodies, including advisory services, publications, resources, education and career frameworks and professional governance e.g.

- Royal College of Nursing (RCN)
- Royal College of Occupational Therapists (RCOT)
- British Association of Prosthetists and Orthotists (BAPO)
- Chartered Institute of Personnel and Development (CIPD)
- Others relevant to students' placements or workplace.

Support within an organisation:

Roles and functions of:

- Human resources departments
- Learning and development teams
- Occupational health.

LO4 **Plan own learning relevant to the next steps for growing careers**

Using career development frameworks:

Profession-specific frameworks within health and care, and for those with human resource responsibilities and roles

Implementing and using preceptorship frameworks and guidance

Profession maps e.g. CIPD's Professions Map for those involved in personnel development

Occupational maps

Mapping self and others into relevant frameworks to identify ongoing learning and development needs.

Personal development planning:

Identifying own learning needs alongside needs of organisation or service

Setting realistic and measurable goals.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Apply the principles of compassionate and inclusive leadership in recruitment practices</td><td rowspan="5">LO1 and LO2

D1 Critically apply compassionate and inclusive leadership within own recruitment practices, identifying areas of strength and future development.</td></tr>
<tr><td>P1 Apply specific principles linked to compassionate leadership in practice.

P2 Apply specific examples of inclusive recruitment practices to own practice.</td><td>M1 Critically apply the principles of compassionate and inclusive leadership within recruitment practices.</td></tr>
<tr><td colspan="2">LO2 Analyse selected resources available to develop the workforce in health and care</td></tr>
<tr><td>P3 Analyse selected resources and relate them to current examples within own setting.

P4 Discuss ways in which selected resources could be used in the future in own setting.</td><td>M2 Critically apply selected resources, highlighting their applicability in own setting.</td></tr>
<tr><td colspan="2">LO3 Evaluate the roles of different organisations and functions that support learning, career and workforce development</td><td rowspan="5">LO3 and LO4

D2 Critically reflect to show in-depth understanding and practical application of career planning towards meeting own career goals.</td></tr>
<tr><td>P5 Illustrate the roles of selected organisations and the ways in which they support people.

P6 Discuss the benefits and challenges of applying organisations' resources in practice.</td><td>M3 Evaluate in detail the approaches you have taken in applying selected organisations' resources in own practice.</td></tr>
<tr><td colspan="2">LO4 Plan own learning relevant to the next steps for growing careers</td></tr>
<tr><td>P7 Prepare a plan for development and growth of others' careers.

P8 Reflect on own development required to implement plan for others' career development and growth.</td><td>M4 Present detailed plan for developing and growing others' careers.</td></tr>
</table>

Suggested assessment method(s)

Presentation of a plan to develop and grow others' careers within own area, accompanied by reflections on own practice. Reflections could be in the practice portfolio.

Recommended Resources

Textbooks

Armstrong, M. and Taylor, S. (2023) *Armstrong's Handbook of Human Resource Management Practice: A guide to the Theory and Practice of People Management*. 16th Ed. London: Kogan Page.

Aylott, E. (2022) *Employee Relations: A Practical Introduction.* 3rd Ed. London: Kogan Page.

West, M. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care*. The Swirling Leaf Press.

Websites

https://www.cipd.org/uk	Chartered Institute of Personnel and Development 'Guide to inclusive recruitment' 'Professions Map' (Resources)
https://collegeofparamedics.co.uk	College of Paramedics 'Principles of CPD and Lifelong Learning for Health and Social Care' (Resource)
https://www.hcpc-uk.org	Health and Care Professions Council 'Principles of preceptorship' 'CPD Activities' (Resources)
https://www.healthcareers.nhs.uk	NHS apprenticeships (General resource)

https://www.hee.nhs.uk	NHS England 'AHP Preceptorship Standards and Framework' (General resources)
https://www.rcot.co.uk	Royal College of Nursing 'Careers resources for Nursing Support Workforce' (Career resources)
https://www.rcn.org.uk	Royal College of Occupational Therapists 'Career Development Framework' (Career resources)
https://occupational-maps.instituteforapprenticeships.org	Skills England (Institute for Apprenticeships and Technical Education at time of writing) 'Occupational maps' (Career resources)
www.skillsforcare.org.uk	Skills for Care 'Apprenticeships' 'Retaining your workforce' 'Values-based recruitment' 'Developing your workforce' (General references)
https://www.kingsfund.org.uk	The King's Fund 'Michael West on compassionate and inclusive leadership' (Resources)

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 406: Developing Leadership Skills

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 504: Facilitating Practice Learning and Development

Unit 507: Assisting Practitioners and Professions

Unit 509: Leading Quality Care

Unit 519: Project Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 519 Project Management

Unit code: **R/651/4568**

Unit level: **5**

Credit value: **15**

Introduction

This unit will provide students with the opportunity to gain understanding and develop skills relating to project management principles, methodologies, tools and techniques. This includes undertaking independent research and managing and implementing a project. Students will develop confidence and abilities in decision making, problem solving, consequential thinking, critical analysis and research activities within their chosen field. Further, they will be able to critically assess key concepts, systems, processes and practices within a work-based context to determine appropriate outcomes and solutions, present evidence and make recommendations in an appropriate, clear and understandable way.

Project briefs will be set by the centres in partnership with participating organisations. The projects must allow flexibility for student input in project design, and must enable students to explore and examine relevant and current topics or other key aspects of business within the healthcare environment.

In completing this unit, students will have developed skills in project management, supporting continuing higher education in health, social care or community-related management degrees and enhancing employment opportunities in supervisory or junior management roles.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Apply theories of project management to management systems and practices in own work setting

LO2 Implement a planned small-scale project relevant to own workplace experience

LO3 Produce an end-of-project evaluation report, taking into account audience and stakeholders

LO4 Reflect on own performance and learning within the project management process.

Essential Content

LO1 **Apply theories of project management to management systems and practices in own work setting**

Project management:

Definitions of project and project management

Principles of project management

Role of the project manager

Project management software and tools

Project environment and the impact of external influences on projects

Project lifecycle feasibility study/research

Theories and practice of project management e.g. Agile methodologies, PRINCE2 principles, five project management process groups, project management tools and project leadership

Innovation and sustainability in project management e.g. the use of resources and creative thinking to enable project success

Inclusion of sustainability and ethics within project development and implementation

Equity, diversity and inclusion.

Project management systems:

Procedures and processes

Knowledge of project information support systems

Integrating human and material resources to achieve successful projects

Co-creation with service users

Comparing project outcomes with organisation objectives

Reviewing systems and procedures in own service setting and challenging ineffective practice

Recommending proposals for improvements in systems and procedures in own service setting.

LO2 **Implement a planned small-scale project relevant to own workplace experience**

Measuring the success or failure of projects:

Goals or outcomes of project

Milestones

Impact of project outcomes

The need to meet operational, time and cost criteria

Defining and measuring successes e.g. developing the project scope, defining objectives, scope, purpose and deliverables to be produced

Steps and documentation required in the initiation phase

Developing the project plan e.g. project execution strategy and the role of the project team

Consideration of benefit analysis and viability of projects

Determining success/failure criteria

Learning from success/failure

Preparation of project definition report.

Ethics, reliability and validity:

Examples of ethical practice considerations in project research

Reliability and validity

Using data collection tools e.g. interviews and questionnaires

Analysis of information and data – qualitative, quantitative

Using data analysis tool e.g. spreadsheet formulae, statistical software, qualitative analysis software

Analytical techniques e.g. trend analysis, coding or typologies.

Sources and types of research data:

Internal and external

Primary and secondary

Formal and informal

Team workers, customers and other stakeholders

Qualitative and quantitative research methods

Published, validated or anecdotal information and data

Policy and opinion.

LO3 **Produce an end-of-project evaluation report, taking into account audience and stakeholders**

Method(s) of evaluation:

Measurement against goals or intended outcomes

Unintended outcomes

Evaluation of impact.

Dissemination of outcomes and impact:

Medium of dissemination e.g. written, verbal, report, online publication, presentation

Impact of content and type of research

Communicating with service users

Reflecting on stakeholder involvement, to include service users

Evaluation of the trends and patterns, diagrams and text

Consistency and reliability

Currency and validity

Legal and ethical considerations including confidentiality.

Consequential thinking in evaluating projects:

Decision making e.g. critical thinking and emotional intelligence skills and techniques

Consequential thinking as a tool to assess choices, anticipate how people will react and follow through on intentions.

Critical analysis in evaluation:

Recognising critical analysis as subjective writing

Skills for critical analysis e.g. critical reading and critical writing

Applying theoretical perspectives

Logical sequencing of information.

Evaluation of outcomes:

Overview or executive summary of the success or failure of the project planning, implementation and management e.g. aims and objectives, evidence and findings, validity, reliability, benefits, risks, difficulties, conclusion(s).

LO4 **Reflect on own performance and learning within the project management process**

Difference between reflecting on performance and evaluating a project

Cycle of reflection – to include reflection in action and reflection on action

Content of reflective writing in evaluation

Own performance

Advantages of using project management towards improving own career prospects

Importance of using project management tools and approaches in typical practice

Own management of risk when undertaking projects

Review of own rationale for methods, approaches and topic

Lessons learned in terms of own performance through the process

Action planning for future improvement towards own career aspirations

Self-reflection and considerations for sustainability, culture, diversity, equity and inclusion.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Apply theories of project management to management systems and practices in own work setting</td><td rowspan="5">LO1 and LO2

D1 Critically evaluate own project management processes and documentation for a small-scale project in own setting.</td></tr>
<tr><td>P1 Discuss different project management theories and models used in managing healthcare service provision.

P2 Illustrate the different processes used in own setting to manage projects.</td><td>M1 Analyse different project management theories and models in terms of their application to project management processes used in own setting.</td></tr>
<tr><td colspan="2">LO2 Implement a planned small-scale project relevant to own workplace experience</td></tr>
<tr><td>P3 Create project management plan using different methods of communication for a self-selected project.

P4 Implement and manage a small-scale healthcare project in own work setting and within scope of role.</td><td>M2 Apply detailed project management planning processes to the implementation and management of a small-scale healthcare project in own work setting.</td></tr>
<tr><td colspan="2">LO3 Produce an end-of-project evaluation report, taking into account audience and stakeholders</td></tr>
<tr><td>P5 Produce a well-constructed end-of-project evaluation report.</td><td>M3 Produce an analytical end-of-project evaluation report.</td><td rowspan="3">LO3 and LO4

D2 Critically reflect on own project evaluation and development including an action plan for implementation prior to next project.</td></tr>
<tr><td colspan="2">LO4 Reflect on own performance and learning within the project management process</td></tr>
<tr><td>P6 Report on the value of undertaking the project to meet stated objectives.

P7 Discuss how consequential thinking and analysis was used in developing the report.</td><td>M4 Reflect on the value of the project management process and use of quality research in developing own career prospects.</td></tr>
</table>

Suggested assessment method(s)

Project document, evaluation and reflections for a small-scale project in student's own placement area or workplace. Reflections could be within the practice portfolio.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Hamilton, P. (2022) *Supercharged Teams: 30 Tools of Great Teamwork*. Harlow: Pearson.

Morris, D. (2022) *Agile Project Management in Easy Steps*. 3rd Ed. Leamington Spa: In Easy Steps.

Newton, R. (2024) *Project Management Step by Step*. 3rd Ed. Harlow: Pearson.

Sipes, C. (2024*) Project Management for the Advanced Practice Nurse*. 3rd Ed. New York: Springer Publishing Company, Incorporated.

Websites

https://aqua.nhs.uk	Advancing Quality Alliance (Aqua) 'Quality, Service Improvement and Redesign (QSIR) Tools' (Resources)
https://www.apm.org.uk	Association for Project Management (General reference)
https://www.e-lfh.org.uk	elearning for healthcare 'NHS Project and Change Academy programme' (Training)
https://www.hpca.uk	Healthcare Project and Change Association (HPCA) (General reference)
https://learninghub.leadershipacademy.nhs.uk	NHS Leadership Academy (Resources)
https://www.kingsfund.org.uk	The King's Fund 'Dr Navina Evans CBE: leadership, learning and the NHS workforce' (Podcast)

Journal articles

Davis, S.M., 2023 'Teaching project management in health administration: Tips for navigating the vast project management universe and translating concepts to the health administration environment', *Journal of Health Administration Education*, 39(3), pp. 503–518. Available at: https://www.ingentaconnect.com/content/aupha/jhae/2023/00000039/00000003/art00009.

Sassykova, A. (2023) 'Application of Project Management in Healthcare', *Journal of Health Development*, 50(1), pp. 22–25. Available at: https://doi.org/10.32921/2225-9929-2023-1-50-22-25.

Thesing, T., Feldmann, C. and Burchardt, M. (2021) 'Agile versus waterfall project management: Decision model for selecting the appropriate approach to a project', *Procedia Computer Science*, 181, pp. 746–756. Available at: https://doi.org/10.1016/j.procs.2021.01.227.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 411: Working in High Quality Adult Residential Care

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 512: Conflict and Resolution

Unit 518: Growing Careers in Health and Care

Unit 520: Community Development Projects

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately knowledgeable and experienced in relation to the content to best support the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 520 Community Development Projects

Unit code: **T/651/4569**

Unit level: **5**

Credit value: **15**

Introduction

Unit 418: Community Development Initiatives is a prerequisite to this unit.

The growing issues and divides in society, and the inequity of allocation of resources and wealth across the world, emphasise the need for community development practice to uphold the rights of the individual. The basic principles of this practice are based upon theoretical perspectives of social classification and social justice. Models of community development reinforce responses to ever-changing economic and political influences and promote projects that are self-sustaining and innovative, so reducing inequity and supporting positive and sustainable development in communities. Working in community development practice requires practitioners with vision, energy and drive; people capable of understanding the global influences on community development practice.

Students taking this unit are required to have completed *Unit 418: Community Development Initiatives*. In this unit, students focus on specific community development activity in their local area – referring to the projects and initiatives that are provided to meet local needs. These community development projects should be specific and responsive to the community. They are likely to be needs-led activities and services that rely on local responses, volunteers and funding through social enterprise and local government grants.

As a result of studying this unit, students will have a wider awareness of the issues involved and the skills required for planning and implementing community development projects. They may be interested in travel and volunteering opportunities or, equally, in supporting development projects in local areas. This unit will also support progression to other higher education opportunities in a variety of social disciplines such as those related to community work.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Explore approaches to community development

LO2 Examine community development projects within local communities

LO3 Review the role of the social or community care worker in facilitating projects that support community development

LO4 Reflect upon the contribution of own role in supporting partnership approaches in community development.

Essential Content

LO1 **Explore approaches to community development**

Community development projects and activities:

Social and economic development

Local cooperation and self-help

Community action and organisation – community led approaches

Social planning service extension

Capacity building

Social capital

Active participation

Innovation.

Local priorities in community development:

Social exclusion

Poverty

Civil unrest

Health issues

Poor education

Radicalisation and extremism

Inequity and inequality

Violation of human rights

Environmental factors.

Approaches to community development:

Community development theory

Welfare approach

Participatory approach

Modernisation approach

Asset-based approach

Value-free or universal approach

Community led collective action

Participative democracy.

The role of research in supporting the development of community projects:

Obtaining baseline data, demographics, community structure

Participatory impact assessments.

LO2 **Examine community development projects within local communities**

Local communities:

Targeted groups

Neighbourhood groups

Community service clusters

Vulnerable groups:

- Gypsies and Travellers
- Recent migrants or refugees
- Religious groups
- Individuals with special educational needs and disabilities (SEND)
- Children and young people
- Unemployed
- Other socially excluded groups e.g. homeless people, older adults, minority ethnic communities, individuals with restrictive physical disabilities.

Demographics and population studies:

Census studies

Mortality and morbidity data

Housing, employment, transport, infrastructure, gender studies

Culture

Religion

Ethnicity.

Community needs and related development projects:

Housing

Education

Economic sustainability

Access to services

Environmental controls

Health behaviours and health promotion

Antisocial behaviour and crime control

Infrastructure.

Enabling equity of opportunity in community development projects:

Celebrating diversity

Challenging discrimination

Anti-oppressive action

Positive action

Addressing power imbalances between individuals within groups and society

A commitment to pursuing civil and human rights for all

Seeking and promoting policy and practices that are just and enhance equality while challenging those that do not.

Community development values that should be reflected in activities in projects:

Social justice and equity

Anti-discrimination

Community empowerment

Collective action

Working and learning together.

LO3 **Review the role of the social or community care worker in facilitating projects that support community development**

Role of the social or community care worker:

Identify priority communities

Support a community led approach

Empathic engagement with the community

Build up the competence, confidence and skills of community members

Supporting communities to establish organisations that can tackle health and/or social issues and enable them to take more control of their lives

Establishing of a range of organised and effective community responses to issues in the community

Influencing public policies and practices in social or community care environments.

Challenges to effective project work:

Understanding e.g. fear, isolation, loneliness, poor self-esteem/self-value

Lack of resources

Apathy and disinterest

Disempowerment

Lack of skills in engagement

Egocentric views

Confidence and capability

Time and finances

Mistrust, stereotypes, discrimination, attitudes

Lack of belief, innovation, enthusiasm.

Overcoming challenges:

Understand contexts e.g. student's own context, community's background or history

Analysing and prioritising needs

Acquiring necessary resources to enable groups to take action

Funding, equipment and premises

Supporting the development of appropriate skills for the action they wish to take

Support from development agencies

Supporting the development of empowered and competent communities

Influence on the policy process and deployment of resources by services organisation in communities around issues

Effective articulation of needs.

LO4 **Reflect upon the contribution of own role in supporting partnership approaches in community development**

Roles of partner agencies:

Health e.g. overview of community health issues and public health measures

Local authority e.g. agenda of policy reform and spending restrictions in response to government directives

Justice system e.g. overview of measures to combat crime and disorder

Social care e.g. awareness of social demands and access to resourcing

Voluntary sector e.g. support local self-help groups and seek charitable contributions to target local work

Housing and environmental services e.g. support main community regeneration

Local philanthropy e.g. access to support from local contributors

Volunteers and neighbourhood groups e.g. providing practical support.

Benefits of partnership approaches:

Pooled resources

Single vision

Shared skill base

Improved intelligence and information sources

Access to local support

Information and guidance on accessing funding

Organisational planning

Participatory approaches

Shared thinking

Local knowledge

Community led

Importance of equal partnerships.

Challenges of working in partnership:

Competing priorities

Differing agendas and demands

Personal characteristics of professionals

Availability to contribute or support

Knowledge or understanding of community needs

Resistance to change.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Explore approaches to community development		
P1 Analyse how community development values are reflected in different community development activities in own locale. **P2** Explain how local priorities can be addressed using different approaches to community development.	**M1** Evaluate the effectiveness of different approaches to community development in meeting local priorities.	**D1** Critically reflect on the responsiveness of different approaches to community development in addressing local priorities.
LO2 Examine community development projects within local communities		
P3 Review the needs of vulnerable communities in own locale. **P4** Discuss the ways in which community development projects can support equity of opportunity and promote inclusivity.	**M2** Assess and recommend community development projects that enable equity of opportunity in meeting the needs of communities in own locale.	**D2** Critically evaluate the effectiveness of current community development projects in evidencing equity of opportunity and meeting the needs of local communities.

Pass	Merit	Distinction
LO3 Review the role of the social or community care worker in facilitating projects that support community development		**LO3 and LO4** **D3** Critically reflect on the ways in which your skills and experience have developed and contributed to effective partnership work and positive outcomes for a community development project.
P5 Explain the roles of different social and community care workers in facilitating a local community development project. **P6** Assess the impact of factors that influence the facilitation of a project in your work with local communities.	**M3** Discuss the processes and challenges involved in planning and implementing a project and ways to overcome these.	
LO4 Reflect upon the contribution of own role in supporting partnership approaches in community development		
P7 Analyse how own skills and experience have contributed to partnership approaches to community development projects within a specific organisation. **P8** Assess the benefits of partnership working and equal partnerships across different agencies in supporting community-based projects.	**M4** Incorporate feedback from others to critically analyse own skills and experience in working in partnership with others towards effective community development.	

Suggested assessment method(s)

Recorded peer interview exploring a written evidence-based case study.

Recommended Resources

Textbooks

Ahmed, S. (2024) *A 101 Action Research Guide for Beginners*. Oxford: Peter Lang.

Cormac, R, (2021) *Asset-based Community Development (ABCD): Looking Back to Look Forward*. 3rd Ed. Independently published.

Hughes, M. (2022) *Social Exclusion in the UK: The Lived Experience*. St Albans: Critical Publishing.

Kenny, S., McGrath, B. and Phillips, R. (2017) *The Routledge Handbook of Community Development: Perspectives from Around the Globe*. New York: Routledge.

Ledwith, M. (2020) *Community Development: A Critical and Radical Approach*. 3rd Ed. Bristol: Policy Press.

Twelvetrees, A. and Todd, R. (2024) *Community Development Social Action and Social Planning: A Practical Guide*. 6th Ed. Bristol: Policy Press.

Websites

https://www.carnegieuk.org	Carnegie UK (Information and resources)
https://www.communities-ni.gov.uk	Department for Communities (Information and resources)
https://www.iacdglobal.org	International Association for Community Development (IACD) (General reference)

Journals

Community Development Journal

International Journal of Community and Social Development

Journal articles

Cloutier, S., Ehlenz, M. and Afinowich, R. (2019) 'Cultivating community wellbeing: Guiding principles for research and practice', *International Journal of Community Well-Being*, 2, pp. 277–299. Available at: https://doi.org/10.1007/s42413-019-00033-x.

Flynn, J.F., Milton, K., Hardeman, W. and Jones, P. (2022) 'A model for effective partnership working to support programme evaluation', *Evaluation*, 28(3), pp. 284–307. Available at: https://doi.org/10.1177/13563890221096178.

Matarrita-Cascante, D. and Brennan, M.A. (2023) 'One more time: Conceptualizing community development in the twenty-first century', *Community Development*, 54(6), pp. 899–912, Available at: https://doi.org/10.1080/15575330.2022.2145325.

Talmage, C.A. (2020) 'Community development, quality of life, and community wellbeing: Three fields ripe with opportunities for future research and practice'. *Community Development Practice*, 24(1) Article 4. Available at: https://egrove.olemiss.edu/cdpractice/vol24/iss1/4.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 406: Developing Leadership Skills

Unit 407: Planning and Supporting Community Led Activities

Unit 418: Community Development Initiatives

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 505: Facilitating Change for Quality Care

Unit 509: Leading Quality Care

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 519: Project Management

Essential requirements

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Case study material is essential and can be provided by the tutor or based on students' work situations.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Evidence in support of practice-based criteria can be collated in their practice portfolio.

Tutors must be appropriately qualified and experienced in youth and/or community work, social work or the health and social care sector to cover the principles and skills development aspects of this unit.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 521 Working with People Affected by Drug and Alcohol Addiction

Unit code: D/651/4570

Unit level: 5

Credit value: 15

Introduction

Historically, misconceptions surrounding why or how people become addicted to drugs and/or alcohol have meant that many individuals experience marginalisation, worsening of their condition and social exclusion, and even a lack of access to appropriate services to meet their needs. People often assume that individuals who use these substances lack willpower or do not have the sense or moral principles to stop their addiction just by choosing to. Addiction, however, is a complex health issue, and giving up usually takes more than good intentions or a strong will. Drugs and alcohol change the brain chemistry and thought processes in ways that make stopping hard, no matter how much the individual wants to give up.

In addition, there is often a range of social and psychological processes that are involved in the experience of addiction. Through decades of extensive research, our understanding of the impact of these substances on the physiology and psychology of individuals experiencing addiction has led to a range of treatments and support mechanisms in health and care services that can aid recovery.

This unit introduces students to the area of drug and alcohol addiction and the personal and professional skills required as a health and social care practitioner when supporting a person with such an addiction. Students will explore the causes, signs and symptoms, therapies and treatments associated with drug and alcohol addiction. The unit will enable students to identify strategies that will facilitate a person-centred ethos in the delivery of effective health and social care services to address the needs of people affected by addiction. The unit will also make students aware of the facilitators and barriers to delivering a service that ensures that the rights and choices of people with an addiction are upheld.

On completion of this unit, students will have developed their knowledge and skills of involvement in the delivery of services that meet the wide and varied needs of individuals with an addiction to drugs and/or alcohol.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Examine the causes and effects of drug and alcohol misuse and abuse in relation to users of services

LO2 Explain the situations and dynamic processes which lead to addiction

LO3 Review the treatments and support systems used to meet the needs of people affected by addiction and dependency

LO4 Contribute to the provision of service through a holistic person-centred approach that reduces risks to health and supports the needs of others.

Essential Content

LO1 **Examine the causes and effects of drug and alcohol misuse and abuse in relation to users of services**

Key terminology:

Misuse, abuse, addiction and dependency

Substance use disorder.

Substances commonly misused and abused:

E.g. but not limited to:

- Nicotine
- Alcohol
- Over-the-counter medications e.g. cough mixture and painkillers
- Prescription drugs e.g. opioids, sedatives, stimulants
- Solvent abuse e.g. glues, gases and aerosols
- Hormones e.g. anabolic steroids and hormones

Drug classifications according to relevant country of work e.g. category A, B and C in the UK.

Methods of drug abuse:

As examples, but not limited to:

- Ingestion
- Inhalation
- Injection
- Insufflation
- Insertion
- Transdermal.

Psychological, emotional, occupational, social and health-related risk factors:

Trauma/traumatic life events e.g. bereavement, post-traumatic stress disorder (PTSD)

Experience of abuse e.g. sexual and domestic abuse

Social deprivation and homelessness

Relationship breakdown

Self-perception, low self-esteem, emotional insecurity and peer or social attitudinal pressure

Learned behaviour e.g. influence of others e.g. families, friends and carers

Mental health conditions e.g. depression, anxiety, psychoses, body dysmorphia

The availability of, and ease of access to, substances

Workload/academic demands, pressure or stress

Desire to improve physical performance e.g. muscle enhancement, use of anabolic steroids

Occupation, workplace and lifestyle e.g. sex work, fitness industry, beauty and fashion industries.

Biological and physiological:

Injury or illness requiring prescription pain relief leading to continued reliance on prescribed medication to manage or 'block' pain

Theory of genetic predisposition.

Statistical differences in drug and alcohol addiction:

Sex, gender identity

Age

Socio-economic status

Cultural variances

Levels of education.

Impact of drug and alcohol addiction and dependency on individuals:

As examples, but not limited to:

- Change in physical appearance and growth development
- Changes to health status, increased risk of disease and injury including self-harm
- Cognitive, psychological, emotional and behavioural changes
- Neglect of personal hygiene, appearance and diet
- Social isolation and withdrawal from society
- Chaotic lifestyle
- Loss of employment or educational development through absence
- Financial instability
- Compulsive behaviour, increased risk taking and criminal behaviour.

Impact of drug and alcohol addiction and dependency on families and carers:

As examples, but not limited to:

- Changes to family dynamics and cohesion
- Physical and emotional distress
- Reduction in health status through anxiety and depression
- Economic hardship, risk of homelessness
- Increased conflict and risk of domestic, physical and sexual abuse, and neglect, leading to injury and diminished mental and physical health
- Associated stigma leading to loss of friends and family
- Loss of trust, intimacy and affection
- Chaotic living arrangements
- Child development e.g. birth defects, foetal alcohol syndrome and 'parentified children' (children caring for parents).

Impact on wider society:

As examples, but not limited to:

- Increase in health and social care costs
- Reduction in economic productivity through absence, illness and disability
- Loss of a productive life and education
- Premature death
- Social dysfunction within families and communities
- Increase in the rate of crime and violence, and criminal justice system costs.

LO2 **Explain the situations and dynamic processes which lead to addiction**

Theories and patterns of drug and alcohol misuse and abuse:

Theories of addiction – biological, psychological, sociocultural and development

The cycle of addiction

Young person's exploration of drug and alcohol use – experimental, recreational, situational, intensive and dependent use

Phases of alcoholism e.g. Jellinek curve

Substance use disorders, exploring co-occurrence with other conditions e.g. post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), other mental health problems

Self-stigma and negative stereotypes.

Biochemical processes involved in becoming dependent:

Neurotransmission through the central nervous system pathways

Speed of transmission determines the intensity of feeling or state of arousal, affecting tolerance to substances

Increased usage to achieve desired outcomes, ultimately resulting in dependence and addiction.

Indications of drug and alcohol addiction and dependency:

Distinguishing between indicators of addiction and conditions for diagnosis

Focusing on, but not limited to:

- Urge to consume substances more regularly
- Physiological effects e.g. changes to eyes, weight, sleep patterns, heart rate, blackouts, cognitive impairment and difficulties with coordination and stability
- Psychological effects e.g. changes in mood, paranoia, hallucinations
- Behavioural effects e.g. secrecy, consuming more to elicit the same effect
- Clinical evidence of short and long-term effects e.g. malnutrition, pancreatitis, liver cirrhosis, dementia, cancer.

LO3 **Review the treatments and support systems used to meet the needs of people affected by addiction and dependency**

Assessment and diagnosis:

Methods of assessment to ascertain the level of use of drugs/alcohol e.g. ASSIST-Lite screening tool (Alcohol, Smoking and Substance Involvement Screening Tool – Lite).

Complexities of assessment and diagnosis:

Individual acknowledgement of addiction

Family/carer involvement

Associated stigma and fear of negative judgement

Hiding indicators/symptoms

Refusal to divulge information – reluctance to be assessed

Symptoms confused/linked to other illness/disease

Practitioner knowledge of specific indicators

Mental capacity arising from drug and alcohol use and withdrawal.

Role of mutidisciplinary team working to deliver treatments, interventions and approaches to support:

Understanding diverse types of service provision, including home care, primary care, inpatient, outpatient, community and outreach services

Purpose and value of multidisciplinary approaches to care

Pathways of referral (including self-referral).

Role of various agencies in managing addiction dependency:

As examples, but not limited to:

- General practitioner/physician and practice services
- Hospitals – inpatient and outpatient services
- Social workers and community practitioners in health and social care
- Treatment centres
- Counselling services
- Charities, support groups and networks e.g. WithYou, Communities for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous, local and regional community recovery groups
- Criminal justice system – police, probation services
- Schools, colleges, universities, teachers and tutors.

Treatments, interventions and approaches to supporting individuals

As examples, but not limited to:

- Care planning – identifying medical and psychological needs
- Risk assessment of immediate/long-term needs of individuals and others
- Harm reduction strategies
- Identification of the dangers of substance used – methods of use, quantity, frequency, purity of the substances, polydrug use, length of recovery, financial implications for assessment and planning
- Signposting to other services and resources
- Psychopharmacology (drug therapy), medications to help with cravings and discourage further use, medications to treat psychiatric illnesses
- Psychological therapies e.g. person-centred counselling, cognitive behavioural therapy (CBT)
- Social support e.g. peers, support groups
- Residential treatment or inpatient rehabilitation
- Outpatient treatment programmes

Self-help programmes, lifestyle changes

Therapeutic community living

The 12 Steps Programme

Motivational interviewing

Counselling and coaching.

Facilitators and barriers to treatment and implications for health and wellbeing:

Ability and opportunity to access services

The physical environment where treatment and services are delivered

Health status e.g. impact of pain, withdrawal, prescribed and non-prescribed medications may limit awareness and the ability to interact

Cognitive ability and emotional state

Perceptions of the associated stigma, levels of esteem, self-confidence and self-efficacy

Readiness to acknowledge the need for treatment and support and take positive risks.

Level of family/carer involvement

Approaches to communication including accessible formats, access to advocates and interpreters

Professional values, attitudes and behaviours of staff, and standards of practice

Level of staff training, skills and competence

Level of multi-agency collaboration

Funding and resources

An empathetic and person-centred approach that acknowledges partnership working and collaboration.

LO4 **Contribute to the provision of service through a holistic person-centred approach that reduces risks to health and supports the needs of others**

Treatment and support:

Distinguishing between own role and responsibilities and those of others in providing treatment and support

Working within the scope of practice while recognising the limits and boundaries of role and responsibilities

Reporting and recording information accurately, effectively and securely, and reporting and escalating concerns

Empathetic understanding of substance abuse issues and their impact on individuals, families and carers.

Initial treatment:

Dependent on scope of practice, this may include, but is not limited to:

- Assessment and evaluation of symptoms and accompanying lifestyle issues
- Contributing to support and treatment options and developing a plan that reflects needs, preferences and priorities
- Working collaboratively with other health, social care and community professionals and organisations, internal and external to own area of working practice
- Providing advice that supports health and wellbeing
- Arranging/attending appointments with individuals
- Involvement in crisis planning
- Communicating with and supporting service users, their friends and family
- Signposting to appropriate services
- Supporting individuals with benefit/funding queries and applications.

Active treatments:

Dependent on scope of practice, this may include, but is not limited to:

- Supporting detoxification
- Visiting substance users and supporting them with immediate needs
- Helping individuals access education and training services
- Helping others manage addiction in a safe way e.g. providing clean needles and giving advice on how to use substances safely
- Health promotion and prevention advice and guidance
- Ensuring that individuals are meeting food, fluid and nutritional needs
- Discharge/transfer of service/referral to specialists
- Supporting the development and maintenance of individuals' life skills
- Risk identification and management
- Contributing to the assessment of capacity
- Supporting people with self-care deficits
- Supporting the development of self-help strategies to maximise independence.

Ensuring person-centred support:

Dignity, respect, inclusion, empowerment, choice

Offering choices according to the person's ability

Providing an inclusive, empathic, non-judgemental environment

The ability to build trusting relationships.

Supporting independence and self-management:

Partnership working with the individual, their family and social networks, and with additional services that the individual may require

Support with life skills and daily living tasks

Awareness of other services for signposting and referral

Developing personal skills and attributes to ensure a sensitive, empathic and non-judgemental approach to care.

Implementing relevant guidelines, policies and best practice:

E.g. but not limited to:

- Mental Capacity Act 2005
- National Institute for Health and Care Excellence (NICE) guidelines

Service user rights – charters for health and social care support

Personalised care and support.

Learning Outcomes and Assessment Criteria

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO1 Examine the causes and effects of drug and alcohol misuse and abuse in relation to users of services</td><td rowspan="5">LO1 and LO2

D1 Critically evaluate the relationship between risk factors, indicators and impact of drug and alcohol addiction on the individual and wider society.</td></tr>
<tr><td>P1 Differentiate between drug and alcohol misuse, abuse, addiction and dependency.

P2 Discuss the risk factors that can lead to drug and alcohol addiction.</td><td>M1 Analyse the physical, social and psychological impact of drug and alcohol dependency.</td></tr>
<tr><td colspan="2">LO2 Explain the situations and dynamic processes which lead to addiction</td></tr>
<tr><td>P3 Discuss the indicators of drug and alcohol addiction and their use in supporting clinical diagnoses.

P4 Explain the long-term effects of drug and alcohol use on the human body.</td><td>M2 Critically examine situations and dynamic processes that can be used to explain why people become addicted to drugs and alcohol.</td></tr>
</table>

<table>
<tr><th>Pass</th><th>Merit</th><th>Distinction</th></tr>
<tr><td colspan="2">LO3 Review the treatments and support systems used to meet the needs of people affected by addiction and dependency</td><td rowspan="5">LO3 and LO4

D2 Critically reflect on your role in providing effective support while upholding the rights and choices of people affected by addiction.</td></tr>
<tr><td>P5 Appraise the roles of different services and agencies in enabling the active and informed participation of individuals accessing treatment and support for alcohol or drug addiction.

P6 Investigate the impact of different facilitators and barriers to diagnosing, treating and supporting individuals experiencing drug and alcohol addiction.</td><td>M3 Analyse the relationship between different approaches to treatment and support in meeting the range of needs of individuals experiencing drug or alcohol addiction.</td></tr>
<tr><td colspan="2">LO4 Contribute to the provision of service through a holistic person-centred approach that reduces risks to health and supports the needs of others</td></tr>
<tr><td>P7 Provide a period of person-centred support in a service that provides treatment or support to individuals affected by drug or alcohol addiction.</td><td>M4 Analyse the impact of treatment and support on individuals affected by drug and alcohol addiction within own workplace setting.</td></tr>
</table>

Suggested assessment method(s)

Peer-learning session with concept map handout accompanied by reflective evidence from practice portfolio.

Recommended Resources

Textbooks

Begun, A.L. and Murray, M.M. (2022) *The Routledge Handbook of Social Work and Addictive Behaviors (Routledge International Handbooks)*. London: Routledge.

Johnson, B.A. (2020) *Addiction Medicine Science and Practice*. 2nd Ed. Philadelphia: Elsevier.

Monezi Andrade, A.L et al. (2021) *Psychology of Substance Abuse: Psychotherapy, Clinical Management and Social Intervention*. Switzerland: Springer.

Policies, guidance and reports

British Association of Social Workers (2017) *Alcohol and Other Drugs Essential Information for Social Workers.* Available at: https://basw.co.uk/policy-and-practice/resources/alcohol-and-other-drugs-essential-information-social-workers.

Department of Health and Social Care (2017) *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. Available at: https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management.

HM Government (2021) *From Harm to Hope: A 10-year Drugs Plan to Cut Crime and Save Lives*. Available at: https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives.

National Institute for Health and Care Excellence (2014) *Alcohol-use Disorders: Diagnosis, Assessment and Management of Harmful Drinking (High-risk Drinking) and Alcohol Dependence (Clinical Guideline 115)*. Available at: https://www.nice.org.uk/guidance/cg115.

Websites

www.addictionprofessionals.org.uk	Addiction Professionals (General reference)
www.addictionsuk.com	Addictions UK (General reference)
www.alcoholics-anonymous.org.uk	Alcoholics Anonymous (General reference)

www.basw.co.uk	British Association of Social Workers (Professional organisation)
www.bacp.co.uk	British Association for Counselling and Psychotherapy (Professional organisation)
https://digital.nhs.uk	Digital NHS (General reference)
www.drugaddictsanonymous.org.uk	Drug Addicts Anonymous (General reference)
www.drugwise.org.uk	DrugWise (General reference)
https://www.gov.uk	GOV.UK 'ASSIST-Lite screening tool: how to use' (General reference)
www.hee.nhs.uk	Health Education England (General reference)
www.england.nhs.uk	NHS England (General reference)
www.eata.org.uk	EATA Recovery Services (General reference)
www.nhsinform.scot	NHS inform Scotland (General reference)
www.nice.org.uk	National Institute for Health and CareExcellence (General reference)
www.skillsforcare.org.uk	Skills for Care (General reference)
www.skillsforhealth.org.uk	Skills for Health (General reference)

www.socialworkengland.org.uk	Social Work England (Statutory regulator)
https://www.who.int	World Health Organization 1. 'Alcohol' (General reference) 2. 'Drugs (psychoactive)' (General reference)

Journals

Drug and Alcohol Dependence

Drug Dependence, Alcohol Abuse and Alcoholism

Journal of Substance Abuse and Addiction Treatment

Journals and periodicals specific to the student's professional discipline
e.g. *British Nursing Journal*, *Professional Social Work Magazine*

Journal articles

Parmar, A., Narasimha, V.L. and Nath, S. (2024) 'National drug laws, policies, and programs in India: A narrative review', *Indian Journal of Psychological Medicine*, 46(1), pp. 5–13. Available at: https://doi.org/10.1177/02537176231170534.

Rigler, S. K. (2000) 'Alcoholism in the elderly', *American Family Physician*, 61(6), pp. 1710–7116, 1883–1884, 1887–1888. Available at: https://pubmed.ncbi.nlm.nih.gov/10750878.

Zwick, J., Appleseth, H. and Arndt, S. (2020) 'Stigma: How it affects the substance use disorder patient', *Substance Abuse Treatment, Prevention, and Policy*, 15(1), article 50. Available at: https://doi.org/10.1186/s13011-020-00288-0.

Links

This unit links to the following related units:

Unit 401: Developing Professional Practice

Unit 402: Teamwork and Communication

Unit 403: Evidence Based Practice

Unit 404: Compassionate Care and Values-based Practice

Unit 413: Applied Human Development and Behaviour

Unit 415: Sociological Perspectives in Caring Practice

Unit 416: Addressing Inequalities in Public Health

Unit 501: Establishing Professional Practice

Unit 502: Leadership, Mentoring and Coaching Others

Unit 503: Innovation and Improvement Through Participatory Action Research

Unit 513: Mental Health: Understanding Distress, Disorders and Community Support

Unit 514: Housing and Homelessness

Unit 517: Health Psychology in Integrated Care: A Multidisciplinary Approach

Essential requirements

A range of learning and teaching strategies including opportunities for group work and interaction.

Unit content should include a wide range of examples and case studies that provide context and accommodate the diversity of students' career pathways and the nature of their practice.

Access for tutors and students to library facilities (online or on campus) including books, periodicals and peer-reviewed journals and articles.

Delivery

Students must be given time to develop knowledge and understanding of the unit content in relation to practice before assessment of this unit.

Tutors must be appropriately qualified, knowledgeable and experienced in the health and/or social care sector to ensure that the principles and skills development aspects of this unit can be achieved and applied.

Employer engagement and vocational contexts

The use of external practice-based experts in the delivery of this unit is encouraged.

Unit 522: Pathology and Clinical Manifestations of Diseases of the Visual System

Unit code: H/651/8019

Unit level: 5

Credit value: 15

Introduction

The study of pathology and clinical manifestations of diseases of the visual system is fundamental to understanding how vision is affected by a wide range of medical conditions. Visual health is important to quality of life and participation in society. This unit is highly relevant to the healthcare sector, particularly for those supporting patients in ophthalmic services and related fields. The unit provides a foundation for roles such as ophthalmic technicians and imagers, ophthalmic assistant practitioners, orthoptic assistants and ophthalmic nursing associates.

This unit aims to equip students with a comprehensive understanding of diseases of the visual system and learn to recognise the clinical signs and symptoms, and diagnostic criteria associated with major visual system disorders.

Key topics covered include mechanisms of disease development, progression and complications, clinical manifestations and diagnostic protocols.

On completion of this unit, students will be able to describe and compare pathological mechanisms, assess clinical presentations, and evaluate interventions to support patient care. The knowledge and skills developed will support progression to further study or employment in healthcare, research, or education, and will enable students to contribute effectively to the management and support of patients with visual system diseases.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Analyse the fundamental pathological processes of common diseases affecting the visual system

LO2 Assess procedures for ophthalmic patient assessment, including history taking, clinical examination, and diagnostic testing

LO3 Critically review the clinical presentation, investigation, and management of major diseases of the visual system

LO4 Analyse the principles and applications of ophthalmic pharmacology in the assessment, treatment, and management of ophthalmic diseases and conditions.

Essential Content

LO1 **Analyse the fundamental pathological processes of common diseases affecting the visual system**

General principles of health and disease:

Disease, illness, syndrome

Pathological processes: infection, inflammation, allergy, ischaemia, metabolic disorder, congenital condition, hereditary condition, developmental disorder, degeneration, neoplasia, trauma

Cellular adaptations: hypertrophy, atrophy, hyperplasia, aplasia, hypoplasia, metaplasia, dysplasia, dystrophy, necrosis, apoptosis, calcification

Disease duration and progression: acute, subacute, chronic, staging, severity, progressive disorder, non progressive disorder

Anatomical variation, physiological variation, impact on disease processes, complex presentation, rare presentation

Pathology-structure-function integration:

Mechanism-manifestation correlation, structure alteration, function alteration, compensatory adaptation, atypical progression, multi system involvement, reference sources (pathology texts, atlases, imaging-histology correlation).

Clinical Significance:

Structure–function relationships in disease, anatomical variation, physiological variation, influence on disease presentation and progression, reference sources: pathology texts, atlases, imaging–histology correlation.

LO2 **Assess procedures for ophthalmic patient assessment, including history taking, clinical examination, and diagnostic testing**

History and symptoms across patient contexts:

Presenting complaint, past ocular history, occupational history, general medical history, medications, allergies, adverse effects

Symptoms: discomfort, foreign body sensation, grittiness, itching, pain, photophobia, blur, vision loss, distortion, glare, flashes, floaters, diplopia

Patient contexts: paediatric assessment, learning difficulty, communication difficulty, low vision context, language consideration, cultural consideration, accessibility, safeguarding

Scope of practice: contribution to differential diagnosis, non diagnostic role.

Clinical examination:

External inspection, adnexal findings, conjunctival appearance, discharge, redness, swelling, lid malposition, cyst, tumour

Instrumental examination: torch, slit lamp biomicroscopy, direct ophthalmoscopy, indirect ophthalmoscopy, ocular alignment, ocular motility

Operational parameters: infection control, consent, documentation, patient comfort, safety.

Diagnostic tests and investigations:

Subjective visual function: visual acuity (adult, paediatric, communication difficulty), contrast sensitivity, Amsler grid, visual field, stereopsis, colour vision, dark adaptation, light adaptation

Objective measures: intraocular pressure, refractive error, focimetry, keratometry, corneal topography, pachymetry, specular microscopy, Schirmer test

Imaging: anterior segment OCT, Scheimpflug imaging, ultrasound biomicroscopy, slit lamp photography, posterior segment OCT, scanning laser ophthalmoscopy, fundus photography, OCT angiography, fluorescein angiography, indocyanine green angiography, optical biometry, ultrasound biometry

Performance characteristics: indication, contraindication, sensitivity, specificity, repeatability, inter observer agreement, limitation, artefact

Clinical reasoning anchors: contribution to differential diagnosis, clinical decision making, triage, red flag feature, referral threshold, documentation standard, equity, access, resource consideration.

LO3 **Critically review the clinical presentation, investigation, and management of major diseases of the visual system**

Ocular adnexae and anterior segment:

Orbital trauma, orbital cellulitis, tear production disorder, tear drainage disorder, eyelid malposition, eyelid inflammation, eyelid infection, eyelid cyst, eyelid tumour

Conjunctival inflammation, conjunctival infection, corneal infection, corneal degeneration, corneal dystrophy, scleritis

Cataract (aetiology, type)

Uveitis, uveal infection, hereditary defect, congenital defect, uveal tumour

Glaucoma:

Pathological features common to all forms of glaucoma

Classification of glaucomas.

Posterior segment:

Hereditary retinal dystrophy, macular degeneration, macular dystrophy, retinal vascular disease, vitreous detachment, retinal detachment, diabetic retinopathy.

Optic nerve, visual pathway, and systemic disease manifestations:

Optic neuropathy, congenital anomaly, raised intracranial pressure, intracranial tumour, compressive lesion, vascular lesion, visual field defect pattern, multiple sclerosis

Pupil abnormality, diplopia, suppression, amblyopia, comitant strabismus, incomitant strabismus

Systemic disease with ocular manifestation: inflammatory disease, autoimmune disease, metabolic disorder, vascular disease, infectious disease, malignant disease

Presentation frameworks: sign, symptom, severity staging, red flag indicator

Diagnostic criteria and classifications: recognised systems, guideline anchors, coding frameworks.

Investigation pathways: imaging selection, test sequence, indication set, limitation set, risk stratification, referral threshold

Management strategies: observation, pharmacologic therapy, laser therapy, surgical intervention, monitoring schedule, low vision support, rehabilitation, shared care model, adherence support.

Clinical presentation, investigation and management

Presentation frameworks: sign, symptom, severity staging, red flag indicator

Diagnostic criteria and classifications: recognised systems, guideline anchors, coding frameworks.

Investigation pathways: imaging selection, test sequence, indication set, limitation set, risk stratification, referral threshold

Management strategies: observation, pharmacologic therapy, laser therapy, surgical intervention, monitoring schedule, low vision support, rehabilitation, shared care model, adherence support.

Patient centred factors: co morbidity, polypharmacy, life course consideration (paediatric, geriatric, pregnancy), health literacy, social determinant

Evidence base: clinical guideline, recognised diagnostic criterion, emerging best practice, recent clinical research, service design consideration, triage pathway, referral pathway.

LO4 **Analyse the principles and applications of ophthalmic pharmacology in the assessment, treatment, and management of ophthalmic diseases and conditions**

Pharmacology foundations, formulations, and drug classes:

Pharmaceutics, pharmacokinetics, pharmacodynamics, therapeutics

Drug nomenclature: generic name, proprietary name

Routes of administration: topical route, periocular route, intraocular route, systemic route

Formulations and packaging: solution, suspension, ointment, gel, insert, preservative containing preparation, preservative free preparation, ocular penetration, elimination, blood–eye barrier, systemic penetration, stability, storage

Diagnostic and therapeutic classes: local anaesthetic, diagnostic dye, stain, mydriatic, cycloplegic, miotic, antibacterial, antiviral, antifungal, antiparasitic, corticosteroid, NSAID, immunomodulator, prostaglandin analogue, beta blocker, alpha agonist, carbonic anhydrase inhibitor, rho kinase inhibitor, fixed combination, lubricant, decongestant, tear substitute, anti allergic agent

Clinical parameters: indication, contraindication, adverse effect, interaction, monitoring parameter.

Operational policies, evidence bases, and patient specific considerations:

Operational policy: prescription, administration, supply, dispensing, adherence support, patient communication, patient education, regulatory requirement, adverse reaction management, documentation, reporting

Clinical data source: summary of product characteristics, formulary, clinical guideline, randomised controlled trial, meta-analysis, pharmacovigilance database, real world evidence

Patient specific consideration: renal impairment, hepatic impairment, pregnancy, lactation, paediatric use, geriatric use, co morbidity, polypharmacy, allergy, intolerance, health literacy, adherence risk

Practice themes: off label use, local protocol, multidisciplinary collaboration, innovation in pharmacological intervention, patient care impact, quality of life impact.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Analyse the fundamental pathological processes of common diseases affecting the visual system		
P1 Analyse the pathological processes underlying common diseases of the visual system. **P2** Examine how anatomical and physiological variations influence disease presentation	**M1** Critically analyse the impact of anatomical and physiological variations on disease progression and clinical manifestations.	**D1** Critically evaluate the significance of anatomical and physiological variations in complex or rare disease presentations, supported by evidence.
LO2 Assess procedures for ophthalmic patient assessment, including history taking, clinical examination, and diagnostic testing		
P3 Examine history-taking and clinical examination procedures in ophthalmic patient assessment. **P4** Analyse diagnostic testing methods used in ophthalmic patient assessment.	**M2** Evaluate the effectiveness and limitations of assessment procedures across different patient contexts.	**D2** Justify the adoption of recent advances in ophthalmic patient assessment, drawing on evidence from current practice

Pass	Merit	Distinction
LO3 Critically review the clinical presentation, investigation, and management of major diseases of the visual system		
P5 Examine the clinical signs and symptoms of major diseases of the visual system. **P6** Analyse investigation pathways and management strategies for major diseases of the visual system.	**M3** Critically analyse the challenges in diagnosis and management of major diseases of the visual system, considering patient-specific factors.	**D3** Justify improvements to current diagnostic and management practices for major diseases of the visual system, drawing on recent.
LO4 Analyse the principles and applications of ophthalmic pharmacology in the assessment, treatment, and management of ophthalmic diseases and conditions		
P7 Examine the principles and applications of ophthalmic pharmacology in the assessment, treatment, and management of ophthalmic diseases and conditions. **P8** Analyse the suitability of pharmacological treatments for common ophthalmic diseases and conditions.	**M4** Evaluate clinical data to determine the effectiveness of pharmacological treatments for ophthalmic diseases and conditions.	**D4** Justify evidence-based interventions to improve patient care, drawing on recent advances in ophthalmic pharmacology.

Recommended Resources

Textbooks

Gervasio, K. and Peck, T. (eds.) (2021) *The Wills Eye Manual*. 8th edn. Philadelphia: Lippincott Williams & Wilkins.

Kong, J. and Dyck, H. (2023) P*athology: From the Tissue Level to Clinical Manifestations and Inter-professional Care*. Open Textbook.

Kumar, V., Abbas, A.K. and Aste, J.C. (2025) *Robbins and Cotran Pathologic Basis of Disease*. 11th edn. Philadelphia: Elsevier.

Yanoff, M. and Duker, J.S. (eds.) (2023) *Ophthalmology*. 6th edn. Amsterdam: Elsevier.

Websites

https://medpix.nlm.nih.gov/	MedPix (National Library of Medicine) Medical Image Database and Teaching Cases (Educational Reference)
https://www.willseye.org/education/	Wills Eye Hospital – Eye Pathology Educational Resources Case Presentations and Pathology Images (Educational Reference)
https://webpath.med.utah.edu/	WebPath (University of Utah) Pathology Image Library and Tutorials (Educational Reference)
https://www.osmosis.org/	Osmosis Animated Videos, Flashcards, and Quizzes (Online Learning Platform)

Journals and articles

Frontiers in Neurology (n.d.) The Visual System in Demyelinating Disorders: Special issue on advances in diagnosis and management of visual system diseases. Available at: https://www.frontiersin.org/journals/neurology (Accessed: 15 October 2025).

Investigative Ophthalmology & Visual Science (n.d.) Peer-reviewed journal publishing research on clinical and laboratory ophthalmic and vision science. Available at: https://iovs.arvojournals.org/ (Accessed: 15 October 2025).

Eye and Brain (n.d.) Open-access journal focusing on visual system disorders and clinical research. Available at: https://www.dovepress.com/eye-and-brain-journal (Accessed: 15 October 2025).

Links

This unit links to the following related units:

Unit 419: Foundations of Anatomy, Physiology and Pathophysiology for Ophthalmology

Unit 420: Anatomy and Physiology of the Visual System and Optics of the Eye

Unit 523: Ophthalmic Imaging and Measurement

Unit 523: Ophthalmic Imaging and Measurement

Unit code: **L/651/8020**

Unit level: **5**

Credit value: **15**

Introduction

Ophthalmic imaging and measurement are essential in modern eye care, supporting the diagnosis, monitoring, and management of ocular conditions. This unit prepares students for clinical, research, and industry roles by providing foundational knowledge and practical skills in key imaging modalities and measurement techniques.

Students will learn the principles and applications of technologies such as fundus photography, OCT, SLO, ocular angiography, and ultrasound, as well as emerging tools like AI-assisted imaging. The unit emphasises patient-centred care, effective communication, and the integration of imaging findings into management plans, alongside ethical and professional standards.

On completion, learners will be able to obtain and interpret ophthalmic images and measurements, contribute to multidisciplinary teams, and apply imaging results to support clinical decision-making and patient outcomes. These skills enable progression to advanced study or employment in diverse ophthalmic settings.

Learning Outcomes

By the end of this unit a student will be able to:

LO1 Analyse the principles and clinical applications of key ophthalmic imaging and measurement modalities

LO2 Analyse the clinical applications and techniques of ophthalmic imaging and measurement modalities for investigating and managing ophthalmic diseases, with consideration of professional judgement and ethical standards

LO3 Reflect on the role of communication and collaboration in ophthalmic imaging and measurement procedures, with reference to patient comfort, safety, and respect

LO4 Assess the quality of ophthalmic images and measurements to support clinical decision-making and patient management.

Essential Content

LO1 **Analyse the principles and clinical applications of key ophthalmic imaging and measurement modalities**

Physical principles and components:

Photoelectric conversion, analogue-to-digital sampling, bit depth, dynamic range, image resolution, sensor size, signal processing, gain, amplification, signal averaging, temporal filtering, spatial filtering, noise sources, artefacts, image registration, montaging, illumination sources, white light LED, xenon flash, laser wavelengths, detectors, CCD, CMOS, photodiodes, scanning mechanisms, transducers, image capture, on-board processing, display functions, measurement functions, laser safety classes, ultrasound output, infection control, calibration, quality assurance, phantom checks, scale verification, focus verification, alignment verification, role boundaries, standard operating procedures.

Imaging modalities:

Colour fundus photography, mydriatic fundus camera, non-mydriatic fundus camera, fundus angiography to include fluorescein angiography (FA), indocyanine green angiography (ICGA), scanning laser ophthalmoscopy (SLO), confocal SLO (cSLO), fundus autofluorescence (FAF), optical coherence tomography (OCT), spectral-domain OCT (SD-OCT), swept-source OCT (SS-OCT), OCT-angiography (OCT-A), ultrasound, B-scan, ultrasound bio microscopy (UBM), corneal topography, placido-disc topography, scheimpflug tomography, slit-scanning systems, biometry, partial coherence interferometry, optical low-coherence reflectometry (OLCR), keratometry.

Ophthalmic measurement techniques:

Visual field assessment: perimetry, automated perimetry, manual perimetry, threshold testing, suprathreshold testing, visual field indices, reliability indices

Tonometry: intraocular pressure measurement, Goldmann applanation tonometry, non-contact tonometry, rebound tonometry, tonometry calibration

Keratometry: corneal curvature measurement, manual keratometry, automated keratometry

Pachymetry: corneal thickness measurement, ultrasound pachymetry, optical pachymetry

Biometry: axial length measurement and IOL formula selection, ultrasound A- and B-scan biometry, optical biometry, intraocular lens power calculation

Measurement quality indicators: repeatability, reproducibility, calibration, reliability, artefact detection

Integration of measurement results: clinical interpretation, patient management, multidisciplinary communication

Advantages and limitations colour rendering:

Wide availability, serial comparability, peripheral coverage, media opacity, two-dimensional imaging, monochromatic rendering, colour rendering, contrast enhancement, lipofuscin mapping.

Clinical applications:

Cataract, diabetic retinopathy, age-related macular degeneration, retinal vein occlusion, retinal artery occlusion, glaucoma, corneal ectasia, post-surgical assessment, retinal detachment, vitreous haemorrhage, posterior tumours, uveitis, central serous retinopathy, choroidal disorders, ocular trauma.

Selection criteria:

Clinical question, anatomical target, parameter required, data quality, serial monitoring, device consistency, segmentation comparability, invasiveness, time, patient throughput, availability, operator competence.

Patient specific factors:

Media opacity, pupil size, fixation, cooperation, nystagmus, ocular surface, contact lens wear, dye contraindications, renal status, hepatic status, photosensitivity, photophobia, epilepsy history, anatomical extremes, high myopia, post-refractive eyes.

Limitations and artefacts:

Segmentation errors, motion artefact, shadowing, projection artefact, Blur, vignetting, autofluorescence patterns, misalignment, gain artefacts, probe orientation.

Emerging technologies:

Swept-source OCT, Ultra-widefield imaging, AI-assisted analysis, Multimodal registration, Adaptive optics.

Professional standards:

National Occupational Standards (NOS), Professional body standards, Quality assurance protocols, Infection control guidelines.

LO2 **Analyse the clinical applications and techniques of ophthalmic imaging and measurement modalities for investigating and managing ophthalmic diseases, with consideration of professional judgement and ethical standards**

Clinical applications and techniques:

Investigation, diagnosis, management, documentation, ophthalmic diseases, ophthalmic conditions, imaging modalities, measurement techniques, serial imaging, disease progression, patient outcomes, quality of care, standard operating procedures (SOPs), clinical governance, digital image capture, digital image saving, digital image storage, digital image disposal.

Professional judgement:

Risk-benefit analysis, Limitations, Sources of error, Image quality, Misdiagnosis, Communication of findings, Recommendations, Patient engagement, Colleague engagement.

Ethical standards:

Informed consent, Patient autonomy, Data privacy, Data security, Data management, Professional standards, Codes of conduct, Good Scientific Practice, Clinical decision-making, Alternative tests, Patient difficulties, Consultation, Escalation protocols.

Quality assurance and governance:

Principles of image capture, Methods of image storage, Image disposal protocols, Data protection regulations, Confidentiality, Record keeping, Audit trails.

Mapping to standards:

National Occupational Standards (NOS), Professional body standards, Regulatory guidelines.

LO3 **Reflect on the role of communication and collaboration in ophthalmic imaging and measurement procedures, with reference to patient comfort, safety, and respect**

Communication skills in ophthalmic imaging:

Procedure explanation, Informed consent, Visual aids, Patient anxiety management, Expectation setting, Accessibility, Language support, Cultural sensitivity, Non-verbal communication, Active listening.

Collaboration and teamwork in clinical settings:

Clinical colleagues, optometrists, ophthalmologists, technicians; multidisciplinary coordination, diabetes care teams, team meetings, information sharing, learning support, Interprofessional relationships.

Patient-centred care:

Patient comfort, Patient safety, Equipment adjustment, Dignity, Privacy screens, Cultural needs, Feedback response, Patient concerns, Individualised care, Respect. Professional Practice

Codes of conduct, Professional boundaries, Confidentiality, Record keeping, Escalation protocols, Quality assurance, Standard operating procedures (SOPs).

Barriers and Solutions:

Communication barriers, Physical barriers, psychological barriers, Accessibility challenges, Mitigation strategies, Support resources.

LO4 **Assess the quality of ophthalmic images and measurements to support clinical decision-making and patient management**

Acquisition of ophthalmic images and measurements:

Techniques, protocols, and best practice for obtaining high-quality data.

Quality assessment:

Indicators, artefact recognition, calibration, repeatability, reliability, and application to clinical decision-making.

Interpretation of ophthalmic images and measurements:

Quality Assessment Image quality indicators, Measurement quality indicators, Normal anatomical features, Abnormal findings, Artefacts, Error sources, Calibration protocols, Quality assurance procedures, Device consistency, Segmentation comparability, Data reliability, Repeatability, Reproducibility.

Interpretation and Application to clinical practice:

Clinical history correlation, Symptom linkage, Diagnosis, Diabetic retinopathy, Glaucoma, Macular degeneration, Patient care plans, Follow-up recommendations, Report preparation, Referral documentation.

Evidence-based practice in interpretation:

Clinical guidelines, NICE guidelines, Research evidence, Limitations, Uncertainties, Further testing, Professional development, Workshops, Online courses

Professional Standards, National Occupational Standards (NOS), Professional body standards, Record keeping, Confidentiality, Audit trails.

Learning Outcomes and Assessment Criteria

Pass	Merit	Distinction
LO1 Analyse the principles and clinical applications of key ophthalmic imaging and measurement modalities		
P1 Analyse the principles, basic components, and emerging technologies of two key ophthalmic imaging and measurement modalities. **P2** Interpret how these imaging and measurement modalities are applied in the diagnosis or management of ocular conditions.	**M1** Critically analyse the advantages and limitations @of different imaging and measurement modalities in varied clinical scenarios.	**D1** Justify the selection of imaging and measurement modalities for complex clinical cases, considering emerging technologies and patient-specific factors.
LO2 Analyse the clinical applications and techniques of ophthalmic imaging and measurement modalities for investigating and managing ophthalmic diseases, with consideration of professional judgement and ethical standards		
P3 Analyse the use of ophthalmic imaging and measurement modalities in investigating and managing ophthalmic diseases, with reference to professional judgement and ethical standards.	**M2** Critically evaluate ethical considerations and professional responsibilities in the use of ophthalmic imaging and measurement.	**D2** Justify clinical decisions in ophthalmic cases involving multiple pathologies or ethical dilemmas, evidencing ethical reasoning and professional judgement.

Pass	Merit	Distinction
LO3 Reflect on the role of communication and collaboration in ophthalmic imaging and measurement procedures, with reference to client and/or patient comfort, safety, and respect		
P4 Interpret appropriate communication and collaboration approaches during ophthalmic imaging and measurement procedures, with reference to how client and/or patient comfort, safety, and respect are maintained.	**M3** Critically discuss strategies to improve client and/or patient comfort, safety, and respect during ophthalmic imaging and measurement procedures.	**D3** Critically evaluate collaborative approaches to patient-centred care in ophthalmic imaging, considering their impact on client and/or patient comfort, safety, and respect.
LO4 Assess the quality of ophthalmic images and measurements to support clinical decision-making and patient management		
P5 Analyse the quality of ophthalmic images and measurements using key indicators in ophthalmic practice. **P6** Interpret how image and measurement quality supports clinical decision-making and patient management.	**M4** Analyse ophthalmic images and measurements involving multiple modalities or ambiguous results to determine implications for diagnosis and management.	**D4** Justify clinical recommendations based on detailed analysis of ophthalmic images and measurements, integrating evidence-based practice and patient-specific factors.

Recommended Resources

Textbooks

Das, T. & Satgunam, P. (eds.) (2024) *Ophthalmic Diagnostics: Technology, Techniques, and Clinical Applications*. Singapore: Springer.

Gologorsky, D. & Rosen, R. (2021, eBook published 2024) *Principles of Ocular Imaging.* Boca Raton: CRC Press.

Mohammadpour, M. (2021) *Diagnostics in Ocular Imaging: Cornea, Retina, Glaucoma and Orbit*. Cham: Springer.

Websites

https://touchophthalmology.com/	touchOPHTHALMOLOGY Education & CME (General reference)
https://www.opsweb.org/	Ophthalmic Photographers' Society (OPS) Webinars & Journal (General reference)
https://www.aao.org/education/education-browse	American Academy of Ophthalmology Education Portal (Tutorials, Case Studies)
https://ophthalmologyfoundation.org/faculty-development-programs/resources/	Ophthalmology Foundation Educational Tools (General reference)
https://umiamihealth.org/bascom-palmer-eye-institute/healthcare-professionals/global-center-for-ophthalmic-education	Bascom Palmer Eye Institute Global Center for Ophthalmic Education (Training, Online Programs)

Journals and articles

Diagnostics (MDPI) (2023) 'Latest Advances in Ophthalmic Imaging.' Diagnostics, Special Issue. Available at: https://www.mdpi.com/journal/diagnostics/special_issues/869367IJGB.

Frontiers in Medicine (2022) 'The Development and Clinical Application of Innovative Optical Ophthalmic Imaging Techniques.' Frontiers in Medicine, 9, Article 891369. Available at: https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2022.891369/ful.

Gologorsky, D. & Rosen, R. (2023) 'Recent Advances in Ocular Imaging Modalities.' JAMA Ophthalmology, 141(2), pp. 123–130. Available at: https://jamanetwork.com/collections/5797/ophthalmic-imaging.

Mohammadpour, M. (2022) 'Diagnostics in Ocular Imaging: Cornea, Retina, Glaucoma and Orbit.' BMJ Open Ophthalmology, 7(1), pp. 45–52. Available at: https://bmjophth.bmj.com/pages/topic-collection-imaging-and-biomarkers-in-ophthalmology.

Links

This unit links to the following related units:

Unit 419: Foundations of Anatomy, physiology and Pathophysiology for Ophthalmology

Unit 420: Anatomy and Physiology of the Visual System and Optics of the Eye

Unit 522: Pathology and Clinical Manifestations of Diseases of the Visual System.

5.0 Summary of suggested assessment methods

Unit number	Suggested assessment method(s)
401	**Mandatory** There are two elements to this unit's assessment: 1. Consistent, safe, competent practice 2. Professional discussion supported by portfolio of evidence.
402	Personal and professional development portfolio to evidence the student journey throughout the unit.
403	Quality improvement plan.
404	Case study presentation illustrating how values-based practice, including equity, diversity and inclusion, has been used to ensure the provision of person-centred and personalised care in students' workplace/placement.
405	Student facilitated learning session for peers.
406	Development and communication of an evidence based service improvement action plan, including reflective analysis of own abilities to carry out plan.
407	Presentation and evaluation of student's contribution to a community led activity plan.
408	Oral case study presentation accompanied by evidence and/or reflections in the practice portfolio.
409	Professional discussion based on a case study about a service user that the student has cared for or supported. The student's practice portfolio with reflections and learning logs could be used to provide additional evidence.
410	Reflective case studies based on own practice experiences – one written, one conveyed in person.
411	Portfolio of own short evidence based reflections from practice.
412	Case studies focused on individuals with breast and prostate cancer.
413	Written evidence based essay accompanied by short presentation of key findings. Short reflections in practice portfolio to evidence these in relation to own practice.

414	Presentation about using theory in practice for the benefits of service users, and reflection on own practice in the planning process.
415	Evidence based case study accompanied by validated reflections/learning logs/evidence from the practice portfolio.
416	Student conference presentation with written evidence based abstract.
417	Short series of group or individual three-minute vlogs or podcasts related to public health and initiatives related to own practice. Citations should be included in each vlog/podcast description (5,000 characters), and a full reference list should be provided with submission.
418	Defended poster presentation accompanied by validated reflections/learning logs/evidence from the practice portfolio.
419	Written case study or portfolio demonstrating understanding of anatomical, physiological, and pathophysiological concepts, with applied reflections on clinical or practice scenarios.
420	Practical assessment and/or written report demonstrating knowledge of the anatomy, physiology, and pathophysiology of the visual system, including optical principles and clinical relevance.
501	**Mandatory** There are two elements to this unit's assessment: 1. Consistent, safe, competent practice 2. Professional discussion supported by portfolio of evidence.
502	Closed-group professional discussion forum (students and tutors) and evidence based (referenced) reflection on personal skills in relation to leading, coaching or mentoring others.
503	Participatory action research proposal with self-reflection section.
504	Lesson plan with short background and application of theories section, delivery of the learning session, and additional post-session reflection on the plan.
505	Presentation on the need for change management initiatives accompanied by a written change management plan for a small-scale initiative in own area of practice.
506	Professional presentation of factors that contribute to abuse and harm with inclusion of concept map. Reflective case studies related to own practice.

507	Simulated job interview and portfolio of reflections that could be contained within the practice portfolio.
508	Concept map in conjunction with a short case study, and reflection(s) in the practice portfolio.
509	Presentation of quality improvement project to be led by student, and reflective project log recorded throughout duration of project.
510	Individual professional discussion and group concept map presentation, in conjunction with validated reflections/learning logs/evidence from the practice portfolio.
511	Group presentation or seminar and individual reflections in own practice. Reflections could be within the practice portfolio.
512	Evidence based strategy (plan) to promote advocacy and empowerment in own practice setting, accompanied by CPD activity/activities related to mediation and conflict resolution within the practice portfolio.
513	Presentation of small portfolio of risk assessment plans accompanied by reflective case study with action plan to develop own practice.
514	Peer seminar presentation of a homelessness prevention strategy review accompanied by a case study that considers the wellbeing of people who the strategy is designed to support. The presentation should be supported by relevant reflections from own practice within the practice portfolio.
515	Case study presentation related to a person that the student has cared for with either a type of head and neck cancer or lung cancer, accompanied by reflections and validated evidence in the practice portfolio.
516	Presentation on why own role is important in supporting individuals with disabilities and their families, accompanied by evidence based executive summary.
517	Small portfolio of theoretically based reflections on own practice with themes related to life stages, use of assessment by the multidisciplinary team and the use of professional frameworks. Reflections could be contained within the practice portfolio.
518	Presentation of a plan to develop and grow others' careers within own area, accompanied by reflections on own practice. Reflections could be in the practice portfolio.

519	Project document, evaluation and reflections for a small-scale project in student's own placement area or workplace. Reflections could be within the practice portfolio.
520	Recorded peer interview exploring own written evidence based case study.
521	Peer learning session with concept map handout accompanied by reflective evidence from the practice portfolio.
522	Case-based analysis and written report evaluating the pathology, clinical manifestations, and management of diseases of the visual system, supported by evidence from practice or simulated scenarios.
523	Practical skills assessment and reflective logbook demonstrating competence in ophthalmic imaging and measurement, with interpretation of findings and application to patient management.

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