



Pearson
BTEC

Pearson BTEC
International Level 3 in

Health and Social Care

Specification

First teaching from September 2022

L3

Issue 1

Pearson BTEC International Level 3 Qualifications in Health and Social Care

Specification

First teaching September 2022

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About Pearson

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Welcome

With a track record built over 40 years of learner success, our BTEC International Level 3 qualifications are recognised internationally by governments, industry and higher education. BTEC International Level 3 qualifications allow learners to progress to the workplace – either directly or via study at a higher level. Over 100,000 BTEC learners apply to university every year. Their Level 3 BTECs, either on their own or in combination with A Levels, are accepted by UK and international universities, and higher-education institutes for entry to relevant degree programmes.

Career-ready education

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

When creating the BTEC International Level 3 qualifications in this suite, we worked with many employers, higher-education providers, colleges and schools to ensure that we met their needs. Employers are looking for recruits who have a thorough grounding in the latest industry requirements and work-ready skills, for example teamwork. Learners who progress to higher education need experience of research, extended writing and meeting deadlines. BTEC qualifications provide the breadth and depth of learning to give learners this experience.

BTEC addresses these needs by offering:

- a range of BTEC qualification sizes, each with a clear purpose, so that there is something to suit each learner's choice of study programme and progression plans
- internationally relevant content, which is closely aligned with employer and higher-education needs
- assessments and projects chosen to help learners progress; this means that some assessments and projects are set by you to meet local needs, while others are set by Pearson, ensuring a core of skills and understanding common to all learners.

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

Collaborative development

Learners who complete their BTEC International Level 3 qualification in Health and Social care aim to go on to employment, often via the stepping stone of higher education. It was, therefore, essential that we developed these qualifications in close collaboration with experts from professional bodies, businesses and universities, and with the providers who will be delivering the qualifications. We engaged experts in the development of these qualifications to ensure that the content meets providers' needs and gives learners quality preparation to help them progress. We are grateful to all the university and further-education lecturers, teachers, employers, professional body representatives and other individuals who have generously shared their time and expertise to help us develop these new qualifications.

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Introduction to the BTEC International Level 3 qualifications for the health and social care sector

This specification contains all the information you need to deliver the Pearson BTEC International Level 3 Qualifications in Health and Social Care. We also refer you to other handbooks and policies. This specification includes all the units for these qualifications. These qualifications are part of the suite of health and social care qualifications offered by Pearson. In this suite, there are qualifications that focus on different progression routes, allowing learners to choose the one best suited to their aspirations. These qualifications are not regulated in England.

All qualifications in the suite share some common units and assessments, which gives learners some flexibility in moving between sizes.

In the health and social care sector these qualifications are:

Pearson BTEC International Level 3 Certificate in Health and Social Care

Pearson BTEC International Level 3 Subsidiary Diploma in Health and Social Care

Pearson BTEC International Level 3 Foundation Diploma in Health and Social Care

Pearson BTEC International Level 3 Diploma in Health and Social Care

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

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

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

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

Qualifications, sizes and purposes at a glance

Title	Size and structure	Summary purpose
Pearson BTEC International Level 3 Certificate in Health and Social Care	180 GLH Equivalent in size to 0.5 of an International A Level. Two units which are mandatory and one which is assessed by a Pearson Set Assignment. Mandatory content (100%).	This qualification is designed to support learners who want an introduction to the sector through applied learning and for whom an element of health and social care would be complementary. This qualification supports progression to higher education as part of a programme of study that includes other appropriate BTEC International Level 3 qualifications or International A Levels.
Pearson BTEC International Level 3 Subsidiary Diploma in Health and Social Care	360 GLH Equivalent in size to one International A Level. Four units, of which three are mandatory and two of which are assessed by a Pearson Set Assignment. Mandatory content (83%).	A broad basis of study for the health and social care sector. This qualification is designed to support progression to higher education when taken as part of a programme of study that includes other appropriate BTEC International Level 3 qualifications or International A Levels.
Pearson BTEC International Level 3 Foundation Diploma in Health and Social Care	510 GLH Equivalent in size to 1.5 International A Levels. Six units, of which four are mandatory and two of which are assessed by a Pearson Set Assignment. Mandatory content (76%).	This qualification is designed to support learners who want to study health and social care as a one-year, full-time course, or for those wanting to take it alongside another area of complementary or contrasting study as part of a two-year, part-time study programme. The qualification would support progression to higher education if taken as part of a programme of study that included other BTEC International Level 3 qualifications or International A Levels.

Title	Size and structure	Summary purpose
Pearson BTEC International Level 3 Diploma in Health and Social Care	720 GLH Equivalent in size to two International A Levels. Eight units, of which six are mandatory and three of which are assessed by Pearson Set Assignment. Mandatory content (83%).	This qualification is designed to support learners who want to study health and social care as the main element alongside another area of complementary or contrasting study as part of a two-year, part-time study programme.
Pearson BTEC International Level 3 Extended Diploma in Health and Social Care	1080 GLH Equivalent in size to three International A Levels. 14 units, of which eight are mandatory and three of which are assessed by Pearson Set Assignment. Mandatory content (67%).	This qualification is designed as a full-time course to support learners who want to study health and social care as the main focus of a two-year, full-time study programme. The qualification would support progression to higher education in its own right.
Pearson BTEC International Level 3 Extended Diploma in Health and Social Care (Health Studies)	1080 GLH Equivalent in size to three International A Levels. 14 units, of which eight are mandatory and three of which are assessed by Pearson Set Assignment. Mandatory content (67%).	This qualification is designed as a full-time course to support learners who want to study health and social care as the main focus of a two-year, full-time study programme. This is an Extended Diploma pathway specifically for those learners who wish to progress to a health-related degree. The qualification would support progression to higher education in its own right.

Structures of the qualifications at a glance

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

Key

	Pearson Set Assignment	M	Mandatory units	O	Optional units
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Unit (number and title)	Unit size (GLH)	Certificate (180 GLH)	Subsidiary Diploma (360 GLH)	Foundation Diploma (510 GLH)	Diploma (720 GLH)	Extended Diploma (1080 GLH)	Extended Diploma (Health Studies) (1080 GLH)
1 Human Lifespan Development	90	M	M	M	M	M	M
2 Anatomy and Physiology for Health and Social Care	120		M	M	M	M	M
3 Enquiries into Current Research in Health and Social Care	120				M	M	M
4 Principles of Effective Care	90	M	M	M	M	M	M
5 Principles of Safe Practice in Health and Social Care	90				M	M	M
6 Promoting Public Health	90			M	M	M	M
7 Infection Prevention and Control	60				O	M	M
8 Sociological Perspectives	60					O	
9 Psychological Perspectives	60					O	O
10 Supporting Individuals with Additional Needs	60					O	
11 Scientific Techniques for Health Science	60		O	O	O		O

continued

Unit (number and title)	Unit size (GLH)	Certificate (180 GLH)	Subsidiary Diploma (360 GLH)	Foundation Diploma (510 GLH)	Diploma (720 GLH)	Extended Diploma (1080 GLH)	Extended Diploma (Health Studies) (1080 GLH)
12 Physiological Disorders and their Care	60		O	O	O	M	M
13 Microbiology for Health Science	60		O	O	O		O
14 Policy in Health and Social Care	60					O	
15 Caring for Individuals with Dementia	60					O	O
16 Assessing Children's Development Support Needs	60					O	
17 Nutritional Health	60		O	O	O	O	O
18 Understanding Mental Wellbeing	60					O	O
19 Medical Physics Applications in the Health Sector	60						O
20 Genetics	60						O
21 Biomedical Science	60						O
22 Biochemistry for Health	60		O	O	O	O	O
23 Complementary Therapies for Health and Social Care	60						O
24 Health Psychology	60						O

Qualification and unit content

Pearson has developed the content of the new BTEC International Level 3 qualifications in collaboration with employers and representatives from higher education, and relevant professional bodies. In this way, we have ensured that content is up to date and that it includes the knowledge, understanding, skills and personal attributes required in the sector.

The mandatory content ensures that all learners are following a coherent programme of study and that they acquire knowledge, understanding and skills that will be recognised and valued by higher education and employers. Learners are expected to show achievement across mandatory units as detailed in *Section 2 Structure*.

BTEC qualifications encompass applied learning that brings together knowledge and understanding with practical and technical skills. This applied learning is achieved through learners performing vocational tasks that encourage the development of appropriate vocational behaviours and transferable skills. Transferable skills are those such as communication, teamwork and research and analysis, which are valued in both higher education and the workplace. Opportunities to develop these skills are signposted in the units.

Our approach provides rigour and balance, and promotes the ability to apply learning immediately in new contexts.

Centres should ensure that content, for example, content that references regulation, legislation, policies and regulatory/standards organisations, is kept up to date, where applicable. The units include guidance on approaches to breadth and depth of coverage, which can be modified to ensure that content is current and reflects international variations.

Assessment

Assessment is designed to fit the purpose and objective of the qualification. It includes a range of assessment types and styles suited to vocational qualifications in the sector. All assessment is internal but some mandatory units have extra controls on assessment and are assessed using Pearson Set Assignments.

Set assignment units

Some mandatory units in the qualifications are assessed using a set assignment. Each assessment is set by Pearson and may need to be taken under controlled conditions before it is marked by teachers.

Set assignment units are subject to external standards verification processes common to all BTEC units. By setting an assignment for some units, we can ensure that all learners take the same assessment for a specific unit. Learners are permitted to resit set assignment units during their programme. Please see *Section 6 Internal assessment* for further information.

Set assignments are available from September each year and are valid for one year only. For detailed information on the Pearson Set Assignment, please see the table in *Section 2 Structure*. For further information on preparing for assessment, see *Section 5 Assessment structure*.

Internal assessment

All units in the sector are internally assessed and subject to external standards verification. Before you assess you will need to become an approved centre, if you are not one already. You will need to prepare to assess using the guidance in *Section 6 Internal assessment*.

For units where there is no Pearson Set Assignment, you select the most appropriate assessment styles according to the learning set out in the unit. This ensures that learners are assessed using a variety of styles to help them develop a broad range of transferable skills. Learners could be given opportunities to:

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

For these units, Pearson will provide an Authorised Assignment brief that you can use. You will make grading decisions based on the requirements and supporting guidance given in the units. Learners may not make repeated submissions of assignment evidence. For further information, please see *Section 6 Internal assessment*.

Language of assessment

Assessment of the units for these qualifications is available in English but can be translated as necessary.

A learner taking the qualification/s may be assessed in sign language where it is permitted for the purpose of reasonable adjustment. For information on reasonable adjustments, see *Section 7 Administrative arrangements*.

Grading for units and qualifications

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

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

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

1 Qualification purpose and progression

Pearson BTEC International Level 3 qualifications in Health and Social Care

Who are these qualifications for?

The Pearson BTEC International Level 3 qualifications in Health and Social Care are designed for learners in the 16-19 age group who either wish to pursue a career in health and social care-based industries via higher education to access graduate entry employment with health and social care, or through junior health and social care-based employment.

Which size qualification to choose?

Choosing the most suitable size of qualification will depend on the learner's broader programme of study. For example, a learner who wishes to focus solely on health and social care or enterprise may take the Diploma or Extended Diploma, while a learner who selects a smaller qualification, such as the Certificate, Subsidiary Diploma or Foundation Diploma, may choose to combine it with qualifications from other sectors in order to support their desired progression. Smaller qualifications are also suitable for learners who are in employment and studying part time.

Qualification structures have been designed to enable a learner who starts with the smallest qualification to progress easily to the larger qualifications.

What do these qualifications cover?

The content of this qualification has been designed to support progression to particular roles in health and social care, either directly via entry-level roles linked to these occupational areas or, more likely, via particular higher-education routes in the particular areas. The qualification content has been designed in consultation with employers, professional bodies and higher-education providers to ensure that the content is appropriate for the progression routes identified.

All learners will be required to take mandatory content that is directly relevant to progression routes in all of the identified areas.

Learners will study mandatory units from the following:

- Human Lifespan Development
- Anatomy and Physiology for Health and Social Care
- Enquiries into Current Research in Health and Social Care
- Principles of Effective Care
- Principles and Safe Practice in Health and Social Care
- Promoting Public Health
- Infection Prevention and Control
- Physiological Disorders and their Care

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

Learners are able to select the following optional units from a general pathway:

- Sociological Perspectives
- Psychological Perspectives
- Supporting Individuals with Additional Needs
- Policy in Health and Social Care
- Caring for Individuals with Dementia
- Assessing Children's Development Support Needs
- Nutritional Health
- Understanding Mental Wellbeing
- Biochemistry for Health

Learners are able to select the following optional units from a health studies pathway:

- Psychological Perspectives
- Scientific Techniques for Health Science
- Microbiology for Health Science
- Caring for Individuals with Dementia
- Nutritional Health
- Understanding Mental Wellbeing
- Medical Physics Applications in the Health Sector
- Genetics
- Biomedical Science
- Biochemistry for Health
- Complementary Therapies for Health and Social Care
- Health Psychology

What could these qualifications lead to?

This qualification supports progression to job opportunities in health and social care and at a variety of levels. Jobs available in these areas include:

- nursing
- social care
- physiotherapy
- occupational therapy
- speech and language therapy
- counselling.

After achieving this qualification, while learners can progress directly to entry-level health and social care roles, it is likely that many will do so via higher study. This qualification is recognised by higher-education institutions as fully meeting admission requirements to many relevant courses in a variety of areas of the health and social care sector, for example:

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

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

- radiography
- midwifery and nursing
- paramedic science
- podiatry
- healthcare science.

NB: learners should always check the entry requirements for degree programmes with the relevant higher education provider.

How do these qualifications provide transferable employability skills?

In the BTEC International Level 3 units, there are opportunities during the teaching and learning phase to give learners practice in developing employability skills. Where we refer to employability skills in this specification, we are generally referring to skills in the following three main categories:

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

There are also specific requirements in some units for assessment of these skills where relevant, for example, where learners are required to undertake real or simulated activities. These skills are indicated in the units and in *Appendix 2: Transferable employability skills*.

How do the qualifications provide transferable knowledge and skills for higher education?

All BTEC International Level 3 qualifications provide transferable knowledge and skills that prepare learners for progression to university. The transferable skills that universities value include:

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

BTEC learners can also benefit from opportunities for deep learning, where they are able to make connections across units and select areas of interest for detailed study. BTEC International Level 3 qualifications provide a vocational context in which learners can develop the knowledge and skills required for particular degree courses, including:

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

2 Structure

Qualification structures

The structures for the qualifications in this specification are:

- Pearson BTEC International Level 3 Certificate in Health and Social Care
- Pearson BTEC International Level 3 Subsidiary Diploma in Health and Social Care
- Pearson BTEC International Level 3 Foundation Diploma in Health and Social Care
- Pearson BTEC International Level 3 Diploma in Health and Social Care
- Pearson BTEC International Level 3 Extended Diploma in Health and Social Care
- Pearson BTEC International Level 3 Extended Diploma in Health and Social Care (Health Studies).

Pearson BTEC International Level 3 Certificate in Health and Social Care

Mandatory units

There are two mandatory units, of which one is a set assignment unit. Learners must complete and achieve a Pass or above in all mandatory units.

Pearson BTEC International Level 3 Certificate in Health and Social Care				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal

Pearson BTEC International Level 3 Subsidiary Diploma in Health and Social Care

Mandatory units

There are three mandatory units, of which two are set assignment units. Learners must complete and achieve a Pass or above in all mandatory units.

Optional units

Learners must complete at least one optional unit.

Pearson BTEC International Level 3 Subsidiary Diploma in Health and Social Care				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
2	Anatomy and Physiology for Health and Social Care	120	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal
Optional units – learners must complete one optional unit				
11	Scientific Techniques for Health Science	60	Optional	Internal
12	Physiological Disorders and their Care	60	Optional	Internal
13	Microbiology for Health Science	60	Optional	Internal
17	Nutritional Health	60	Optional	Internal
22	Biochemistry for Health	60	Optional	Internal

Pearson BTEC International Level 3 Foundation Diploma in Health and Social Care

Mandatory units

There are four mandatory units, of which two are set assignment units. Learners must complete and achieve a Pass or above in all mandatory units.

Optional units

Learners must complete at least two optional units.

Pearson BTEC International Level 3 Foundation Diploma in Health and Social Care				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
2	Anatomy and Physiology for Health and Social Care	120	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal
6	Promoting Public Health	90	Mandatory	Internal
Optional units – learners must complete two optional units				
11	Scientific Techniques for Health Science	60	Optional	Internal
12	Physiological Disorders and their Care	60	Optional	Internal
13	Microbiology for Health Science	60	Optional	Internal
17	Nutritional Health	60	Optional	Internal
22	Biochemistry for Health	60	Optional	Internal

Pearson BTEC International Level 3 Diploma in Health and Social Care

Mandatory units

There are six mandatory units, of which three are set assignment units. Learners must complete and achieve a Pass or above in all mandatory units.

Optional units

Learners must complete at least two optional units.

Pearson BTEC International Level 3 Diploma in Health and Social Care				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
2	Anatomy and Physiology for Health and Social Care	120	Mandatory	Set assignment
3	Enquiries into Current Research in Health and Social Care	120	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal
5	Principles of Safe Practice in Health and Social Care	90	Mandatory	Internal
6	Promoting Public Health	90	Mandatory	Internal
Optional units – learners must complete two optional units				
7	Infection Prevention and Control	60	Optional	Internal
11	Scientific Techniques for Health Science	60	Optional	Internal
12	Physiological Disorders and their Care	60	Optional	Internal
13	Microbiology for Health Science	60	Optional	Internal
17	Nutritional Health	60	Optional	Internal
22	Biochemistry for Health	60	Optional	Internal

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

Mandatory units

There are eight mandatory units, of which three are set assignment units. Learners must complete and achieve a Pass or above in all mandatory units.

Optional units

Learners must complete at least six optional units.

The optional units are grouped. Learners must take three units from Group A and three units from Group B.

Pearson BTEC International Level 3 Extended Diploma in Health and Social Care				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
2	Anatomy and Physiology for Health and Social Care	120	Mandatory	Set assignment
3	Enquiries into Current Research in Health and Social Care	120	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal
5	Principles of Safe Practice in Health and Social Care	90	Mandatory	Internal
6	Promoting Public Health	90	Mandatory	Internal
7	Infection Prevention and Control	60	Mandatory	Internal
12	Physiological Disorders and their Care	60	Mandatory	Internal
Optional units Group A – learners complete three units				
9	Psychological Perspectives	60	Optional	Internal
15	Caring for Individuals with Dementia	60	Optional	Internal
17	Nutritional Health	60	Optional	Internal
18	Understanding Mental Wellbeing	60	Optional	Internal
22	Biochemistry for Health	60	Optional	Internal
Optional units Group B – learners complete three units				
8	Sociological Perspectives	60	Optional	Internal
10	Supporting Individuals with Additional Needs	60	Optional	Internal
14	Policy in Health and Social Care	60	Optional	Internal
16	Assessing Children's Development Support Needs	60	Optional	Internal

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

Mandatory units

There are eight mandatory units, of which three are set assignment units. Learners must complete and achieve a Pass or above in all mandatory units.

Optional units

Learners must complete at least six optional units.

The optional units are grouped. Learners must take three units from Group A and three units from Group B.

Pearson BTEC International Level 3 Extended Diploma in Health and Social Care (Health Studies)				
Unit number	Unit title	GLH	Type	How assessed
Mandatory units – learners complete and achieve all units				
1	Human Lifespan Development	90	Mandatory	Set assignment
2	Anatomy and Physiology for Health and Social Care	120	Mandatory	Set assignment
3	Enquiries into Current Research in Health and Social Care	120	Mandatory	Set assignment
4	Principles of Effective Care	90	Mandatory	Internal
5	Principles of Safe Practice in Health and Social Care	90	Mandatory	Internal
6	Promoting Public Health	90	Mandatory	Internal
7	Infection Prevention and Control	60	Mandatory	Internal
12	Physiological Disorders and their Care	60	Mandatory	Internal
Optional units Group A – learners complete three units				
9	Psychological Perspectives	60	Optional	Internal
15	Caring for Individuals with Dementia	60	Optional	Internal
17	Nutritional Health	60	Optional	Internal
18	Understanding Mental Wellbeing	60	Optional	Internal
22	Biochemistry for Health	60	Optional	Internal

Optional units Group B – learners complete three units				
11	Scientific Techniques for Health Science	60	Optional	Internal
13	Microbiology for Health Science	60	Optional	Internal
19	Medical Physics Applications in the Health Sector	60	Optional	Internal
20	Genetics	60	Optional	Internal
21	Biomedical Science	60	Optional	Internal
23	Complementary Therapies for Health and Social Care	60	Optional	Internal
24	Health Psychology	60	Optional	Internal

Set assignment units

This is a summary of the type and availability of set assignment units. For more information, see *Section 5 Assessment structure*, and the units and sample assessment materials.

Unit	Type	Availability
Unit 1: Human Lifespan Development	<ul style="list-style-type: none">• An assignment set by Pearson and marked by the centre.• The advised period is 12 hours.	Two available for each one-year period.
Unit 2: Anatomy and Physiology for Health and Social Care	<ul style="list-style-type: none">• An assignment set by Pearson and marked by the centre.• The advised period is 15 hours.	Two available for each one-year period.
Unit 3: Enquiries into Current Research in Health and Social Care	<ul style="list-style-type: none">• An assignment set by Pearson and marked by the centre.• The advised period is 20 hours.	Two available for each one-year period.

Employer involvement in assessment and delivery

You are encouraged to give learners opportunities to be involved with employers. For more information, please see *Section 4 Planning your programme*.

3 Units

Understanding your units

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

Each unit in the specification is set out in a similar way. This section explains how the units work. It is important that all teachers, assessors, internal verifiers and other staff responsible for the programme review this section.

Section	Explanation
Unit number	The number is in a sequence in the sector. Numbers may not be sequential for an individual qualification.
Unit title	This is the formal title that we always use, it appears on certificates.
Level	All units are at Level 3.
Unit type	This shows if the unit is internal or assessed using a Pearson Set Assignment. See structure information in <i>Section 2 Structure</i> for details.
Guided Learning Hours (GLH)	Units may have a GLH value of 120, 90 or 60. This indicates the numbers of hours of teaching, directed activity and assessment expected. It also shows the weighting of the unit in the final qualification grade.
Unit in brief	This is a brief formal statement on the content of the unit that is helpful in understanding its role in the qualification. You can use this in summary documents, brochures, etc.
Unit introduction	This is written with learners in mind. It indicates why the unit is important, how learning is structured and how it might be applied when they progress to employment or higher education.
Assessment	For internal set assignment units, this section states whether set assignments are required to be completed.
Learning aims	These help to define the scope, style and depth of learning of the unit. You can see where learners should be learning standard requirements ('understand') or where they should be actively researching ('investigate'). You can find out more about the verbs we use in learning aims in <i>Appendix 3: Glossary of terms used</i> .
Summary of unit	This section helps teachers to see at a glance the main content areas given against the learning aims and the structure of the assessment. The content areas and structure of assessment must be covered. The forms of evidence given are suitable to fulfil the requirement.

Section	Explanation
Content	This section sets out the required teaching content of the unit. Content is compulsory except when shown as 'e.g.'. Learners should be asked to complete summative assessment only after the teaching content for the unit or learning aim(s) has been covered.
Assessment criteria	Each learning aim has Pass and Merit criteria. Each assignment has at least one Distinction criterion. A full glossary of terms used is given in <i>Appendix 3: Glossary of terms used</i> . All assessors need to understand our expectations of the terms used. Distinction criteria represent outstanding performance in the unit. Some criteria require learners to draw together learning from across the learning aims.
Essential information for assignments	This shows the maximum number of assignments that may be used for the unit to allow for effective summative assessment and how the assessment criteria should be used to assess performance. For set assignment units, this section will include any conditions for taking the assignment.
Further information for teachers and assessors	This section gives you information to support the implementation of assessment. It is important that this is read carefully alongside the assessment criteria, as the information will help with interpretation of the requirements.
Resource requirements	Any specific resources that you need to be able to teach and assess are listed in this section. For information on support resources, see <i>Section 10 Resources and support</i> .
Essential information for assessment decisions	This section gives guidance on and examples for each learning aim or assignment of the expectations for Pass, Merit and Distinction standard.
Assessment controls	This section gives details of the rules that learners need to abide by when taking the assessment.
Links to other units	This section shows you the main relationships between different units. This helps you to structure your programme and make best use of available materials and resources.
Employer involvement	This section gives you information on the units, which can be used to involve learners with employers. This will help you to identify the kind of involvement that is likely to be most successful.
Opportunities to develop transferable employability skills	This section gives you guidance on how transferable employability skills might be developed in teaching and assessment of the unit.

Index of units

This section contains all the units developed for these qualifications. Please refer to *pages 4–5* to check which units are available in all qualifications in the health and social care sector.

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Unit 1: Human Lifespan Development

Level: 3

Unit type: Internal set assignment

Guided learning hours: 90

Unit in brief

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

Unit introduction

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

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

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

Assessment

This unit has a set assignment. Learners must complete a Pearson Set Assignment Brief.

Learning aims

In this unit you will:

- A** Examine how humans grow and develop across the life stages
- B** Examine the factors affecting human growth and development across the life stages
- C** Investigate the effects of ageing on individuals.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Examine how humans grow and develop across the life stages	A1 Physical growth and development across the life stages A2 Intellectual growth and development across the life stages A3 Emotional growth and development across the life stages A4 Social growth and development across the life stages	This unit is assessed through a Pearson Set Assignment.
B Examine the factors affecting human growth and development across the life stages	B1 The nature/nurture debate related to factors B2 Genetic factors that affect human growth and development B3 Environmental factors that affect human growth and development B4 Social factors that affect human growth and development B5 Economic factors that affect human growth and development B6 Major life events that affect development	
C Investigate the effects of ageing on individuals	C1 The physical changes of ageing C2 The psychological changes of ageing	

Content

Learning aim A: Examine how humans grow and develop across the life stages

Learners will explore the growth and development of humans within the four domains of physical, intellectual, emotional and social growth and development. Learners will explore this growth and development across the life course of infancy (0–2 years), early childhood (3–8 years), adolescence (9–18 years), early adulthood (19–45 years), middle adulthood (46–65 years), and later adulthood (65 years and over).

A1 Physical growth and development across the life stages

- Growth and development are different concepts:
 - principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions
 - principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.
- In infancy (0–2 years), the individual develops gross and fine motor skills:
 - the development of gross motor skills:
 - control of head
 - rolling over
 - sitting
 - standing
 - walking
 - the development of fine motor skills:
 - opening hands and grasping fingers
 - moving objects from hand to hand
 - using finger and thumb to form a pincer grasp
 - building a small tower of blocks
 - milestones set for the development of the infant:
 - sitting up (7–9 months)
 - standing (10–12 months)
 - taking steps with support (10–12 months)
 - walking (13–18 months).
- In early childhood (3–8 years), the individual further develops gross and fine motor skills:
 - the development of gross motor skills:
 - riding wheeled toys
 - running forwards and backwards
 - walking on a line
 - hopping on one foot
 - hops, skips and jumps confidently
 - the development of fine motor skills:
 - turns pages of a book
 - buttons and unbuttons clothing
 - writes own name
 - joins up writing.

- In adolescence (9–18 years), the changes surrounding puberty:
 - the role of hormones
 - males: growth spurt, shoulders broaden, gain weight and muscle, voice deepens
 - females: growth spurt, increase in fat, onset of menstruation
 - males and females: increase in oily skin and sweating.
- In early adulthood (19–45 years), the individual reaches physical maturity:
 - physical strength peaks, pregnancy and lactation may occur
 - perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats and mood swings.
- In middle adulthood (46–65 years), the female enters menopause:
 - causes and effects of female menopause and the role of hormones in this
 - effects of the ageing process in middle adulthood.
- In later adulthood (65+ years), there are many effects of ageing:
 - health and intellectual abilities can deteriorate.

A2 Intellectual growth and development across the life stages

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

A3 Emotional growth and development across the life stages

- Attachment to care-giver in infancy and early childhood:
 - Bowlby's attachment theory, including four phases of attachment
 - Ainsworth's attachment theory, including types of attachment
 - Schaffer and Emerson's sequence of attachment
 - theories of attachment – learning theory and evolutionary theory (i.e. children come into the world biologically pre-programmed to form attachments with others because it will help them to survive).

- The development, maintenance and importance of self-concept:
 - definitions and factors involved in the development and maintenance of a positive or negative self-esteem throughout the life course
 - definitions and factors involved in the development and maintenance of a positive or negative self-image throughout the life course.

A4 Social growth and development across the life stages

- Parten's stages of play in infancy and early childhood:
 - solo play, parallel play and cooperative play.
- Vygotsky's theory of play – play, particularly sociodramatic play, promotes cognitive, social and emotional development in children.
- The importance of friendships and friendship groups throughout the life course:
 - the social benefits of friendships
 - the effects of peer pressure on social development.
- The development of formal and informal relationships with others throughout the life course.
- The development of independence through the life stages:
 - peer influence in adolescence, starting employment, leaving home, starting a family.

Learning aim B: Examine the factors affecting human growth and development across the life stages

Learners will explore the factors that affect human growth and development, to include the effect of genetics, environmental, social and economic factors. Learners will explore the impact of major life events that are both expected and unexpected, on human development.

B1 The nature/nurture debate related to factors

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

B2 Genetic factors that affect human growth and development

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

B3 Environmental factors that affect human growth and development

- Positive effects of clean air and water.
- Negative effects of pollution:
 - respiratory disorders
 - cardiovascular problems
 - infectious diseases
 - allergies.
- Positive effects of safe and secure housing.
- Negative effects of unsafe and poor-quality housing conditions:
 - respiratory disorders
 - cardiovascular problems
 - exposure (hypothermia and hyperthermia)
 - anxiety and depression.
- Access to health and social care services:
 - availability of transport
 - opening hours of services
 - ability to understand the needs and requirements of particular services.

B4 Social factors that affect human growth and development

- Positive effects of close personal relationships and support networks.
- Negative effects of unsupportive relationships:
 - bullying
 - peer pressure
 - low self-esteem.
- Effects of shared culture, religion and belief.

B5 Economic factors that affect human growth and development

- Positive and negative effects of:
 - income and expenditure
 - employment status
 - education
 - lifestyle.

B6 Major life events that affect development

- Predictable events: these are events that are expected to happen at a particular time. While expected, they may still have an effect on a person's health and wellbeing. These effects can be positive or negative, regardless of the event.
- Unpredictable events: these are events that happen unexpectedly and can have serious physical and psychological effects on an individual. These effects can be positive or negative, regardless of the event.
- Many events can be either predictable or unpredictable depending on the life course of the individual.

- Learners should consider life events from across the life stages. For example:
 - starting school/nursery
 - moving house
 - marriage and changing relationships
 - starting a family
 - beginning employment
 - retirement
 - death of a relative/partner/friend
 - accidents or injury
 - changing employment
 - leaving home
 - promotion or redundancy
 - serious illness.
- The effects of life events on health.

Learning aim C: Investigate the effects of ageing on individuals

Learners will explore the physical and psychological changes of ageing on individuals.

C1 The physical changes of ageing

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

C2 The psychological changes of ageing

- Effects on confidence and self-esteem.
- Effects of social change:
 - role changes
 - loss of a partner
 - loss of friends
 - increase in leisure time.
- Financial concerns.
- Influence of culture, religion and beliefs.
- Psychosocial theories of ageing:
 - activity theory
 - social disengagement theory
 - continuity theory.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine how humans grow and develop across the life stages		A.D1 Analyse the extent to which theories and models can be used to explain human development.
A.P1 Explain physical, intellectual, emotional and social development across the life stages.	A.M1 Compare how human growth and development changes over the life stages.	
Learning aim B: Examine the factors affecting human growth and development across the life stages		B.D2 Assess the significance of life events and factors affecting the growth and development of individuals.
B.P2 Explain how different factors affect growth and development across the life stages.	B.M2 Compare the ways that individuals experience life events and the affect they have on growth and development.	
Learning aim C: Investigate the effects of ageing on individuals		C.D3 Evaluate the extent to which theories of ageing can be used to explain the experience of individuals in later adulthood.
C.P3 Explain the physical and psychological changes of ageing. C.P4 Explain the psychosocial theories of ageing.	C.M3 Assess the impact on individuals of illness, disease or conditions commonly experienced in ageing.	

Essential information for assignments

This unit is assessed using a Pearson Set Assignment Brief. A set assignment must be used to assess learners.

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aim A

For Distinction standard, learners will articulate arguments and views concisely and professionally to analyse the extent to which theories and models can be used to explain human development. Learners will show a depth of understanding through the application of knowledge to given situations and scenarios. They will evaluate concepts to reach reasoned and valid judgements, supported by evidence. They will draw on and synthesise knowledge and understanding of the different domains of human growth and development across the life course.

For Merit standard, learners will provide a balanced discussion of how human growth and development changes over time. They will select appropriate information to support their discussion. They will draw on and apply knowledge and understanding of the different domains of human growth and development across the life course.

For Pass standard, learners will recall knowledge and show understanding of human growth and development across the life course. They will select and organise information appropriately to explain physical, intellectual, emotional and social growth and development across the life course.

Learning aim B

For Distinction standard, learners will articulate arguments and views concisely and professionally to evaluate the impact of a life event on an individual's health and psychological wellbeing. Learners will show a depth of understanding through the application of knowledge to given situations and scenarios. They will evaluate the significance of events on individuals, reaching reasoned and valid judgements, supported by evidence and in the context of the Holmes-Rahe scale. They will draw on and synthesise knowledge and understanding of the different domains of human growth and development across the life course.

For Merit standard, learners will provide a balanced comparison, considering similarities and differences, of the ways that individuals experience life events. They will select relevant information to support their comparison and apply their knowledge appropriately to given situations and scenarios. They will draw on and apply knowledge and understanding of the different domains of human growth and development across the life course.

For Pass standard, learners will recall knowledge and show understanding of the factors and life events affecting human growth and development across the life course. They will select and organise information appropriately to explain the impact on physical, intellectual, emotional and social growth and development across the life course.

Learning aim C

For Distinction standard, learners will articulate arguments and views concisely and professionally to analyse the extent to which theories of ageing can be used to explain the experience of individuals in later adulthood. Learners will show a depth of understanding through the application of knowledge to given situations and scenarios. They will evaluate concepts to reach reasoned and valid judgements, supported by evidence. They will draw on and synthesise knowledge and understanding of the different domains of human growth and development at the end of the life course.

For Merit standard, learners will present a careful consideration of varied factors relating to the impact on individuals of illness, disease or condition of later adulthood. They will apply their knowledge appropriately to given situations and scenarios. Learners will identify those factors that are most important or relevant in each situation and arrive at a conclusion, supported by evidence. They will draw on and apply knowledge and understanding of the physical and psychological changes of ageing.

For Pass standard, learners will recall knowledge and show understanding of the physical and psychological effects of ageing on individuals and the psychosocial theories of ageing. They will select and organise information appropriately to explain the effects of an ageing population with reference to a local geographical area.

Assessment controls

Time: this assignment has a recommended time period. This is for advice only and can be adjusted depending on the needs of learners.

Supervision: you should be confident of the authenticity of learners' work. This may mean that learners be supervised.

Resources: all learners should have access to the same types of resources to complete the assignment.

Research: learners should be given the opportunity to carry out research outside of the learning context if required for the assignment.

Links to other units

This unit links to:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health.

It may be advisable to teach this unit before:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 10: Supporting Individuals with Additional Needs
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 15: Caring for Individuals with Dementia
- Unit 16: Assessing Children's Development Support Needs
- Unit 17: Nutritional Health
- Unit 18: Understanding Mental Wellbeing
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills.

Unit 2: Anatomy and Physiology for Health and Social Care

Level: 3

Unit type: Internal set assignment

Guided learning hours: 120

Unit in brief

In this unit learners will cover the structure, organisation and function of the human body including anatomical and physiological systems and disorders affecting these systems.

Unit introduction

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

This unit focuses on the anatomy and physiology of the human body. You will learn the core knowledge of cellular structure and function and the organisation of the body as a whole. You will then build on this to develop a more detailed knowledge of the fine anatomy and physiology of the skeletal and muscular systems, as well as those systems involved in energy metabolism. You will examine energy and the cardiovascular, respiratory and digestive systems, and the functioning of body systems associated with energy metabolism. You will consider some common disorders and how homeostatic mechanisms operate in the maintenance of an internal environment.

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

Assessment

This unit has a set assignment. Learners must complete a Pearson Set Assignment Brief.

Learning aims

In this unit you will:

- A** Examine the structure and function of the human body, and the role of homeostatic mechanisms
- B** Understand the structure, organisation and function of human body systems
- C** Understand how disorders affect anatomical and physiological systems.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Examine the structure and function of the human body, and the role of homeostatic mechanisms	A1 How cells work A2 Characteristics of tissues A3 The location of body organs A4 Energy in the body A5 Homeostatic mechanisms	This unit is assessed through a Pearson Set Assignment.
B Understand the structure, organisation and function of human body systems	B1 The structure and function of the cardiovascular system B2 The structure and function of the respiratory system B3 The structure and function of the musculoskeletal system B4 The structure and function of the digestive system B5 The structure and function of the nervous system B6 The structure and function of the endocrine system B7 The structure and function of the lymphatic and immune systems B8 The structure and function of the renal system	
C Understand how disorders affect anatomical and physiological systems	C1 Disorders of the body systems C2 Factors that affect body systems	

Content

Learning aim A: Examine the structure and function of the human body, and the role of homeostatic mechanisms

Learners will explore the structure of cells, how they are organised into tissues and how the tissues work together in organs. Learners will understand how homeostatic mechanisms and energy metabolism maintain a stable internal environment.

A1 How cells work

- The structure of animal cells, including membrane, nucleus, ribosomes, rough and smooth endoplasmic reticulum, and mitochondria.
- The function of cell organelles, including membrane, nucleus, mitochondria and ribosomes.

A2 Characteristics of tissues

- The structure of:
 - epithelial (i.e. simple and compound)
 - connective (i.e. blood, cartilage, bone, areolar and adipose)
 - muscle (i.e. striated, non-striated, cardiac)
 - nervous (i.e. neurones, neuroglia).

A3 The location of body organs

Location of:

- Heart.
- Lungs.
- Brain.
- Digestive system organs:
 - stomach
 - liver
 - pancreas
 - duodenum
 - ileum
 - colon.
- Kidney.
- Reproductive organs:
 - ovaries/testes
 - uterus.
- Skin.

A4 Energy in the body

- Respiration (i.e. role of energy in the body, aerobic and anaerobic respiration).
- Energy metabolism (i.e. anabolism, catabolism and basal metabolic rate).

A5 Homeostatic mechanisms

- Definition of homeostasis.
- The concept of negative feedback as a regulatory mechanism.
- Body temperature (i.e. production of heat by the body, loss of heat by the body, roles of hypothalamus and autonomic nervous system, role of arterioles and sweat glands, effects of shivering, fever and hypothermia).

- Blood glucose levels (i.e. role of pancreas, liver, insulin and glucagon).
- Fluid balance (i.e. water intake/output/loss, role of kidneys and renal system, and effects of dehydration).

Learning aim B: Understand the structure, organisation and function of human body systems

Learners will explore the anatomy and function of body systems and how these are interrelated. Learners will understand the regulation of major body systems.

B1 The structure and function of the cardiovascular system

- The structure and function of the cardiovascular system (i.e. heart structure, cardiac cycle, heart rate (including regulation), stroke volume, blood pressure, cardiac muscle).
- Blood vessels (i.e. arteries, arterioles, capillaries, venules and veins).
- Double circulation (i.e. pulmonary and systemic circulation).
- The structure and function of the blood (i.e. red blood cells, white blood cells, plasma, platelets, transport of dissolved chemicals, hormones and heat).

B2 The structure and function of the respiratory system

- The structure and function of the respiratory system (i.e. air passages in nose, trachea, bronchi, lungs, bronchial tree and alveoli).
- The role of ciliated epithelial tissue.
- Respiratory muscles (i.e. intercostal muscles and diaphragm).
- Ventilation including regulation, gaseous exchange and diffusion.

B3 The structure and function of the musculoskeletal system

- Function of ligaments, cartilage and bone.
- Types of bone (i.e. long bones, short bones, flat bones, irregular bones and sesamoid bones).
- The structure of the skeletal system (i.e. axial skeleton and appendicular skeleton).
- The function of the skeletal system (i.e. support, protection, attachment for skeletal muscle, blood cell production and store of minerals).
- The structure of joints (i.e. fibrous joints, cartilaginous joints and synovial joints).
- How muscles are attached to the body (i.e. tendons and fascia).
- Function of the muscular system: movement (i.e. antagonistic pairs of muscles – agonist, antagonist, striated and non-striated muscle).

B4 The structure and function of the digestive system

- Alimentary canal (i.e. oesophagus, stomach, duodenum and ileum, including the role of villi and microvilli, and colon).
- The function of the liver, pancreas and salivary glands.
- Digestion (i.e. ingestion, peristalsis, digestion, absorption into blood and lacteals, and egestion).
- The role of enzymes (i.e. amylases, proteases, lipases, sites of secretion).
- Major products of digestion (i.e. peptides and amino acids, sugars, glycerol and fatty acids, and roles in the body).
- Storage of excess fats and carbohydrates, deamination of excess amino acids and the fate of end products, and the role of the liver.

B5 The structure and function of the nervous system

- The function of nerve cells, neuroglia, neurones, (sensory and motor) and conduction of nerve impulses to and from the central nervous system (CNS).
- The structure and function of the CNS, the brain and spinal cord.
- Co-ordination of both voluntary and involuntary activities of the body.
- The function of the peripheral nervous system.
- The function of the parasympathetic nervous system and sympathetic nervous system.

B6 The structure and function of the endocrine system

- The location of the hypothalamus, pituitary gland, thyroid gland, pancreas, adrenal glands, ovaries and testes.
- The role of the endocrine system in the control and regulation of growth, osmoregulation, regulation of blood sugar, the 'fight or flight' response, regulation of blood pressure and production of sex hormones.

B7 The structure and function of the lymphatic and immune systems

- Lymphatic system (i.e. lymph, returns fluids back to the blood system, lymphatic vessels, lymphatic organs, the formation and maturation of lymphocytes, spleen, filtration of the blood and recycling of parts of red blood cells).
- The immune response via T and B cells.

B8 The structure and function of the renal system

- The structure of the renal system (i.e. kidneys, ureters, bladder and urethra).
- The function of the kidneys (i.e. filtering toxins, regulating water, salt balance and pH).

Learning aim C: Understand how disorders affect anatomical and physiological systems

Learners will explore the causes and effects of disorders of the body systems.
Learners will examine how disorders affect different body systems.

C1 Disorders of the body systems

- Cardiovascular system, e.g. coronary heart disease (CHD), stroke, anaemia, hypertension.
- Respiratory system, e.g. asthma, chronic obstructive pulmonary disease (COPD).
- Musculoskeletal system, e.g. muscular dystrophy, osteoarthritis and osteoporosis.
- Digestive system, e.g. coeliac disease.
- Nervous system, e.g. multiple sclerosis, Parkinson's disease.
- Endocrine system, e.g. type 1 and type 2 diabetes, hypothyroidism.
- Lymphatic and immune systems, e.g. leukaemia, rheumatoid arthritis.
- Renal system – chronic kidney disease.

C2 Factors that affect body systems

- Positive and negative factors to include genetics, age, diet, health, smoking and alcohol consumption.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine the structure and function of the human body, and the role of homeostatic mechanisms		AB.D1 Analyse the interrelationships of body systems.
A.P1 Describe the structure and location of tissues and organs.	A.M1 Discuss how tissues and organs are organised in different body systems.	
A.P2 Explain the role of energy in the body.		
A.P3 Describe how homeostatic mechanisms maintain an internal environment.		
Learning aim B: Understand the structure, organisation and function of human body systems		
B.P4 Describe the structure and function of body systems.	B.M2 Discuss how body systems are interrelated.	
Learning aim C: Understand how disorders affect anatomical and physiological systems		C.D2 Evaluate the effect of disorders and other factors on body systems.
C.P5 Explain the effect of disorders on human body systems.	C.M3 Discuss the effect of disorders and other factors on body systems.	
C.P6 Describe the effect of genetic and lifestyle factors on body systems.		

Essential information for assignments

This unit is assessed using a Pearson Set Assignment Brief. A set assignment must be used to assess learners.

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aims A, B and C

For Distinction standard, learners will articulate arguments and views concisely and professionally to justify the conclusions they reach in relation to the functioning of different body systems and the effects of their disorders. Learners will show a depth of understanding of how this knowledge applies to detailed situations in relation to human anatomy and physiology. They will evaluate concepts to reach reasoned and valid judgements. They will draw on and show a synthesis of knowledge and understanding of different body systems and their disorders.

For Merit standard, learners will apply knowledge and understanding of human anatomy and physiology to different body systems. They will understand how this knowledge applies to the structure and functions of different body systems, how these systems interrelate and the effect of disorders on human anatomy and physiology. Learners will analyse information using appropriate knowledge and concepts of physiological systems and disorders.

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

Assessment controls

Time: this assignment has a recommended time period. This is for advice only and can be adjusted depending on the needs of learners.

Supervision: you should be confident of the authenticity of learners' work. This may mean that learners be supervised.

Resources: all learners should have access to the same types of resources to complete the assignment.

Research: learners should be given the opportunity to carry out research outside of the learning context if required for the assignment.

Links to other units

This unit links to:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health.

It may be advisable to teach this unit before:

- Unit 10: Supporting Individuals with Additional Needs
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 15: Caring for Individuals with Dementia
- Unit 16: Assessing Children's Development Support Needs
- Unit 17: Nutritional Health
- Unit 18: Understanding Mental Wellbeing
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop self-management, planning and independent research skills.

Unit 3: Enquiries into Current Research in Health and Social Care

Level: 3

Unit type: Internal set assignment

Guided learning hours: 120

Unit in brief

In this unit learners will explore the methodologies of contemporary research and investigate the implications for health and social care practice and services.

Unit introduction

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

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

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

Assessment

This unit has a set assignment. Learners must complete a Pearson Set Assignment Brief.

Learning aims

In this unit you will:

- A** Understand the purpose of research in health and social care
- B** Understand research methods used in health and social care
- C** Understand research skills used in health and social care
- D** Explore the impact of research in health and social care.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the purpose of research in health and social care	A1 The purpose of research in the health and social care sector A2 Issues in health and social care A3 Research organisations	This unit is assessed through a Pearson Set Assignment.
B Understand research methods used in health and social care	B1 Research methodologies B2 Ethical principles on research	
C Understand research skills used in health and social care	C1 Selecting appropriate secondary sources C2 Planning and carrying out research C3 Research skills	
D Explore the impact of research in health and social care	D1 Effect of research on individuals D2 Effect of research on provision and practice	

Content

Learning aim A: Understand the purpose of research in health and social care

Learners will explore the purpose of research, including a range of issues within health and social care. They will understand why there is a need for different organisations to research health conditions, lifestyle factors and social care and welfare needs across the sector.

A1 The purpose of research in the health and social care sector

- The purpose of research including:
 - improving outcomes for people using services
 - informing policy and practice
 - extending knowledge and understanding
 - identifying gaps in provision.
- Improvement in practice and policy e.g. changes in treatment of health conditions, and changes in practice in providing care and support.

A2 Issues in health and social care

- Health conditions:
 - how effective certain types of treatment are
 - health trends in certain areas or among certain age groups, and why this should be the case
 - strategies for avoiding certain health conditions and the success of these strategies including conditions that affect the following: cardiovascular system, respiratory system, skeletal system, muscular system, digestive system, nervous system, endocrine system, and lymphatic and immune systems.
- Lifestyle factors:
 - prevalence in certain age groups
 - how far lifestyle factors contribute to health and social care needs
 - the effect on demand for services
 - what can be done to mitigate factors, including factors such as genetic, environmental, social and economic issues.
- Social care and welfare needs:
 - practice in providing care and support to individuals with specific needs
 - the success of these practices in promoting individuals' independence and wellbeing
 - services provided to individuals with specific needs and the effect of these services on individuals' wellbeing based on factors such as ageing, major life events, social groups and economic issues.

A3 Research organisations

- Organisations involved in research to include:
 - health authorities
 - local authorities
 - social service departments
 - charities
 - community organisations relevant to home country.

- Data for health:
 - data compiled from local authorities and doctors surgeries to identify whether methods of care and support or treatment for health conditions are successful.

Learning aim B: Understand research methods used in health and social care

Learners will explore different research methods used in health and social care. They will understand how they are used across different types of research in the sector. They will also explore ethical issues that arise in research to develop an understanding of how to overcome these issues.

B1 Research methodologies

- Research methods:
 - questionnaires
 - interviews
 - case studies
 - scientific experiments
 - checklists
 - observations, and their advantages and disadvantages.
- Reliability and validity of research methods.
- Sampling methods:
 - opportunity sample
 - random sample
 - purposive sample
 - stratified sample
 - quota sample
 - snowball sample
 - volunteer sample.
- Sampling strategies:
 - representative sample
 - target sample
 - sampling bias
 - sampling size.
- The difference between qualitative and quantitative data.

B2 Ethical principles on research

- Maintaining confidentiality of participants including of any settings.
- Ensuring that participants have given consent.
- The need to seek consent from parents or carers if participants are under 18 or lack appropriate mental capacity.
- Research conduct including keeping a professional distance.
- Data protection legislation, policies and procedures relevant to home country including using the research only for the stated purpose.
- Human rights legislation, policies and procedures and how these relate to conduct of research (legislation must be current at time of delivery and applicable to home country).

- The use and misuse of results:
 - statistics that inform practice
 - informed consent from participants in relation to ethical research
 - misuse of results.
- Conflicts of interest in research and how to avoid them, peer reviews including human subjects, mentoring, research misconduct, professional distance, disclosure and whistleblowing.
- Role of organisations for ethical considerations (relevant to home country).

Learning aim C: Understand research skills used in health and social care

Learners will explore a range of secondary sources of research in health and social care to develop appropriate skills to undertake literature searches, take notes and develop reading techniques. They will develop an understanding of how to plan and carry out research using appropriate research skills.

C1 Selecting appropriate secondary sources

- Sourcing reliable secondary research:
 - professional journals
 - professional bodies
 - textbooks
 - periodicals
 - websites
 - research organisations.
- Literature searches using academic search engines, databases, keywords, advanced search tools, refining search data to narrow range of information to manageable size.
- Suitability of the sources including conflicts of interest.
- Making notes and keeping records from source material.
- Reading techniques such as skimming and scanning.
- Presenting a bibliography and reference list.

C2 Planning and carrying out research

- Rationale for the research.
- Aims and objectives of research.
- Selecting appropriate research methods.
- Selecting target group and sample.
- Deciding realistic timescales.
- Deciding how research will be monitored and modified.
- Deciding measures for success.
- Considering ethical issues while carrying out research.

C3 Research skills

Understand how to manage a research project and findings to include:

- Time management, organisational skills, non-judgemental practice.
- Methods of analysis and drawing conclusions.
- Selecting relevant numerical data to include graphs, tables and statistics and interpreting these.

- Analysing results including the compilation of data, results and findings; methods of analysis valid for data collected including triangulation using percentages and statistical averages; recognising bias in graphs, tables and statistics.
- Validity and reliability of results, including possible bias error, use and misuse of statistics, ethical principles and generalisability.

Learning aim D: Explore the impact of research in health and social care

Learners will explore the impact of research in health and social care through consideration of the implications of research for individuals and practitioners, and changes to practice and improvements across the sector as a result of research.

D1 Effect of research on individuals

- Implication of research on service users.
- Recommendations to support service user groups as a result of research.
- Changes to provision and practice as a result of research.

D2 Effect of research on provision and practice

- Implication of research for provision and practice in the sector.
- The potential for development of working practice and provision of services.
- Potential areas for further development of the research.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand the purpose of research in health and social care		
A.P1 Describe the purpose and issue of the research in health and social care.	A.M1 Discuss the purpose and issue of research in health and social care.	
Learning aim B: Understand research methods used in health and social care		
B.P2 Explain the research methods used in health and social care research. B.P3 Describe the ethical principles in health and social care research.	B.M2 Assess the validity and reliability of the research methods used in health and social care research.	
Learning aim C: Understand research skills used in health and social care		
C.P4 Outline the appropriate secondary sources used in the health and social care research. C.P5 Explain how to manage and carry out research in health and social care. C.P6 Explain the research skills needed to conduct research in a given area.	C.M3 Discuss the importance of the research skills when conducting research in a given area.	
Learning aim D: Explore the impact of research in health and social care		
D.P7 Describe the effects of the research on individuals and professionals in health and social care. D.P8 Explain the effects of the research on provision and practice in health and social care.	D.M4 Analyse the effects of the research on provision and practice in health and social care.	

Essential information for assignments

This unit is assessed using a Pearson Set Assignment Brief. A set assignment must be used to assess learners.

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aim A

For Merit standard, learners will make use of appropriate secondary sources to discuss the purpose of research, using a range of techniques to source and summarise information drawing conclusions on the need for research in health and social care. Their use of secondary research techniques and skills will demonstrate their understanding of the wider issue(s) in context.

For Pass standard, learners will make use of appropriate secondary sources to describe the purpose of research, using a range of techniques to source and summarise information. Their use of secondary research techniques and skills will demonstrate their understanding of the wider issue(s) in context.

Learning aim B

For Distinction standard, learners will explain appropriate research methods used in health and social care, providing supporting evidence to assess the validity and reliability of their chosen research methods. They will evaluate these research methods, drawing conclusions on their suitability in different types of research in health and social care. Learners will evaluate ethical principles, drawing conclusions on their use in health and social care research, providing evidence appropriate to support their work. Learners will use appropriate secondary sources, demonstrating an understanding of how to conduct literature searches and show their ability to produce a bibliography. They will explain how to manage and carry out research in health and social care, discussing the skills needed when researching, such as time management, consideration of validity, reliability and possible misuse of statistics in research.

For Merit standard, learners will explain appropriate research methods used in health and social care, providing supporting evidence to assess the validity and reliability of their chosen research methods. They will use appropriate secondary sources, demonstrating an understanding of how to conduct literature searches and show their ability to produce a bibliography. They will explain how to manage and carry out research in health and social care, discussing the skills needed when researching, such as time management, and consideration of validity, reliability and possible misuse of statistics in research.

For Pass standard, learners will outline appropriate secondary sources, demonstrating an understanding of how to conduct literature searches and show their ability to produce a bibliography. They will explain how to manage and carry out research in health and social care, explaining the skills needed, such as time management, and consideration of validity, reliability and possible misuse of statistics in research.

Learning aim C

For Merit standard, learners will discuss appropriate research skills used in health and social care, such as time management, organisation, consideration of validity, reliability and possible misuse of statistics in research. They will use appropriate secondary sources including textbooks, internet sources, journals and appropriate health and social care organisations, demonstrating an understanding of how to conduct literature searches showing their ability to produce a bibliography.

For Pass standard, learners will outline appropriate secondary sources, demonstrating an understanding of how to conduct literature searches and show their ability to produce a bibliography. They will explain how to manage and carry out research in health and social care, explaining the skills needed, such as time management, consideration of validity, reliability and possible misuse of statistics in research.

Learning aim D

For Distinction standard, learners will explore the impact of health and social care research, showing an understanding of how research affects individuals and practitioners. They will draw on evidence to support their analysis on the effects of research in provision and practice, providing clear conclusions. Learners will be able to assess the need for further research, considering the potential development of working practice and further developments in research in health and social care, using supporting evidence.

For Merit standard, learners will explore the impact of health and social care research, showing an understanding of how research affects individuals and practitioners. They will draw on evidence to support their analysis on the effects of research in provision and practice, providing clear conclusions.

For Pass standard, learners will explore the impact of health and social care research, showing an understanding of how research affects individuals and practitioners. They will draw on evidence to support their explanations of the effects of research in provision and practice, providing conclusions.

Assessment controls

Time: this assignment has a recommended time period. This is for advice only and can be adjusted depending on the needs of learners.

Supervision: you should be confident of the authenticity of learners' work. This may mean that learners be supervised.

Resources: all learners should have access to the same types of resources to complete the assignment.

Research: learners should be given the opportunity to carry out research outside of the learning context if required for the assignment.

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills:

- using appropriate secondary sources to carry out literature searches
- implementing appropriate research methods to carry out research
- producing a research project to articulate findings of research.

Unit 4: Principles of Effective Care

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Examine principles, values and skills which underpin meeting the care and support needs of individuals
- B** Examine the ethical issues involved when providing care and support to meet individual needs
- C** Investigate the principles behind enabling individuals with care and support needs to overcome challenges
- D** Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs.

Summary of unit

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

Content

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

A1 Promoting equality, diversity and preventing discrimination

Legislation must be current and applicable to the national location of the learner.

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

A2 Values, skills and personal attributes required for developing relationships with individuals

To include the following:

- Values – care, compassion, competence, courage and commitment.
- People skills – patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills.
- Communication skills – communicating with service users, colleagues and other professionals, e.g. active listening and responding, using appropriate tone of voice and language, clarifying, questioning, responding to difficult situations.
- Observation skills, e.g. observing changes in an individual's condition, monitoring children's development.
- Establishing empathy and trust – using a person-centred approach and the triangle of care.
- Dealing with difficult situations.

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

B1 Ethical issues and approaches

Legislation, guidelines and policies must be current and applicable to the national location of the learner.

- Ethical principles – beneficence, nonmaleficence, autonomy and justice.
- Managing conflict with service users, carers and/or families, colleagues.
- Managing conflict of interests.
- Balancing services and resources.
- Minimising risk but promoting individual choice and independence for those with care needs and the professionals caring for them.
- Sharing information and managing confidentiality.
- Role of national legislation/guidelines and organisational policies used to manage ethical issues and conflict.

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

C1 Enabling individuals to overcome challenges

Legislation, guidelines and policies must be current and applicable to the national location of the learner.

- Different types of challenges faced by individuals with care and support needs, to include:
 - awareness and knowledge
 - practical challenges
 - skills challenges
 - acceptance and belief challenges
 - motivational challenges
 - communication challenges.
- Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires.
- Strategies used to overcome challenges, to include educational information materials, training courses, community health and wellbeing workers, clinical audits, computer-aided advice systems, patient-mediated strategies.
- Role of national legislation/guidelines and organisational policies used to minimise challenges.
- Impact of not enabling individuals to overcome challenges.

C2 Promoting personalisation

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

C3 Communication techniques

- Types of communication examples, to include verbal, body language, written, formal and informal.
- Alternative communications, to include sign languages, braille, communication boards and symbol systems.
- New/emerging technologies and communication techniques.

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

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

Legislation, guidelines and policies must be current and applicable to the national location of the learner.

- Role of organisations responsible for commissioning healthcare services.
- Role of organisations responsible for commissioning social care services.
- Role of national legislation/guidelines and organisational policy that establishes how health and social care services work together.
- How eligibility for health and social care services is assessed.

D2 Roles and responsibilities of key professionals on multidisciplinary teams

- Multidisciplinary teams, members and formation.
- Specific roles and responsibilities relating to meeting individual needs of a variety of health and care professionals in a multidisciplinary team, to include:
 - healthcare professionals, e.g. general practice doctor, nurse, paediatrician, clinical psychologist
 - social care professionals, e.g. social worker, occupational therapist
 - education professionals, e.g. educational psychologist
 - allied health professionals, e.g. speech and language therapist
 - voluntary sector workers, e.g. family support workers.
- How multi-agency and multidisciplinary teams work together to provide co-ordinated support, e.g. a child with cerebral palsy may have involvement with the following agencies and professionals: health service (general practice doctor, paediatrician, physiotherapist, speech and language therapist), social care and education services (social worker, educational psychologist), and the voluntary sector (family support officers from cerebral palsy charities).

D3 Maintaining confidentiality

Legislation, guidelines and policies must be current and applicable to the national location of the learner.

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

D4 Managing information

Legislation, guidelines, codes of practice and policies must be current and applicable to the national location of the learner.

- Working practices for managing information, to include:
 - identifying why the information is needed
 - identifying what information is needed
 - searching for the information
 - using information legally and ethically.
- The importance of sharing information with colleagues, other professionals, the individual with care needs and their family.
- Impact of new technologies on managing information.
- Bodies that control the management of information.
- Legislation and codes of practice that relate to the storage and sharing of information in health and social care.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals		A.D1 Evaluate the success of promoting anti-discriminatory practice for specific individuals with different needs. BC.D2 Justify the strategies and techniques used to overcome ethical issues and challenges experienced by individuals with different needs when planning and providing care.
A.P1 Explain the importance of promoting equality and diversity for individuals with different needs. A.P2 Explain the skills and personal attributes necessary for professionals who care for individuals with different needs.	A.M1 Analyse the impact of preventing discrimination for individuals with different needs. A.M2 Assess different methods professionals might use when building relationships and establishing trust with individuals with needs.	
Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs		
B.P3 Explain how to incorporate ethical principles into the provision of support for individuals with different needs.	B.M3 Analyse how an ethical approach to providing support would benefit specific individuals with different needs.	
Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges		
C.P4 Explain the strategies and communication techniques used with individuals with different needs to overcome different challenges. C.P5 Explain the benefits of promoting personalisation when overcoming challenges faced by individuals with different needs.	C.M4 Assess the strategies and communication techniques used to overcome different challenges faced by individuals with different care and support needs.	

Pass	Merit	Distinction
Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs		
<p>D.P6 Explain why meeting the needs of the individuals requires the involvement of different agencies.</p> <p>D.P7 Explain the roles and responsibilities of different members of the multidisciplinary team in meeting the needs of specific individuals.</p> <p>D.P8 Explain the arrangements for managing information between professionals.</p>	<p>D.M5 Assess the benefits of multidisciplinary and multi-agency working for specific individuals with care and support needs.</p> <p>D.M6 Analyse the impact of legislation and codes of practice relating to information management on multidisciplinary working.</p>	<p>D.D3 Justify how organisations and professionals work together to meet individual needs while managing information and maintaining confidentiality.</p> <p>D.D4 Evaluate how multi-agency and multidisciplinary working can meet the care and support needs of specific individuals.</p>

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

- current national legislation/guidelines, and organisational policies and codes of practice
- case studies on which to base their assignments. Teachers must provide learners with a range of case studies to choose from, or learners can choose their own case study with the teacher's approval. If learners are basing their assignments on real case studies, then confidentiality must be respected.

Essential information for assessment decisions

Learning aims A, B and C

For Distinction standard, learners will select material from the provided case studies which allows them to explore the issues surrounding equality and diversity, and preventing discrimination, and how successfully promoting anti-discriminatory practice can be achieved for each case study. Learners will draw together their understanding of the values, skills and personal attributes required to successfully promote anti-discriminatory practice and to meet individual care and support needs. Learners must consider the advantages and disadvantages of various approaches and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. Learners must demonstrate clear understanding of all of the terminology used in a health and social care context.

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

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

For Merit standard, learners will relate the situation of the individuals in the case studies with the possible effects of discrimination, and the values, skills and personal attributes that can be employed to prevent discrimination. Learners will be expected to use vocational language to explore empathy and how professionals could establish trust with the individuals in their different care environments. Learners could include a description of the values and range of communication skills that professionals use when building positive relationships. They should analyse the value of each in explaining the importance of professionals building positive relationships with individuals. They must use the case studies to demonstrate how professionals promote equality, diversity and anti-discriminatory practices.

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

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

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

Learners must show that they understand the different ethical issues. Learners' conclusions about the impact of ethical issues must be supported by examples from the case studies.

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

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

Learning aim D

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

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

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

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

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

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

Links to other units

This unit links to:

- Unit 1: Human Lifespan Development
- Unit 4: Principles of Effective Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to research and understand the values, skills and personal attributes required when delivering care and support.

Unit 5: Principles of Safe Practice in Health and Social Care

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Examine how a duty of care contributes to safe practice in health and social care settings
- B** Understand how to recognise and respond to concerns about harm and neglect in health and social care settings
- C** Investigate the influence of health and safety regulations and policies in health and social care settings
- D** Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings.

Summary of unit

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

Content

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

A1 Duty of care

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

A2 Complaints procedures

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

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

B1 Types and signs of harm and neglect

- Types of harm and neglect:
 - neglect and acts of omission, including failure to provide for medical or physical care needs, failure to give dignity or privacy
 - physical, including hitting, pushing, burning, misuse of medication
 - psychological, including emotional, verbal, humiliation, threats of punishment
 - activity where the individual cannot give consent
 - financial, including misuse or theft of money, fraud, exploitation of property or inheritance
 - discriminatory, including gender, race, culture, religion, age, ability
 - domestic harm:
 - controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and regulating their everyday behaviour
 - coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other harm that is used to harm, punish or frighten their victim.

- Signs of harm and neglect:
 - neglect and acts of omission, including unkempt appearance, unexplained weight loss, ulcers, bed sores
 - physical, including unexplained injuries or bruising, burn marks, malnutrition
 - psychological, including unexplained changes in behaviour, anxiety, depression
 - financial, including inability to pay for household expenditure, missing personal possessions
 - discriminatory, including being withdrawn, fearful, anxious, loss of self-esteem, anger, frustration.

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

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

B3 Responding to suspected harm and neglect

- Following safeguarding policies and procedures.
- Different agencies involved, including health services, police, voluntary organisations.
- Professional roles and responsibilities.
- Responding to disclosure.
- Reporting and recording procedures.
- Whistleblowing, informing employer, following setting's procedures, informing prescribed body.

B4 Reducing the likelihood of harm and neglect

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

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

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

Regulations and codes of practice must be current and applicable to service provided. To include relevant sections of, e.g.:

- Health and safety at work regulations.

- Manual handling operations policies and procedures.
- Food hygiene procedures.
- Procedures for the control of substances hazardous to health.
- Reporting of injuries, diseases and dangerous occurrences regulations.
- Data protection regulations.
- Standards of care regulations.
- Equality regulations.

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

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

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

D1 Procedures to maintain health and safety

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

D2 Procedures for responding to accidents and emergencies

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

D3 Health and safety responsibilities

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

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine how a duty of care contributes to safe practice in health and social care settings		A.D1 Evaluate the significance of a duty of care and complaints procedures in promoting safe practice in a selected health or social care setting.
A.P1 Explain the implications of a duty of care in a selected health or social care setting. A.P2 Discuss ways in which complaints and appeals procedures address failure in a duty of care in a selected health or social care setting.	A.M1 Assess the importance of balancing individual rights with a duty of care in a selected health or social care setting.	
Learning aim B: Understand how to recognise and respond to concerns about harm and neglect in health and social care settings		B.D2 Justify procedures for responding to concerns about harm and neglect in the selected health or social care setting.
B.P3 Describe the types and signs of harm and neglect that may be experienced by different individuals. B.P4 Explain the factors that may contribute to and reduce the likelihood of harm and neglect for service users in health and social care. B.P5 Explain how to respond to concerns about harm and neglect in the selected health or social care setting.	B.M2 Assess the importance of recognising and responding to evidence or concerns about different types of harm and neglect in health and social care.	

Pass	Merit	Distinction
Learning aim C: Investigate the influence of health and safety regulations and policies in health and social care settings		CD.D3 Justify the effectiveness of health and safety regulations, policies and procedures in maintaining health and safety in a selected health or social care setting. CD.D4 Evaluate the importance of safe practice procedures and responsibilities in maintaining and promoting the health, safety and welfare of service users in a selected health or social care setting.
C.P6 Compare the influence of different health and safety laws or policies on health and social care practice in a selected setting.	C.M3 Analyse how health and safety regulations or policies influence safe practice in a selected health or social care setting.	
Learning aim D: Explore procedures to maintain health and safety and respond to accidents and emergencies in health and social care settings		
D.P7 Explain how different procedures maintain health and safety in a selected health or social care setting. D.P8 Explain the health and safety responsibilities of employers, employees and others in a selected health or social care setting.	D.M4 Analyse how individual responsibilities and health, safety and emergency procedures contribute to safe practice in a selected health or social care setting.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to current regulations, policies and codes of practice relating to safe practice in the health and social care setting. Regulations must be current and applicable to the country of the setting.

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

Essential information for assessment decisions

Learning aims A and B

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

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

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

Learning aims C and D

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

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

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

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 4: Principles of Effective Care.

It may be advisable to teach this unit before:

- Unit 7: Infection Prevention and Control
- Unit 10: Supporting Individuals with Additional Needs
- Unit 11: Scientific Techniques for Health Science
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 15: Caring for Individuals with Dementia
- Unit 16: Assessing Children's Development Support Needs
- Unit 18: Understanding Mental Wellbeing
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 21: Biomedical Science
- Unit 22 Biochemistry for Health
- Unit 23: Complementary Therapies for Health and Social Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills, and transferable employability skills, e.g. working as part of a team, understanding regulations and how to implement them, expectations of employers and service users.

Unit 6: Promoting Public Health

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Examine strategies for developing public health policy to improve the health of individuals and the population
- B** Examine the factors affecting health and the impact of addressing these factors to improve public health
- C** Investigate how health is promoted to improve the health of the population
- D** Investigate how health promotion encourages individuals to change their behaviour in relation to their own health.

Summary of unit

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

Content

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

A1 The aims of public health policy

- Contributors to local public health systems
- Aims of public health policy, to include:
 - planning national provision of health care and promoting the health of the population
 - identifying and monitoring the needs of the population
 - identifying and reducing inequalities between groups and communities in society
 - protecting individuals, groups and communities in society from threats to health and wellbeing that arise from environmental hazards and communicable diseases, e.g. Covid-19
 - addressing specific national health problems over a period of time
 - developing programmes to screen for early diagnosis of disease.

A2 Strategies for developing public health policy

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

A3 Monitoring the health status of the population

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

- Statistics to include World Health Organization (WHO), government, regional, local.
- Studies to include epidemiological, regional and local reports and demographic data.
- How data is used by public health practitioners to monitor and respond to public health issues.

A4 Groups that influence public health policy

Key groups in setting and influencing public health policy development:

- Government and government agencies.
- International groups, e.g. WHO, United Nations (UN).
- National groups.

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

B1 Factors affecting health

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

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

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

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

C1 The role of health promoters

- Aims – to improve the health of individuals and the population and reduce health inequalities.
- Global, e.g. WHO.
- National/regional/local health promoters as appropriate to local countries.

C2 Approaches to promoting public health and wellbeing

To include both national and local services:

- Monitoring the health status of the community and identifying those most at risk, e.g. children, unemployed, older people, minority ethnic groups.
- Health surveillance programmes.
- Targeted education and health awareness and health promotion programmes.
- Socio-economic support to reduce health inequality between individuals and communities.
- Improving access to health and care services.
- Co-ordinating national and local services.
- Disease registration to inform of health trends and for strategic health planning.
- Statutory duty to notify certain communicable diseases, e.g. measles, tuberculosis.

C3 Approaches to protecting public health and wellbeing

To include both national and local services:

- Evidence-based responses through environmental surveillance and intelligence gathering.
- Environmental controls, e.g. waste disposal and treatment, water supply, food production, preparation, storage and sales.
- Regulations, control and monitoring of public areas and work environments.
- The role of microbiology services to identify and control outbreaks of food-, water- or air-borne disease.
- The role of field epidemiology in controlling communicable disease, e.g. pandemic influenza and Covid-19 preparedness and response.
- Specific programmes for health protection, e.g. immunisation, health and genetic screening programmes.

C4 Disease prevention and control methods

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

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

D1 Features of health promotion campaigns

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

D2 Barriers to participation and challenging indifference

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

D3 Models and theories that justify health behaviour change

Models and theories to include:

- Health belief model
- Theory of reasoned action.
- Theory of planned behaviour.
- Stages of change model.
- Social learning theory.

D4 Approaches to increasing public awareness of health promotion

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

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine strategies for developing public health policy to improve the health of individuals and the population		AB.D1 Evaluate how far the use of strategies and monitoring the health status of the population helps public health policy to meet its aims in reducing the factors that influence public health, with reference to a specific demographic area.
A.P1 Explain the strategies used to develop public health policy in order for it to meet its aims.	A.M1 Analyse how public health policy is influenced by strategies and patterns of health and ill health.	
A.P2 Explain how monitoring information to determine patterns of health and ill health is used by government to inform the creation of public health policy.		
Learning aim B: Examine the factors affecting health and the impact of addressing these factors to improve public health		
B.P3 Explain factors affecting current patterns of health and ill health in a specific demographic area.	B.M2 Assess the extent to which factors affect current patterns of health and ill health, with reference to a specific demographic area.	
B.P4 Explain the impact of public health policy in minimising these factors in relation to a specific demographic area.	B.M3 Assess how minimising the factors affecting health can contribute to improving the health of the population in relation to the area.	

Pass	Merit	Distinction
Learning aim C: Investigate how health is promoted to improve the health of the population		C.D2 Justify the approaches used to promote and protect health and prevent disease in a selected health promotion campaign. D.D3 Evaluate the success of a specific public health campaign in encouraging behaviour change in relation to health. D.D4 Evaluate how far a recent health promotion campaign met the aims of public health policy through the strategies and approaches used to improve the health of a demographic area.
C.P5 Explain how approaches to health promotion and protection have been applied in a selected health promotion campaign.	C.M4 Assess the success of approaches used to promote and protect health and prevent disease in a selected health promotion campaign.	
C.P6 Explain how approaches to prevention and control have been applied in a selected campaign.		
Learning aim D: Investigate how health promotion encourages individuals to change their behaviour in relation to their own health		
D.P7 Explain how models or theories that justify behaviour change can be used to overcome barriers in relation to a selected health promotion campaign.	D.M5 Analyse how theories or models and approaches have been used in a selected health promotion campaign to overcome barriers and increase public awareness.	
D.P8 Explain the features of a selected health promotion campaign and the approaches used to increase public awareness.		

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

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

Essential information for assessment decisions

Learning aims A and B

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

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

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

Learning aims B and C

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

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

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

Links to other units

This unit links to:

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

It may be advisable to teach this unit before:

- Unit 7: Infection Prevention and Control
- Unit 8: Sociological Perspectives
- Unit 9: Psychological Perspectives
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 14: Policy in Health and Social Care
- Unit 17: Nutritional Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop independent research skills to gather statistics and data which can then be interpreted. Learners will have to use numerical skills when analysing data to support evidence and demonstrate points. Throughout the unit learners will be developing critical thinking skills to interpret, extract results and develop accurate reports.

Unit 7: Infection Prevention and Control

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Understand the causes of infections and transmission of infection
- B** Explore how to prevent and control the transmission of infection in health and social care settings
- C** Investigate the roles and responsibilities of health and social care organisations and workers in preventing and controlling infections.

Summary of unit

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

Content

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

A1 Causes of infection

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

A2 Types of infection and resulting diseases

- Types of infection, to include systematic infection, localised infection.
- Symptoms of diseases transmitted through:
 - fungi, e.g. tinea pedis, tinea corporis
 - viruses, e.g. influenza, common cold, Norovirus, hepatitis B, hepatitis C, poliomyelitis
 - bacteria, e.g. MRSA, tetanus, tuberculosis, cholera, diphtheria, salmonellosis
 - vector-borne diseases, e.g. malaria, Alkhumra haemorrhagic fever, Crimean-Congo haemorrhagic fever, yellow fever.

A3 Ways infections are transmitted

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

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

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

- Cleanliness, including hand-washing techniques, use of antiseptics and alcohol gels, using washing facilities, maintaining a clean environment, maintaining equipment in the setting.

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

B2 Decontamination techniques

- Following organisational policy on decontamination.
- Role of personal protective equipment (PPE).
- Three steps of the decontamination process – cleaning, disinfection, sterilisation.
- Importance of cleaning, disinfection and sterilisation; differences between the contamination risks:
 - low risk, e.g. floors, furniture, mobility aids
 - medium risk, e.g. bedpans, urinals, commodes
 - high risk, e.g. instruments used for invasive technique.

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

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

- Impact of relevant legislation on organisational policies and procedures.
- Roles of organisations in preventing and controlling infections, to include provision of worker training, provision of correct equipment, production of policy on decontamination, in line with national guidelines, legislation and regulations.
- Ensuring policies and procedures are in place and are followed, for example:
 - documentation and record keeping
 - reporting outbreaks of infectious diseases
 - admissions and transfer of patients with infections
 - collection, handling and storing of specimens, e.g. blood, urine, saliva, sputum, faeces
 - personal hygiene procedures, e.g. World Health Organisation (WHO) hand hygiene guidelines
 - food hygiene procedures
 - correct use of PPE
 - disposal of waste procedures
 - ensuring visitors comply with hygiene policies and procedures.

C2 Roles and responsibilities of health and social care workers

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

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of three summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners will explore the roles and responsibilities of health and social care workers in relation to infection prevention and control. They would benefit from the opportunity to hear directly from professionals working in a variety of health and social care settings to understand how infection control is managed. This could be achieved either by visiting health and social care settings, or inviting guest speakers into the centre.

Learners should be able to follow and carry out procedures to prevent and control infection, including decontamination procedures. To do this, learners may demonstrate their skills under simulated conditions. Centres will therefore need to provide relevant scenarios and equipment for this to be achieved.

Learners must have access to relevant legislation relating to infection control. All legislation must be up to date and applicable to the national location of the learner.

They must also have access to relevant professional codes of practice, applicable to the national location of the learner.

Learners must have access to example policies and procedures from real health and social care settings that relate to infection prevention and control.

Essential information for assessment decisions

Learning aim A

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

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

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

Learning aim B

General note

The skills required for this assignment can be demonstrated under simulated conditions.

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

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

For Pass standard, learners will be observed selecting and deploying appropriate techniques correctly and safely. They must be observed selecting and carrying out decontamination techniques for well-defined situations, such as decontaminating floors or furniture. They must seek feedback on how successfully they used the techniques.

Learning aim C

General note

This assignment must be based on a named health or social care setting.

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

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

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

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

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science.

Employer involvement

Centres are encouraged to involve employers in the delivery of this unit. Learners will need knowledge of local health or social care settings that will allow them to explore the roles and responsibilities of the setting and workers in relation to infection prevention and control. They should follow and carry out procedures to prevent and control infection, including decontamination procedures under simulated conditions.

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills; observation skills; and infection control skills, to include standard procedures such as handwashing and the use of PPE, and decontamination techniques.

Unit 8: Sociological Perspectives

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Understand how sociological concepts and perspectives are applied to the study of health and social care
- B** Examine how sociological approaches support understanding of models and concepts of health
- C** Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery.

Summary of unit

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

Content

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

A1 Concepts and terminology used within sociology

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

A2 The key sociological perspectives

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

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

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

B1 The biomedical model of health and alternatives

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

B2 The concepts of health, ill health and disability

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

Learning aim C: Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery**C1 Inequalities within society**

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

C2 Demographic change and data

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

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

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

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand how sociological concepts and perspectives are applied to the study of health and social care		AB.D1 Evaluate the role of sociological perspectives in the understanding of society and models and concepts of health in relation to service provision in a local health and social care setting.
A.P1 Explain how sociological perspectives are applied to the understanding of health and social care.	A.M1 Analyse the contribution of sociological perspectives to the understanding of health and social care and society.	
A.P2 Explain how sociological perspectives contribute to the understanding of society.		
Learning aim B: Examine how sociological approaches support understanding of models and concepts of health		
B.P3 Compare the biomedical model of health with an alternative model of health.	B.M2 Analyse how the biomedical and an alternative model of health, and concepts of health, ill health and disability affect service provision in a local health and social care setting.	
B.P4 Explain the contribution of concepts of health, ill health and disability to service provision in a local health and social care setting.		

Pass	Merit	Distinction
Learning aim C: Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery		C.D2 Evaluate sociological explanations for patterns and trends of health and ill health in different social groups, and how demographic data is used in service provision in a local health and social care setting to reduce social inequality affecting those groups.
C.P5 Explain how social inequality affects different groups in society. C.P6 Explain how demographic data is used in service provision in a local health and social care setting. C.P7 Explain patterns and trends in health and ill health within different social groups.	C.M3 Analyse the impact of social inequality on different groups in society. C.M4 Analyse the impact of the use of demographic data in a local health and social care setting in enabling the enhancement of service provision for different social groups.	C.D3 Evaluate the importance of the sociological perspectives used in a health and social care setting in relation to understanding society, reducing social inequality and improving service provision for different social groups.

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aims A and B

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

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

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

Learning aim C

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

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

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

Links to other units

This unit links to:

- Unit 9: Psychological Perspectives
- Unit 10: Supporting Individuals with Additional Needs
- Unit 14: Policy in Health and Social Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research, organisation, planning, and time management and communication skills.

Unit 9: Psychological Perspectives

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Examine how psychological perspectives contribute to the understanding of human development and behaviour
- B** Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours
- C** Examine how psychological perspectives are applied in health and social care settings.

Summary of unit

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

Content

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

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

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

A2 Application of psychological perspectives to health and social care practice

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

A3 Contribution of psychological perspectives to the understanding of specific behaviours

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

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

B1 Factors that affect human development and specific behaviours

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

B2 Contribution of psychological perspectives to the management of behaviours

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

B3 Contribution of psychological perspectives to the treatment of behaviours

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

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

C1 Behaviour of service users in health and social care settings

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

C2 Practices in health and social care settings

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

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine how psychological perspectives contribute to the understanding of human development and behaviour		AB.D1 Evaluate the role of psychological perspectives in the understanding of human development and the management and treatment of service users' behaviours.
A.P1 Explain how psychological perspectives are applied to the understanding of human development.	A.M1 Analyse the contribution of psychological perspectives to the understanding of human development and behaviours.	
A.P2 Explain how psychological perspectives contribute to the understanding of specific human behaviours.		
Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours		
B.P3 Explain how different factors influence human development and specific behaviours.	B.M2 Analyse the value of identifying factors influencing human development and behaviours in the application of psychological perspectives to the management and treatment of different service users' behaviours.	
B.P4 Explain the contribution of psychological perspectives to the management and treatment of different service users' behaviours.		

Pass	Merit	Distinction
Learning aim C: Examine how psychological perspectives are applied in health and social care settings		C.D2 Evaluate the application of psychological perspectives in local health and social care settings in enabling professionals to enhance the social functioning of selected service users.
C.P5 Compare the application of psychological perspectives in local health and social care settings. C.P6 Explain how professionals use psychological perspectives to improve the social functioning of selected service users.	C.M3 Assess the impact of the use of psychological perspectives in local health and social care settings, in enabling professionals to enhance the social functioning of selected service users.	C.D3 Evaluate the importance of the psychological perspectives used in health and social care settings, in relation to understanding human development and managing and treating behaviours to enhance the social functioning of service users.

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aims A and B

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

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

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

Learning aim C

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

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

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

Links to other units

This unit links to:

- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health
- Unit 8: Sociological Perspectives
- Unit 10: Supporting Individuals with Additional Needs
- Unit 24: Health Psychology.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research, organisation, planning, and time management and communication skills.

Unit 10: Supporting Individuals with Additional Needs

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Examine reasons why individuals may experience additional needs
- B** Examine how to overcome the challenges to daily living faced by people with additional needs
- C** Investigate current practice with respect to provision for individuals with additional needs.

Summary of unit

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

Content

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

A1 Diagnosing or determining additional needs

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

A2 Cognitive and learning needs

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

A3 Physical and health needs

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

A4 Social and emotional needs

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

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

B1 Definitions of disability

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

B2 Minimising environmental and social challenges

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

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

B3 Minimising personal challenges

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

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

B4 Attitudes of others

How important it is that health and social care workers are aware of the attitudes of others, how these attitudes can be detrimental to health, wellbeing and inclusion.
To include:

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

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

C1 Provision of services available for individuals with additional needs

- Day care centres, residential homes, hospitals, independent living, community provision, early years, education, training.
- Statutory, voluntary, private.
- Short-term, long-term provision.

C2 Support and adaptations for individuals with additional needs

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

C3 Professionals involved in supporting individuals with additional needs

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

C4 Person-centred care for all individuals with special needs

- Involving patients in their own care and showing them compassion, dignity and respect.
- Involving patients as equal partners in decision making about their care including self-management support, access to personal health records, care planning and shared treatment decisions.

C5 Current working practices to support individuals with special needs

- Promoting independence.
- Maintaining privacy.
- Promoting choice and dignity.
- Promoting individual rights.
- Promoting anti-discriminatory practice.

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

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

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

Essential information for assessment decisions

Learning aim A

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

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

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

Learning aims B and C

For Distinction standard, learners will use their research to justify the appropriateness of the support and adaptations provided to help the individuals overcome their challenges.

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

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

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

Learners will carefully consider each of the individuals and draw conclusions about how they benefit from the support provided. Learners must compare and justify the types of provision provided in order to reach reasoned, analytical judgements. Knowledge could be applied to more complex situations, for example where several types of support may be provided to overcome challenges to daily living.

Learners will use research from relevant sources to extend their understanding of person-centred care and positive working practices and apply this to working with individuals who have additional needs, for example the need to balance the individual's right to independence with ensuring their safety is not compromised. Learners will reach reasoned judgements about the benefits of positive working practices and delivering care that is person-centred with care that does not, drawing conclusions about its importance. They must use appropriate vocational language and subject specific terminology.

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

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

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

Learners will explain the roles and responsibilities of a minimum of two different professionals who support each of the individuals they have chosen, giving examples to support their explanations. They will explain how professionals use person-centred care which is unique to the individuals' needs. They will show evidence of research, using a range of sources.

Links to other units

This unit links to:

- Unit 1: Human Lifespan Development
- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care.

This unit may be delivered alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 8: Sociological Perspectives
- Unit 9: Psychological Perspectives
- Unit 14: Policy in Health and Social Care
- Unit 15: Caring for Individuals with Dementia
- Unit 18: Understanding Mental Wellbeing.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop independent research skills to gather information on specific disorders and individuals with different additional needs. Learners will discover the importance of valuing diversity and empowering people by respecting and appreciating what makes them different.

Unit 11: Scientific Techniques for Health Science

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Understand how a health-related laboratory deals with samples sent for analysis
- B** Carry out investigations using techniques similar to those in a health-related laboratory
- C** Carry out investigations using light microscopes similar to those in a health-related laboratory.

Summary of unit

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

Content

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

A1 Health-related laboratories

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

A2 Diagnostic tools

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

A3 Procedures for samples

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

A4 Health and safety requirements

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

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

B1 Aseptic techniques used in health-related laboratories

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

B2 Analysis techniques in health-related laboratories

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

B3 Using a practical microbiology skill

- Practical investigations in health-related laboratories that could be used for the practical, e.g.:
 - effectiveness of different antiseptics/disinfectants
 - lowest effective concentration of antiseptics/disinfectants
 - growth requirements of particular bacteria
 - effect of length of exposure to UV light.

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

C1 Use of light microscope

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

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

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

Essential information for assessment decisions

Learning aim A

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

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

For Pass standard, learners will provide clear details and show understanding of the procedures in a health-related laboratory. Learners must show their understanding by recalling and relating the objectives and functions of the processes they identify. Learners must also carefully consider the varied factors involved in health and safety when the two diagnostic tools chosen (one in vitro and one in vivo) for the criteria are explained. They need to identify and present the most important and relevant health and safety requirements relating to the diagnostic tools chosen.

Learning aims B and C

General note

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

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

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

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

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

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

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

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

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

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 7: Infection Prevention and Control
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 21: Biomedical Science
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop practical laboratory techniques, report writing skills and organisational skills.

Unit 12: Physiological Disorders and their Care

Level: 3

Unit type: **Internal**

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Investigate the causes and effects of physiological disorders
- B** Examine the investigation and diagnosis of physiological disorders
- C** Examine treatment and support for service users with physiological disorders
- D** Develop a treatment plan for service users with physiological disorders to meet their needs.

Summary of unit

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

Content

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

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

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

A2 Causes of physiological disorders

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

A3 Signs and symptoms of physiological disorders

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

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

B1 Investigative procedures for physiological disorders

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

B2 Diagnostic procedures for physiological disorders

- Procedures based on specific signs and symptoms, e.g. lumbar puncture, biopsy.
- Importance of recognising non-specific or confusing symptoms, e.g. Alzheimer's disease, which shares symptoms with other dementia types, other neurological disorders such as Parkinson's disease and some presentations of mental ill-health such as depression and anxiety.

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

C1 Provision of treatment and support

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

C2 Types of carers and care settings

- Carers:
 - professional carers, e.g. general practice doctors, specialist doctors, nurses
 - informal carers, e.g. friends, family
 - private and voluntary carers, e.g. charitable organisations, private care agencies.
- Care settings:
 - service user's own home
 - government, local authority or privately provided residential homes, e.g. for care of the elderly or those with long-term conditions
 - doctor's office or health centre
 - hospital care
 - rehabilitation settings.

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

D1 Care methods and strategies

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

D2 Treatment planning processes

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

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners can be given a care plan template for assignment 2, or they can design their own.

Essential information for assessment decisions

Learning aims A, B and C

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

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

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

Learning aim D

General note

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

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

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

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

Links to other units

This unit links to:

- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health
- Unit 7: Infection Prevention and Control
- Unit 11: Scientific Techniques for Health Science
- Unit 17: Nutritional Health
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 21: Biomedical Science
- Unit 23: Complementary Therapies for Health and Social Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills, to include care planning skills for individuals living with diagnosed physiological disorders.

Unit 13: Microbiology for Health Science

Level: 3

Unit type: **Internal**

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

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

Learning aims

In this unit you will:

- A** Understand the concepts of microbiology relevant to health science
- B** Examine the role of micro-organisms in human health and disease
- C** Investigate the impact of diseases and their treatment in a global context
- D** Investigate the health benefits of micro-organisms.

Summary of unit

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

Content

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

A1 Micro-organisms

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

A2 Requirements of micro-organisms for growth

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

A3 Structure and reproduction of micro-organisms

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

A4 Methods of controlling micro-organisms

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

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

B1 Epidemiology

- Endemic.
- Epidemic.
- Pandemic.

B2 Transmission routes

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

B3 Role of normal flora and the human body

- Symbiotic relationship, which could include the gastrointestinal tract, respiratory tract.
- Skin surface.
- Infection sources, such as the infective dose, infective site/route into body.
- The body as a reservoir of infection, such as the large bowel, nose, skin, wounds, opportunist infections.

- Carriers of infectious micro-organisms, to include:
 - humans
 - contact with animals, e.g. chickens carrying avian flu
 - bats carrying rabies
 - ticks carrying lyme disease
 - monkeys carrying the Ebola virus.

B4 Types of infections

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

B5 Role of the immune system

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

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

C1 Factors in controlling diseases globally

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

C2 Controlling a global disease outbreak

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

C3 Consequences to society of a disease outbreak

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

Learning aim D: Investigate the health benefits of micro-organisms**D1 Using micro-organisms in food production**

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

D2 Further uses of micro-organisms

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

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of three summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

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

Further information for teachers and assessors

Resource requirements

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

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

Essential information for assessment decisions

Learning aim A

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

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

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

Learning aims B and C

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

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

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

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

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

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

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

Learning aim D

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

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

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

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 7: Infection Prevention and Control
- Unit 11: Scientific Techniques for Health Science
- Unit 12: Physiological Disorders and their Care
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 21: Biomedical Science
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop report writing skills.

Unit 14: Policy in Health and Social Care

Level: 3

Unit type: **Internal**

Guided learning hours: 60

Unit in brief

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

Unit introduction

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

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

Studying this unit will prepare you for a wide variety of roles in health and social care, including care assistant, and a range of ancillary roles.

Learning aims

In this unit you will:

- A** Understand the role of government agencies in health and social care policy making
- B** Examine the factors that may influence policy making in health and social care
- C** Explore the impact of policy on local health and social care organisations and individuals.

Summary of unit

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

Content

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

A1 The background to the policy-making process

- The range of government agencies.
- Funding issues.

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

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

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

B1 Factors that influence policy making in health and social care

- The views of political parties.
- The ways policy influences codes of practice.
- Research.
- Promotional campaigns.
- Lobbying.
- The role of individuals as service users.
- Individual influences on policy making.

B2 Priorities of organisations in the health and social care sector

- Implementing policy.
- Meeting objectives set out by government policies.
- Raising awareness of health and social care in the public arena.
- Representing needs of service users.
- Changes to policy necessitated by Covid19.
- Reflecting demographic trends and changes.
- Meeting service needs not provided by government.

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

C1 Current regulations in health and social care

- Regulations must be current and applicable to the country where the setting is located.
- Link between regulations and policy and how policy generates regulations.

C2 Ways that health and social care settings implement regulations and policies

- Regulations and policies must be current and applicable to local organisations in the country where the setting is located, e.g.:
 - hospitals
 - Clinical Commissioning Groups
 - voluntary sector, e.g. charity organisations
 - changes implemented due to Covid 19.

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

- Codes of practice for:
 - health professionals, e.g. doctors, nurses and midwives
 - care workers in residential homes for older individuals
 - social workers who support vulnerable adults.
- Ways policy affects individuals, e.g.:
 - handwashing
 - providing treatment
 - using equipment
 - involving third parties for specific situations
 - implementing Covid 19 policies.

C4 Ways that policy affects health and social care service users

- Entitlement to services.
- Ability to gain access to services and if any changes Covid 19 has made to these.
- Ability to have their needs met and if Covid 19 has affected this.
- Ability to respond to the ways that services are provided for them, e.g. complaints, refuse treatment.

Assessment criteria

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

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to:

- at least two different local health and social care settings
- relevant regulations relating to policy – all regulations must be up to date and applicable to the country of the setting.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will evaluate and reach reasoned and valid judgements on the background to the policy-making process in the health and social care sector. Learners must draw on knowledge and understanding of the role of government agencies in making policy affecting one local health and social care setting and the factors that influence this, making suitable justifications. They must use secondary research to justify the validity of priorities of organisations in representing the needs of health and social care service users with a specific need.

For Merit standard, learners will make reasoned, analytical judgements involving discussion of the background to the policy-making process in the health and social care sector. Learners must interrelate facts, theories, concepts and contexts of the role of government agencies in making policy affecting one local health and social care setting and the factors that influence this, drawing suitable conclusions. They must use secondary research to extend understanding to detailed contexts of priorities of organisations in representing the needs of health and social care service users with a specific need.

For Pass standard, learners will recall and relate knowledge through understanding the background to the policy-making process in the health and social care sector. Learners must select and organise information using appropriate knowledge and concepts of the role of government agencies in making policy affecting one local health and social care setting and the factors that influence this. They must use secondary research with relevance to priorities of organisations in representing the needs of health and social care service users with a specific need.

Learning aim C

General note

Learners can research two different local health care or social care settings.

For Distinction standard, learners will draw on research information to deepen understanding and arrive at original and valid conclusions on ways that two local health care or social care organisations implement current regulations and policies. Learners must draw on information research to deepen understanding and arrive at original and valid conclusions about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

For Merit standard, learners will use research to extend understanding of ways that two local health care or social care organisations implement current regulations and policies. Learners must record information effectively from a wide range of sources or sources of particular relevance to enable detailed analysis about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

For Pass standard, learners will use research with relevance to ways that two local health care or social care organisations implement current regulations and policies. Learners must plan and carry out research using appropriate search and analysis techniques about ways that policy and codes of practice affects individuals working in and individuals using two different local health care or social care settings.

Links to other units

This unit links to:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 6: Promoting Public Health
- Unit 8: Sociological Perspectives
- Unit 10: Supporting Individuals with Additional Needs.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills, and opportunities to develop transferable employability skills, for example understanding the expectations of a variety of health and social care settings and how Covid 19 has influenced practice.

Unit 15: Caring for Individuals with Dementia

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore conditions leading to dementia, their causes, symptoms, the effects on individuals and the support required to ensure independence and dignity for individuals.

Unit introduction

A diagnosis of dementia can be a challenging experience for individuals and their relatives. So, as a health and social care worker, you need to have a good understanding of the types and symptoms of dementia and how individuals can be supported. In this unit, you will be introduced to some of the illnesses leading to dementia and the more common symptoms that an individual might show. You will consider some of the effects on the mental and physical health, quality of life and feelings of wellbeing.

In this unit, you will examine what is meant by person-centred care for individuals with dementia and will consider what is currently thought to be good practice in the sector. You will explore the support needed to ensure that an individual who has dementia maintains independence, quality of life and wellbeing.

This unit will prepare you for work in both health care and social care when working with people affected by dementia, for example in roles such as care assistants, support workers and healthcare assistants. It will also form a good basis for aspects of higher education courses, such as health and social care and social work degrees and nursing qualifications.

Learning aims

In this unit you will:

- A** Examine the types, causes and symptoms of dementia
- B** Examine the effects of dementia on people who have the condition
- C** Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing

Summary of unit

Learning aim	Key content areas	Assessment approach
A Examine the types, causes and symptoms of dementia	A1 Types and causes of dementia A2 Symptoms of dementia	A report that examines the types, causes and symptoms of dementia, and the progressive effects on mental and physical health, quality of life and wellbeing of people who have the condition.
B Examine the effects of dementia on people who have the condition	B1 Effects of dementia on mental and physical health B2 Effects of dementia on quality of life and wellbeing	
C Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing	C1 Principles of person-centred care C2 Safeguarding people who have dementia C3 Assessment of needs, protection and safety C4 Health and wellbeing C5 Responsive and flexible care provision to maintain quality of life and wellbeing	A report based on a case study of an individual who has dementia that justifies the impact and benefits of person-centred care on the individual and evaluates how current practice in dementia care meets the individual's needs.

Content

Learning aim A: Examine the types, causes and symptoms of dementia

A1 Types and causes of dementia

Types and causes of particular dementias, to include:

- Alzheimer's disease caused by neurodegeneration
- vascular dementia caused by atherosclerosis and stroke
- dementia with Lewy bodies (DLB) caused by abnormal collections of protein inside nerve cells in the brain leading to motor difficulties and Parkinson's disease
- frontotemporal dementia (FTD) caused by abnormal build-up of proteins in the brain behind the forehead and ears and more rarely caused by conditions such as CJD, head injury, Down's syndrome, and leading to aphasia (difficulties with language).

A2 Symptoms of dementia

The range of symptoms of dementia resulting from damage to the brain, to include:

- Alzheimer's disease – significant memory loss, withdrawn from usual interests and activities, lost in familiar places, mood swings
- vascular dementia – general forgetfulness, irritability, tremors, laughing or crying inappropriately, difficulties with familiar tasks such as handling money
- dementia with Lewy bodies (DLB) – difficulties with decision making and organisational tasks, repeated falling and fainting, sleep disturbances, difficulty swallowing
- frontotemporal dementia (FTD) – loss of inhibitions, impulsive behaviour, difficulty finding words, easily distractible
- other common symptoms – confusion and forgetfulness, behaviour changes and mood swings, anxiety, loss of bowel and bladder control, difficulties with communication.

Learning aim B: Examine the effects of dementia on people who have the condition

B1 Effects of dementia on mental and physical health

- Reasoning and communication.
- Information processing.
- Sleeplessness and restlessness.
- Behaviour.
- Movement.
- Anxiety, fear and depression.

B2 Effects of dementia on quality of life and wellbeing

- Loss of dignity and privacy.
- Increasing difficulty in managing daily routine and personal care.
- Increasing inability to manage own affairs.
- Increasing lack of social interactions.
- Exclusion and loss of status.
- Loss of skills.

Learning aim C: Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing

C1 Principles of person-centred care

Care that recognises the uniqueness and individuality of people who have dementia, to include:

- dignity, privacy and respect
- independence, rights and empowerment
- recognition of cultural and religious differences and requirements
- entitlement to advocacy.

C2 Safeguarding people who have dementia

Care that recognises the vulnerability and safety needs of people who have dementia, to include:

- protection versus independence and rights, e.g. targeted staff training, technologies that alert staff but respect a person's dignity and privacy
- safe, enabling/empowering environments, e.g. safe flooring and grab rails, music for reminiscence
- awareness of cultural and religious differences
- awareness of representation and advocacy, e.g. lasting power of attorney.

C3 Assessment of needs, protection and safety

How health and social care workers can help to manage everyday care after diagnosis, to include:

- communication and behaviour needs, e.g. repetitive behaviour, restlessness
- aids and assistive technologies, e.g. practical aids, pagers/alarms
- diet and medication, e.g. awareness of food preferences, management of medication – pill boxes, medication alarms
- personal care routines, e.g. level of independence in personal hygiene, need to maintain privacy
- ensuring protection and limiting vulnerability, e.g. wandering, daily living, financial transactions
- maintaining a safe, enabling environment including services such as gas, hot water, home hygiene, trip hazards, room layout and decor, labels for cupboards, food safety.

C4 Health and wellbeing

Care that takes a holistic approach to health and wellbeing for people who have dementia, to include:

- safe handling and administration of medication
- diet and nutrition, e.g. fluid intake, availability of healthy snacks, portion control
- complementary therapies, e.g. massage, aromatherapy
- activities and exercise, e.g. reminiscence work
- sensory stimulation, e.g. music, light strings.

C5 Responsive and flexible care provision to maintain quality of life and wellbeing

How health and social care workers must continuously reflect on and review support so that relevant care is maintained, and happiness and enjoyment in life is preserved for a person who has dementia, to include:

- use of the care planning cycle, including regular reviews and forward planning to address fluctuating abilities and changing needs
- involvement of person in their own care planning
- involvement of family and friends in care planning
- focus on person's current strengths and abilities
- individualised activities and exercise, e.g. sensory stimulation, dance, reminiscence activities.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Examine the types, causes and symptoms of dementia		
A.P1 Explain the causes of three different types of dementia. A.P2 Explain the symptoms of three different types of dementia.	A.M1 Analyse how the different types of dementia might be identified by their symptoms.	
Learning aim B: Examine the effects of dementia on people who have the condition		AB.D1 Evaluate the importance of understanding how different types of dementia can have a progressive effect on all aspects of a person's health and wellbeing.
B.P3 Explain the effects of three different types of dementia on the mental and physical health of individuals who have the condition. B.P4 Discuss the effects of three different types of dementia on the quality of life and wellbeing of people who have the condition.	B.M2 Assess how the different types of dementia can have progressive effects on a person's mental and physical health and their quality of life and wellbeing.	
Learning aim C: Investigate the concept of person-centred care for people who have dementia to maintain quality of life and wellbeing		C.D2 Justify the impact and benefits of holistic person-centred care on one individual who has dementia. C.D3 Evaluate how current practice in dementia care meets the needs of an individual with dementia, through managing its effects and maintaining health and wellbeing.
C.P5 Explain how person-centred care is applied for one individual who has one type of dementia. C.P6 Explain why a flexible approach is needed when planning care for one individual who has one type of dementia.	C.M3 Assess why the principles of person-centred care are important to maintain the dignity, rights and entitlements of one individual who has dementia.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to a local health and social care setting providing care for individuals with dementia. This could be learners' work placement setting.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will draw together their knowledge of the types, causes, symptoms and effects of dementia to evaluate the effects of different types of dementia on all aspects of an individual's life. They must give anonymised examples from health and social care settings of how workers' understanding of the progressive effects of dementia leads to good practice. Learners must carry out detailed independent research and analysis that is accurately referenced and acknowledged to reach and justify conclusions.

For Merit standard, learners will analyse symptoms of the chosen types of dementia to show how each type can be identified or diagnosed, given that a confident diagnosis can only be made after death. Learners must make reasoned, analytical judgements involving comparison of the symptoms of the different types of dementia. Learners will consider carefully each effect of dementia on an individual's life to make reasoned, analytical judgements, involving comparison and discussion when assessing how a person's mental and physical health may change, and how there may be progressive and changing effects on quality of life and wellbeing.

For Pass standard, learners will demonstrate their understanding of the types, causes, symptoms and effects of different types of dementia through drawing on relevant research regarding well-defined situations and contexts. For example, learners could explain the effects of a type of dementia on the quality of life of an individual in specific situations, with no indication of how these effects are progressive over time. There may be some inaccuracies in technical terminology, but learners must distinguish the types of dementia and their causes

Learning aim C

For Distinction standard, learners will draw on their knowledge and understanding across learning aims to evaluate how managing and, if possible, alleviating the symptoms and effects of dementia can meet the needs of the individual. Learners must use detailed analysis and research of the individual's type of dementia, symptoms, needs and care provision available to justify the validity of their judgements. Learners must base their conclusions on their research into current best practice and professional opinion, and should show how research deepened their understanding to arrive at original and valid conclusions. They must include evidence of their research, references and sources. Learners will use appropriate vocational language and definitions of specific terminology.

Learners will justify the strengths and advantages of holistic person-centred care to the chosen individual who has dementia, including the consequences of not following a person-centred approach. Learners must show how person-centred care is applied to all aspects of daily living based on the individual's needs. Learners must carry out independent detailed research into the care provided for their chosen individual to reach justified conclusions. Learners' research must be accurately referenced and acknowledged, and their evaluations cohesive and articulate.

For Merit standard, learners will reach reasoned judgements by contrasting working within the principles of person-centred care with care that is not person-centred. They must relate the care provided for the individual with dementia with the concept of person-centred care principles to draw suitable conclusions. Learners will use research from relevant sources to extend their understanding of the principles to less well-defined or familiar situations, for example the need to balance the individual's independence and empowerment with ensuring the individual's safety when planning outings. They must use appropriate vocational language and definitions of specific terminology and include references to current care practice guidance.

For Pass standard, learners will explain the needs of the individual, giving an insight into the person's individuality, behaviours, likes, dislikes and mobility. Learners must relate the principles of person-centred care to appropriate care provision made for the individual's safeguarding and health and wellbeing. Learners must also include the responsibilities of health and social care workers in involving the individual and their family and friends in planning person-centred care, ensuring that recommendations are responsible and flexible.

Learners will include the benefits of a flexible response to care needs for the individual who has dementia, showing how recommendations for care should be made with future changing needs in mind, and how recommendations should be modified to suit the individual's changing needs and situation, and any contingencies. Learners must demonstrate their knowledge through exploring well-defined situations and contexts, such as ensuring the individual receives appropriate nutrition while taking account of food preferences. Learners must use research relevant to the individual's situation and organise information using appropriate knowledge, leading to suitable judgements

Links to other units

This unit links to:

- Unit 1: Human Lifespan Development
- Unit 5: Principles of Safe Practice in Health and Social Care.

This unit may delivered alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 8: Sociological Perspectives
- Unit 9: Psychological Perspectives
- Unit 10: Supporting Individuals with Additional Needs
- Unit 17: Nutritional Health
- Unit 18: Understanding Mental Wellbeing.

Employer involvement

Learners must have access to a local health and social care setting providing care for individuals with dementia.

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to carry out detailed independent research and analysis that is accurately referenced. Learners will use critical thinking skills to develop arguments and draw conclusions which they will justify using evidence from their research.

Unit 16: Assessing Children's Development Support Needs

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore theories that explain how children develop, the factors that may affect development, and how growth and development is monitored and supported.

Unit introduction

To provide the care and support that children need, it is important that you have a good understanding of how they grow and develop. This unit introduces you to the patterns of growth and development in children, from birth to eight years, and across different areas and aspects of development.

In this unit, you will learn about the stages and principles of growth and development. You will look at some of the theories about how children develop, and learn and recognise how these theories are applied to help children achieve their developmental milestones. You will examine factors that can affect how children grow and develop, including those that are personal to the child such as a disability, and external factors such as whether they have access to good-quality care and health services. You will explore the different methods professionals use across children's services and carry out an observation of your own. You will need to reflect on these methods to consider the importance of assessment so you can plan to support children's individual needs.

This unit will help you to progress to degrees in the sector such as nursing and social work. It will be useful for learners intending to pursue a career in children's social care or health care such as in child assessment centres and as health visitors or paediatric nurses.

Learning aims

In this unit you will:

- A** Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years
- B** Examine factors that may impact on children's growth and development
- C** Explore how assessment is used to identify children's stages of growth and development and their support needs.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years	A1 Patterns of growth and development A2 Principles of growth and development A3 Theories of development	A report in response to case studies of children at different ages. This will consider the principles and patterns of growth and development and related theories, and how this knowledge can support children's growth and development.
B Examine factors that may impact on children's growth and development	B1 Factors B2 The impact of factors on growth and development	A report based on observations of children carried out by learners, explaining the impact that factors may have on children's growth and how assessment supports and promotes children's growth and development. The report must include plans for observations, records of observations and a reflective account.
C Explore how assessment is used to identify children's stages of growth and development and their support needs	C1 Assessment methods C2 The contribution of assessment to the promotion of children's growth and development	

Content

Learning aim A: Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years

A1 Patterns of growth and development

- Definition of growth and development.
- Developmental milestones for children between birth and eight years.
- Areas and aspects of development:
 - physical, to include fine and gross motor development, locomotion, balance,
 - co-ordination, hand-eye co-ordination
 - intellectual/cognitive, to include neurological and brain development, development of abstract concepts, thinking skills, memory
 - speech, language and communication
 - emotional, to include the development of self-identity, self-esteem, attachment, independence, moral development
 - social, to include developing friendships, co-operation.

A2 Principles of growth and development

- Rates of growth and development vary between children.
- How growth can impact on each of the areas of development.
- Patterns of typical development.
- Different areas of development advance at different rates.
- Development is holistic.
- Atypical development – global delay, specific delay, children who are gifted, talented or able in one or more areas of development.

A3 Theories of development

Learners require an overview of how the following theories contribute to an understanding of growth and development.

- Cognitive development, to include, Piaget, Vygotsky, information processing theory.
- Behaviourism, to include, Watson, Skinner, Bandura.
- Emotional and social development to include, Bowlby, Rutter, Erikson, Maslow, Harter.
- Moral development, to include, Kohlberg, Piaget.
- Language development, to include, Chomsky, Vygotsky.

Learning aim B: Examine factors that may impact on children's growth and development

B1 Factors

- Personal factors, to include health, disability, genetic inheritance.
- Prenatal factors, to include care during pregnancy, genetic disease, lifestyle of mother to include diet.
- Socio-economic factors, to include low-income families, access to health and education services, culture, diet.
- Environmental factors, to include, housing, pollution.
- Emotional factors, to include domestic harm, poor attachment.
- Transitions, to include personal transitions that happen to all children, e.g. starting school, and particular transitions that children may experience, e.g. family breakdown.

B2 The impact of factors on growth and development

- The impact may be short term, long term.
- Failure to grow and thrive.
- Delayed or enhanced development.
- How the impact on one area of development may affect other areas.
- How factors may be counterbalanced by other factors, e.g. providing free nursery places for children in low income families.

Learning aim C: Explore how assessment is used to identify children's stages of growth and development and their support needs

C1 Assessment methods

- Formal, informal, formative, summative.
- Developmental screening programmes.
- Growth monitoring – measuring and recording growth, to include centile charts.
- Assessment frameworks, to include Common Assessment Framework for home country (CAF), curriculum frameworks for home country.
- How to plan and carry out assessment through observation, to include:
 - methods of recording, e.g. checklist, time sample observation sheet
 - areas of development
 - timing and environmental considerations
 - ethical issues, to include permissions, confidentiality
 - using milestones to compare a child's stage of development against typical development.
- The involvement of parents in assessment.
- The importance of sharing information with colleagues, other professionals, the child and their family.

C2 The contribution of assessment to the promotion of children's growth and development

- Early identification of children failing to grow or thrive.
- Early identification of atypical development.
- Interventions to support and promote development, to include care plans, learning plans, behaviour plans, specialist support from health professionals.
- The importance of monitoring and reviewing interventions.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand patterns, principles and theories that contribute to an understanding of growth and development in children from birth to eight years		A.D1 Evaluate the extent to which theories of growth and development can be used to support the selected children's growth and development.
A.P1 Explain patterns of growth and development of selected children of different ages. A.P2 Explain principles and theories that contribute to an understanding of the children's growth and development.	A.M1 Analyse stages of growth and development across different areas for selected children of different ages. A.M2 Assess how theories can be used to identify the children's stages of growth and development.	
Learning aim B: Examine factors that may impact on children's growth and development		BC.D2 Justify approaches to assessment used for the early recognition and support for children with differing needs. BC.D3 Evaluate the extent to which professionals help children to meet their developmental milestones through the application of the theories of growth and development and use of assessment methods.
B.P3 Discuss the influence of factors on children's growth and development.	B.M3 Assess how one area of development affected by factors may impact on other areas of development.	
Learning aim C: Explore how assessment is used to identify children's stages of growth and development and their support needs		
C.P4 Explain methods used for the assessment of children's growth and development from birth to eight years. C.P5 Plan for and observe children to identify their stages of development.	C.M4 Effectively plan and implement appropriate methods of assessment to identify the children's stages of development. C.M5 Assess the methods of observation selected for the assessment of each child's growth and development.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

Learning aim: A (A.P1, A.P2, A.M1, A.M2, A.D1)

Learning aims: B and C (B.P3, C.P4, C.P5, B.M3, C.M4, C.M5, BC.D2, BC.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to local health or social care settings that will enable them to carry out observations of children's development. Ideally, this should be learners' work experience placement.

Learning aim A

For Distinction standard, learners will draw together their understanding of theories that explain patterns of growth and development. Learners will use this knowledge to evaluate the extent to which these theories can be applied in practice to support children at different stages of growth and development. They must consider the advantages and disadvantages of the selected theories, and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. They must articulate their views concisely and professionally.

For Merit standard, learners will use vocational language to analyse each child's previous stage of development, their current stage and the stage they are working toward. Their evidence must include all areas of development and be supported by research of milestones from a recognised source.

Learners must demonstrate the relevance of each selected theory, making analytical judgements on the value of each in explaining each child's stage of growth and development. For example, they could consider how Piaget's constructivist approach helps to explain a child's cognitive development or how Bowlby's theory of attachment helps professionals to understand a child's emotional development. Learners must show awareness of the suitability of the selected theories in identifying stages of development and any limitations to their usefulness.

For Pass standard, learners will recall and relate knowledge of expected patterns of development to each case study in some detail. Evidence must be supported by examples from the descriptions of what the child can do and the skills they are using. Learners must state whether the child has reached the typical stage of development for their age group in each of the areas of development. If the child has not, they must explain the stage they would be expected to have reached with reference to milestones. Learners must explain the key principles of development, showing an understanding that the children in each case study will have passed through the same stages, but at different rates.

Learners must explain, supported by reasoned arguments, how selected theories can help professionals come to a conclusion about the development of each child. Their references to areas and stages of development will depend on their selected theory, for example if they explore Piaget's theory of cognitive development, they will focus on how his theory helps to explain how children think and learn and the cognitive stage they have reached.

Learning aims B and C

For Distinction standard, learners must consider the different approaches they used for the assessments, evaluating the strengths and weakness of each in identifying children's differing needs and any signs of atypical development. Learners will make reasoned judgements about the risks and limitations of the assessment methods they used. They must consider how these assessment methods contribute to the assessment process and support children to reach their full potential. Learners must draw on the observations they carried out, showing that they provided a valid insight into the children's stages of development.

Learners must go on to make reasoned judgements about how the application of theories and use of assessment enable early recognition of delayed or advanced development in one or more areas of development, and the importance of this early recognition. Learners must suggest forms of intervention and support that can be put into place as a result of assessment and arrive at a justified conclusion of how this can have a positive impact on the outcomes for children.

For Merit standard, learners will carefully consider each area of development that has been affected by the selected factors, and draw conclusions about how each may impact on the other areas of development and the possible level of that impact. Evidence could be supported by examples from observations from learners' own work experience placement, case studies and independent research. Learners must demonstrate understanding of more complex interrelationships between influencing factors and growth and development, and make reasoned, analytical judgements.

Learners must be observed carrying out observations of the two children, confidently using appropriate techniques and adapting these techniques if necessary. They must give supported reasons for selecting each method of observation. They must actively reflect on the success of each method in enabling them to capture evidence from their observations. They must also reflect on their recording method for conveying information clearly to colleagues, other professionals or parents, seeking feedback to justify their conclusion.

For Pass standard, learners will determine for each factor the type and level of impact that each may have on children's growth and development. Learners must also explain how the effects of some factors may be balanced or reduced by the effects of other factors. Their conclusions about possible impact should be supported by examples from their research.

Learners must explain different forms of assessment including screening programmes and observation. They must demonstrate their understanding by applying their knowledge to everyday situations in a children's setting. They must explain the purpose of assessment, and when and how it is carried out across different children's settings.

Learners must develop coherent plans, carry out observations of two children and select an appropriate method for recording. They must select and deploy appropriate observation methods and skills in well-defined situations. They must carry out the observations fully, correctly and safely to identify the children's stages of development with reference to developmental milestones.

Links to other units

This unit links to:

- Unit 1: Human Lifespan Development.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 8: Sociological Perspectives
- Unit 9: Psychological Perspectives
- Unit 10: Supporting Individuals with Additional Needs.

Employer involvement

Learners should have access to local health and social care settings that will allow them to carry out observations of children's development.

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills and identify the different stages of play and child development.

Unit 17: Nutritional Health

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore concepts of nutritional health and influences on dietary intake, and learn how to assess and improve health through nutrition plans for individuals.

Unit introduction

Good nutrition is important for health and wellbeing. For example, people in hospital depend on getting the right food to help recovery. Also, more people are at risk of obesity and illnesses such as Type 2 diabetes. As a worker in the health and social care sector, you need to understand what good nutrition is and the factors that can influence nutritional health, including lifestyle choices and eating habits. You also need to think about how health can be supported by making good nutritional choices.

In this unit, you will learn about the nutritional value of food and the dietary sources and function of different nutrients in the body. You will also learn about individual dietary needs, dietary recommendations and the factors that can influence nutritional health, such as lifestyle choices, education and culture. You will examine health factors that can affect nutrition, including medical conditions, digestive disorders, and food allergies and intolerances. Finally, you will develop practical skills in promoting nutritional health through the creation of a nutritional health improvement plan.

These activities will prepare you for a variety of careers in the health and social care sector, such as dietitian, nutrition consultant and nutrition educator. This unit will form a good basis for aspects of higher education study in social work courses and nursing qualifications.

Learning aims

In this unit you will:

- A** Understand concepts of nutritional health and characteristics of essential nutrients
- B** Examine factors affecting dietary intake and nutritional health
- C** Plan nutrition to improve individuals' nutritional health.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand concepts of nutritional health and characteristics of essential nutrients	A1 Concepts of nutritional health A2 Nutritional measures and recommended dietary intakes A3 Characteristics of essential nutrients	A report relating dietary intake and essential nutrients to two individuals with different needs, considering the factors influencing their nutritional health.
B Examine factors affecting dietary intake and nutritional health	B1 Dietary needs of individuals B2 Factors affecting nutritional health B3 Factors affecting dietary intake	
C Plan nutrition to improve individuals' nutritional health	C1 Assessment of nutrient intake C2 Nutritional health improvement plan	Plans to improve the nutritional health of two individuals with different needs, showing the application of concepts to realistic situations.

Content

Learning aim A: Understand concepts of nutritional health and characteristics of essential nutrients

A1 Concepts of nutritional health

- Healthy eating and a balanced diet, e.g. eatwell plate, main food groups.
- Malnutrition, including under-nutrition, obesity.
- Effects of food processing and preparation methods, including excessive salt and sugar content, additives.
- Current nutritional issues and effects on health, including self-prescribed health supplements, genetically modified food.

A2 Nutritional measures and recommended dietary intakes

- Balancing energy requirements for protein, fat, carbohydrate (kilocalories and kilojoules).
- Measuring body mass index (BMI).
- Using growth charts to monitor weight gain.
- Using and interpreting Dietary Reference Values, Reference Nutrient Intakes, nutrients per portion and per 100g of food.

A3 Characteristics of essential nutrients

Characteristics for each nutrient to include the function in the body, examples of dietary sources and effects of dietary deficiency.

- Essential nutrients, to include:
 - carbohydrates – simple (sugars), complex (starch and non-starch polysaccharides)
 - proteins – polypeptides, essential and non-essential amino acids
 - fats and oils – mono- and polyunsaturated fats, saturates, cis and trans fats, cholesterol
 - vitamins – A, B (complex), C, D, E and K
 - minerals – calcium, iron, sodium
 - water
 - fibre.
- Functions in the body, to include:
 - growth and repair of body tissue (protein)
 - warmth and energy (carbohydrates and fats)
 - maintaining body functions, including digestion, immunity, healthy nervous system and red blood cells (vitamins and minerals).
- Dietary sources, to include:
 - animal and plant sources of protein, e.g. meat, soya
 - starch and sugar sources of carbohydrate, e.g. pasta, biscuits
 - animal and plant sources of fat, e.g. fish oils, butter, nuts
 - dietary and natural sources of vitamins, e.g. fruit and vegetables, sunlight on the skin
 - animal and plant sources of minerals, e.g. red meat, green vegetables
 - plant sources of fibre, e.g. wholegrain cereals, vegetables.

- Dietary deficiencies, to include:
 - protein, including special needs of vegans and vegetarians
 - carbohydrate, including reduced energy levels and special needs of individuals with diabetes
 - vitamins, including scurvy, rickets
 - minerals, including iron deficiency anaemia, osteoporosis.

Learning aim B: Examine factors affecting dietary intake and nutritional health

B1 Dietary needs of individuals

- Dietary needs of different service user groups including:
 - children, e.g. protein for growth, minimising sugar and additives
 - young people, e.g. carbohydrate for energy needs
 - adults, e.g. monitoring calorie intake to minimise obesity
 - older people, e.g. calcium to help prevent osteoporosis
 - pregnant women, e.g. iron to help prevent anaemia
 - breastfeeding mothers, e.g. limiting caffeine intake.

B2 Factors affecting nutritional health

- Dietary habits, including meal patterns, snacking, personal preference, e.g. vegetarian.
- Lifestyle, including social eating and drinking, exercise/activity levels.
- Socio-economic, including cost of food, access to shopping facilities.
- Cultural, including religious and cultural beliefs, role of food in families and communities.
- Education, including public health, food hygiene, marketing and labelling, role of health professionals.
- Relevant legislation, including current policies and government guidance, e.g. Public Health England guidance – *Healthier and More Sustainable Catering: A toolkit for serving food to older people in residential care*, Children's Food Trust recommendations and guidance (legislation must be current and applicable to England, Wales or Northern Ireland).

B3 Factors affecting dietary intake

- Specific conditions, including diabetes mellitus, coronary heart disease.
- Digestive disorders, including irritable bowel syndrome, Crohn's disease.
- Food allergies and intolerances, including coeliac disease, lactose intolerance.
- Loss of ability to feed independently, including paralysis, stroke.
- Alternative methods of feeding, including nasogastric tubes (NGT), percutaneous endoscopic gastrostomy (PEG) tubes, intravenous infusion (IVI), total parental nutrition (TPN) and thickened fluids.

Learning aim C: Plan nutrition to improve individuals' nutritional health**C1 Assessment of nutrient intake**

- How to record food intake, including meals, snacks, drinks and portion sizes.
- Maintaining nutritional needs, including nutritional assessment score, fluid balance and food charts.
- Sources of nutritional information, including food analysis tables (database or printed), charts relating to portion sizes, information on food packaging (especially for processed foods).
- Quantitative analysis, including energy, protein, fat, iron, vitamin C, fibre intakes, proportion of energy from fat.
- Assessment of analysis, including comparison with recommended intakes (Reference Nutrient Intake or RNI) and general health targets.

C2 Nutritional health improvement plan

- Recommendations for meals, snacks, drinks, portion size, cooking methods.
- Recommendations for activity level, daily exercise and energy expenditure.
- Recommendations relating to lifestyle and personal food preferences, e.g. cultural, socio-economic.
- How the plan will be monitored.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand concepts of nutritional health and characteristics of essential nutrients		AB.D1 Evaluate the role of nutritional health in maintaining the selected individuals' health and wellbeing, and the impact of influencing factors.
A.P1 Explain how the concepts of nutritional health contribute to health and wellbeing. A.P2 Explain the sources of essential nutrients and their functions in the body.	A.M1 Assess the impact of dietary intake and dietary deficiencies on nutritional health.	
Learning aim B: Examine factors affecting dietary intake and nutritional health		
B.P3 Explain the health, socio-economic and cultural factors that can influence the nutritional health of the selected individuals. B.P4 Compare the dietary intake of the selected individuals with their nutritional requirements.	B.M2 Assess how the dietary intake and nutritional health of the selected individuals are influenced by their dietary habits and lifestyle choices.	
Learning aim C: Plan nutrition to improve individuals' nutritional health		C.D2 Justify the recommendations in the plans in relation to the needs and situations of the selected individuals. C.D3 Evaluate the importance of planning nutritional health for selected individuals to ensure their dietary needs are met, and that influencing factors are taken into account.
C.P5 Produce clear plans to improve the nutritional health of two individuals with different dietary needs. C.P6 Explain how the recommendations will improve the nutritional health of the selected individuals.	C.M3 Produce professionally presented plans to improve the nutritional health of two individuals with different dietary needs. C.M4 Analyse how the recommendations will improve the nutritional health of the selected individuals.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to local health or social care settings that will allow them to research and gather information on the nutritional health of two service users in order to develop one-month plans to improve their nutritional health. Ideally, this should include learners' work experience placement.

The individuals on which learners base their assignments do not need to be from the same setting. Alternatively, learners may base their assignments on family members, neighbours or friends. In all cases, confidentiality must be respected and learners must be supervised.

Learners must have access to current local legislation and government guidelines relating to nutritional health.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will articulate their arguments and views concisely and professionally to justify their conclusions. Learners must make a detailed analysis of their research to show that they have considered how nutritional health influences the overall health and wellbeing of the two individuals, and the impact of influencing factors on the nutritional health of both. For example, snacking between meals and low levels of exercise could contribute to obesity, and the high cost of some food or lack of access to shops could lead to dietary deficiencies.

For Merit standard, learners will show that they have selected and applied relevant knowledge, including the relationship between Reference Nutrient Intakes and individual dietary needs, such as energy requirements. Learners must interrelate theories, concepts and contexts, for example specific examples of the consequences of not following recommended dietary intakes, such as coronary heart disease arising as a result of high cholesterol intake. Learners must also demonstrate understanding of complex concepts such as the relationship between dietary habits, lifestyle choices and nutritional health, for example the impact that caffeine intake has on personal snacking habits.

For Pass standard, learners will give an account of the concepts of nutritional health and apply their understanding to the selected individuals, such as the importance of limiting sugar intake, the effects of obesity on health and how body mass index is used as a measure of obesity. Similarly, when considering the function of nutrients in the body, learners could explain that vitamin D is necessary for the absorption of calcium, which is needed for strong bones, and vitamin D deficiency results in rickets. Learners will cover reasons for individual dietary needs, such as iron in pregnancy to prevent anaemia, or protein and carbohydrate for young children's growth and energy requirements.

Learners will use well-defined or familiar applications of knowledge. When explaining the health, socio-economic and cultural factors that can influence nutritional health, they may address how factors such as specific medical conditions could lead to a loss of ability to feed independently, or how a limited budget for food can reduce choices, or how religious beliefs may lead to periods of fasting or specific food choices. Learners' research, including the use of numerical and graphical data, will be relevant and must be organised to show how appropriate knowledge has been used to reach suitable judgements.

Learning aim C

General note

This assignment could be based on the same two individuals studied for assignment 1, or two different individuals. The individuals should be at different life stages and have contrasting nutritional needs.

As a centre, you need to ensure that learners respect the confidentiality of the two individuals, and the task must be carried out within college or health or social care setting, with an appropriate supervisor.

For Distinction standard, learners will draw together their knowledge and understanding across the learning aims to make suitable justifications and recommendations. Learners must give reasons to support their ideas about the concepts of nutritional health, the importance of healthy eating and the significance of monitoring the nutritional health of the individuals. They must use examples to demonstrate their understanding of how improvements to nutrition can also improve overall health and wellbeing. Learners must also consider any influencing factors and how these should be dealt with when planning nutritional health for the individuals. Learners must articulate their arguments and views concisely and professionally, and demonstrate their understanding through applying valid knowledge to less-familiar situations, such as making recommendations to improve the nutritional health of individuals with specific conditions, such as diabetes. Learners must consider the importance of essential nutrients at different life stages and the consequences of not meeting nutritional needs.

For Merit standard, learners will present their plans in a professional manner, setting out the information in language appropriate for the individuals. Learners will apply their knowledge to detailed situations, such as taking into account the individual's personal choices and habits. Learners' recommendations must be relevant and related to the nutritional health and specific situation of each individual. Learners must consider the recommendations in their plans and identify how each will improve nutritional health by comparing food intake to recommended dietary intakes or comparing activity levels to general health targets, for example. Learners must use their research into the individuals to identify solutions by interrelating facts and concepts.

For Pass standard, learners will apply understanding by carrying out appropriate analysis and calculations, including recording individuals' food intake and using food analysis tables. Their plans must be clearly set out in a way that can be used by the individual, and structured to include relevant information, using appropriate vocational language. The plans must include recommendations for food intake, activity level and lifestyle changes, and explain the expected impact of the recommendations. The plan will be specific to the needs of each individual to aid weight loss or improve medical health, for example.

Links to other units

This unit links to:

- Unit 1: Human Lifespan Development
- Unit 2: Anatomy and Physiology for Health and Social Care.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 12: Physiological Disorders and their Care
- Unit 22: Biochemistry for Health.

Employer involvement

Learners must have access to local health and social care settings that will allow them to research and gather information on the nutritional health of two service users in order to develop one-month plans to improve their nutritional health. Ideally, this should include learners' work experience placement.

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop report writing, planning and research skills.

Unit 18: Understanding Mental Wellbeing

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore the nature of and strategies to promote mental wellbeing and mental health, and the impact of mental ill health on individuals.

Unit introduction

There is no health without mental health. Mental health is something that everybody has. Mental wellbeing includes social, emotional and psychological wellbeing. It includes factors such as an individual's ability to cope with challenges and make the most of opportunities; to feel good and function well individually and in relationships, and to feel a sense of connection to the community and surroundings.

This unit encourages you to find out the different ways in which mental wellbeing and mental health are understood. You will learn about the main forms of mental ill health and how these can develop across the life span of the individual. You will investigate the ways that psychiatrists and other mental health professionals understand and manage mental ill health, and consider the strengths and limitations of their approaches. You will explore how mental ill health can have an impact on the lives of individuals and others who play important roles in their lives. By looking at the effects of treatments and social factors, you will develop an insight into mental ill health and its consequences. You will examine the legislation which underpins the strategies that are used to promote mental wellbeing and mental health.

Studying this unit will prepare you for a wide variety of roles in health and social care, including mental health nurse, mental health social worker, mental health liaison practitioner or mental health practitioner.

Learning aims

In this unit you will:

- A** Understand different views on the nature of mental wellbeing and mental health
- B** Examine how the main forms of mental ill health are classified
- C** Examine the impact of mental ill health on individuals and others in their social networks
- D** Examine strategies which promote mental wellbeing and mental health.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand different views on the nature of mental wellbeing and mental health	A1 Ways in which mental wellbeing and mental health are understood A2 Factors that affect mental wellbeing and mental health across the life span	A report, using a case study, on the nature of mental health and wellbeing and the role of current classification systems in improving the diagnosis of two selected mental ill-health conditions and their symptoms.
B Examine how the main forms of mental ill health are classified	B1 Recognised mental ill-health conditions and their symptoms according to current classification systems B2 Strengths and limitations of classification systems	
C Examine the impact of mental ill health on individuals and others in their social networks	C1 The impact of mental ill health on individuals C2 Mental ill health and relationships	A report on the importance of promoting, protecting and restoring the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition.
D Examine strategies which promote mental wellbeing and mental health	D1 Legislation, policies and codes of practice D2 Assessment and treatment	

Content

Learning aim A: Understand different views on the nature of mental wellbeing and mental health

A1 Ways in which mental wellbeing and mental health are understood

- The meaning of mental wellbeing and mental health.
- Perception of mental wellbeing and mental health.
- Mental capacity.
- The Dual Axis model of mental health.
- Measurements and scales which measure mental wellbeing.
- Cultural influences in understanding mental wellbeing and mental health.

A2 Factors that affect mental wellbeing and mental health across the life span

- Environment, endowment and experience.
- Socio-economic.
- Psychological.
- Risk factors.
- Protective factors.
- Biological factors.
- Cultural and religious factors.
- Race and ethnicity.

Learning aim B: Examine how the main forms of mental ill health are classified

B1 Recognised mental ill-health conditions and their symptoms according to current classification systems

- Categories within the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), e.g.:
 - mood disorders
 - personality disorders
 - anxiety disorders
 - psychotic disorders
 - substance-related disorders
 - eating disorders
 - cognitive disorders.

B2 Strengths and limitations of classification systems

- Raising awareness of mental ill health.
- Influencing the research agenda.
- Labelling and stigmatisation.
- The diagnosis of the main depressive disorders.
- Atypical presentations.
- Cross-cultural implications.

Learning aim C: Examine the impact of mental ill health on individuals and others in their social networks

C1 The impact of mental ill health on individuals

- Psychological and emotional outcomes.
- The effects of medication.
- The outcomes of psychological treatments.
- Counselling.
- Other treatments.
- Ethical considerations, to include informed consent.

C2 Mental ill health and relationships

- How mental ill health might have an impact on the individuals' relationships, e.g.:
 - practical and financial outcomes
 - the impact of using services
 - social exclusion
 - discrimination and stigma
 - the effects on informal carers and family members
 - the impact on the community and society.

Learning aim D: Examine strategies which promote mental wellbeing and mental health

D1 Legislation, policies and codes of practice

- Legislation must be current and applicable to the region in which you live, and be relevant to areas such as:
 - mental health
 - human rights
 - mental capacity
 - equality
 - relevant codes of practice
 - mental health impact of policy and practice.

D2 Assessment and treatment

- The assessment of need.
- The role of professionals in the assessment process.
- Benefits of early intervention.
- Agreed ways of working.
- Person-centred approach.
- Approaches to recovery:
 - empowerment of individuals
 - advocacy
 - self-management
 - recognition of individual rights
 - supporting individuals to adopt and maintain mentally healthy lifestyles.
- Addressing inequality.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand different views on the nature of mental wellbeing and mental health		AB.D1 Evaluate the nature of mental health and wellbeing and the role of current classification systems in improving the diagnosis of selected mental ill-health conditions and their symptoms.
A.P1 Explain factors that influence mental wellbeing and mental health.	A.M1 Analyse factors that influence mental wellbeing and mental health with reference to a view on the nature of mental wellbeing and mental health.	
Learning aim B: Examine how the main forms of mental ill health are classified		
B.P2 Explain the impact of current classification systems on the diagnosis of mental ill-health conditions. B.P3 Discuss the strengths and limitations of current classification systems in recognising selected mental ill-health conditions and their symptoms.	B.M2 Analyse the contribution of current classification systems in the diagnosis of selected mental ill-health conditions and their symptoms.	

Pass	Merit	Distinction
Learning aim C: Examine the impact of mental ill health on individuals and others in their social networks		CD.D2 Evaluate the importance of promoting, protecting and restoring the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition. D.D3 Evaluate how accurate diagnosis of mental ill-health conditions lead to correct treatment.
C.P4 Explain the impact of mental ill health on a selected individual.	C.M3 Analyse the impact of mental ill health on a selected individual's relationships within their social networks with reference to factors that may have caused it.	
C.P5 Explain how mental ill health affects a selected individual's relationships with others.		
Learning aim D: Examine strategies which promote mental wellbeing and mental health		
D.P6 Explain strategies that can be applied to promote the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition.	D.M4 Justify strategies that can be applied to promote the mental wellbeing and mental health of a selected individual diagnosed with a mental ill-health condition, making reference to relevant legislation, policies and codes of practice.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

Learning aims: C and D (C.P4, C.P5, D.P6, C.M3, D.M4, CD.D2, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to any of the following:

- a psychiatric nurse
- a social worker who works with individuals diagnosed with a mental ill-health condition (if applicable)
- a member of staff from a mental health foundation or another charity in the field of mental health.

They must have access to relevant legislation relating to policy. Legislation must be up to date and applicable to their local country.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will evaluate and reach reasoned and valid judgements on the ways in which mental wellbeing and mental health are understood. They must use research to justify the validity of factors put forward which affect mental wellbeing and mental health across the life span. Learners must draw on knowledge and understanding, making suitable justifications on current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms.

For Merit standard, learners will make reasoned, analytical judgements involving comparison, discussion or justification of the ways in which mental wellbeing and mental health are understood. Learners must use research to extend their understanding of factors which affect mental wellbeing and mental health across the life span. Learners must interrelate facts, theories, concepts and contexts of current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms, drawing suitable conclusions.

For Pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of ways in which mental wellbeing and mental health are understood. They must use research with relevance to given situations, including using numerical and graphical data sources on factors which affect mental wellbeing and mental health across the life span. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on current classification systems, their strengths and limitations in improving the diagnosis of two different mental ill health conditions and their symptoms.

Learning aims C and D

For Distinction standard, learners will articulate arguments and views concisely and professionally to justify conclusions on the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must show in-depth understanding of how the knowledge applies to detailed situations in relation to relevant sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must draw on knowledge and understanding of assessment and treatment strategies for the mental ill-health condition of the selected individual, making suitable justifications.

For Merit standard, learners will select and apply knowledge to demonstrate the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must show that they understand how knowledge is applied to detailed situations, in relation to relevant sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must interrelate facts, theories, concepts and contexts of assessment and treatment strategies for the mental ill-health condition of the selected individual, drawing suitable conclusions.

For Pass standard, learners will recall and relate knowledge through understanding a range of appropriate contexts of the impact of mental ill health on a selected individual and their relationships with others in their social networks. They must explore well-defined applications of knowledge to demonstrate understanding of sections of legislation, policies and practice relating to strategies for mental wellbeing and mental health promotion. Learners must select and organise information using appropriate knowledge and concepts about assessment and treatment strategies for the mental ill-health condition of the selected individual.

Links to other units

This unit links to:

- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 10: Supporting Individuals with Additional Needs
- Unit 15: Caring for Individuals with Dementia
- Unit 23: Complementary Therapies for Health and Social Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and planning skills.

Additionally, learners will develop analytical skills and application of theory into practice.

Unit 19: Medical Physics Applications in the Health Sector

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore how physics has been applied in medical physics applications: their underlying fundamental principles and their contribution to the health sector.

Unit introduction

A number of technological advances has resulted in the use of faster, less-invasive and more effective techniques, such as magnetic resonance imaging (MRI), infrared thermography, computerised tomography (CT), ultrasound and radiotherapy. Health sector professionals may use these technologies to help them diagnose and treat many medical conditions.

In this unit, you will explore medical physics applications and their underlying fundamental physical principles in the health sector. You will examine the uses of ionising radiation, including x-rays, gamma rays and radiotherapy. Radioactive materials are used in the rapidly developing branch of nuclear medicine. Applications of non-ionising techniques, such as MRI, laser technology and infrared waves will also be investigated, as will the use of sound waves. You will study the importance of health and safety aspects of using ionising radiation.

This unit is especially useful for those going into nursing or the allied health professions, such as radiotherapy, physiotherapy or a laboratory-based role.

Learning aims

In this unit you will:

- A** Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body
- B** Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body
- C** Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body	A1 Light amplification by stimulated emission of radiation (laser) A2 Magnetic resonance imaging (MRI) A3 Infrared thermography (IRT) A4 Ultrasound principles and production	A report based on a case study evaluating correct ionising and non-ionising treatment options with scientific posters, diagrams, flow charts, tables and mind maps.
B Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body	B1 Gamma rays B2 X-rays	
C Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation	C1 Risks and side effects of ionising and non-ionising radiation C2 Safety precautions for operators and service users	A report on the risks, side effects and health and safety rules for service users and operators relating to ionising and non-ionising radiation, with tables, scientific posters and images.

Content

Learning aim A: Understand how non-ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

A1 Light amplification by stimulated emission of radiation (laser)

- Principles and production, to include gain medium, reflectors, narrow beam emission.
- Use in diagnosis and treatment:
 - types of surgery, to include eyes, removal of kidney stones, removal of tumours, skin, keyhole, removal of part of prostate
 - benefits for service users, to include less damage to tissue, less pain.

A2 Magnetic resonance imaging (MRI)

- Radio frequency waves.
- Resonance of hydrogen atom nuclei.
- Return of nuclei to low-energy state (relaxation).
- Production of high-resolution image.
- Diagnosis, to include brain and spine, joints, heart, body water.

A3 Infrared thermography (IRT)

- Use of infrared camera, production of thermal images.
- Use in diagnosis, to include detecting abnormal body temperature.
- Use in treatment, to include repairing strained muscles and tissue.

A4 Ultrasound principles and production

- Frequency of sound waves, transmission, density characteristics.
- Types, to include endoscopic ultrasound, external ultrasound, internal ultrasound, high-intensity ultrasound.
- Use in diagnosis, to include foetal screening, echocardiograms, blood vessels, strokes, heart attacks.
- Use in treatment for tumours.

Learning aim B: Understand how ionising radiation instrumentation techniques are used for diagnosis and treatment of the human body

B1 Gamma rays

- Principles and production in external radiotherapy, to include linear accelerator, high-energy gamma ray beams.
- Use of external radiotherapy for treatment, to include cancerous tumours, benign tumours, thyroid disease.
- Use internally for diagnosis, to include use of radionuclide tracers for positron emission tomography (PET) to include Iodine-123 (^{123}I), technetium-99 (^{99}Tc),
- Use of internal radiotherapy for treatment, to include brachytherapy.

B2 X-rays

- Principles and production, to include production and acceleration of electrons, conversion of electrons to x-rays, production of image.
- Use of x-ray images in diagnosis, to include cancer, breaks in bones, pneumonia, tuberculosis.
- Use of x-rays in treatment, to include cancer, ringworm.
- Use of computerised tomography (CT) and computerised axial tomography (CAT) in diagnosis, to include recurrent cancers, brain tumours, injuries to vital organs.

Learning aim C: Explore the risks, side effects and health and safety precautions for ionising and non-ionising radiation**C1 Risks and side effects of ionising and non-ionising radiation**

- Risks from ionising radiation:
 - risks and side effects for operators and service users of x-rays, to include damage to healthy cells, risk of cancer, unborn children, small children
 - risks and side effects for operators and service users of gamma rays, to include tiredness, hair loss, loss of appetite, diarrhoea, sore skin, loss of fertility, early menopause.
- Risks of non-ionising radiation, to include discomfort caused by ultrasound probes:
 - internal ultrasound probe
 - endoscopic ultrasound.

C2 Safety precautions for operators and service users

- Health and Safety Executive (HSE) legislative requirements for x-ray instrumentation operators, to include protective clothing, dose limits, use of film badges.
- Safety precautions for service users for MRI, to include removal of:
 - all ferromagnetic materials
 - hearing aids and pacemakers
 - implants and foreign bodies, e.g. metal clothing, piercings and jewellery.

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Essential information for assignments

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There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners will benefit significantly from having access to health settings such as hospitals with radiology, ultrasound, MRI and other imaging departments.

Work experience placements in these settings could prove invaluable. Alternatively, local health authorities may organise career information days where a range of professional health sector workers are available to talk about their work and provide guided tours of the medical facilities. If these are not accessible, then the use of outside speakers such as radiologists, health and safety officers, dentists, dental assistants and nurses would support learners in their understanding of how theoretical principles are put into practice.

DVDs, YouTube clips and access to the internet would also be useful to support delivery of this unit.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will show they have carried out a careful, detailed and logical evaluation of all the ionising and non-ionising radiation options first for diagnosis, and then for treatment. They must show that they understand the physical effect of each one on the human body at the molecular and cellular level. Learners must be able to make reasoned and valid judgements about a case study of a service user, and reach clear and concise conclusions and recommendations concerning the correct response to the service user's condition and medical history in the case study.

At this point, learners must not be moving into the evaluation of risk factors, which are introduced in learning aim C.

For Merit standard, learners will be able to select and apply knowledge to assess the suitability of the different types of ionising and non-ionising radiation, and relate the underpinning physics of the principles and production to the diagnosis and treatment. The different methods must be displayed and any similarities or dissimilarities clearly shown. Learners must be able to apply their knowledge and understanding of ionising and non-ionising radiation diagnosis and treatment to make reasoned, analytical judgements, comparing and discussing in relation to a case study of a service user.

For Pass standard, learners must be able to recall key knowledge and understanding of the principles and production of each type of medical physics technology, with its uses for diagnosis and treatment.

Learning aim C

For Distinction standard, learners will review the precautions taken to minimise risks and side effects. They must consider the health and safety precautions for the use of ionising and non-ionising radiation instrumentation for diagnosis and treatment in order to justify the choice of treatment and techniques for the service user. This must include both the service users and the members of staff carrying out the diagnosis and treatment.

Learners must draw on what they have learned in all the learning aims to justify the choice of diagnosis and treatment techniques for the service user. They must show how their research supports their justifications and recommendations, articulating their arguments concisely and professionally.

For Merit standard, learners must select and apply to a case study relevant knowledge and understanding of the risks, side effects, and health and safety rules for ionising and non-ionising physics diagnosis and treatment techniques. Learners must also be able to make reasoned, analytical judgements, interrelating the facts, concept and context of the service user in the case study to reach a suitable conclusion.

For Pass standard, learners must show they can recall key knowledge and understanding of the risks, side effects, and health and safety precautions for both ionising and non-ionising radiation diagnosis and treatment techniques; their knowledge and understanding must be related to the situation in the case study.

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care.

This unit may be taught alongside:

- Unit 11: Scientific Techniques for Health Science
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 21: Biomedical Science
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop evaluative skills.

Unit 20: Genetics

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore the scientific nature of human genetics and the role it plays in health and disorders, and how legislation and ethical challenges influence gene technologies.

Unit introduction

In order to work effectively in the health and social care sector, it is important to have a good understanding of how genetic science has helped our understanding of reproduction and gene production from one generation to the next. This knowledge will help you to fully appreciate the significant role that genetics play in development of personality, temperament, health, and physical and psychological growth.

In this unit, you will understand what genetics is and its importance to human health and development. You will examine foetal development from conception to birth, and how genes (nature) and the environment (nurture) play a significant role in determining heredity. You will understand the role of reproductive genetic technologies that have fundamentally opened up opportunities for those who have been unable to conceive, and consider the ethical challenges that such technologies present.

These activities will prepare you for a variety of careers in the health and social care sector, such as health science roles. This unit will form a good basis for you to move to higher education, as it will develop your research skills by helping you to think critically and your evaluative skills through data handling.

Learning aims

In this unit you will:

- A** Understand genetics and its role in human inheritance from conception to birth
- B** Examine the factors affecting pre- and post-natal development
- C** Investigate how advances in science can contribute to understanding reproductive and gene technologies
- D** Examine how legislation and ethical challenges influence the use of reproductive and gene technologies.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand genetics and its role in human inheritance from conception to birth	A1 The role of genetics in human reproduction A2 The way in which natural conception occurs and patterns of pre-natal growth	A report, using a case study, on the role of genetics, the impact of factors affecting healthy pre-natal development, and how difficulties related to reproduction affect post-natal development and care needs through the life course.
B Examine the factors affecting pre- and post-natal development	B1 Factors affecting pre-natal development B2 Effects on post-natal development through life's course	
C Investigate how advances in science can contribute to understanding reproductive and gene technologies	C1 Contribution of reproductive and gene technologies in advancing healthy life chances C2 Impact of reproductive and gene technologies on individuals and society	A report on the role of reproductive and gene technologies in promoting life chances and causing ethical challenges for a selected individual with a specific genetic disorder and society.
D Examine how legislation and ethical challenges influence the use of reproductive and gene technologies	D1 Legislation and regulation governing reproductive and gene technologies D2 Ethical challenges for those working with reproductive and gene technologies	

Content

Learning aim A: Understand genetics and its role in human inheritance from conception to birth

A1 The role of genetics in human reproduction

- The meaning and terminology of genetics.
- Structure and composition of genes:
 - genetic terms – genome, genotype, phenotype, chromosomes, DNA
 - principal structure and composition of the genetic code (DNA)
 - heredity – psychological traits such as cognitive abilities, bipolar, schizophrenia.

A2 The way in which natural conception occurs and patterns of pre-natal growth

- Genetic behaviour from conception, fertilisation to birth, including cell division and chromosomal behaviour.
- Stages and significant chromosomal developments during foetal growth.

Learning aim B: Examine the factors affecting pre- and post-natal development

B1 Factors affecting pre-natal development

Positive and negative factors promoting foetal development.

- Genetic factors (nature):
 - parental genotype
 - genetic variation and effects, including genetic and chromosome disorders, colour vision deficiency.
- Environmental factors (nurture):
 - parental factors, e.g. age, diet, health
 - pre-conception factors, e.g. drug misuse
 - lifestyle and family functioning, e.g. poverty, one-parent family, domestic violence, abuse.

B2 Effects on post-natal development through life's course

- Effects on post-natal development and meeting care needs through life's course, resulting from effects of genetic and environmental factors, including positive and negative factors.

Learning aim C: Investigate how advances in science can contribute to understanding reproductive and gene technologies

C1 Contribution of reproductive and gene technologies in advancing healthy life chances

- Reproductive technologies:
 - screening techniques
 - assisted reproduction.
- Gene technologies:
 - recombinant DNA
 - Human Genome Project
 - gene therapy
 - genetic modification/enhancement
 - autosomal dominant/recessive inheritance, e.g. eyes, kidneys.
- Technologies developed that improve life chances through study of genetics.

C2 Impact of reproductive and gene technologies on individuals and society

- Effects on individuals, including psychological wellbeing, quality of life, benefits versus risk.
- Effects of society, including values and beliefs, support systems, physical and financial resources, individual versus wider perspective.

Learning aim D: Examine how legislation and ethical challenges influence the use of reproductive and gene technologies

D1 Legislation and regulation governing reproductive and gene technologies

Legislation must be current and applicable to local country.

- Regulation and guidance.
- Legislation and directives.

D2 Ethical challenges for those working with reproductive and gene technologies

- Risk versus benefits, e.g. surrogacy for money against genetic testing to avoid disease.
- Cost to society, e.g. risk of birth deficiencies.
- Pressure groups.
- Genetic misuse for improvement rather than health use.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand genetics and its role in human inheritance from conception to birth		AB.D1 Evaluate the role of genetics, the impact of factors affecting healthy pre-natal development, and how difficulties related to reproduction affect post-natal development and care needs through the life course.
A.P1 Explain how genetics affects the process of human reproduction from conception to birth.	A.M1 Assess the role of genetics in the process of human reproduction from conception to birth.	
Learning aim B: Examine the factors affecting pre- and post-natal development		
B.P2 Explain how different genetic and environmental factors can affect pre- and post-natal development. B.P3 Explain how factors that affect healthy pre-natal development leading to developmental delay or impairment of normal body functioning influence post-natal development and care needs through the life course.	B.M2 Assess how genetic and environmental factors resulting in developmental delay or impairment of normal body functioning impact on post-natal development and care needs through the life course.	

Pass	Merit	Distinction
Learning aim C: Investigate how advances in science can contribute to understanding reproductive and gene technologies		CD.D2 Evaluate the role of reproductive and gene technologies in promoting life chances and causing ethical challenges for a selected individual with a specific genetic disorder, and society. D.D3 Evaluate the importance of the role of genetics in pre and post-natal development and the contribution of reproductive and gene technologies in promoting individuals' and society's life chances, referring to ethical challenges.
C.P4 Explain how reproductive and gene technologies can contribute to promoting life chances. C.P5 Explain the effects that reproductive and gene technologies can have on a selected individual and society.	C.M3 Analyse the impact of reproductive and gene technologies for a selected individual and society in relation to promoting life chances.	
Learning aim D: Examine how legislation and ethical challenges influence the use of reproductive and gene technologies		
D.P6 Explain how reproductive and gene technologies can cause ethical challenges associated with a specific genetic disorder for a selected individual and society.	D.M4 Analyse how a specific genetic disorder can affect the use of reproductive and gene technologies, and cause ethical challenges for a selected individual and society.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

Learning aims: C and D (C.P4, C.P5, D.P6, C.M3, D.M4, CD.D2, D.D3)

Further information for teachers and assessors

Resource requirements

For this unit, learners must have access to relevant legislation relating to policy.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will evaluate and reach reasoned and valid judgements on the role of genetics in human reproduction. They must show how knowledge applies to situations in relation to how natural conception occurs and patterns of pre-natal growth. Learners must draw on knowledge and understanding of factors affecting pre-natal development and effects on post-natal development through the life course, making suitable justifications.

For Merit standard, learners will select and apply knowledge to demonstrate the relevance and purpose of the role of genetics in human reproduction. They must show that they understand how knowledge is applied and patterns of pre-natal growth. Learners must interrelate facts, concepts and contexts, drawing suitable conclusions about factors affecting pre-natal development and the effects on post-natal development through life's course.

For Pass standard, learners will recall and relate knowledge through understanding a range of appropriate concepts and contexts of the role of genetics in human reproduction. They must explore well-defined applications of knowledge to demonstrate an understanding of the way in which natural conception occurs and the patterns of pre-natal growth. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on factors affecting pre-natal development and effects on post-natal development through life's course.

Learning aims C and D

For Distinction standard, learners will show in-depth understanding of how knowledge applies to detailed situations on the contribution of reproductive and gene technologies in advancing healthy life chances. They must use research to justify the validity of legislation and regulation governing reproductive and gene technologies, and the impact of the latter on a selected individual with a specific genetic disorder and society. Learners must draw knowledge and understanding on ethical challenges for those working with reproductive and gene technologies, making suitable justifications.

For Merit standard, learners will show that they understand how knowledge is applied to less familiar situations in relation to the contribution of reproductive and gene technologies in advancing healthy life chances. They must use research to extend their understanding to less familiar contexts of legislation and regulation governing reproductive and gene technologies, and the impact of the latter on society and a selected individual with a specific genetic disorder. Learners must interrelate facts, concepts and contexts, drawing suitable conclusions on ethical challenges for those working with reproductive and gene technologies.

For Pass standard, learners will explore well-defined applications of knowledge to demonstrate understanding of the contribution of reproductive and gene technologies in advancing healthy life chances. Learners must use research with relevance to given situations, including using data sources on legislation and regulation governing reproductive and gene technologies and the impact of the latter on society and a selected individual with a specific genetic disorder. Learners must select and organise information using appropriate knowledge and concepts, making suitable judgements on ethical challenges for those working with reproductive and gene technologies.

Links to other units

This unit links to:

- Unit 11: Scientific Techniques for Health Science
- Unit 13: Microbiology for Health Science
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 21: Biomedical Science
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop evaluative and analytical skills.

Unit 21: Biomedical Science

Level: 3

Unit type: **Internal**

Guided learning hours: 60

Unit in brief

Learners will cover the extensive role biomedical scientists play in providing evidence for the causes of diseases, enabling other health workers to offer suitable treatment.

Unit introduction

In this unit, you will begin to see how important the biomedical science worker is in relation to the accurate diagnosis of many conditions, such as HIV, cancer, food poisoning and infection control. Without the essential work of the biomedical staff, the other health professionals could not function effectively. You will be looking at some of the groups of medically important organisms in terms of how the body can defend itself against them.

You will study key areas of the biomedical science worker's job, including haematology, the blood transfusion service and cell pathology. Cell pathology is a diagnostic tool where samples of cells, taken from a growth on the skin, for instance, can be identified as being harmful or not.

Clinical biochemistry will give you an understanding of the chemical make-up of the body, and the importance of identifying and correcting any chemical imbalances. Although you will be concentrating on the human body in this unit, biomedical scientists work in a range of industries, including pharmaceutical industries, veterinary services and forensic laboratories.

Learning aims

In this unit you will:

- A** Understand the ways in which the body defends itself against infection
- B** Examine the principles of blood transfusion science and its importance to those working in haematology
- C** Investigate the importance of cell pathology as a diagnostic tool
- D** Explore how the chemical make-up of the body influences health and disease.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the ways in which the body defends itself against infection	A1 Methods of non-specific defence used by the human body A2 Methods of specific defence used by the human body	A report on the defence mechanisms of the human body.
B Examine the principles of blood transfusion science and its importance to those working in haematology	B1 Blood components B2 Diseases/problems associated with blood components B3 The diagnostic techniques used in haematology B4 Other techniques used in haematology B5 Blood transfusion B6 Transmissible infections by blood transfusion	
C Investigate the importance of cell pathology as a diagnostic tool	C1 Processes involved in cell pathology C2 Types of cell collection for analysis	A report, based on individual research, on how biochemical and pathology tests are used to identify and measure diseases in the human body.
D Explore how the chemical make-up of the body influences health and disease	D1 The biochemistry systems D2 Biochemical testing and monitoring	

Content

Learning aim A: Understand the ways in which the body defends itself against infection

A1 Methods of non-specific defence used by the human body

- Skin.
- Mucous membranes.
- Tears.
- Phagocytes.

A2 Methods of specific defence used by the human body

- Humoral immunity, also called the antibody-mediated immune system, to include cell-mediated immunity.
- Inflammation mechanisms, to include increased blood supply and capillary permeability, immune cell migration to the site.

Learning aim B: Examine the principles of blood transfusion science and its importance to those working in haematology

B1 Blood components

- The components of the blood, to include structure and function, erythrocytes, leucocytes, thrombocytes, plasma, serum, platelets.

B2 Diseases/problems associated with blood components

- Erythrocytic diseases, to include types of anaemia, thalassaemia, vitamin B12 and folate deficiency, sickle cell anaemia.
- Leucocytes and white blood cells diseases, to include lymphocytosis, AIDS, infectious mononucleosis.
- Bone marrow failure.
- Leukaemia.
- Lymphomas, to include Hodgkins, non-Hodgkins diseases.
- Haemostasis and thrombosis.

B3 The diagnostic techniques used in haematology

- Blood smears.
- Counts of red blood cells, reticulocytes and platelets.

B4 Other techniques used in haematology

- Mean corpuscular and blood volumes.
- Analysis for iron deficiency.
- Coagulation.
- Haemoglobin tests.

B5 Blood transfusion

- Production of blood products.
- Red cell compatibility.
- Clinical use of blood products, to include surgery, intensive care.
- Inherited conditions, to include haemophilia, sickle cell anaemia, haemolytic diseases in newborn babies.

B6 Transmissible infections by blood transfusion

- Screening of blood products for diseases, to include hepatitis, human parvovirus, malaria, Chagas disease, cytomegalovirus, AIDS.

Learning aim C: Investigate the importance of cell pathology as a diagnostic tool

C1 Processes involved in cell pathology

- Causes of cell injury, to include:
 - process of cell ageing
 - neoplasia, to include identification of cancer, lupus, allergic reactions.

C2 Types of cell collection for analysis

- Surgical removal of tissues.
- Pap smear.
- Removal of surface cells.
- Aspiration.

Learning aim D: Explore how the chemical make-up of the body influences health and disease

D1 The biochemistry systems

- Enzymes.
- Control systems, to include endocrinology, water and electrolytic metabolism.
- Control of calcium, carbohydrates and proteins.
- Metabolic errors, to include acid-base balance, blood gases, kidney and liver functions.

D2 Biochemical testing and monitoring

- Liver and kidney functions.
- Endocrinology, to include hormone levels, diagnosis of endocrine disorders.
- Fluid analysis, to include urine, central spinal fluid (CSF).
- Faecal analysis, to include gastrointestinal disorders.
- Toxicology, to include therapeutic drug monitoring.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand the ways in which the body defends itself against infection		
A.P1 Explain the specific and non-specific defence methods of the human body.	A.M1 Assess the effectiveness of specific, non-specific and inflammatory processes in helping the body defend itself against infection.	
Learning aim B: Examine the principles of blood transfusion science and its importance to those working in haematology		AB.D1 Justify the prominent role of haematology as a diagnostic tool and in the transfusion processes.
B.P2 Describe the components of human blood by referring to their structure and functions. B.P3 Explain, by referring to the blood components, what diseases are associated with them. B.P4 Describe the diagnostic techniques used in haematology. B.P5 Explain the processes involved in producing safe blood products for transfusion.	B.M2 Discuss the clinical uses of blood products and the reasons for screening them before use. B.M3 Analyse the effectiveness of the screening processes in preventing the transmission of blood-borne infections.	
Learning aim C: Investigate the importance of cell pathology as a diagnostic tool		CD.D2 Evaluate how the results of cell pathology used in conjunction with biochemical investigations can be used as diagnostic tools.
C.P6 Explain the causes of cell injury.	C.M4 Analyse how cell pathology is used in disease identification.	
Learning aim D: Explore how the chemical make-up of the body influences health and disease		CD.D3 Evaluate the work done by laboratories into effectively diagnosing the causes and cures of diseases.
D.P7 Explain two of the biochemistry systems in the human body. D.P8 Explain two biochemical tests used in monitoring the biochemistry of the human body.	D.M5 Discuss the importance of balanced biochemical systems in the human body.	

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

Learning aims: A and B (A.P1, B.P2, B.P3, B.P4, B.P5, A.M1, B.M2, B.M3, AB.D1)

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

Further information for teachers and assessors

Resource requirements

For this unit, learners will need access to research facilities such as the internet. Where possible, they should have a work experience placement or have access to relevant laboratories that deal with processing biological samples. Visits to the centre by laboratory personnel will help learners with understanding how such laboratories work. Although they may not be directly working in such laboratories, they do need to understand how they fit into their role as health workers, so as much experience as possible of health-related laboratory work will be an advantage in this unit.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will look at the blood system and the diagnostic tools. They must show why blood tests are often the first line of investigation when a patient presents with something abnormal. Similarly, the blood transfusion process is prominent in treatment and learners must justify why this is the case. It is not expected that the blood transfusion service is included, but learners must include the process involved in getting blood to the stage where it is suitable for transfusion. Learners must articulate their arguments concisely and professionally to reach justified conclusions.

For Merit standard, learners will link together all the body's defences, non-specific, specific and inflammatory. They must include relevant examples to show that defence mechanisms often interact when fighting infections.

Learners must explain the clinical uses of blood products in terms of what components are used and in what areas of the health system, such as surgery and long-term control of clinical conditions. At the same time, they must expand on the reasons for blood screening.

Learners will analyse the effectiveness of the screening process. They must show they appreciate the limitations of screening, especially as previously unknown diseases may not be picked up in this process. Obvious examples will be AIDS, some types of Hepatitis, CJD etc.

For Pass standard, learners will describe the specific and non-specific defences of the body. These must be linked to examples to meet the criterion. A description without relevant examples will not meet the criterion.

Learners will give a full list of blood components and include their structure and function.

Fully annotated diagrams could give enough information rather than just written descriptions.

It is insufficient for learners to produce a list of components and a list of diseases. Learners must link blood components with a particular disease or type of disease.

In describing the diagnostic techniques used in haematology, there is no need for learners to give detailed descriptions of the analytical equipment used. The emphasis is on the tests done, cell counts, coagulations tests and so on, and the reasons for them in terms of what is being looked for.

Learners are asked to explain what processes are carried out to ensure the blood product being used is safe. This may be whole blood or components of it. They must name at least some of the diseases for which the blood is being screened.

Learning aims C and D

For Distinction standard, learners will use detailed analysis and research to show how investigations of cells used alongside biochemical tests can provide an effective diagnostic tool. They must use examples such as urine analysis, where abnormal protein levels are detected, and cell samples indicating abnormal growth patterns from a kidney.

Using all their own research for this unit, learners will evaluate the work that goes into detecting causes and cures of disease, making suitable justifications and recommendations. This is not about research carried out by scientists, but the work of the laboratories in terms of the samples they receive, the tests carried out and the reports produced to help health workers involved with patients exhibiting abnormal symptoms.

For Merit standard, learners will show how cell pathology uses cell injury to identify the underlying reasons and so help in disease identification.

Learners will interrelate facts, concepts and contexts to discuss how balanced biochemical systems are important in influencing health and disease. They will show how a lack of balance can lead to ill health, giving examples.

For Pass standard, learners will recall knowledge to relate the causes of cell injury. Cell injury here should not mean the physical damage caused by a heavy blow or a cut. It refers to the damage, often within the cell, by pathogens, abnormal growth cycles and inflammatory reactions. The most obvious example is that of cancerous cells multiplying out of control and resulting in tumours. This is the type of cell injury learners must be explaining.

Learners will choose two named biochemical systems and explain them. They are not required to link the systems together, but the assessor must look for an understanding of the biochemistry involved and, by implication, its role in providing homeostatic control.

By naming two biochemical tests, learners must explain how they are used to monitor what is happening in the body. Details of the equipment are not required. The key to this criterion is the role of the tests in monitoring the biochemical system in the body to see if they are normal or not.

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 11: Scientific Techniques for Health Science
- Unit 12: Physiological Disorders and their Care
- Unit 13: Microbiology for Health Science
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 22: Biochemistry for Health.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop report writing and research skills.

Unit 22: Biochemistry for Health

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore the structure of biological molecules, how they affect metabolism, their action in metabolic processes, and the principles of biochemistry in industry.

Unit introduction

Biochemistry encompasses a broad spectrum of biological processes and how they maintain life. As an essential laboratory-based science, biochemistry uses chemical knowledge and techniques to understand and solve biological problems. Currently, biochemistry is focused on understanding how biological molecules give rise to metabolic processes in living cells.

In this unit, you will develop an understanding of atomic and molecular structure, focusing on the relationship between structure and properties of biological molecules and their metabolic activity. You will explore the structure and importance of organic and inorganic molecules to biochemical processes of living organisms, and examine the principles of metabolism by considering certain metabolic pathways and the role of enzymes in metabolism. You will conduct enzymatic investigations to examine metabolic functions and the nature, causes and effects of associated disorders. Through a combination of experimentation and theory, you will explore how biomolecules are built, broken down and used in cells through metabolic pathways, thereby creating life and sometimes resulting in common disorders. You will examine how biochemistry is used in everyday life, and how current research will shape the future of life and health.

This unit will support you in your progression to further or higher-level studies in the health sector, and is directly relevant to the healthcare, nutritional and pharmaceutical industries.

Learning aims

In this unit you will:

- A** Explore how the structure of biological molecules affects metabolism
- B** Explore the action of biological molecules in metabolic processes
- C** Examine the principles of biochemistry in industry.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Explore how the structure of biological molecules affects metabolism	A1 Structure of atoms A2 Structure and function of inorganic molecules A3 Structure and function of organic molecules A4 Principles of metabolism	A report on the structure of atoms, the structure, function and role of inorganic and organic molecules, and the principles of metabolism.
B Explore the action of biological molecules in metabolic processes	B1 Configuration of biomolecules B2 Characteristics of biomolecules B3 Nucleic acids B4 Biochemical investigation	A report on how the structure, functions and action of biomolecules affect metabolic rates.
C Examine the principles of biochemistry in industry	C1 Aetiology of metabolic disorders C2 Biotechnology uses C3 Research of biochemistry use	A report on metabolic disorders and diseases, and how biotechnology is used in current medical research to develop techniques and technology for treating metabolic disorders.

Content

Learning aim A: Explore how the structure of biological molecules affects metabolism

A1 Structure of atoms

- Atoms, including neutrons, protons, electrons.
- Electronic configuration, including carbon, hydrogen, nitrogen, oxygen.
- Chemistry of elements, ions and electrolytes in living cells.
- Nature of bonds in molecules in biological molecules, isomerism.

A2 Structure and function of inorganic molecules

- Covalent bonds, including carbon dioxide, water.
- Ionic bonds, including salts, sodium chloride, sodium ethanoate acids – hydrochloric, lactic, citric, ethanoic.
- Characteristics of water: the universal solvent, pH, in buffers, melting point, boiling point, ionisation, polarity, hydrogen bonding.
- Ions in biological systems, including ion concentration across cell membrane and electron transport.

A3 Structure and function of organic molecules

- Proteins, including 20 amino acids, amine bonds.
- Fats, including fatty acids, glycerol, triglycerides, phospholipids.
- Carbohydrates, including monosaccharides, isomers of glucose, fructose, disaccharides, sucrose, lactose, polysaccharides, starch, glycogen.
- Haemoglobin, including oxygenation of the transport protein.
- Structure and functions of membrane proteins – receptors, channels, pumps.
- Relevance of molecules to metabolism.
- Hormones, insulin, testosterone, steroids, cholesterol, aldosterone.

A4 Principles of metabolism

- Basic concepts of metabolism.
- Anabolism.
- Catabolism.
- Metabolic pathways, including Krebs cycle, generation of ATP, anaerobic respiration.
- Glycolysis pathway and mitochondrial oxidation.
- Sodium-potassium pump.

Learning aim B: Explore the action of biological molecules in metabolic processes

B1 Configuration of biomolecules

- Condensation of organic polymers – alpha glucose.
- Hydrolysis of organic polymers.
- Glucose metabolism and cellular respiration.
- Investigation – food analysis and energy conversion.

B2 Characteristics of biomolecules

- Enzymes, salivary amylase, pepsin, lipase, including structure, role in metabolism, properties, denaturation.
- Active site specificity of enzyme action; co-enzymes, co-factors, inhibitors.
- Investigation: rate of reaction, specificity, concentrations, temperature and pH.

B3 Nucleic acids

- Structure of nucleic acids, including DNA and their role in protein synthesis.
- Protein synthesis.
- Cell replication.
- Investigation – DNA extraction and electrophoresis.
- DNA sequencing.

B4 Biochemical investigation

- Principles of the scientific methodology.
- Factors affecting scientific research and investigation.
- Health and safety.
- Communicating investigative outcomes using scientific reports.

Learning aim C: Examine the principles of biochemistry in industry**C1 Aetiology of metabolic disorders**

- Disorders of the endocrine system, including diabetes, parathyroidism.
- Disorders of genetic defects, including glycogen storage disease, phenylketonuria.

C2 Biotechnology uses

- Uses of enzymes in biotechnology:
 - proteases in biological detergents
 - glucose isomerase conversion of glucose to fructose
 - the action of streptokinase in breaking down blood clots.
- DNA fingerprinting, including profiling, paternity testing.

C3 Research of biochemistry use

- Research into use of biochemistry in diagnosis and treatment of metabolic disorders, and the development of new drugs.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Explore how the structure of biological molecules affects metabolism		A.D1 Evaluate the structure, function and role of inorganic and organic molecules, and their impact on metabolism.
A.P1 Explain the structures of carbon, hydrogen, nitrogen and oxygen, and how they produce organic and inorganic biological molecules. A.P2 Investigate the nature, function and role of atoms, and the structure and function of organic and inorganic molecules and their impact on metabolism.	A.M1 Assess the relevance of the structures of carbon, hydrogen, nitrogen and oxygen to the metabolism of biological molecules, proteins, fats, carbohydrates and haemoglobin.	
Learning aim B: Explore the action of biological molecules in metabolic processes		B.D2 Evaluate how the structure, functions and action of biomolecules affect metabolic rates.
B.P3 Explain the structure, and physical and chemical properties of biomolecules and nucleic acids. B.P4 Investigate the factors affecting enzyme activity and the enzymatic extraction of DNA.	B.M2 Assess the impact of factors affecting enzyme activity on metabolic processes and metabolic rates.	
Learning aim C: Examine the principles of biochemistry in industry		C.D3 Evaluate how biological molecules and their role in metabolism influence current research and development of techniques and technology in treating metabolic disorders.
C.P5 Explain the aetiology of metabolic disorders of genetic and endocrine origins. C.P6 Explain the concept and uses of enzymes in biochemistry in the diagnosis and treatment of metabolic disorders and diseases, including DNA profiling and sequencing.	C.M3 Assess the impact of DNA sequencing in the development of treatment therapy for metabolic disorders.	

Essential information for assignments

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

There is a maximum number of three summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

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

Further information for teachers and assessors

Resource requirements

There are no specific resources required for this unit.

Essential information for assessment decisions

Learning aim A

For Distinction standard, learners will use research, experimental data and experimental outcome to assess how the atomic structure and, by extension, the mode of action and function of the biomolecules were affected by the changing factors investigated. Learners must assess the importance of both catabolism and anabolism, and discuss the use of elements in the production of biological molecules. Learners will discuss the biochemical relevance of the elements in glycolysis and aerobic respiration. This requires a comparison and detailed assessment of aerobic and anaerobic respiration of glucose in terms of oxidation, reduction and energy released. This should include an outline of the role of iron ions in oxygen transport, as well as the danger of carbon dioxide if not displaced. An in-depth explanation of the Krebs cycle is not required, but learners must explain how the elements interact to allow for the metabolism of energy.

For Merit standard, learners will assess the importance and the use of carbon, hydrogen, oxygen, nitrogen, phosphorus and iron to the function of cholesterol, protein, glucose, haemoglobin, amylase and DNA, including a discussion of the physical and chemical properties of biological molecules. Learners will apply their knowledge of the chemical properties of the elements to the function of the biomolecule, including the role of iron to the structure of haemoglobin as well its function; calcium in alpha-amylase; the importance of isomeric structures of glucose to metabolism and digestion in humans; and nitrogen, hydrogen and phosphate in proteins and DNA. They will outline the structure of three types of fats in humans, with a focus on the cholesterol of rings and long-chain hydrocarbons, and outline the difference between HDL and LDL cholesterol and their importance to metabolism. They will give an explanation of the double-helical structure of DNA in relation to H-bonding and repelling phosphate groups, and the structure of nucleotides and their condensation polymers. Learners must explain why humans can digest starch but not cellulose, and describe the condensation of monosaccharides to form disaccharides and polysaccharides.

For Pass standard, learners will explain the atomic structures of oxygen, hydrogen, carbon and nitrogen, and how they are bonded to produce organic and inorganic biological molecules: water proteins, fats, carbohydrates and haemoglobin. They must provide a description of the chemical composition of fat, carbohydrate and proteins in relation to their functional groups, bonds and interactions (both intramolecular and intermolecular) in proteins, single and double bonds in carbohydrates, isomers and empirical formulae. Learners must refer to the specific structures of the molecules, amine bonds and glycosidic bonds. They are expected to include diagrams of atoms, and explain the production of bond types and molecules specific to the identification, production and function of the inorganic molecules. Learners will investigate the nature of atoms, structure and characteristics: atomic composition, mass, pH, in buffers, melting point, boiling point, ionisation, polarity, optimal working temperature, hydrogen bonding of organic and inorganic molecules, including enzymes, carbohydrates, fats and proteins.

Learning aim B

For Distinction standard, learners will evaluate how the structure, function and action of biomolecules affect metabolic rates. They will discuss how the structure, function and factors affecting amylase's mode of action impact metabolic rates, resulting in metabolic disease. Learners must be able to recognise the intermediate molecules, such as pyruvate and their relevance to cellular respiration.

For Merit standard, learners will assess the impact of factors affecting enzyme activity on metabolic processes and metabolic rates.

For Pass standard, learners will explain the structure, and physical and chemical properties of biomolecules and nucleic acids, including their role in protein synthesis. They will investigate the factors affecting enzyme activity and the enzymatic extraction of DNA.

Learning aim C

For Distinction standard, learners will evaluate how the physical and chemical properties of biomolecules, their mode of action and their functions influence research, drug development and treatment of diabetes and glycogen storage disease. This could include genetic defects in the pancreas or the endocrine system, for example defects of insulin in diabetics.

For Merit standard, learners will review current research that influences the biomedical and technological advancement in the treatment of diabetes and glycogen storage disease. Learners will explain how knowledge of the human genome has affected medical science, and discuss advantages and disadvantages of DNA sequencing and how the technique has impacted the development of treatment therapies, drugs and care of people suffering from these illnesses.

For Pass standard, learners will explain DNA profiling, give an outline of the step in the process and its uses in medical science. They will explain how changes in DNA can affect the structure of biomolecules and how a defect in the structure of biomolecules can affect metabolism, through pancreatic and hepatic malfunction resulting in diabetes and glycogen storage disease.

Links to other units

This unit links to:

- Unit 11: Scientific Techniques for Health Science
- Unit 13: Microbiology for Health Science
- Unit 17: Nutritional Health
- Unit 19: Medical Physics Applications in the Health Sector
- Unit 20: Genetics
- Unit 21: Biomedical Science.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research and evaluative skills.

Unit 23: Complementary Therapies for Health and Social Care

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners will explore a range of complementary therapies, their potential benefits and role in maintaining health and wellbeing.

Unit introduction

Have you ever been curious about the effectiveness of homeopathy, herbal medicine or chiropractic techniques? The popularity of complementary therapies has grown over recent years as our understanding of their potential benefits has increased. Some of these therapies may help in the treatment of illness where conventional medicine does not offer a complete solution. Many of these therapies are now available under local health services.

In this unit, you will learn about some complementary therapies, such as acupuncture, aromatherapy and reflexology. You will examine some of the potential benefits of these therapies in comparison with more conventional medical treatment for a range of different conditions. You will also investigate some of the controversial issues and current research into complementary therapies, and their role in providing a service within the health and social care sector.

This unit will form a good basis for aspects of higher education study in health and social work courses and nursing qualifications. It will also prepare you for work in the health and social care sector in a variety of different roles.

Learning aims

In this unit you will:

- A** Investigate the potential benefits of complementary therapies in maintaining health and wellbeing
- B** Examine the provision of complementary therapies in relation to conventional medical treatments
- C** Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Investigate the potential benefits of complementary therapies in maintaining health and wellbeing	A1 Types of complementary therapies A2 Role of complementary therapies A3 Benefits of complementary therapies	A report on complementary therapies and their benefits.
B Examine the provision of complementary therapies in relation to conventional medical treatments	B1 Provision of complementary therapies B2 Provision in relation to conventional medical treatment	A report on the provision and role of complementary therapies.
C Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments	C1 Role of professional bodies and regulation C2 Factors to be considered when providing complementary therapies	

Content

Learning aim A: Investigate the potential benefits of complementary therapies in maintaining health and wellbeing

A1 Types of complementary therapies

- Manipulative techniques, e.g. Alexander technique, chiropractic.
- Touch and massage techniques, e.g. Bowen technique, reflexology.
- Natural remedies, e.g. homeopathy, herbal medicine.
- Holistic therapies, e.g. Reiki, yoga therapy.
- Specific therapies, e.g. acupuncture, aromatherapy.

A2 Role of complementary therapies

- Diagnostic.
- Therapeutic.
- Provision alongside orthodox treatment.

A3 Benefits of complementary therapies

- Increased energy and wellbeing.
- Balance of mind, body and spirit.
- Pain management.
- Boost immune system and promote healing.
- Decrease stress and help relaxation.
- Help in the treatment of anxiety, depression, addiction and phobias.
- Improved circulation and digestion.
- Relief of side effects of chemotherapy in the treatment of cancer.

Learning aim B: Examine the provision of complementary therapies in relation to conventional medical treatments

B1 Provision of complementary therapies

- Private and local provisions.
- Access and referral systems.
- Choice for service users, including conventional and complementary therapies.
- Factors affecting provision, e.g. availability, geographical, economic, cultural, public education, attitudes and understanding of complementary therapies.

B2 Provision in relation to conventional medical treatment

- Provision of complementary therapies in relation to conventional treatment for the following disorders:
 - musculoskeletal disorders, including bones, joints, muscles, mobility, pain, e.g. acupuncture, Alexander technique
 - metabolic disorders, including digestive disorders, endocrine function, immune system disorders, reproductive function, e.g. herbal medicine
 - cardiorespiratory disorders, including pulmonary and cardiovascular functioning, e.g. Reiki
 - psychological disorders, including stress, anxiety, depression, e.g. aromatherapy massage, meditation, visualisation

- cancer, including the side effects of chemotherapy, e.g. herbal medicine, acupuncture, massage
- labour and pain relief in childbirth, e.g. aromatherapy, reflexology.

Learning aim C: Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments

C1 Role of professional bodies and regulation

- Role of professional organisations, including Independent Professional Therapists International (IPTI), Institute for Complementary Medicine, International Guild of Complementary Therapists (therapyguid.info) and International Practitioners of Holistic Medicine (IPHM).
- Regulation and professional training, including legislation, registration, codes of ethics.

(Legislation must be current and applicable to local countries.)

C2 Factors to be considered when providing complementary therapies

- Research-based evidence, including clinical studies and trials.
- Advantages and disadvantages of complementary therapies.
- Contraindications for the use of complementary therapies.
- Controversial issues, including health and safety, unregistered practitioners.

Assessment criteria

Pass		Merit	Distinction
Learning aim A: Investigate the potential benefits of complementary therapies in maintaining health and wellbeing			A.D1 Justify the contribution of complementary therapies in maintaining health and wellbeing for service users with different needs.
A.P1 Explain the potential benefits of two different complementary therapies for service users with different needs.	A.M1 Assess how complementary therapies can maintain health and wellbeing for service users with different needs.		
Learning aim B: Examine the provision of complementary therapies in relation to conventional medical treatments			BC.D2 Evaluate the provision of complementary therapies in relation to conventional medical treatments and factors to be considered. BC.D3 Evaluate the role of complementary therapies in providing a service within the health and social care sector.
B.P2 Explain how service users can access complementary therapies with reference to factors affecting provision.	B.M2 Analyse the reasons why complementary therapies may be offered in addition to conventional medical treatment.		
B.P3 Explain the role of complementary therapies in relation to conventional medical treatment of two different disorders.			
Learning aim C: Investigate the factors to be considered when providing complementary therapies alongside conventional medical treatments			
C.P4 Explain the role of professional organisations in supporting the provision of complementary therapies.	C.M3 Analyse the importance of regulation in the provision of complementary therapies.		
C.P5 Explain factors to be considered when providing complementary therapies.	C.M4 Assess the importance of different factors when providing complementary therapies in the health and social care sector.		

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

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

Further information for teachers and assessors

Resource requirements

For this unit, learners should have access to relevant international or local legislation and professional codes of practice relating to the provision of complementary therapies.

Essential information for assessment decisions

Learning aim A

For Distinction standard, learners will articulate arguments professionally and concisely. They must use detailed analysis and research to address the importance and relevance of complementary therapies. Their work should take a holistic approach when considering the benefits of the therapies, for example in alleviating a disorder and aiding relaxation. Learners will give reasons to support their views and use research to justify the validity of their conclusions.

For Merit standard, learners will use research to extend their understanding. They must select and apply knowledge to include a careful consideration of different ways the therapies maintain health and wellbeing, such as increased energy, pain management or reducing stress and helping relaxation. Learners must make reasoned, analytical judgements.

For Pass standard, learners will include clear details about each different therapy and reasons why it may be beneficial for each service user. For example, learners could explain the benefits of homeopathy in reducing the side effects of chemotherapy for an individual with terminal cancer or the benefits of the Alexander technique to improve mobility for an individual with arthritis. Their research must be relevant and organised to reach suitable judgements.

Learning aims B and C

For Distinction standard, learners will draw together their knowledge and understanding from across the whole unit. Learners must consider the position of complementary therapy within the sector, and use detailed analysis and research to reach justified and supported judgements with a conclusion.

Learners will evaluate the provision of complementary therapies, reaching reasoned and valid judgements. Learners must include a consideration of the strengths and weaknesses, advantages and disadvantages, relevance or significance of complementary therapies and any relevant issues when provided alongside conventional medical treatments, with appropriate examples. Learners must show that they have used research to justify the validity of their recommendations and proposals.

For Merit standard, learners will use research to extend their understanding to less-familiar contexts. They must apply their knowledge to complex situations by including a detailed examination of evidence to support the recommendation of complementary therapy for service users. For example, they could consider the use of acupuncture to treat osteoarthritis alongside conventional painkilling medication and exercise plan. It is important to note here that these practices may differ in different countries and therefore, there may be other appropriate therapies which support different cultural needs.

Learners will consider the lack of scientific evidence to support some complementary therapies. They must record information from relevant sources to provide a detailed analysis supporting the significance of regulation of complementary therapies, in own local and regional communities with appropriate examples.

They must select and apply relevant knowledge to include careful consideration of various factors, for example concerns about clinical effectiveness, safety, fears about professional regulation or issues relating to cost-effectiveness and provision within own local and regional communities. Learners must make reasoned, analytical judgements involving comparison or justification, and interrelate facts, theories and concepts to draw suitable conclusions.

For Pass standard, learners will recall and relate knowledge to include clear details about referral systems and choices available through both private provision, and/or own local and regional communities with appropriate examples. Learners must refer to the factors that might affect access, for example service users may not be able to afford a particular complementary treatment if there is no local health provision.

Learners will explain how complementary therapies are used alongside conventional treatment of different disorders in own local and/or regional communities. For example, using Reiki and psychotherapy for anxiety and stress-related disorders, or acupuncture and traditional drug treatment for the management of chronic pain.

Learners will consider factors such as practitioner regulation, registration, codes of ethics, and professional qualifications and training when explaining the role of professional organisations within own local and/or regional communities.

They must relate their understanding to health and social care organisational values, purpose and objectives, and identify the professional responsibilities of those providing complementary therapies.

Learners will include details about different therapies with clear reasons to support why certain factors should be considered before providing complementary therapies. For example, they could explain how complementary therapies should not be provided to service users who are taking prescription medication, those with existing medical conditions such as diabetes or high blood pressure, or during pregnancy.

Links to other units

This unit links to:

- Unit 2: Anatomy and Physiology for Health and Social Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 12: Physiological Disorders and their Care.

This unit may be taught alongside:

- Unit 3: Enquiries into Current Research in Health and Social Care
- Unit 4: Principles of Effective Care
- Unit 9: Psychological Perspectives
- Unit 18: Understanding Mental Wellbeing
- Unit 24: Health Psychology.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research, organisation, planning, and time management and communication skills.

Unit 24: Health Psychology

Level: 3

Unit type: Internal

Guided learning hours: 60

Unit in brief

Learners explore the application of psychology in the study of health-related behaviours, contemporary issues in health psychology, and models of stress and stress management.

Unit introduction

Health psychology enables people to focus on living healthy and fulfilling lives. Individuals are becoming interested in their diet, exercise and work-life balance.

In this unit, you will learn about the role of psychology in understanding behaviour in health and ill health. You will look at how health and ill health are defined, what this means to you, your family and friends, and the service users during your course. You will investigate the role of psychology in managing contemporary issues in health. You will explore models of stress and stress-related management strategies. You will examine the role of psychology in dealing with pain and ill health, as many people live with chronic pain.

This unit will prepare you for working with people in a caring capacity. It will also be useful if you intend to progress to study at a higher level.

Learning aims

In this unit you will:

- A** Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline
- B** Examine how psychology contributes to the management of contemporary issues in health
- C** Investigate models of stress and related strategies for managing stress
- D** Explore the role of psychology in dealing with pain and ill health.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline	A1 Concepts of health psychology, health and ill health A2 Influences on beliefs and behaviours towards health and ill health	A report on the role of health psychology, health and ill health concepts in the management of contemporary issues in health.
B Examine how psychology contributes to the management of contemporary issues in health	B1 Contemporary issues in health B2 Health psychology in relation to contemporary issues	
C Investigate models of stress and related strategies for managing stress	C1 Development of stress models C2 Stress management strategies	A report on the use of strategies and psychological theories in managing stress, pain and ill health for a selected service user.
D Explore the role of psychology in dealing with pain and ill health	D1 Concepts of pain and ill health D2 Psychological theories related to pain and ill health	

Content

Learning aim A: Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline

A1 Concepts of health psychology, health and ill health

- Definitions of health psychology, health and ill health, e.g. World Health Organization (WHO).
- Models of health, including medical model, biopsychosocial model.
- Use of holistic concept of health in underpinning complementary treatments, e.g. acupuncture.
- Health-related behaviours, including health-belief model, compliance and non-compliance.
- The 'sick role'.
- The development of health psychology as a discipline.

A2 Influences on beliefs and behaviours towards health and ill health

- Cultural, including differing attitudes among different ethnic groups.
- Religion.
- Socioeconomic, including social class, economic status.
- Environmental, including population density, available infrastructure.
- Individual, including age, gender.
- Education, including ethnic/professional subcultures.

Learning aim B: Examine how psychology contributes to the management of contemporary issues in health

B1 Contemporary issues in health

- Smoking and other substance dependency.
- Eating behaviour.
- Exercise.
- Childbirth.

B2 Health psychology in relation to contemporary issues

- Health implications of smoking, alcohol consumption and other substance addictions.
- Social learning perspective, addictive behaviour – from a psychological viewpoint.
- Psychological theories of causes of obesity, anorexia and bulimia.
- Ethics of the treatment of eating disorders.
- Physical and psychological benefits of exercise.
- Medicalisation of childbirth, cultural and religious issues, the growth of caesarean sections, home births and water births, and the rationale behind them, other childbirth factors in local and regional communities.

Learning aim C: Investigate models of stress and related strategies for managing stress

C1 Development of stress models

- The fight or flight model, general adaptation syndrome.
- Life events theory.
- Psychosocial models of stress.
- Role of psychological factors, locus of control, personality type.

C2 Stress management strategies

- Coping strategies and responses, including problem-focused, emotion-focused, defence mechanisms.
- Stress-illness link, including effects of stress on immune system, effects of lack of or too much information on illness, role and extent of family and wider social support.
- Positive coping mechanisms, including relaxation techniques.
- Negative coping mechanisms, including alcohol or other substance abuse.
- Behavioural techniques, cognitive techniques.
- Importance to professionals of having knowledge of stress-management strategies.

Learning aim D: Explore the role of psychology in dealing with pain and ill health

D1 Concepts of pain and ill health

- Theories of pain.
- The role of psychological factors in pain perception.
- Organic pain, psychogenic pain.
- Acute and chronic pain, referred pain.
- Injury without pain, pain without injury.
- Measuring pain.
- Controlling pain, application of psychological approaches to alleviation of pain.

D2 Psychological theories related to pain and ill health

- Diagnosis and behaviour change.
- Alleviation of symptoms, coping mechanisms.
- Effect on families and dependants.
- Illnesses, including heart disease, cancer, back pain, asthma.

Assessment criteria

Pass	Merit	Distinction
Learning aim A: Understand influences and beliefs towards health and ill health resulting in the development of health psychology as a discipline		AB.D1 Evaluate the role of health psychology, health and ill health concepts in the management of contemporary issues in health.
A.P1 Explain how concepts of health psychology, health and ill health influence health-related beliefs and behaviours.	A.M1 Assess the extent to which concepts of health psychology, health and ill health influence health-related beliefs and behaviours.	
Learning aim B: Examine how psychology contributes to the management of contemporary issues in health		
B.P2 Explain how health psychology can be used in the management of different contemporary issues in health.	B.M2 Assess the contribution of health psychology in the management of different contemporary issues in health.	
Learning aim C: Investigate models of stress and related strategies for managing stress		C.D2 Evaluate the use of strategies and psychological theories in managing stress, pain and ill health for a selected service user. D.D3 Evaluate the importance of health psychology in helping individuals to deal with contemporary issues in health, stress, pain and illness.
C.P3 Explain how stress can influence illness.	C.M3 Analyse strategies that a selected service user can apply to manage stress with reference to their link to illness.	
C.P4 Explain potential strategies that a selected service user can apply to manage stress.		
Learning aim D: Explore the role of psychology in dealing with pain and ill health		
D.P5 Explain how psychology contributes to the management of pain.	D.M4 Justify how psychological theories can be applied to manage pain and ill health for a service user.	
D.P6 Explain how psychological theories can be applied to manage a service user's illness.		

Essential information for assignments

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

There is a maximum number of two summative assignments for this unit.

The relationship of the learning aims and criteria is:

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

Learning aims: C and D (C.P3, C.P4, D.P5, D.P6, C.M3, D.M4, C.D2, D.D3)

Further information for teachers and assessors

Resource requirements

There are no special resources needed for this unit.

Essential information for assessment decisions

Learning aims A and B

For Distinction standard, learners will evaluate and reach reasoned and valid judgements on concepts of health psychology, health and ill health. Learners must draw on knowledge and understanding, making suitable justifications about health psychology in relation to contemporary issues in health.

For Merit standard, learners will select and apply knowledge to demonstrate the relevance and purpose of concepts of health psychology, health and ill health. Learners must use research to extend their understanding to detailed contexts of influences on beliefs and behaviours towards health and ill health. Learners must interrelate facts, concepts and contexts, drawing suitable conclusions on health psychology in relation to contemporary issues in health.

For Pass standard, learners will recall and relate knowledge through understanding a range of appropriate concepts of health psychology, health and ill health. They must use research with relevance to given situations, including using data sources on influences on beliefs and behaviours towards health and ill health in learners' own local or/and regional communities. Learners must select and organise information using appropriate knowledge and concepts to make suitable judgements on health psychology in relation to contemporary issues in health.

Learning aims C and D

For Distinction standard, learners will articulate arguments and views concisely and professionally to justify their conclusions on theories and models of stress. They must show in-depth understanding which applies to less-familiar situations in relation to stress-management strategies appropriate for a selected service user. Learners must draw on knowledge and understanding, making suitable justifications on concepts of pain and ill health and the contribution of psychological theories to their management strategy for a service user.

For Merit standard, learners will make reasoned analytical judgements involving comparison, discussion or justification of theories and models of stress. Learners must show that they understand how knowledge is applied to detailed situations regarding stress-management strategies appropriate for a selected service user. Learners must interrelate facts and contexts, drawing suitable conclusions on concepts of pain and ill health and the contribution of psychological theories to their management strategy for a service user.

For Pass standard, learners will recall and relate knowledge through understanding a range of appropriate theories and models of stress. Learners must explore well-defined applications of knowledge to demonstrate an understanding of stress-management strategies appropriate for a selected service user. Learners must select and organise information using appropriate knowledge, making suitable judgements on concepts of pain and ill health, and the contribution of psychology to their management strategy.

Links to other units

This unit links to:

- Unit 4: Principles of Effective Care
- Unit 5: Principles of Safe Practice in Health and Social Care
- Unit 6: Promoting Public Health
- Unit 8: Sociological Perspectives
- Unit 9: Psychological Perspectives
- Unit 23: Complementary Therapies for Health and Social Care.

Employer involvement

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

Opportunities to develop transferable employability skills

In completing this unit, learners will have the opportunity to develop research, organisation, planning, and time management and communication skills.

4 Planning your programme

How do I choose the right BTEC International Level 3 qualification for my learners?

BTEC International Level 3 qualifications come in a range of sizes, each with a specific purpose. You will need to recruit learners very carefully to ensure that they start on the right size of qualification to fit into their study programme and that they take the right pathways or optional units to allow them to progress to the next stage.

Some learners may want to take a number of complementary qualifications or keep their progression options open. These learners may be suited to taking a BTEC International Level 3 Certificate or Subsidiary Diploma. Learners who then decide to continue with a fuller vocational programme can transfer to a BTEC International Level 3 Diploma or Extended Diploma.

Some learners are sure of the sector in which they wish to work and are aiming for progression into that sector via higher education. These learners should be directed to the two-year BTEC International Level 3 Extended Diploma as the most suitable qualification.

Is there a learner entry requirement?

As a centre, it is your responsibility to ensure that the learners you recruit have a reasonable expectation of success on the programme. There are no formal entry requirements but we expect learners to have qualifications at or equivalent to Level 2.

Learners are most likely to succeed if they have:

- five International GCSEs at good grades and/or
- BTEC qualification(s) at Level 2
- other appropriate qualifications or achievement at year 11 or age 16 in core subjects.

Learners may demonstrate the ability to succeed in various ways. For example, they may have relevant work experience or specific aptitude shown through diagnostic tests or non-educational experience.

If learners are studying in English we recommend that they have attained at least Level B2 in the Common European Framework of Reference for Languages.

Please see resources available from Pearson at www.pearson.com/english

What is involved in becoming an approved centre?

All centres must be approved before they can offer these qualifications – so that they are ready to assess learners and so that we can provide the support that is needed. Further information is given in *Section 8 Quality assurance*.

What level of sector knowledge is needed to teach these qualifications?

We do not set any requirements for teachers but recommend that centres assess the overall skills and knowledge of the teaching team to ensure that they are relevant and up to date. This will give learners a rich programme to prepare them for employment in the sector.

What resources are required to deliver these qualifications?

As part of your centre approval, you will need to show that the necessary material resources and work spaces are available to deliver BTEC International Level 3 qualifications. For some units, specific resources are required.

How can Pearson Progress help with planning for these qualifications?

Pearson Progress is a digital support system that supports the delivery, assessment and quality assurance of BTECs in centres. It supports teachers with activities such as course creation, creating and verifying assignments and creating assessment plans and recording assessment decisions.

For further information, see *Section 10 Resources and support*.

Which modes of delivery can be used for these qualifications?

You are free to deliver BTEC International Level 3 qualifications using any form of delivery that meets the needs of your learners. We recommend making use of a wide variety of modes, including direct instruction in classrooms or work environments, investigative and practical work, group and peer work, private study and e-learning.

What are the recommendations for employer involvement?

BTEC International Level 3 qualifications are vocational qualifications and, as an approved centre, you are encouraged to work with employers on design, delivery and assessment to ensure that it is engaging and relevant, and that it equips learners for progression. There are suggestions in many of the units about how employers could become involved in delivery and/or assessment but these are not intended to be exhaustive and there will be other possibilities at local level.

What support is available?

We provide a wealth of support materials, including curriculum plans, delivery guides, sample Pearson Set Assignments, authorised assignment briefs and examples of marked learner work.

You will be allocated a Standards Verifier early on in the planning stage to support you with planning your assessments. There will be extensive training programmes as well as support from our Subject Advisor team.

For further details see *Section 10 Resources and support*.

Meeting local needs

Centres should note that the qualifications set out in this specification have been developed in consultation with centres and employers for the relevant sector. Centres should make maximum use of the choice available to them within the optional units to meet the needs of their learners, and local skills and training needs.

In certain circumstances, units in this specification might not allow centres to meet a local need. In this situation, Pearson will allow centres to either make use of units from other BTEC specifications in this suite or commission new units to meet the need. Centre-developed units will need to be quality assured by Pearson at a cost. Centres are required to ensure that the coherence and purpose of the qualification is retained and to ensure that the vocational focus is not diluted.

The proportion of imported, or locally developed units that can be used are as follows. These units cannot be used at the expense of the mandatory units in any qualification.

Qualification	Meeting local needs allowance	Unit equivalence
Certificate (180 GLH)	No MLN allowed	0 units
Subsidiary Diploma (360 GLH)	60 GLH MLN allowed	1 * 60 GLH unit
Foundation Diploma (510 GLH)	120 GLH MLN allowed	e.g. 2 * 60 GLH units
Diploma (720 GLH)	180 GLH MLN allowed	e.g. 3 * 60 GLH units
Extended Diploma (1080 GLH)	240 GLH MLN allowed	e.g. 4 * 60 GLH units

How will my learners become more employable through these qualifications?

BTEC International Level 3 qualifications are mapped to relevant occupational standards, please see *Appendix 1: Links to industry standards*.

Employability skills, such as teamworking and entrepreneurialism, and practical, hands-on skills have been built into the design of the learning aims and content. This gives you the opportunity to use relevant contexts, scenarios and materials to enable learners to develop a portfolio of evidence that demonstrates the breadth of their skills and knowledge in a way that equips them for employment.

5 Assessment structure

Introduction

BTEC International Level 3 qualifications are assessed using a combination of *internal assessments*, which are set and marked by teachers, and *Pearson Set Assignments*, which are set by Pearson and marked by teachers.

- Mandatory units have a combination of internal and Pearson Set Assignments.
- All optional units are internally assessed.

In developing an overall plan for delivery and assessment for the programme, you will need to consider the order in which you deliver units, whether delivery is over short- or long periods and when assessment can take place.

We have addressed the need to ensure that the time allocated to final assessment of units is reasonable so that there is sufficient time for teaching and learning, formative assessment and development of transferable skills.

In administering an internal assignment or a Pearson Set Assignment, the centre needs to be aware of the specific procedures and policies that apply, for example to registration, entries and results. An overview, with signposting to relevant documents, is given in *Section 7 Administrative arrangements*.

Internal assessment

Our approach to internal assessment for these qualifications will be broadly familiar to experienced centres. It offers flexibility in how and when you assess learners, provided that you meet assessment and quality assurance requirements. You will need to take account of the requirements of the unit format, which we explain in *Section 3 Units*, and the requirements for delivering assessment given in *Section 6 Internal assessment*.

Pearson Set Assignment units

A summary of the set assignments for this qualification is given in *Section 2 Structure*.

You should check this information carefully, together with the details of the unit being assessed, so that you can timetable learning and assessment periods appropriately.

Learners must take the authorised Pearson Set Assignment for the set assignment unit.

Teachers are not permitted to create their own assessments for set assignment units.

Some assignments may need to be taken in controlled conditions. These are described in each unit.

Please see *Section 6* for resubmission and retaking regulations.

6 Internal assessment

This section gives an overview of the key features of internal assessment and how you, as an approved centre, can offer it effectively. The full requirements and operational information are given in the *BTEC International Quality Assurance Handbook*. All members of the assessment team need to refer to this document.

For BTEC International Level 3 qualifications, it is important that you can meet the expectations of stakeholders and the needs of learners by providing a programme that is practical and applied. Centres can tailor programmes to meet local needs and use links with local employers and the wider vocational sector.

When internal assessment is operated effectively, it is challenging, engaging, practical and up to date. It must also be fair to all learners and meet international standards.

All units in these qualifications are internally assessed but Pearson sets the assignments for some of the units.

Principles of internal assessment (applies to all units)

Assessment through assignments

For all units, the format of assessment is an assignment taken after the content of the unit, or part of the unit if several assignments are used, has been delivered.

An assignment may take a variety of forms, including practical and written types.

An assignment is a distinct activity, completed independently by learners, that is separate from teaching, practice, exploration and other activities that learners complete with direction from teachers.

An assignment is issued to learners as an assignment brief with a defined start date, a completion date and clear requirements for the evidence that they need to provide. There may be specific observed practical components during the assignment period.

Assignments can be divided into tasks and may require several forms of evidence.

A valid assignment will enable a clear and formal assessment outcome, based on the assessment criteria. For most units, teachers will set the assignments. For Pearson Set Assignment units, Pearson will set the assignment.

Assessment decisions through applying unit-based criteria

Assessment decisions for BTEC International Level 3 qualifications are based on the specific criteria given in each unit and set at each grade level. To ensure that standards are consistent in the qualification and across the suite as a whole, the criteria for each unit have been defined according to a framework. The way in which individual units are written provides a balance of assessment of understanding, practical skills and vocational attributes appropriate to the purpose of qualifications.

The assessment criteria for a unit are hierarchical and holistic. For example, if an M criterion requires the learner to show 'analysis' and the related P criterion requires the learner to 'explain', then to satisfy the M criterion, a learner will need to cover both 'explain' and 'analyse'. The unit assessment grid shows the relationships between the criteria so that assessors can apply all the criteria to the learner's evidence at the same time. In *Appendix 3: Glossary of terms used*, we have set out a definition of terms that assessors need to understand.

Assessors must show how they have reached their decisions using the criteria in the assessment records. When a learner has completed all the assessment for a unit, then the assessment team will give a grade for the unit. This is given according to the highest level for which the learner is judged to have met all the criteria. Therefore:

- to achieve a Distinction, a learner must have satisfied all the Distinction criteria (and therefore the Pass and Merit criteria); these define outstanding performance across the unit as a whole
- to achieve a Merit, a learner must have satisfied all the Merit criteria (and therefore the Pass criteria) through high performance in each learning aim
- to achieve a Pass, a learner must have satisfied all the Pass criteria for the learning aims, showing coverage of the unit content and therefore attainment at Level 3 of the qualification.

The award of a Pass is a defined level of performance and cannot be given solely on the basis of a learner completing assignments. Learners who do not satisfy the Pass criteria should be reported as Unclassified.

The assessment team

It is important that there is an effective team for internal assessment. There are three key roles involved in implementing assessment processes in your centre, each with different interrelated responsibilities; the roles are listed below. There is detailed information in the *BTEC International Quality Assurance Handbook*.

- The Lead Internal Verifier (the Lead IV) has overall responsibility for the programme, its assessment and internal verification, record keeping and liaison with the Standards Verifier, ensuring our requirements are met. The Lead IV registers with Pearson annually. The Lead IV acts as an assessor, standardises and supports the rest of the assessment team, making sure that they have the information they need about our assessment requirements and organises training, making use of our standardisation, guidance and support materials.
- Internal Verifiers (IVs) oversee all assessment activities in consultation with the Lead IV. They check that assignments and assessment decisions are valid and that they meet our requirements. IVs will be standardised by working with the Lead IV. Normally, IVs are also assessors but they do not verify their own assessments.
- Assessors set or use assignments to assess learners. Before making any assessment decisions, assessors participate in standardisation activities led by the Lead IV. They work with the Lead IV and IVs to ensure that the assessment is planned and carried out in line with our requirements.

Effective organisation

Internal assessment needs to be well organised so that the progress of learners can be tracked and so that we can monitor that assessment is being carried out. We support you through, for example, providing training materials and sample documentation. Our online Pearson Progress service can help support you in planning and record keeping. Further information on using Pearson Progress can be found in *Section 10 Resources and support*, and on our website.

It is particularly important that you manage the overall assignment programme and deadlines to make sure that learners are able to complete assignments on time.

Learner preparation

To ensure that you provide effective assessment for your learners, you need to make sure that they understand their responsibilities for assessment and the centre's arrangements.

From induction onwards, you will want to ensure that learners are motivated to work consistently and independently to achieve the requirements of the qualifications. Learners need to understand how assignments are used, the importance of meeting assignment deadlines and that all the work submitted for assessment must be their own.

You will need to give learners a guide that explains how assignments are used for assessment, how assignments relate to the teaching programme and how learners should use and reference source materials, including what would constitute plagiarism. The guide should also set out your approach to operating assessment, such as how learners must submit work and request extensions.

Making valid assessment decisions

Authenticity of learner work

Once an assessment has begun, learners must not be given feedback on progress towards fulfilling the targeted criteria.

An assessor must assess only learner work that is authentic, i.e. learners' own independent work. Learners must authenticate the evidence that they provide for assessment through signing a declaration stating that it is their own work.

Assessors must ensure that evidence is authentic to a learner through setting valid assignments and supervising them during the assessment period. Assessors must take care not to provide direct input, instructions or specific feedback that may compromise authenticity.

Assessors must complete a declaration that:

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

Centres can use Pearson templates or their own templates to document authentication.

During assessment, an assessor may suspect that some or all of the evidence from a learner is not authentic. The assessor must then take appropriate action using the centre's policies for malpractice. Further information is given in *Section 7 Administrative arrangements*.

Making assessment decisions using criteria

Assessors make judgements using the criteria. The evidence from a learner can be judged using all the relevant criteria at the same time. The assessor needs to make a judgement against each criterion that evidence is present and sufficiently comprehensive. For example, the inclusion of a concluding section may be insufficient to satisfy a criterion requiring 'evaluation'.

Assessors should use the following information and support in reaching assessment decisions:

- the *Essential information for assessment decisions* section in each unit gives examples and definitions related to terms used in the criteria
- the explanation of key terms in *Appendix 3: Glossary of terms used*
- examples of assessed work provided by Pearson
- your Lead IV and assessment team's collective experience, supported by the standardisation materials we provide.

Pass and Merit criteria relate to individual learning aims. The Distinction criteria as a whole relate to outstanding evidence across the unit. Therefore, criteria may relate to more than one learning aim (for example A.D1) or to several learning aims (for example DE.D3). Distinction criteria make sure that learners have shown that they can perform consistently at an outstanding level across the unit and/or that they are able to draw learning together across learning aims.

Issuing assessment decisions and feedback

Once the assessment team has completed the assessment process for an assignment, the outcome is a formal assessment decision. This is recorded formally and reported to learners.

The information given to the learner:

- must show the formal decision and how it has been reached, indicating how or where criteria have been met
- may show why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence
- must be validated by an IV before it is given to the learner.

Planning and record keeping

For internal processes to be effective, an assessment team needs to be well organised and keep effective records. The centre will work closely with us so that we can ensure that standards are being satisfied and achieved. This process gives stakeholders confidence in the assessment approach.

The programme must have an assessment plan validated by the Lead IV, produced as a spreadsheet. When producing a plan, the assessment team needs to consider:

- the time required for training and standardisation of the assessment team
- the time available to undertake teaching and carry out assessment, taking account of when learners may complete assessments and when quality assurance will take place
- the completion dates for different assignments and the name of each Assessor
- who is acting as the Internal Verifier for each assignment and the date by which the assignment needs to be internally verified

- setting an approach to sampling assessor decisions through internal verification that covers all assignments, assessors and a range of assessment decisions
- how to manage the assessment and verification of learners' work so that they can be given formal decisions promptly
- how resubmission opportunities can be scheduled.

The Lead IV will also maintain records of assessment undertaken. The key records are:

- internal verification of assignment briefs
- learner authentication declarations
- assessor decisions on assignments, with feedback given to learners
- internal verification of assessment decisions
- assessment tracking for the unit.

There are examples of records and further information in the *BTEC International Quality Assurance Handbook*.

Setting effective assignments (applies to all units without Pearson set assignments)

Setting the number and structure of assignments

This section does not apply to set assignment units. In setting your assignments, you need to work with the structure of assignments shown in the *Essential information for assignments* section of a unit. This shows the structure of the learning aims and criteria that you must follow and the recommended number of assignments that you should use. For these units we provide sample authorised assignment briefs and we give you suggestions on how to create suitable assignments. You can find these materials on our website. In designing your own assignment briefs, you should bear in mind the following points.

- The number of assignments for a unit must not exceed the number shown in *Essential information for assignments*. However, you may choose to combine assignments, for example, to create a single assignment for the whole unit.
- You may also choose to combine all or parts of different units into single assignments, provided that all units and all their associated learning aims are fully addressed in the programme overall. If you choose to take this approach, you need to make sure that learners are fully prepared so that they can provide all the required evidence for assessment and that you are able to track achievement in the records.
- A learning aim must always be assessed as a whole and must not be split into two or more tasks.
- The assignment must be targeted to the learning aims but the learning aims and their associated criteria are not tasks in themselves. Criteria are expressed in terms of the outcome shown in the evidence.
- You do not have to follow the order of the learning aims of a unit in setting assignments but later learning aims often require learners to apply the content of earlier learning aims and they may require learners to draw their learning together.
- Assignments must be structured to allow learners to demonstrate the full range of achievement at all grade levels. Learners need to be treated fairly by being given the opportunity to achieve a higher grade if they have the ability.

- As assignments provide a final assessment, they will draw on the specified range of teaching content for the learning aims. The specified content is compulsory. The evidence for assessment need not cover every aspect of the teaching content as learners will normally be given particular examples, case studies or contexts in their assignments. For example, if a learner is carrying out one practical performance, or an investigation of one organisation, then they will address all the relevant range of content that applies in that instance.

Providing an assignment brief

A good assignment brief is one that, through providing challenging and realistic tasks, motivates learners to provide appropriate evidence of what they have learned.

An assignment brief should have:

- a vocational scenario, this could be a simple situation or a full, detailed set of vocational requirements that motivates the learner to apply their learning through the assignment
- clear instructions to the learner about what they are required to do, normally set out through a series of tasks
- an audience or purpose for which the evidence is being provided
- an explanation of how the assignment relates to the unit(s) being assessed.

Forms of evidence

BTECs have always allowed for a variety of forms of evidence to be used – provided that they are suited to the type of learning aim being assessed. For many units, the practical demonstration of skills is necessary and, for others, learners will need to carry out their own research and analysis. The units give you information on what would be suitable forms of evidence to give learners the opportunity to apply a range of employability or transferable skills. Centres may choose to use different suitable forms of evidence to those proposed. Overall, learners should be assessed using varied forms of evidence.

Full definitions of types of assessment are given in *Appendix 3: Glossary of terms used*. These are some of the main types of assessment:

- written reports
- projects
- time-constrained practical assessments with observation records and supporting evidence
- recordings of performance
- sketchbooks, working logbooks, reflective journals
- presentations with assessor questioning.

The form(s) of evidence selected must:

- allow the learner to provide all the evidence required for the learning aim(s) and the associated assessment criteria at all grade levels
- allow the learner to produce evidence that is their own independent work
- allow a verifier to independently reassess the learner to check the assessor's decisions.

For example, when you are using performance evidence, you need to think about how supporting evidence can be captured through recordings, photographs or task sheets. Centres need to take particular care that learners are enabled to produce independent work. For example, if learners are asked to use real examples, then best practice would be to encourage them to use their own or to give the group a number of examples that can be used in varied combinations.

Late completion, resubmission and retakes (applies to all units including Pearson set assignment units)

Dealing with late completion of assignments for internally-assessed units

Learners must have a clear understanding of the centre policy on completing assignments by the deadlines that you give them. Learners may be given authorised extensions for legitimate reasons, such as illness at the time of submission, in line with your centre policies.

For assessment to be fair, it is important that learners are all assessed in the same way and that some learners are not advantaged by having additional time or the opportunity to learn from others. Therefore, learners who do not complete assignments by your planned deadline or by the authorised extension deadline may not have the opportunity to subsequently resubmit.

If you accept a late completion by a learner, then the assignment should be assessed normally when it is submitted, using the relevant assessment criteria.

Resubmission of improved evidence for internally-assessed units

An assignment provides the final assessment for the relevant learning aims and is normally a final assessment decision, except where the Lead IV approves one opportunity to resubmit improved evidence based on the completed assignment brief.

The Lead IV has the responsibility to make sure that resubmission is operated fairly. This means:

- checking that a learner can be reasonably expected to perform better through a second submission, for example, that the learner has not performed as expected
- making sure that giving a further opportunity can be done in such a way that it does not give an unfair advantage over other learners, for example, through the opportunity to take account of feedback given to other learners
- checking that the assessor considers that the learner will be able to provide improved evidence without further guidance and that the original evidence submitted has been authenticated by both the learner and assessor and remains valid.

Once an assessment decision has been given to the learner, the resubmission opportunity must have a deadline within 15 working days after the timely issue of assessment feedback to learners, which is within term time in the same academic year.

A resubmission opportunity must not be provided where learners:

- have not completed the assignment by the deadline without the centre's agreement
- have submitted work that is not authentic.

We recognise that there are circumstances where the resubmission period may fall outside of the 15-day limit owing to a lack of resources being available, for example, where learners may need to access a performance space or have access to specialist equipment. Where it is practical to do so, for example, evaluations, presentations, extended writing, resubmission must remain within the normal 15-day period.

Retake of internal assessment

A learner who has not achieved the level of performance required to pass the relevant learning aims after resubmission of an assignment may be offered a single retake opportunity using a new assignment. The retake may be achieved at a Pass only.

The Lead Internal Verifier must authorise a retake of an assignment only in exceptional circumstances where they believe it is necessary, appropriate and fair to do so.

The retake is not timebound and the assignment can be attempted by the learner on a date agreed between the Lead IV and assessor within the same academic year.

For further information on offering a retake opportunity, you should refer to the *BTEC Centre Guide to Internal Assessment*. Information on writing assignments for retakes is given on our website (www.btec.co.uk/keydocuments).

7 Administrative arrangements

Introduction

This section focuses on the administrative requirements for delivering a BTEC qualification. It is of particular value to Quality Nominees, Lead IVs, Programme Leaders and Examinations Officers.

Learner registration and entry

Shortly after learners start the programme of learning, you need to make sure that they are registered for the qualification and that appropriate arrangements are made for internal assessment. You need to refer to the *International Information Manual* for information on making registrations for the qualification.

Learners can be formally assessed only for a qualification on which they are registered. If learners' intended qualifications change, for example, if a learner decides to choose a different pathway specialism, then the centre must transfer the learner appropriately.

Access to assessment

Assessments need to be administered carefully to ensure that all learners are treated fairly, and that results and certification are issued on time to allow learners to progress to their chosen progression opportunities.

Our equality policy requires that all learners should have equal opportunity to access our qualifications and assessments, and that our qualifications are awarded in a way that is fair to every learner. We are committed to making sure that:

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

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

Administrative arrangements for assessment

Records

You are required to retain records of assessment for each learner. Records should include assessments taken, decisions reached and any adjustments or appeals. Further information can be found in the *International Information Manual*. We may ask to audit your records, so they must be retained as specified.

Reasonable adjustments to assessment

To ensure that learners have fair access to demonstrate the requirements of the assessments, a reasonable adjustment is one that is made before a learner takes an assessment. You are able to make adjustments to internal assessments to take account of the needs of individual learners. In most cases, this can be achieved through a defined time extension or by adjusting the format of evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. You need to plan for time to make adjustments if necessary.

Further details on how to make adjustments for learners with protected characteristics are given on our website, in the document *Guidance for reasonable adjustments and special consideration in vocational internally assessed units*.

Special consideration

Special consideration is given after an assessment has taken place for learners who have been affected by adverse circumstances, such as illness. You must operate special consideration in line with our policy (see above). You can give special consideration related to the period of time given for evidence to be provided or for the format of the assessment if it is equally valid. You may not substitute alternative forms of evidence to that required in a unit or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration if they are in line with the policy.

Appeals against assessment

Your centre must have a policy for dealing with appeals from learners. These appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy could be a consideration of the evidence by a Lead IV or other member of the programme team. The assessment plan should allow time for potential appeals after assessment decisions have been given to learners. If there is an appeal by a learner, you must document the appeal and its resolution. Learners have a final right of appeal to Pearson but only if the procedures that you have put in place have not been followed. Further details are given in the document *Enquiries and appeals about Pearson vocational qualifications and end point assessment policy*.

Conducting set assignments

Centres must make arrangements for the secure delivery of Pearson Set Assignments.

At least one Pearson Set Assignment will be available each year for each unit with an additional one provided for resit. Centres must not select an assignment that learners have attempted already.

Each set assignment has a defined degree of control under which it must take place. We define degrees of control as follows.

Medium control

This is completion of assessment, usually over a longer period of time, which may include a period of controlled conditions. The controlled conditions may allow learners to access resources, prepared notes or the internet to help them complete the assignment.

Low control

These are activities completed without direct supervision. They may include research, preparation of materials and practice.

Each set assignment unit will contain instructions in the *Essential information for assignments* section on how to conduct the assessment of that unit.

Some set assignments will need to be taken with limited controls. Limited controls are described in each unit and may include the following conditions:

- Time: each assignment has a recommended time period. This is for advice only and can be adjusted depending on the needs of learners.
- Supervision: you should be confident of the authenticity of learner's work. This may mean that learners be supervised.
- Resources: all learners should have access to the same types of resources to complete the assignment.
- Research: learners should be given the opportunity to carry out research outside of the learning context if required for the assignment.

Schools and colleges must be able to confirm that learner evidence is authentic.

Dealing with malpractice in assessment

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications, and/or that may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details regarding malpractice and advice on preventing malpractice by learners, please see Pearson's *Centre guidance: Dealing with malpractice and maladministration in vocational qualifications*, available on our website.

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with malpractice and maladministration in vocational qualifications* document gives comprehensive information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives further information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

Learner malpractice refers to any act by a learner that compromises or which seeks to compromise the process of assessment or which undermines the integrity of the qualifications or the validity of results/certificates.

Learner malpractice in examinations **must** be reported to Pearson using a *JCQ Form M1* (available at www.jcq.org.uk/exams-office/malpractice). The form should be emailed to Learnermalpractice@pearson.com. Please provide as much information and supporting documentation as possible. Note that the final decision regarding appropriate sanctions lies with Pearson.

Failure to report malpractice constitutes staff or centre malpractice.

Staff/centre malpractice

Staff and centre malpractice includes both deliberate malpractice and maladministration of our qualifications. As with learner malpractice, staff and centre malpractice is any act that compromises or which seeks to compromise the process of assessment, or which undermines the integrity of the qualifications or the validity of results/certificates.

All cases of suspected staff malpractice and maladministration **must** be reported immediately, before any investigation is undertaken by the centre, to Pearson on a *JCQ Form M2(a)* (available at www.jcq.org.uk/exams-office/malpractice).

The form, supporting documentation and as much information as possible should be emailed to pqsmalpractice@pearson.com. Note that the final decision regarding appropriate sanctions lies with Pearson.

Failure to report malpractice itself constitutes malpractice.

More detailed guidance on malpractice can be found in the latest version of the document *JCQ General and vocational qualifications Suspected Malpractice in Examinations and Assessments*, available at www.jcq.org.uk/exams-office/malpractice.

Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- disqualification from the qualification
- being barred from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures, we may impose sanctions such as:

- working with you to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on your certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from Heads of Centres (on behalf of learners and/or members of staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our document *Enquiries and appeals about Pearson vocational qualifications and end point assessment policy*, which is on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team by email via pqsmalpractice@pearson.com, who will inform you of the next steps.

Certification and results

Once a learner has completed all the required components for a qualification, the centre can claim certification for the learner, provided that quality assurance has been successfully completed. For the relevant procedures, please refer to our *International Information Manual*. You can use the information provided on qualification grading to check overall qualification grades.

Changes to qualification requests

Where a learner who has taken a qualification wants to resit a unit to improve their qualification grade, you firstly need to decline their overall qualification grade. You may decline the grade before the certificate is issued.

Additional documents to support centre administration

As an approved centre, you must ensure that all staff delivering, assessing and administering the qualifications have access to the following documentation. These documents are reviewed annually and are reissued if updates are required.

- *BTEC International Quality Assurance Handbook*: this sets out how we will carry out quality assurance of standards and how you need to work with us to achieve successful outcomes.
- *International Information Manual*: this gives procedures for registering learners for qualifications, transferring registrations and claiming certificates.
- *Regulatory policies*: our regulatory policies are integral to our approach and explain how we meet internal and regulatory requirements. We review the regulated policies annually to ensure that they remain fit for purpose. Policies related to this qualification include:
 - adjustments for candidates with disabilities and learning difficulties, access arrangements and reasonable adjustments for general and vocational qualifications
 - age of learners
 - centre guidance for dealing with malpractice
 - recognition of prior learning and process.

This list is not exhaustive and a full list of our regulatory policies can be found on our website.

8 Quality assurance

Centre and qualification approval

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

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the assessment process must have relevant expertise and/or occupational experience.
- There must be systems in place to ensure continuing professional development for staff delivering the qualification.
- Centres must have in place appropriate health and safety policies relating to the use of equipment by learners.
- Centres must deliver the qualification in accordance with current equality and diversity legislation and/or regulations.
- Centres should refer to the *Further information for teachers and assessors* section in individual units to check for any specific resources required.

Continuing quality assurance and standards verification

On an annual basis, we produce the *BTEC International Quality Assurance Handbook*. It contains detailed guidance on the quality processes required to underpin robust assessment and internal verification.

The key principles of quality assurance are that:

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

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

The methods we use to do this for BTEC Level 3 include:

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

Centres that do not fully address and maintain rigorous approaches to delivering, assessing and quality assurance cannot seek certification for individual programmes or for all BTEC Level 3 programmes. An approved centre must make certification claims only when authorised by us and strictly in accordance with requirements for reporting.

Centres that do not comply with remedial action plans may have their approval to deliver qualifications removed.

9 Understanding the qualification grade

Awarding and reporting for the qualification

This section explains the rules that we apply in awarding a qualification and in providing an overall qualification grade for each learner. It shows how all the qualifications in this sector are graded.

Eligibility for an award

In order to be awarded a qualification, a learner must complete all units, achieve a Pass or above in all mandatory units unless otherwise specified. Refer to the structure in *Section 2 Structure*.

To achieve any qualification grade, learners must:

- complete and have an outcome (D, M, P or U) for all units within a valid combination
- achieve the **required units at Pass or above** shown in *Section 2*, abiding by the minimum requirements in the compensation table below
- achieve the **minimum number of points** at a grade threshold.

It is the responsibility of a centre to ensure that a correct unit combination is adhered to. Learners who do not achieve the required minimum grade (P) in units shown in the structure will not achieve a qualification.

Learners who do not achieve sufficient points for a qualification or who do not achieve all the required units may be eligible to achieve a smaller qualification in the same suite, provided they have completed and achieved the correct combination of units and met the appropriate qualification grade points threshold.

Compensation table

Qualification	Compensation rule	Unit equivalence
Certificate (180 GLH)	No compensation allowed	0 units
Subsidiary Diploma (360 GLH)	Mandatory must be passed, 60 GLH only at U grade permitted from optional	1 * 60 GLH unit
Foundation Diploma (510 GLH)	Mandatory must be passed, 120 GLH only at U grade permitted from optional	e.g. 2 * 60 GLH units OR 1 * 120 GLH unit
Diploma (720 GLH)	Mandatory must be passed, 180 GLH only at U grade permitted from optional	e.g. 3 * 60 GLH units OR 1 * 60 GLH and 1 * 120 GLH unit
Extended Diploma (1080 GLH)	Mandatory must be passed, 180 GLH only at U grade permitted from optional	e.g. 3 * 60 GLH units OR 1 * 60 GLH and 1 * 120 GLH unit

Calculation of the qualification grade

The final grade awarded for a qualification represents an aggregation of a learner's performance across the qualification. As the qualification grade is an aggregate of the total performance, there is some element of compensation in that a higher performance in some units may be balanced by a lower outcome in others.

In the event that a learner achieves more than the required number of optional units, the mandatory units, along with the optional units with the highest grades, will be used to calculate the overall result, subject to the eligibility requirements for that particular qualification title.

BTEC International Level 3 qualifications are awarded at the grade ranges shown in the table below.

Qualification	Available grade range
Certificate, Subsidiary Diploma, Foundation Diploma	P to D*
Diploma	PP to D*D*
Extended Diploma	PPP to D*D*D*

The *Calculation of qualification grade* table, given later in this section, shows the minimum thresholds for calculating these grades. The table will be kept under review over the lifetime of the qualification. In the event of any change, centres will be informed before the start of teaching for the relevant cohort and an updated table will be issued on our website.

Learners who do not meet the minimum requirements for a qualification grade to be awarded will be recorded as Unclassified (U) and will not be certificated. They may receive a Notification of Performance for individual units. The *International Information Manual* gives full information.

Points available for units

The table below shows the number of **points** available for internal units. For each internal unit, points are allocated depending on the grade awarded.

	Unit size		
	60 GLH	90 GLH	120GLH
U	0	0	0
Pass	6	9	12
Merit	10	15	20
Distinction	16	24	32

Claiming the qualification grade

Subject to eligibility, Pearson will automatically calculate the qualification grade for your learners when the internal unit grades are submitted and the qualification claim is made. Learners will be awarded qualification grades for achieving the sufficient number of points within the ranges shown in the relevant *Calculation of qualification grade* table for the cohort.

Calculation of qualification grade

Applicable for registration from 1 September 2022.

Certificate		Subsidiary Diploma		Foundation Diploma		Diploma		Extended Diploma	
180 GLH		360 GLH		510 GLH		720 GLH		1080 GLH	
Grade	Points threshold	Grade	Points threshold	Grade	Points threshold	Grade	Points threshold	Grade	Points threshold
U	0	U	0	U	0	U	0	U	0
Pass	18	P	36	P	51	PP	72	PPP	108
						MP	88	MPP	124
								MMP	140
Merit	26	M	52	M	73	MM	104	MMM	156
						DM	124	DMM	176
								DDM	196
Distinction	42	D	74	D	104	DD	144	DDD	216
						D*D	162	D*DD	234
								D*D*D	252
Distinction*	48	D*	90	D*	130	D*D*	180	D*D*D*	270

This table is subject to review over the lifetime of the qualification. The most up-to-date version will be issued via our website.

Examples of grade calculations based on table applicable to registrations from September 2022

Example 1: Achievement of a Certificate with a P grade

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Pass	9
Unit 4	90	Int	Merit	15
Totals	180		P	24

The learner has sufficient points for a P grade.

Example 2: Achievement of a Certificate with an M grade

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Merit	15
Unit 4	90	Int	Distinction	24
Totals	180		M	39

The learner has sufficient points for an M grade.

Example 3: An Unclassified result for a Certificate

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	U	0
Unit 4	90	Int	Distinction	24
Totals	180		U	24

The learner has a U in Unit 1.

The learner has sufficient points for a P grade but has not met the minimum requirement for a grade in Unit 1.

Examples of grade calculations based on table applicable to registrations from September 2022

Example 1: Achievement of a Subsidiary Diploma with a P grade

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Pass	9	The learner has achieved P or higher in Units 1, 2 and 4.
Unit 2	120	Int Set	Pass	12	
Unit 4	90	Int	Merit	15	
Unit 11	60	Int	Unclassified	0	
Totals	360		P	36	The learner has sufficient points for a P grade.

Example 2: Achievement of a Subsidiary Diploma with an M grade

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Pass	9	
Unit 2	120	Int Set	Merit	20	
Unit 4	90	Int	Distinction	24	
Unit 11	60	Int	Distinction	16	
Totals	360		M	69	The learner has sufficient points for an M grade.

Example 3: An Unclassified Result for a Subsidiary Diploma

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Distinction	24	The learner has a U in Unit 2.
Unit 2	120	Int Set	Unclassified	0	
Unit 4	90	Int	Distinction	24	
Unit 11	60	Int	Merit	10	
Totals	360		U	58	The learner has sufficient points for an M grade but has not met the minimum requirement for a P or higher in Units 1, 2 and 4.

Examples of grade calculations based on table applicable to registrations from September 2022

Example 1: Achievement of a Foundation Diploma with a P grade

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Pass	9
Unit 2	120	Int Set	Pass	12
Unit 4	90	Int	Pass	9
Unit 6	90	Int	Pass	6
Unit 11	60	Int	Pass	6
Unit 12	60	Int	Distinction	16
Totals	510		P	58

The learner has sufficient points for a P grade.

Example 2: Achievement of a Foundation Diploma with a M grade

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Pass	9
Unit 2	120	Int Set	Distinction	32
Unit 4	90	Int	Merit	15
Unit 6	90	Int	Distinction	16
Unit 11	60	Int	Distinction	16
Unit 12	60	Int	Merit	10
Totals	510		M	98

The learner has sufficient points for a M grade.

Example 3: An Unclassified result for a Foundation Diploma

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Merit	15
Unit 2	120	Int Set	U	0
Unit 4	90	Int	Pass	9
Unit 6	90	Int	Distinction	16
Unit 11	60	Int	Distinction	16
Unit 12	60	Int	Distinction	16
Totals	510		U	72

The learner has a U in Unit 2.

The learner has sufficient points for an P grade but has not met the minimum requirement for P or higher in Unit 2.

Examples of grade calculations based on table applicable to registrations from September 2022

Example 1: Achievement of a Diploma with a PP grade

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Pass	9	The learner has achieved P or higher in Units 1 to 6.
Unit 2	120	Int Set	Pass	12	
Unit 3	120	Int Set	Pass	12	
Unit 4	90	Int	Pass	9	
Unit 5	90	Int	Pass	9	
Unit 6	90	Int	Merit	15	
Unit 7	60	Int	U	0	
Unit 11	60	Int	Merit	10	
Totals	720		PP	76	The learner has sufficient points for a PP grade.

Example 2: An Unclassified result for a Diploma

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Pass	9	The learner has a U in Units 2 and 3.
Unit 2	120	Int Set	U	0	
Unit 3	120	Int Set	U	0	
Unit 4	90	Int	Pass	9	
Unit 5	90	Int	Distinction	24	
Unit 6	90	Int	Merit	15	
Unit 7	60	Int	Pass	6	
Unit 11	60	Int	Merit	10	
Totals	720		U	73	

Examples of grade calculations based on table applicable to registrations from September 2022

Example 1: Achievement of an Extended Diploma with a PPP grade

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Pass	9	<div> <p>The learner has achieved P or higher in Units 1 to 7 and 12.</p> </div>
Unit 2	120	Int Set	Pass	12	
Unit 3	120	Int Set	Pass	12	
Unit 4	90	Int	Merit	15	
Unit 5	90	Int	Pass	9	
Unit 6	90	Int	Pass	9	
Unit 7	60	Int	Merit	10	
Unit 8	60	Int	U	0	
Unit 9	60	Int	Pass	6	
Unit 10	60	Int	Merit	10	
Unit 12	60	Int	Pass	6	
Unit 14	60	Int	Pass	6	
Unit 15	60	Int	Pass	6	
Unit 16	60	Int	Pass	6	
Totals	1080		PPP	116	<div> <p>The learner has sufficient points for a PPP grade.</p> </div>

Example 2: Achievement of an Extended Diploma with a DDD grade

	GLH	Type (Int/Int Set)	Grade	Unit points	
Unit 1	90	Int Set	Distinction	24	<div> The learner has achieved P or higher in Units 1 to 7 and 12. </div>
Unit 2	120	Int Set	Merit	20	
Unit 3	120	Int Set	Distinction	32	
Unit 4	90	Int	Merit	15	
Unit 5	90	Int	Distinction	24	
Unit 6	90	Int	Distinction	24	
Unit 7	60	Int	Merit	10	
Unit 8	60	Int	Distinction	16	
Unit 9	60	Int	Distinction	16	
Unit 10	60	Int	Merit	10	
Unit 12	60	Int	Merit	10	
Unit 14	60	Int	Distinction	16	
Unit 15	60	Int	Pass	6	
Unit 16	60	Int	Pass	6	
Totals	1080		DDD	229	<div> The learner has sufficient points for a DDD grade. </div>

Example 3: An Unclassified result for an Extended Diploma

	GLH	Type (Int/Int Set)	Grade	Unit points
Unit 1	90	Int Set	Pass	9
Unit 2	120	Int Set	U	0
Unit 3	120	Int Set	Pass	12
Unit 4	90	Int	U	0
Unit 5	90	Int	Pass	9
Unit 6	90	Int	Merit	15
Unit 7	60	Int	Distinction	16
Unit 8	60	Int	Merit	10
Unit 9	60	Int	U	0
Unit 10	60	Int	Merit	10
Unit 12	60	Int	Merit	10
Unit 14	60	Int	U	0
Unit 15	60	Int	Merit	10
Unit 16	60	Int	Merit	10
Totals	1080		U	111

The learner has sufficient points for a PPP grade and has **not** achieved P or higher for Units 1 to 7 and 12.

10 Resources and support

Our aim is to give you a wealth of resources and support to enable you to deliver BTEC International Level 3 qualifications with confidence. You will find a list of resources to support teaching and learning, and professional development on our website.

Support for setting up your course and preparing to teach

Specification

The specification (for teaching from September 2022) gives you details of the administration of the qualifications and information on the units for the qualifications.

Pearson Progress

Pearson Progress is a new digital support system that helps you to manage the assessment and quality assurance of the Pearson BTEC International Level 3 Health and Social Care qualifications. It supports delivery, assessment and quality assurance of BTECs in centres and supports teachers and students as follows:

- course creation
- creating and verifying assignments
- creating assessment plans and recording assessment decisions
- upload of assignment evidence
- tracking progress of every learner

The system is accessible for teachers and learners so that both teachers and learners can track their progress.

Support for teaching and learning

Pearson Learning Services provides a range of engaging resources to support BTEC International Level 3 qualifications, these may include:

- delivery guides, which give you important advice on how to choose the right course for your learners and how to ensure you are fully prepared to deliver the course. They explain the key features of the BTEC International Level 3 Health and Social Care qualifications, for example employer involvement and employability skills. They also cover guidance on assessment and quality assurance. The Guide tells you where you can find further support and gives detailed unit-by-unit delivery guidance. They include teaching tips and ideas, assessment preparation and suggestions for further resources.
- sample schemes of work are provided for each mandatory unit. These are available in Word™ format for ease of customisation.
- delivery plans that help you structure delivery of a qualification
- teacher resource packs developed by Pearson including materials and activities to fully support your teaching of units available on LearningHub
- digital resources across a range of mandatory and optional units that enable an immersive learning experience available on LearningHub.

LearningHub

Digital learning content for this programme will be available on the Pearson LearningHub. This online and mobile-optimised platform provides high-quality, bitesized digital content for an accessible, interactive learning experience.

<https://www.pearson.com/uk/web/learning-hub.html>

Teaching and learning resources are also available from a number of other publishers. Details of Pearson's own resources and of all endorsed resources can be found on our website.

Support for assessment

Sample assessment materials for internally-assessed units

For internal units assessed with a Pearson Set Assignment we will provide a sample assignment as an example of the form of assessment for the unit. For the remaining internally set units, we allow you to set your own assignments, according to your learners' preferences and to link with your local employment profile.

We provide a service in the form of Authorised Assignment Briefs and sample Pearson Set Assignments, which are approved by Pearson Standards Verifiers. They are available via our website.

Pearson English

Pearson provides a full range of support for English learning including diagnostics, qualifications and learning resources. Please see www.pearson.com/english

Training and support from Pearson

People to talk to

There are many people available to support you and give you advice and guidance on delivery of your BTEC International Level 3 qualifications. They include the following.

- Subject Advisors – available for all sectors. They understand all Pearson qualifications in their sector and can answer sector-specific queries on planning, teaching, learning and assessment.
- Standards Verifiers – they can support you with preparing your assignments, ensuring that your assessment plan is set up correctly, and support you in preparing learner work and providing quality assurance through sampling.
- Regional teams – they are regionally based and have a full overview of the BTEC qualifications and of the support and resources that Pearson provides. Regions often run network events.
- Customer Services – the ‘Support for You’ section of our website gives the different ways in which you can contact us for general queries. For specific queries, our service operators can direct you to the relevant person or department.

Training and professional development

Pearson provides a range of training and professional development events to support the introduction, delivery, assessment and administration of BTEC International Level 3 qualifications. These sector-specific events, developed and delivered by specialists, are available both face to face and online.

‘Getting Ready to Teach’

These events are designed to get teachers ready for delivery of the BTEC International Level 3 qualifications. They include an overview of qualification structures, planning and preparation for internal assessment, and quality assurance.

Teaching and learning

Beyond the ‘Getting Ready to Teach’ professional development events, there are opportunities for teachers to attend sector- and role-specific events. These events are designed to connect practice to theory; they provide teacher support and networking opportunities with delivery, learning and assessment methodology.

Details of our training and professional development programme can be found on our website.

Appendix 1: Links to industry standards

BTEC International Level 3 qualifications have been developed in consultation with industry and appropriate sector bodies to ensure that content and the approach to assessment align closely to the needs of employers. Where they exist, and are appropriate, National Occupational Standards (NOS) and professional body standards have been used to establish unit content.

Appendix 2: Transferable employability skills

The need for transferable skills

In recent years, higher-education institutions and employers have consistently flagged the need for learners to develop a range of transferable skills to enable them to respond with confidence to the demands of undergraduate study and the world of work.

The Organisation for Economic Co-operation and Development (OECD) defines skills, or competencies, as 'the bundle of knowledge, attributes and capacities that can be learned and that enable individuals to successfully and consistently perform an activity or task and can be built upon and extended through learning.'^[1]

To support the design of our qualifications, the Pearson Research Team selected and evaluated seven global 21st-century skills frameworks. Following on from this process, we identified the National Research Council's (NRC) framework^[2] as the most evidence-based and robust skills framework, and have used this as a basis for our adapted skills framework.

The framework includes cognitive, intrapersonal skills and interpersonal skills.

The NRC framework is included alongside literacy and numeracy skills.



The skills have been interpreted for this specification to ensure that they are appropriate for the subject. All of the skills listed are evident or accessible in the teaching, learning and/or assessment of the qualifications. Some skills are directly assessed. Pearson materials will support you in identifying these skills and in developing these skills in learners.

The table overleaf sets out the framework and gives an indication of the skills that can be found in Health and Social Care, it indicates the interpretation of the skills in this area. A full interpretation of each skill, with mapping to show opportunities for learner development, is given on the subject pages of our website: qualifications.pearson.com

¹ OECD – *Better Skills, Better Jobs, Better Lives* (OECD Publishing, 2012)

² Koenig, J. A. (2011) *Assessing 21st Century Skills: Summary of a Workshop* (National Academies Press, 2011)

Cognitive skills	Cognitive processes and strategies	Critical thinking Problem solving Analysis Reasoning/argumentation Interpretation Decision making Adaptive learning Executive function	Consider a range of issues affecting health and social care concepts to discover solutions and make judgements.
	Creativity	Creativity Innovation	
Intrapersonal skills	Intellectual openness	Adaptability Personal and social responsibility Continuous learning Intellectual interest and curiosity	Develop a fluency of technical language in relation to health and social care to use appropriately in both written and spoken communication.
	Work ethic/ conscientiousness	Initiative Self-direction Responsibility Perseverance Productivity Self-regulation (metacognition, forethought, reflection) Ethics Integrity	
	Positive core self-evaluation	Self-monitoring/ self-evaluation/ self-reinforcement	
Interpersonal skills	Teamwork and collaboration	Communication Collaboration Teamwork Cooperation Empathy/perspective taking Negotiation	Understand the views of others, considering different opinions and approaches in a non-judgemental way.
	Leadership	Responsibility Assertive communication Self-presentation	

Appendix 3: Glossary of terms used

This is a summary of the key terms used to define the requirements in the units.

Term	Definition
Carry out/perform	Learners demonstrate skills through practical activities, carrying out or executing what has to be done in line with certain requirements. Learners do this in order to complete an identified activity.
Develop	Learners acquire and apply skills and understanding through practical activities that involve the use of concepts, processes or techniques to expand or progress something.
Examine	Learners select and apply knowledge to less-familiar contexts.
Explore	Learners apply their skills and/or knowledge in contexts involving practical research or investigation.
Investigate	Learners' application of knowledge is based on personal research and development.
Plan	Learners create a way of carrying out a task or series of tasks to achieve specific requirements or objectives, showing progress from start to finish or progress within specified points in the task(s).
Understand	Learners demonstrate knowledge related to defined situations.
Analyse	<p>Learners present the outcome of methodical and detailed examination either:</p> <ul style="list-style-type: none">• breaking down a theme, topic or situation in order to interpret and study the interrelationships between the parts and/or of information or data to interpret and study key trends and interrelationships. <p>Analysis could be through activity, practice, written or verbal presentation.</p>

Term	Definition
Assess	Learners present a careful consideration of varied factors or events that apply to a specific situation or identify those which are the most important or relevant and arrive at a conclusion.
Compare	Learners identify the main factors relating to two or more items/situations or aspects of a subject and explain the similarities, differences, advantages and disadvantages. This is used to show depth of knowledge through selection of characteristics.
Demonstrate	Learners' work, performance or practice shows the ability to carry out and apply knowledge, understanding and/or skills in a practical situation.
Describe	Learners' work gives a clear, objective account in their own words showing recall and, in some cases, application of the relevant features and information about a subject.
Discuss	Learners consider different aspects of: <ul style="list-style-type: none"> • a theme or topic • how they interrelate and • the extent to which they are important. A conclusion is not required.
Evaluate	Learners' work draws on varied information, themes or concepts to consider aspects such as: <ul style="list-style-type: none"> • strengths or weaknesses • advantages or disadvantages • alternative actions • relevance or significance. Learners' enquiries should lead to a supported judgement showing relationship to its context. This will often be in a conclusion. Evidence will often be written but could be through presentation or activity.

Term	Definition
Explain	Learners' work shows clear details and gives reasons and/or evidence to support an opinion, view or argument. It could show how conclusions are drawn (arrived at). Learners are able to show that they comprehend the origins, functions and objectives of a subject, and its suitability for purpose.
Justify	Learners give reasons or evidence to: <ul style="list-style-type: none"> • support an opinion • prove something right or reasonable.
Outline	Learners' work, performance or practice provides a summary, overview or brief description of something.
Plan	Learners create a way of carrying out a task or series of tasks to achieve specific requirements or objectives, showing progress from start to finish or progress within specified points in the task(s).
Produce	Learners' knowledge, understanding and/or skills are applied to develop a particular type of evidence, for example a proposal, plan, product, service or report.
Record	Learners evidence their knowledge, understanding and/or skills using a format which is best suited to their particular activity/task.
Review	Learners make a formal assessment. They appraise existing information, or prior events, or reconsider information with the intention of making changes if necessary. This may or may not be in the context of own learning and skills development.

This is a key summary of the types of evidence used for BTEC International Level 3 qualifications.

Type of evidence	Definition and purpose
Article	Information on a specified topic or related topics, usually based on information gathered during relevant research and presented in a format that considers the requirements of a specified audience, using appropriate tone, language and structure.

Type of evidence	Definition and purpose
Case study	A specific example to which all learners must select and apply knowledge. Used to show application to a realistic context where direct experience cannot be gained.
Development log	A record kept by the learner to show the process of development. Used to show method, self-management and skill development.
Independent research	An analysis of substantive research organised by learners from secondary and, if applicable, primary sources.
Individual project	A self-directed, large-scale activity requiring planning, research, exploration, outcome and review. Used to show self-management, project management and/or deep learning.
Observation record/statement/sheet	Used to provide a formal record of a judgement of learners' performance (e.g. during presentations, practical activities) against the targeted assessment criteria. It must be completed by the assessor of the unit or qualification. An observation record alone does not confer an assessment decision.
Personal development plan/personal skills development plan	A plan produced by learners to record, evaluate and act on areas of strength and weakness. Specific actions to improve knowledge and/or skills will be included in the plan, along with goals and ways of measuring progress.
Personal/professional development portfolio	A record kept by learners to show their process of personal and/or professional development. Used to show method, self-management and skill(s) development to meet required outcomes for assessment purposes.
Plan	Learners produce a plan as an outcome related to a specific or limited task/series of tasks that require(s) learners to achieve specified requirements or objectives.

Type of evidence	Definition and purpose
Presentation	Learners provide information and/or an item(s). The presentation may be given through oral or practical demonstration to a specified audience and goal, often using visual slides or other visual aids to show information.
Portfolio	A collection of documents or other forms of information that demonstrate knowledge-based skills and work that has been undertaken to be assessed as evidence to meet required skills outcomes.
Role play/simulated activity	A multi-faceted activity simulating realistic work situations.
Proposal	A plan that defines and outlines something to be designed and/or developed and/or implemented. The proposal usually also outlines the methods/processes/procedures and resources required in order to achieve a desired objective/outcome. A research proposal outlines details of an issue to be investigated and how the research will be conducted. It also includes a plan that needs to be designed to set targets, monitor progress and help ensure that the aims of the research project are achieved.
Report	Learners adhere to protocols, codes and conventions in setting out findings or judgements in an objective way. A formal report will adhere to a given structure making use of headings and subheadings, e.g. a heading, introduction, findings, conclusion and recommendations.
Teacher observation	Used to provide a formal record of a judgement of learners' performance (e.g. during presentations, practical activities and role play) against the targeted assessment criteria. It must be completed by the assessor of the unit or qualification. An observation record alone does not confer an assessment decision.

Type of evidence	Definition and purpose
Witness statement(s)	Used to provide a written record of learners' performance against targeted assessment criteria, often (but not exclusively) in the context of work experience. Any competent person who has witnessed the skills being demonstrated can complete a witness statement, including staff who do not have direct knowledge of the qualification, unit or evidence requirements, but who are able to make a professional judgement about learners' performance in a given situation.

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