# Specification

Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)

First teaching September 2011

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Edexcel, a Pearson company, is the UK's largest awarding body, offering academic and vocational qualifications and testing to more than 25,000 schools, colleges, employers and other places of learning in the UK and in over 100 countries worldwide. Qualifications include GCSE, AS and A Level, NVQ and our BTEC suite of vocational qualifications from entry level to BTEC Higher National Diplomas, recognised by employers and higher education institutions worldwide.

We deliver 9.4 million exam scripts each year, with more than 90% of exam papers marked onscreen annually. As part of Pearson, Edexcel continues to invest in cutting-edge technology that has revolutionised the examinations and assessment system. This includes the ability to provide detailed performance data to teachers and students which helps to raise attainment.

# BTEC Specialist qualification titles covered by this specification

**Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)**

This qualification has been accredited to the Qualifications and Credit Framework (QCF) and is eligible for public funding as determined by the Department for Education (DfE) under Section 96 of the Learning and Skills Act 2000.

The qualification title listed above features in the funding lists published annually by the DfE and the regularly updated website www.education.gov.uk. The QCF Qualification Number (QN) should be used by centres when they wish to seek public funding for their learners. Each unit within a qualification will also have a QCF unit code.

The QCF qualification and unit codes will appear on learners' final certification documentation.

The QN for the qualification in this publication is:

Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)          600/2954/7

This qualification title will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Edexcel.

This qualification is accredited by Ofqual as being Stand Alone.

# Welcome to the BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)

We are delighted to introduce our new qualification, available for teaching from September 2011. This qualification has been revised and conforms with the requirements of the new QCF (Qualifications and Credit Framework).

## Focusing on the BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)

This qualification is for those working in the health care sector who wish to increase their knowledge and understanding of diabetes in order to give support to service users who have this illness.

## Straightforward to implement, teach and assess

Implementing BTECs couldn't be easier. They are designed to fit easily into your curriculum and can be studied independently or alongside existing qualifications to suit the interests and aspirations of learners. The clarity of assessment makes grading learner attainment simpler.

## Engaging for everyone

Learners of all abilities flourish when they can apply their own knowledge, skills and enthusiasm to a subject. BTEC qualifications make explicit the link between theoretical learning and the world of work by giving learners the opportunity to apply their research, skills and knowledge to work-related contexts and case studies. These applied and practical BTEC approaches give all learners the impetus they need to achieve and the skills they require for workplace or education progression.

## Recognition

BTECs are understood and recognised by a large number of organisations in a wide range of sectors. BTEC qualifications are developed with key industry representatives and Sector Skills Councils (SSCs) to ensure that they meet employer and learner needs — **in this case the Skills for Care and Development SSC**. Many industry and professional bodies offer successful BTEC learners exemptions for their own accredited qualifications.

## All you need to get started

To help you off to a flying start, we've developed an enhanced specification that gives you all the information you need to start teaching BTEC. This includes:

- a framework of equivalencies, so you can see how this qualification compares with other Edexcel vocational qualifications

- information on rules of combination, structures and quality assurance, so you can deliver the qualification with confidence

- explanations of the content's relationship with the learning outcomes

- guidance on assessment, and what the learner must produce to achieve the unit.

Don't forget that we're always here to offer curriculum and qualification updates, local training and network opportunities, advice, guidance and support.

# Contents

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# What are BTEC level 3 Specialist qualifications?

BTEC Specialist qualifications are qualifications at Entry level to level 3 in the Qualifications and Credit Framework (QCF) and are designed to provide specialist work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare for employment. The qualifications also provide career development opportunities for those already in work. Consequently they provide a course of study for full-time or part-time learners in schools, colleges and training centres.

BTEC Specialist qualifications provide much of the underpinning knowledge and understanding for the National Occupational Standards for the sector, where these are appropriate. They are supported by the relevant Standards Setting Body (SSB) or Sector Skills Council (SSC). A number of BTEC Specialist qualifications are recognised as the knowledge components of Apprenticeships Frameworks.

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

Care needs to be exercised when registering learners as the titling conventions and titles for the revised QCF versions of the BTEC Level 2 Firsts and BTEC Level 3 Nationals have changed.

The QCF is a framework which awards credit for qualifications and units and aims to present qualifications in a way that is easy to understand and measure. It enables learners to gain qualifications at their own pace along flexible routes.

There are three sizes of qualification in the QCF:

- Award (1 to 12 credits)

- Certificate (13 to 36 credits)

- Diploma (37 credits and above).

Every unit and qualification in the framework will have a credit value.

The credit value of a unit specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit.

The credit value of a unit is based on:

- one credit for those learning outcomes achievable in 10 hours of learning

- learning time – defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria.

The credit value of the unit will remain constant in all contexts, regardless of the assessment method used for the qualification(s) to which it contributes.

Learning time should address all learning (including assessment) relevant to the learning outcomes, regardless of where, when and how the learning has taken place.

### Edexcel BTEC Level 3 Award

The Edexcel BTEC Level 3 Award provides an introduction to the skills, qualities and knowledge that may be required for employment in a particular vocational sector.

### Edexcel BTEC Level 3 Certificate

The Edexcel BTEC Level 3 Certificate extends the work-related focus from the Edexcel BTEC Level 3 Award (QCF) and covers some of the knowledge and practical skills required for a particular vocational sector.

The Edexcel BTEC Level 3 Certificate offers an engaging programme for those who are clear about the vocational area they want to learn more about. These learners may wish to extend their programme through the study of a related GCSE, a complementary NVQ or other related vocational or personal and social development qualification. These learning programmes can be developed to allow learners to study complementary qualifications without duplication of content.

For adult learners, the Edexcel BTEC Level 3 Certificate can extend their knowledge and understanding of work in a particular sector. It is a suitable qualification for those wishing to change career or move into a particular area of employment following a career break.

### Edexcel BTEC Level 3 Diploma

The Edexcel BTEC Level 3 Diploma extends the work-related focus from the Edexcel BTEC Level 3 Certificate. There is potential for the qualification to prepare learners for employment in a particular vocational sector and it is suitable for those who have decided that they wish to enter a specific area of work.

### Key features of the Edexcel BTEC Level 3 BTEC in Working with Individuals with Diabetes (QCF)

The Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF) has been developed to give learners the opportunity to:

- engage in learning that is relevant to them and which gives them the opportunity to develop a range of skills, including personal skills, techniques, and attributes essential for successful performance in working life

- achieve a nationally recognised Level 3 vocationally-related qualification

- progress to employment in a particular vocational sector

- progress to related general and/or vocational qualifications.

## National Occupational Standards

Where relevant, Edexcel BTEC Level 3 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs). Edexcel BTEC Level 3 (QCF) qualifications do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context.

Links between units in the specification and elements of the NOS are listed in *Annexe C*.

# Rules of combination

The rules of combination specify the credits that need to be achieved, through the completion of particular units, for the qualification to be awarded. All accredited qualifications within the QCF have rules of combination.

## Rules of combination for the Edexcel BTEC Level 3 qualifications

When combining units for an Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF), it is the centre's responsibility to ensure that the following rules of combination are adhered to.

**Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)**

1  Qualification credit value: a minimum of 20 credits.

2  Minimum credit to be achieved at, or above, the level of the qualification: 16 credits.

3  All credits must be achieved from the units listed in this specification.

# Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)

The Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)is a 20-credit qualification that consists of four mandatory units (14 credits) **plus** optional units that provide for a combined total of 20 credits (where at least 16 credits must be at level 3 or above).

| Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF) | | | | |
|---|---|---|---|---|
| Unit | Unit reference number | Mandatory units: learners must satisfactorily complete all four mandatory units | Credit | Level |
| 1 | D/503/1839 | Diabetes Awareness | 6 | 3 |
| 2 | J/503/1849 | Understand the Risks Associated with Diabetes Emergencies | 3 | 3 |
| 3 | M/503/1862 | Prevention and Early Detection of Type 2 Diabetes | 2 | 3 |
| 4 | A/503/1900 | Understand Conditions Associated with Diabetes | 3 | 3 |
| Unit | Unit reference number | Optional units: learners must satisfactorily complete optional units to add a minimum of 6 credits with a maximum of 4 credits from level 2 | | |
| 5 | T/503/1894 | Safe Administration of Medication and Monitoring Techniques for Individuals with Diabetes | 5 | 3 |
| 6 | F/601/3442 | Introductory Awareness of Sensory Loss | 2 | 2 |
| 7 | M/601/3467 | Understand Sensory Loss | 3 | 3 |
| 8 | J/601/2874 | Dementia Awareness | 2 | 2 |
| 9 | J/601/3538 | Understand the Process and Experience of Dementia | 3 | 3 |
| 10 | F/602/0097 | Understand Mental Wellbeing and Mental Health Promotion | 3 | 3 |
| 11 | J/602/0103 | Understand Mental Health Problems | 3 | 3 |
| 12 | K/601/5315 | Understand the Context of Supporting Individuals with Learning Disabilities | 4 | 2 |
| 13 | L/601/9549 | Support Positive Risk-taking for Individuals | 4 | 3 |
| 14 | Y/602/4009 | Examine the Feet of Individuals with Diabetes | 4 | 3 |
| 15 | R/601/8063 | Provide Agreed Support for Foot Care | 3 | 2 |
| 16 | T/602/0386 | Obesity and Diabetes in Exercise Referral | 2 | 3 |
| 17 | T/503/2575 | Promote Nutrition and Hydration in Health and Social Care Settings | 4 | 3 |
| 18 | R/600/2560 | National Diabetic Retinopathy Screening Programmes, Principles, Processes and Protocols | 5 | 3 |

# Assessment

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

To achieve a 'pass' a learner must have successfully passed **all** the assessment criteria.

**Guidance**

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

- meet the standard determined by the assessment criteria and

- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres should enable learners to produce evidence in a variety of different forms, including performance observation, presentations and posters, projects, or time-constrained assessments.

Centres are encouraged to emphasise the practical application of the assessment criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities. The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

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

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

- current, ie to reflect the most recent developments and issues

- local, ie to reflect the employment context of the delivering centre

- flexible to reflect learner needs, ie at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

### Qualification grade

Learners who achieve the minimum eligible credit value specified by the rule of combination will achieve the qualification at pass grade.

In the Edexcel BTEC Level 3 Specialist qualifications each unit has a credit value which specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

- one credit for those learning outcomes achievable in 10 hours of learning time

- learning time being defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria

- the credit value of the unit remaining constant regardless of the method of assessment used or the qualification to which it contributes.

# Quality assurance of centres

Edexcel BTEC Level 3 qualifications provide a flexible structure for learners enabling programmes of varying credits and combining different levels. For the purposes of quality assurance, all individual qualifications and units are considered as a whole.

Centres delivering the Edexcel BTEC Level 3 qualification must be committed to ensuring the quality of the units and qualifications they deliver, through effective standardisation of assessors and verification of assessor decisions. Centre quality assurance and assessment is monitored and guaranteed by Edexcel.

The Edexcel quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications

- approval for the Edexcel BTEC Level 3 qualifications and units

- **compulsory** Edexcel-provided training and standardisation for internal verifiers and assessors leading to the accreditation of lead internal verifiers via the OSCA system

- quality review of the centre verification practice

- centre risk assessment by Edexcel of overarching processes and quality standards

- remedial training and/or assessment sampling for centres identified through standardisation or risk assessment activities as having inadequate quality, assessment or internal verification processes.

### Approval

Centres are required to declare their commitment to ensuring the quality of the programme of learning and providing appropriate assessment opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres must commit to undertaking defined training and online standardisation activities.

Centres already holding BTEC approval may gain qualification approval online. New centres must complete a centre approval application.

### Quality Assurance Guidance

Details of quality assurance for the Edexcel BTEC Level 3 qualifications are set out in centre guidance which is published on our website (www.edexcel.com).

# Programme design and delivery

## Mode of delivery

Edexcel does not normally define the mode of delivery for Edexcel BTEC Entry to Level 3 qualifications. Centres are free to offer the qualifications using any mode of delivery (such as full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

Learners studying for the qualification on a part-time basis bring with them a wealth of experience that should be utilised to maximum effect by tutors and assessors. The use of assessment evidence drawn from learners' work environments should be encouraged. Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to ensure a course relevant to learners' specific needs

- accessing and using non-confidential data and documents from learners' workplaces

- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment

- linking with company-based/workplace training programmes

- making full use of the variety of experience of work and life that learners bring to the programme.

## Resources

Edexcel BTEC Level 3 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Edexcel.

Where specific resources are required, these have been indicated in individual units in the *Essential resources* sections.

### Delivery approach

It is important that centres develop an approach to teaching and learning that supports the vocational nature of Edexcel BTEC Level 3 qualifications and the mode of delivery. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of learners' experience.

### Additional and Specialist Learning

Additional and Specialist Learning (ASL) consists of accredited qualifications at the same level as, or one level above, a 14-19 Diploma course of study, which have been approved under Section 96 of the Learning and Skills Act 2000. The ASL may include BTEC qualifications which are also available to learners not following a 14-19 Diploma course of study.

ASL qualifications are listed in the 14-19 Diploma Catalogue which is available on the Register of Regulated Qualifications (www.ofqual.gov.uk). The catalogue will expand over time as more qualifications are accredited and approved.

Centres undertaking, or preparing to undertake, ASL should refer regularly to the Edexcel website for information regarding additions and the 14-19 Diploma Catalogue for the latest information.

# Access and recruitment

Edexcel's policy regarding access to its qualifications is that:

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

Centres are required to recruit learners to BTEC qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualifications and that the qualification will meet their needs. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should consult Edexcel's policy on learners with particular requirements.

Centres will need to review the entry profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a higher level qualification.

## Restrictions on learner entry

The Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF) is accredited on the QCF for learners aged 16 and above.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to Criminal Records Bureau checks.

## Access arrangements and special considerations

Edexcel's policy on access arrangements and special considerations for BTEC and Edexcel NVQ qualifications aims to enhance access to the qualifications for learners with disabilities and other difficulties (as defined by the Equality Act 2010 and the amendments to the Act) without compromising the assessment of skills, knowledge, understanding or competence.

Further details are given in the policy document *Access Arrangements and Special Considerations for BTEC and Edexcel NVQ Qualifications*, which can be found on the Edexcel website (www.edexcel.com). This policy replaces the previous Edexcel policy (Assessment of Vocationally Related Qualifications: Regulations and Guidance Relating to Learners with Special Requirements, 2002) concerning learners with particular requirements.

## Recognition of Prior Learning

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

Edexcel encourages centres to recognise learners' previous achievements and experiences whether at work, home or leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

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

# Unit format

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

Each unit has the following sections.

## Unit title

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

## Unit code

Each unit is assigned a QCF unit code that appears with the unit title on the National Database of Accredited Qualifications.

## QCF level

All units and qualifications within the QCF will have a level assigned to them, which represents the level of achievement. There are nine levels of achievement, from Entry Level to Level 8. The level of the unit has been informed by the QCF level descriptors and, where appropriate, the NOS and/or other sector/professional benchmarks.

## Credit value

All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.

## Guided learning hours

Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.

## Unit aim

The aim provides a clear summary of the purpose of the unit and is a succinct statement that summarises the learning outcomes of the unit.

## Unit introduction

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

## Learning outcomes

The learning outcomes of a unit set out what a learner is expected to know, understand or be able to do as the result of a process of learning.

## Assessment criteria

The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or set of learning outcomes, has been achieved. The learning outcomes and assessment criteria clearly articulate the learning achievement for which the credit will be awarded at the level assigned to the unit.

## Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a programme of learning to achieve each of the learning outcomes. This is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS), where relevant. The content provides the range of subject material for the programme of learning and specifies the skills, knowledge and understanding required for achievement of the unit.

Each learning outcome is stated in full and then the key phrases or concepts related to that learning outcome are listed in italics followed by the subsequent range of related topics.

### Relationship between content and assessment criteria

The learner should have the opportunity to cover all of the unit content.

It is not a requirement of the unit specification that all of the content is assessed. However, the indicative content will need to be covered in a programme of learning in order for learners to be able to meet the standard determined in the assessment criteria.

### Content structure and terminology

The information below shows how the unit content is structured and gives the terminology used to explain the different components within the content.

- Learning outcome: this is shown in bold at the beginning of each section of content.

- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.

- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.

- Brackets contain amplification of content which must be covered in the delivery of the unit.

- 'eg' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

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# Units

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# Unit 1: Diabetes Awareness

**Unit code:** D/503/1839

**QCF Level 3:** BTEC Specialist

**Credit value:** 6

**Guided learning hours: 46**

## Unit aim

The aim of this unit is to increase learners' understanding of the causes and symptoms of Type 1 and Type 2 diabetes. The unit will also raise learners' awareness of the health complications that may occur as a direct result of having diabetes.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand diabetes and the associated implications | 1.1 | Define diabetes |
| | | 1.2 | Identify prevalence rates for different types of diabetes |
| | | 1.3 | Describe possible key long-term complications to health as a result of having diabetes |
| | | 1.4 | Explain what is meant by the term hyperglycaemia |
| | | 1.5 | Explain what is meant by the term hypoglycaemia |
| | | 1.6 | Explain the procedure of referring an individual with diabetes to others |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Know the most common types of diabetes and their causes | 2.1 | Describe key features of Type 1 diabetes |
| | | 2.2 | Describe key features of Type 2 diabetes |
| | | 2.3 | List the most common possible causes of diabetes: <br><br> • Type 1 <br><br> • Type 2 |
| | | 2.4 | Describe the likely signs and symptoms of diabetes |
| | | 2.5 | Outline contributing risk factors that may lead to the development of Type 2 diabetes |
| 3 | Understand how to implement a person-centred approach when supporting individuals with diabetes | 3.1 | Define person-centred support |
| | | 3.2 | Explain the importance of using individualised care plans to support individuals with diabetes |
| | | 3.3 | Explain the care pathway for the individual with newly diagnosed Type 2 diabetes |
| | | 3.4 | Explain what self-care skills are |
| | | 3.5 | Explain how to work with an individual, and/or their carer, to optimise self-care skills |
| | | 3.6 | Explain the importance of supporting individuals to make informed decisions |
| 4 | Understand the nutritional needs of individuals with diabetes | 4.1 | Explain the principles of a balanced diet |
| | | 4.2 | Analyse how different carbohydrates affect blood glucose level |
| | | 4.3 | Explain the role of the nutritional plan and how to report any related problems |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 5 | Understand factors relating to an individual's experience of diabetes | 5.1 | Describe how different individuals may experience living with diabetes |
| | | 5.2 | Explain the impact that the attitudes and behaviours of others may have on an individual with diabetes |
| | | 5.3 | Explain how an individual can manage their diabetes through different aspects of their lifestyle |
| 6 | Understand the importance of monitoring diabetes | 6.1 | Explain the importance of accurately measuring blood pressure when supporting individuals with diabetes |
| | | 6.2 | Identify the normal parameters for blood pressure |
| | | 6.3 | Explain the purpose of accurate blood glucose monitoring for individuals with diabetes |
| | | 6.4 | State the normal blood glucose range |
| | | 6.5 | Explain the purpose of accurate urine monitoring for individuals with diabetes |
| | | 6.6 | Describe the annual review checks needed to screen for long-term complications |
| 7 | Understand the links between diabetes and other conditions | 7.1 | Explain the links between diabetes and:<br><br>• dementia<br><br>• depression<br><br>• pregnancy |

## Unit content

1 **Understand diabetes and the associated implications**

*Defining diabetes mellitus:* failure of the pancreas to produce sufficient insulin; non response by the body to insulin which is produced; non absorption of blood glucose into the cells; a chronic disease which causes serious health complications; gestational diabetes

*Prevalence rates for Type 1 diabetes:* overall prevalence in the UK; prevalence by age group; effects of ethnicity

*Prevalence rates for Type 2 diabetes:* overall prevalence in the UK; prevalence by age group; effects of ethnicity; links with obesity, lifestyle, diet

*Possible key long-term complications to health:* diabetic foot ulcers; diabetic nephropathy; retinopathy; heart disease, stroke; nerve damage; sexual dysfunction; miscarriage and stillbirth

*Hyperglycaemia:* high levels of blood glucose; fasting hyperglycaemia; postprandial hyperglycaemia; ketoacidosis

*Hypoglycaemia:* abnormally low levels of blood glucose; pre-diabetic hypoglycaemia

*Referring individuals with diabetes to others:* self referral to GP; urine test for glucose levels; blood test to ascertain glucose levels; possible oral glucose tolerance test (OGTT); referral to clinician

2 **Know the most common types of diabetes and their causes**

*Key features of Type 1 diabetes:* sudden onset; usually occurring in childhood or adolescence; inability to absorb insulin; permanent requirement for insulin treatment

*Key features of Type 2 diabetes:* slow onset; more common in middle adulthood; possible links with gestational diabetes

*Common possible causes of Type 1 diabetes:* an autoimmune condition; effects of the immune system on pancreatic cells; suggested links with viral infections; familial links; chronic pancreatitis

*Possible causes of Type 2 diabetes:* genetic/familial links; links with ethnicity; obesity/overweight; impaired glucose intolerance; impaired fasting glycaemia; links with gestational diabetes

*Signs and symptoms of diabetes:* extreme thirst; constant dryness of the mouth; blurred vision; drowsiness; excessive urination particularly nocturnal; extreme tiredness; weight loss and loss of muscle bulk; irritation around the vagina or penis; recurrent thrush; blurred vision; slow healing of cuts and sores

*Risk factors for Type 2 diabetes:* having a close relative with the condition; obesity; African-Caribbean ethnicity; Middle Eastern descent; age – over 40 years of age (white), over 25 years of age (black, Asian); impaired fasting glycaemia (FG); impaired glucose tolerance (IGT); gestational diabetes during pregnancy

3 **Understand how to implement a person-centred approach when supporting individuals with diabetes**

*Person-centred support:* individual at the centre of planning; taking into account an individual's needs, wishes, likes and dislikes; use of individual plans; individual in control of their care

*Importance of using individualised care plans:* care is fitted to the needs of the individual; a holistic approach to care and support; facilitating necessary changes

*The educational pathway:* phase 1, educational assessment in terms of how much knowledge the individual has about the condition; phase 2, use of problem solving methods; change of treatments; what Type 2 diabetes is; information on exercise; foot care; driving; emotional aspects of the condition; potential complications; referral to other services including a dietician and podiatrist

*Self-care skills:* monitoring own blood glucose levels; adjusting medication accordingly; administration of own medication; foot care; care of cuts and sores; managing own dietary requirements; noting additional symptoms and discussing them with professionals

*Optimising self-care skills:* providing individuals with clear explanations; giving reasons for self-care; provision of written material to underpin verbal instructions; timely monitoring; taking account of any difficulties and issues related to self-care

*Making informed decisions:* individual in control of own care; understanding all related factors; understanding reasons for decisions; autonomy of the individual; awareness of risks; provision of relevant information

4 **Understand the nutritional needs of individuals with diabetes**

*Principles of a balanced diet:* regular meals; reduction of high sugar foods; reduction of fat in the diet; five portions of fruit and vegetables per day; reduction of salt intake; moderate alcohol intake

*Effects of different carbohydrates on blood glucose levels:* the glycaemic index; the Standard Reference (GI 100); High GI, Medium GI, Low GI; benefits of a low GI diet

*Role of the nutritional plan:* provides guidance in eating a healthy diet; contributes to control of blood glucose levels; supports management of the condition; enables self-management; promotes partnership between professionals and individuals

*Reporting related problems:* access to professionals when required; role of the key worker

5 **Understand factors relating to an individual's experience of diabetes**

*Different experiences of diabetes*: effects on lifestyle; effects on family; effects on employment, career opportunities; loss of self-efficacy; effects on self-esteem; effects on self-identity, public identity

*Impact of attitudes and behaviours of others:* effects of assumptions, prejudice; adaptability of family, friends, carers; levels of social support; effects on self-esteem, overall wellbeing

*Lifestyle management:* changes in diet; changes in patterns of alcohol consumption; exercise regimes; family meal times; involvement of family/friends in aspects of care

6 **Understand the importance of monitoring diabetes**

*Importance of accurately measuring blood pressure:* links between diabetes and cardiac disease; risk of stroke; need for early intervention

*Normal parameters for blood pressure:* arterial blood pressure, systolic 90-140 mmHg; diastolic 60-90 mmHg

*Purpose of monitoring blood glucose levels:* detection of hyperglycaemia; detection of hypoglycaemia; risks of complications during acute illness; risks associated with unstable or poor hypoglycaemic control; risks involved when planning a pregnancy or pregnant; effects of blood glucose levels on medication requirements, diet

*Normal blood glucose range:* 4.0-5.6 mmol/l; pre-diabetes or impaired glucose tolerance 5.6-7 mmol/l; diagnosis of diabetes more than 7 mmol/l

*Purpose of accurate urine monitoring:* indication of raised glucose levels; indication of protein as a sign of renal disease/damage; indication of related conditions

*Annual review checks:* blood tests, creatinine, cholesterol, thyroid function, HbA1C (diabetes glucose control); urine test, microalbuminuria; blood pressure; foot examination; retinal screening

7 **Understand the links between diabetes and other conditions**

*Dementia:* links between vascular dementia and poorly controlled diabetes; Type 2 diabetes as a significant risk factor; deterioration of mental and physical functions; importance of following nutritional plan; importance of monitoring blood glucose levels; benefits of support/early intervention

*Depression:* effects of stress due to management of condition; metabolic effects on the brain; deterioration of physical and mental function; need for professional diagnosis; need to monitor nutritional plan, medication

*Pregnancy:* incidence of 2-4%; risk factors; obesity, smoking, over the age of 30, family history of diabetes; ethnicity; previous history of large baby; effects of placental hormones on insulin function

# Unit 2: Understand the Risks Associated with Diabetes Emergencies

Unit code:           J/503/1849

QCF Level 3:         BTEC Specialist

Credit value:        3

**Guided learning hours: 29**

## Unit aim

The aim of this unit is to raise learners' awareness of diabetic emergencies and the measures which may be taken to manage them.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand hypoglycaemia | 1.1 | Explain the common causes of hypoglycaemia |
| | | 1.2 | Describe the signs and symptoms of hypoglycaemia |
| 2 | Understand the emergency treatments for hypoglycaemia | 2.1 | Describe the emergency treatment for hypoglycaemia |
| | | 2.2 | Explain how to use blood-glucose monitoring equipment to confirm hypoglycaemia |
| 3 | Know the process of recording and reporting emergency treatments for hypoglycaemia | 3.1 | Describe the recording and reporting procedures following a hypoglycaemic event |
| | | 3.2 | Identify additional support or information in the emergency treatments for hypoglycaemia |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 4 | Understand hyperglycaemia | 4.1 | Explain the possible causes of hyperglycaemia |
| | | 4.2 | Describe signs and symptoms of hyperglycaemia |
| 5 | Know the treatments for hyperglycaemia | 5.1 | Describe the treatments for the different levels of hyperglycaemia for: <ul><li>Type 1 diabetes</li><li>Type 2 diabetes</li></ul> |
| | | 5.2 | Describe the long-term impact of hyperglycaemia |
| 6 | Understand the process of recording and reporting treatments for hyperglycaemia | 6.1 | Explain the reporting and recording procedures for persistent hyperglycaemia |
| | | 6.2 | Identify additional support or information on the treatments for hyperglycaemia |
| 7 | Understand the risks associated with diabetes and intercurrent illness | 7.1 | Explain what is meant by intercurrent illness |
| | | 7.2 | Describe the common signs of intercurrent illness |
| | | 7.3 | Assess the impact of intercurrent illness on individuals with diabetes |
| | | 7.4 | Explain the treatment of diabetes during intercurrent illness |
| | | 7.5 | Describe the referral methods for individuals with diabetes during intercurrent illness |

## Unit content

1 **Understand hypoglycaemia**

*Common causes of hypoglycaemia:* overdose of insulin; overdose of oral medication; low carbohydrate intake following insulin administration; delayed/missed meals or snacks; alcohol intake without food; reactive hypoglycaemia

*Signs and symptoms of hypoglycaemia:* mild – feeling hungry, trembling or shakiness, anxiety or irritability, going pale, fast pulse or palpitations, tingling of the lips, blurred vision; severe – difficulty in concentrating, vagueness or confusion, irrational behaviour

2 **Understand the emergency treatments for hypoglycaemia**

*Emergency treatments for hypoglycaemia:* initially, oral glucose as liquid or granulated sugar; unconscious/un-cooperative, intravenous glucose; importance of admission to hospital if the condition is due to an oral anti-diabetic drug

*Use of equipment to confirm hypoglycaemia:* use of blood glucose meters; checking batteries; use of personal protective equipment, gloves; handwashing before and after the procedure; need for accurate and timely recording

3 **Know the process of recording and reporting emergency treatments for hypoglycaemia**

*Recording and reporting procedures following hypoglycaemic events:* completing the adult form; identifying risk factors or cause; documenting event in patient records; monitoring and recording blood glucose levels every 30 minutes until above 3.5 mmol/l; medical review

*Additional support or information for emergency treatment:* Department of Health guidelines: community diabetes team; Diabetes UK; Primary Care Diabetes Society

4 **Understand hyperglycaemia**

*Potential causes of hyperglycaemia:* definition – an increase in blood glucose levels; emotional stress; changes in medication; inaccurate dose of insulin; omitted dose of insulin; changes in diet; overeating; illness including colds; pregnancy

*Signs and symptoms of hyperglycaemia:* increased thirst; frequent urination; high levels of blood glucose; high levels of glucose in the urine; weakness; fatigue; loss of weight; blurred vision

5 **Know the treatments for hyperglycaemia**

*Treating hyperglycaemia in Type 1 diabetes:* mild – adjusting the diet, adjusting the nutritional plan, adjusting the insulin dose, increased exercise, use of home blood glucose monitor; severe-diabetic ketacidosis – intravenous insulin; intravenous fluids including saline and potassium if dehydrated

*Treating hyperglycaemia in Type 2 diabetes:* adjusting the diet; adjusting the nutritional plan; adjusting oral medication; increased exercise; use of home blood glucose monitor

*Long-term impact of hyperglycaemia:* raised blood pressure; retinopathy; nephropathy; neuropathy; cardiac disease; stroke

6 **Understand the process of recording and reporting treatments for hyperglycaemia**

*Procedures:* completion of patient records; recording of blood glucose levels; informing relevant professionals, diabetic team, dietician, General Practitioner

*Additional support/information for treatment:* Department of Health manual; community diabetes team; Diabetes UK; Primary Care Diabetes Society

7 **Understand the risks associated with diabetes and intercurrent illness**

*Intercurrent illness:* an illness occurring whilst the individual is diabetic; illness which affects the course of the diabetes including viral colds, influenza

*Common signs of intercurrent illness:* increased basal insulin requirements; inability to eat or drink; persistent vomiting or diarrhoea; high blood glucose levels – above 25 mmol/l despite increasing insulin; low glucose levels; persistent ketones; large amounts of ketones in urine; drowsiness; confusion

*The impact of intercurrent illness:* increased need for support; reduced self-care; increase in diabetic symptoms; dehydration; risk of diabetic ketoacidosis

*Treatment of diabetes during intercurrent illness:* encourage normal diet where possible; replace meals with other foods/sugary fluids if necessary; support increased intake of fluids to prevent dehydration; monitor glucose and ketone levels; manage medication

*Referral methods:* referral to GP; referral to community diabetes team; admission to hospital if: underlying diagnosis requires admission; persistent inability to swallow/retain fluids; significant ketosis (Type 1); persistent levels of blood glucose at 20 mmol/l despite adjustment of medication; severe dehydration; inability to manage adjustment of diabetes management; patient lives alone; liable to slip into coma

# Unit 3: Prevention and Early Detection of Type 2 Diabetes

| | |
|---|---|
| **Unit code:** | **M/503/1862** |
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **2** |
| **Guided learning hours: 17** | |

## Unit aim

The aim of this unit is to give learners knowledge and understanding of the prevention and early detection of Type 2 diabetes.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the process of diagnosis for Type 2 diabetes | 1.1 | Analyse health patterns or trends associated with the development of Type 2 diabetes |
| | | 1.2 | Evaluate methods of assessing individuals at risk of Type 2 diabetes |
| | | 1.3 | Explain the process of screening for Type 2 diabetes |
| 2 | Understand factors relating to the prevention of Type 2 diabetes | 2.1 | Assess the importance of prevention, or delay of onset, of Type 2 diabetes in individuals at risk |
| | | 2.2 | Identify the tests available for monitoring individuals at risk of developing Type 2 diabetes |
| | | 2.3 | Explain how frequently these tests should be undertaken |
| | | 2.4 | Assess the impact of nutritional intake on the development of Type 2 diabetes |
| | | 2.5 | Evaluate the importance of exercise in the prevention of Type 2 diabetes |

## Unit content

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1 **Understand the process of diagnosis for Type 2 diabetes**

*Health patterns and trends associated with the development of Type 2 diabetes:* obesity; impaired glucose levels; disturbed sleep patterns; development of extreme thirst; fatigue; excessive urination; vague feelings of being 'unwell'

*Methods of assessing at risk individuals:* fasting capillary or venous blood glucose measurements; random blood glucose tests; oral glucose tolerance tests

*The process of screening for Type 2 diabetes:* clinical assessments to include age, sex, body mass index (BMI); family history, smoking, hypertension, waist circumference, diagnosed coronary heart disease; non-fasting blood glucose levels

2 **Understand factors relating to the prevention of Type 2 diabetes**

*Importance of prevention or delay of onset:* extension of life; reduced risk of complications; benefits to overall wellbeing

*Available tests to monitor at risk individuals:* diabetes screening tests; C-peptide test; oral glucose tolerance test; GAD antibody test; Type 2 risk indicator

*Frequency of tests:* beginning at 45 years; conducting tests every 3 years; pre-diabetes – tested annually

*Impact of nutritional intake on the development of Type 2 diabetes:* effects of high GI diet on blood glucose levels; effects of alcohol intake on blood glucose levels; links between obesity and onset of condition

*Importance of exercise in the prevention of Type 2 diabetes:* reduction of weight/prevention of obesity; reduction of blood pressure; increased insulin sensitivity; reduction of cholesterol

# Unit 4: Understand Conditions Associated with Diabetes

| | |
|---|---|
| **Unit code:** | **A/503/1900** |
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **3** |
| **Guided learning hours: 29** | |

## Unit aim

The aim of this unit is to raise learners' awareness of the causes, symptoms and prevention of conditions associated with diabetes.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand cardiovascular risk to the individual with diabetes | 1.1 | Explain the relationship between diabetes, hypertension and coronary heart disease (CHD) |
| | | 1.2 | Describe the required care for the individual with diabetes undergoing cardiovascular investigations |
| | | 1.3 | Explain the importance of accurate blood pressure (BP) measurements for individuals with diabetes and hypertension/CHD |
| | | 1.4 | Identify normal parameters for BP measurements for the individual with diabetes |
| | | 1.5 | Explain the implications of smoking for the individual with diabetes |
| | | 1.6 | Describe the health implications of obesity for the individual with diabetes |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the relationship between neuropathy and diabetes | 2.1 | Explain the term neuropathy in relation to diabetes |
| | | 2.2 | Evaluate the possible impact of neuropathy on the individual with diabetes |
| | | 2.3 | Assess the risks to foot health in individuals with diabetes |
| 3 | Understand the relationship between nephropathy and diabetes | 3.1 | Explain the term nephropathy in relation to diabetes |
| | | 3.2 | Evaluate the possible impact of nephropathy on the individual with diabetes |
| 4 | Understand the support needs of an individual with retinopathy and diabetes | 4.1 | Explain the term retinopathy |
| | | 4.2 | Evaluate the possible impact of retinopathy on the individual with diabetes |
| 5 | Understand factors relating to the prevention of conditions associated with diabetes | 5.1 | Describe actions required to prevent individuals with diabetes developing: <br>• retinopathy <br>• neuropathy <br>• nephropathy |
| | | 5.2 | Explain the importance of regular screening for: <br>• retinopathy <br>• neuropathy <br>• nephropathy |

## Unit content

1 **Understand cardiovascular risk to the individual with diabetes**

*The relationship between diabetes, hypertension and coronary heart disease* (CHD): effects of excess blood glucose levels on capillaries; links with low levels of HDL cholesterol; effects of obesity; links with insulin resistant syndrome

*Care for individuals undergoing cardiovascular investigations:* reassurance; support with nutritional plan; monitoring of blood glucose levels; maintenance of blood glucose at 4-10 mmol/l; regular measurement of blood pressure

*Importance of accurate blood pressure (BP) measurements:* hypertension – links with diabetic retinopathy; links with chronic kidney disease; prevention/ reducing risks of stroke; benefits of early intervention through regular and accurate intervention

*Normal parameters for BP measurements:* systolic below 130 mmHg; diastolic below 80 mmHg

*Implications of smoking:* potential effects of nicotine on blood glucose levels; links with diabetic retinopathy; links with diabetic neuropathy; links with hypertension; reduced blood supply to feet; links with diabetic nephropathy

*Health implications of obesity:* reduced efficacy of medication; increased insulin resistance; potential raising of blood pressure; effects on blood glucose levels

2 **Understand the relationship between neuropathy and diabetes**

*Diabetic neuropathy:* links with poorly controlled diabetes; damage to nerve fibres resulting in poor sensation and dysfunction; acute (neuritis), burning sensation in the feet causing interruption of sleep; chronic, paralysis of single nerves; neuralgia; damage to autonomic nervous system leading to diarrhoea, vomiting (digestive system), low blood pressure; erectile dysfunction

*Possible impact on the individual:* loss of mobility; loss of self-esteem; restricted lifestyle; poor self-image; increased dependence upon others

*Risks to foot health:* reduced sensation linked with neuropathy resulting in injuries; diabetic related gangrene; increased incidence of fungal infections; slower healing of cuts

3 **Understand the relationship between nephropathy and diabetes**

*Diabetic nephropathy:* kidney disease as a result of diabetes; presence of proteinuria; inability of the kidneys to filter blood borne toxins; indication of wider arterial disease

*Impact on the individual:* reduced life course; restricted lifestyle; increased dependence upon others; restricted mobility; low self-image; low self-esteem

4 **Understand the support needs of an individual with retinopathy and diabetes**

*Diabetic retinopathy:* eye disease associated with long-standing diabetes; result of raised blood glucose levels; damaged retinal blood vessels; symptoms, retinal haemorrhaging; leaking of ocular fluids and exudates into the retina; retinal oedema; reduced retinal oxygen leading to growth of abnormal blood vessels and ischaemia

*Impact on the individual:* reduced mobility*;* restricted lifestyle; potential blindness; increased dependence on others; loss of/reduced employment; low self-esteem; low self-image

5 **Understand factors relating to the prevention of conditions associated with diabetes**

*Prevention of retinopathy:* control of blood glucose levels; prevention/control of hypertension; following the nutritional plan; restricted intake of alcohol; not smoking

*Prevention of neuropathy:* control of blood glucose levels; following nutritional plan; control of blood pressure levels; regular exercise

*Prevention of nephropathy:* control of blood glucose levels; maintenance of blood pressure below 130/80 mmHg

*Importance of regular screening for retinopathy, neuropathy, nephropathy:* extension of life course; early detection and intervention; adjustment of medication where necessary; prevention of ill health; prevention of sight loss

# Unit 5: Safe Administration of Medication and Monitoring Techniques for Individuals with Diabetes

| | |
|---|---|
| **Unit code:** | **T/503/1894** |
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **5** |

**Guided learning hours: 40**

## Unit aim

The aim of this unit is to give learners the knowledge and skills needed to safely administer medication to individuals with diabetes and to use agreed ways of monitoring them.

## Learning outcomes and assessment criteria

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

Learning outcomes 3, 4 and 5 must be assessed in a real work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the common medications available to, and appropriate for, individuals with diabetes | 1.1 | Describe the most common medications used to treat diabetes |
| | | 1.2 | Assess the effect of medications on the blood glucose levels of individuals with diabetes |
| | | 1.3 | Explain the importance of recording and reporting side effects/adverse reactions to medications |
| | | 1.4 | Evaluate the reasons for insulin being classed a high-risk medication |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand monitoring techniques for individuals with diabetes | 2.1 | Describe different types of monitoring techniques for individuals with diabetes |
| | | 2.2 | Evaluate the different types of monitoring |
| | | 2.3 | Identify situations where testing for ketones is the correct course of action |
| 3 | Be able to support individuals with diabetes through the use of medication using a person-centred approach | 3.1 | Support individuals to understand advice and treatment options |
| | | 3.2 | Explain the importance of advocating on behalf of individuals with diabetes who may be prescribed medication |
| | | 3.3 | Demonstrate person-centred ways of administering medicines whilst adhering to administration instructions |
| | | 3.4 | Demonstrate the correct injection technique for the individual with diabetes |
| | | 3.5 | Demonstrate the safe disposal of sharps |
| 4 | Be able to provide ongoing support in urine monitoring for individuals with diabetes | 4.1 | Perform a urine test according to manufacturer's instructions |
| | | 4.2 | Demonstrate appropriate techniques for infection prevention control when monitoring urine |
| | | 4.3 | Document and report the urine test result according to agreed ways of working |
| | | 4.4 | Explain the referral process required if the urine test result is outside the range for the individual with diabetes |
| | | 4.5 | Support the individual with diabetes in self-managing the urine monitoring procedure |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 5 | Be able to provide ongoing support in blood glucose monitoring for individuals with diabetes | 5.1 | Perform the blood glucose test according to manufacturer's instructions |
| | | 5.2 | Demonstrate appropriate techniques for infection prevention control when monitoring blood glucose |
| | | 5.3 | Document and report the result according to agreed ways of working |
| | | 5.4 | Explain the process for reporting readings outside the acceptable blood glucose range for the individual being monitored |
| | | 5.5 | Support the individual with diabetes in self-managing the blood glucose monitoring procedure |

## Unit content

1 **Understand the common medications available to, and appropriate for, individuals with diabetes**

   *Common medications – Type 1 diabetes:* rapid acting analogues; long acting analogues; short acting insulin; medium and long acting insulin; mixed insulin; mixed analogues

   *Common medications – Type 2 diabetes:* Biguanide; Sulphonylureas; Alpha glucoside inhibitors; Prandial glucoside inhibitors; Thiazolidinediones; Incretin mimetics; DPP-4 inhibitors

   *Effects of medications on blood glucose levels:* controlling blood glucose levels; effects of other medications on blood glucose levels; effects of allergic reaction to insulin, other diabetes medications

   *Importance of recording side effects and adverse reactions:* noting patterns of reaction; prevention of further effects; duty of care; contribution to the review of patient medications

   *Insulin as a high risk medication:* effects on metabolism; risk of errors with self-medication; risk of effects by contributory factors, illness, additional non-diabetes medication

2 **Understand monitoring techniques for individuals with diabetes**

   *Monitoring techniques:* blood glucose monitoring – electronic monitors, glucose assays; urine testing; foot health; retinal examination; urinalysis for nephropathy; reflex monitoring for neuropathy

   *Evaluation of monitoring:* effectiveness of measures; level of intervention; methods of recording; effects of illness/other conditions on tests

   *Testing for ketones:* sustained high blood glucose levels due to intercurrent illness, poorly managed diabetes

3 **Be able to support individuals with diabetes through the use of medication using a person-centred approach**

   *Supporting individuals:* providing clear information; providing written information in an individual's preferred method of communication; providing opportunities for questions; explaining all options

   *Importance of advocacy:* providing individuals with a 'voice'; presenting the individual's viewpoint; ensuring informed consent for treatment

   *Person-centred administration:* obtaining informed consent; ensuring privacy; providing full explanations of all methods of administration

   *Correct technique for injections:* checking dose for accuracy; checking patient; ensuring patient privacy; cleaning of injection site; use of personal protective equipment (gloves); having all equipment before commencing

*Safe disposal of sharps*: discard used sharps immediately into an approved container; do not re-sheath, bend or break used sharps; take a sharps box to the point of use where possible; do not fill sharps boxes beyond three quarters full; report all sharps injuries to line manager

4 **Be able to provide ongoing support in urine monitoring for individuals with diabetes**

*Urine-testing technique:* collect specimen; wash hands; remove reagent strip from container; place in sample for required time; read result and record immediately

*Infection prevention and control:* use recognised handwashing technique before beginning; use gloves during the procedure; clean all surfaces before and after the procedure; dispose of waste safely

*Documenting and reporting:* record the result on the appropriate chart; ensure completion of individual records

*Referral of concerns:* inform supervisor; note concerns in the individual's records; follow agreed procedures to ensure individual's wellbeing

*Supporting self-management:* provide individual with verbal and written explanation of techniques; ensure full understanding; provide individual with required equipment; explain the recording process; explain actions to be taken for any concerns; explain normal parameters

5 **Be able to provide ongoing support in blood glucose monitoring for individuals with diabetes**

*Blood glucose tests:* read the instructions on the monitor; check that the monitor is working; inform the patient; gain informed consent; perform the test

*Infection prevention and control:* wash hands following agreed procedures; use appropriate personal protective equipment (gloves); clean test site following agreed procedure; wipe down monitor after use; wash hands; dispose of waste safely

*Documenting the procedure:* complete appropriate records immediately and accurately; ensure confidentiality of records

*Reporting and recording out of range results:* complete appropriate chart; complete patient records; inform supervisor immediately

*Supporting self-management:* explain the procedures fully to the individual; use the individual's preferred method of communication; provide additional written information if appropriate; rehearse the procedure with the individual to ensure understanding

# Unit 6:  Introductory Awareness of Sensory Loss

**Unit code:**  F/601/3442

**QCF Level 2:**  BTEC Specialist

**Credit value:**  2

**Guided learning hours: 16**

## Unit aim

The aim of this unit is to give learners awareness of issues relating to sensory loss.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the factors that impact on an individual with sensory loss and steps that can be taken to overcome these | 1.1 | Describe how a range of factors have a negative and positive impact on individuals with sensory loss |
| | | 1.2 | Identify steps that can be taken to overcome factors that have a negative impact on individuals with sensory loss |
| | | 1.3 | Explain how individuals with sensory loss can be disabled by attitudes and beliefs |
| | | 1.4 | Identify steps that could be taken to overcome disabling attitudes and beliefs |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the importance of effective communication for individuals with sensory loss | 2.1 | Outline what needs to be considered when communicating with individuals with:<br><br>• sight loss<br><br>• hearing loss<br><br>• deafblindness |
| | | 2.2 | Describe how effective communication may have a positive impact on the lives of individuals with sensory loss |
| | | 2.3 | Explain how information can be made accessible to individuals with sensory loss |
| 3 | Know the main causes and conditions of sensory loss | 3.1 | Outline the main causes of sensory loss |
| | | 3.2 | Explain the difference between congenital and acquired sensory loss |
| | | 3.3 | State what percentage of the general population is likely to have sensory loss |
| 4 | Know how to recognise when an individual may be experiencing sight and/or hearing loss | 4.1 | Outline the indicators and signs of:<br><br>• sight loss<br><br>• deafblindness<br><br>• hearing loss |
| | | 4.2 | Explain where additional advice and support can be sourced in relation to sensory loss |
| 5 | Know how to report concerns about sensory loss | 5.1 | Describe to whom and how concerns about sight and/or hearing loss can be reported |

## Unit content

1 **Understand the factors that impact on an individual with sensory loss and steps that can be taken to overcome these**

   *Factors which have a positive impact:* use of a person-centred approach to care; involvement of the individual in all aspects of care and support; inclusion in day to day activities; to be regarded as a person first; to be enabled to be independent

   *Factors which have a negative impact:* to be excluded from decisions regarding their care and support; to be excluded from activities; to be labelled; to be disempowered

   *Overcoming negative factors:* use of a person-centred approach by carers and professionals; to be included in activities; to be given choices; adaptations of the environment to enable participation; to have access to information

   *Disabling attitudes and beliefs:* excluded from employment/daily life due to misunderstandings about ability; assumptions about likes, dislikes and ability

2 **Understand the importance of effective communication for individuals with sensory loss**

   *Sight loss:* appropriate use of touch; proximity; tone, pace and pitch of verbal language; addressing the person directly; allowing time for a response

   *Hearing loss:* use of signers; enabling lip reading; not shouting; appropriate use of non verbal communication, posture, gestures, eye contact, facial expressions; addressing the person directly; allowing time for a response

   *Deafblindness*: use of finger spelling; use of signers; appropriate use of touch; proximity; use of Braille; understanding of deafblind alphabet; addressing the person directly; allowing time for a response

   *Impact of effective communication:* positive self-esteem; reciprocated communication; inclusion of the individual; empowered to express needs, wishes, likes and dislikes; positive self-image

   *Accessible information:* sight loss – use of audio equipment, Braille, computer software; hearing loss – use of signers, written material; deafblind – use of finger spelling, computer software

3 **Know the main causes and conditions of sensory loss**

   *Main causes of sensory loss:* genetic; trauma; illness; abuse; exposure to adverse environments, pre-birth or post-birth

   *Congenital:* inherited through genes at conception; present from birth

   *Acquired:* occurring through an event; not necessarily present from birth

   *Percentage of the general population with sensory loss:* by age, gender, ethnicity

4 **Know how to recognise when an individual may be experiencing sight and/or hearing loss**

*Indicators and signs of sight loss:* clumsiness; timidity; lack of eye contact

*Indicators and signs of deafblindness:* lack of appropriate facial expressions; lack of response to sounds; clumsiness; timidity

*Indicators and signs of hearing loss:* turning up the television/radio; misunderstanding conversations; avoiding social situations; feelings of fatigue or stress

*Sources of support and advice:* community provision; NHS Trusts; national societies and charities

5 **Know how to report concerns about sensory loss**

*Reporting concerns:* recorded in individual's care notes; verbally to immediate supervisor/relevant professionals; importance of confidentiality

# Unit 7: Understand Sensory Loss

**Unit code:** M/601/3467

**QCF Level 3:** BTEC Specialist

**Credit value:** 3

**Guided learning hours: 21**

## Unit aim

The aim of this unit is to increase learners' understanding of issues concerning sensory loss.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the factors that impact on an individual with sensory loss | 1.1 | Analyse how a range of factors can impact on individuals with sensory loss |
| | | 1.2 | Analyse how societal attitudes and beliefs impact on individuals with sensory loss |
| | | 1.3 | Explore how a range of factors, societal attitudes and beliefs impact on service provision |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the importance of effective communication for individuals with sensory loss | 2.1 | Explain the methods of communication used by individuals with: <br>• sight loss <br>• hearing loss <br>• deafblindness |
| | | 2.2 | Describe how the environment facilitates effective communication for people with sensory loss |
| | | 2.3 | Explain how effective communication may have a positive impact on lives on individuals with sensory loss |
| 3 | Understand the main causes and conditions of sensory loss | 3.1 | Identify the main causes of sensory loss |
| | | 3.2 | Define congenital sensory loss and acquired sensory loss |
| | | 3.3 | Identify the demographic factors that influence the incidence of sensory loss in the population |
| 4 | Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken | 4.1 | Identify the indicators and signs of: <br>• sight loss <br>• hearing loss <br>• deafblindness |
| | | 4.2 | Explain actions that should be taken if there are concerns about onset of sensory loss or changes in sensory status |
| | | 4.3 | Identify sources of support for those who may be experiencing onset of sensory loss |

## Unit content

1 **Understand the factors that impact on an individual with sensory loss**

*Impact of a range of factors on individuals:* geographical location; ethnicity; culture; financial status; levels of sensory loss; family function/dysfunction; levels of social support

*Impact of societal attitudes and beliefs:* misunderstanding of levels of ability; cultural beliefs and norms; effects of raised visibility of individuals with sensory loss on attitudes; impact of legislation on attitudes and beliefs; impact on self-esteem; impact on self-image; impact on employment opportunities

*Impact on service provision:* increased appropriate provision; changes from medical to social models of disability; effects of legislation on service provision

2 **Understand the importance of effective communication for individuals with sensory loss**

*Communication methods – sight loss*: Braille; audio equipment

*Communication methods – hearing loss:* British Sign Language; written communication; lipreading; text messaging; hearing aids; induction loops; Minicom

*Communication methods – deafblindness:* finger spelling; deafblind alphabet; Moon; Block

*Facilitative environments:* enabling inclusion in conversations; obtaining information; use of preferred methods of communication; use of human and technological aids to communication

*Impact of effective communication:* inclusion; reinforcement of personhood; involvement in daily activities; increased wellbeing; empowerment; enablement; raised levels of self-esteem and confidence; positive self-image

3 **Understand the main causes and conditions of sensory loss**

*Main causes of sensory loss:* genetic, inherited; illness, eg severe infections such as meningitis; trauma, eg due to involvement in road traffic accidents; abuse; exposure to adverse environments pre-birth – maternal infections, maternal intake of alcohol; post-birth – exposure to extreme levels of noise, exposure to pollutants

*Congenital sensory loss:* inherited through transfer/combination of genes at conception

*Acquired sensory loss:* occurring through an event in childhood or later life

*Demographic factors:* social class; financial status; employment situation

4  **Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken**

*Indicators of sight loss*: lack of spatial awareness; timidity; failure to make eye contact

*Indicators of hearing loss*: requesting that audio equipment be turned up; misunderstanding conversations; avoidance of social situations; feelings of fatigue and stress

*Indicators of deafblindess:* lack of response to facial expressions; lack of response to sounds; lack of spatial awareness; timidity

*Actions concerning onset or changes in status:* recording concerns in individual's care notes; reporting concerns immediately to supervisor/line manager

*Sources of support:* specialist diabetes team; line manager; *NHS*; Department of Health; charities including the Royal Blind Society, the Royal Association for Deaf People, Diabetes UK

# Unit 8: Dementia Awareness

**Unit code:**        J/601/2874

**QCF Level 2:**      BTEC Specialist

**Credit value:**     2

**Guided learning hours: 17**

## Unit aim

The aim of this unit is to raise learners' awareness of dementia.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand what dementia is | 1.1 | Explain what is meant by the term 'dementia' |
| | | 1.2 | Describe the key functions of the brain that are affected by dementia |
| | | 1.3 | Explain why depression, delirium and age related memory impairment may be mistaken for dementia |
| 2 | Understand key features of the theoretical models of dementia | 2.1 | Outline the medical model of dementia |
| | | 2.2 | Outline the social model of dementia |
| | | 2.3 | Explain why dementia should be viewed as a disability |
| 3 | Know the most common types of dementia and their causes | 3.1 | List the most common causes of dementia |
| | | 3.2 | Describe the likely signs and symptoms of the most common causes of dementia |
| | | 3.3 | Outline the risk factors for the most common causes of dementia |
| | | 3.4 | Identify prevalence rates for different types of dementia |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 4 | Understand factors relating to an individual's experience of dementia | 4.1 | Describe how different individuals may experience living with dementia depending on age, type of dementia, and level of ability and disability |
| | | 4.2 | Outline the impact that the attitudes and behaviours of others may have on an individual with dementia |

## Unit content

1 **Understand what dementia is**

*Dementia:* severe loss or impairment of intellectual function; loss of personality integration due to loss of, or damage to, neurones in the brain

*Key affected brain functions:* decision making; problem solving; memory; recognition of familiar faces/places; communication and language

*Reasons dementia, depression, delirium, age related memory impairment are mistaken for dementia:* similarities in characteristics including confusion; withdrawal; inability to recall events and facts; loss of language

2 **Understand key features of the theoretical models of dementia**

*The medical model:* global cognitive impairment; deterioration in functioning; behavioural disturbances; psychiatric disturbances

*The social model*: individual and personal experience of dementia; responses to the environment; the need to work with existing abilities; disability not degeneration; emphasis on the rights of the individual; acknowledgement of personhood

*Dementia as a disability:* impairment of functions; support requirements; ongoing condition; not terminal in the short term; approach supports the rights of the individual

3 **Know the most common types of dementia and their causes**

*Common causes of dementia:* Alzheimer's disease; vascular dementia; dementia with Lewy bodies; fronto-temporal dementia (including Pick's disease)

*Signs and symptoms*: impaired short term memory; loss of spoken language (finding the right word); disorientation; confusion; poor judgement; withdrawal; anger; depression; anxiety

*Risk factors:* age; gender; genetics; medical history of hypertension, multiple sclerosis, Huntington's disease, Down's syndrome, Human Auto-immune Deficiency Syndrome, Acquired Immune Deficiency Syndrome (AIDS)

*Prevalence rates:* Alzheimer's disease 62%; vascular dementia 17%; dementia with Lewy bodies 4%; fronto-temporal dementia 2%

4 **Understand factors relating to an individual's experience of dementia**

*Individual experience of dementia:* differences due to age; type of dementia; level of ability; level of disability; responses of others; levels of care support; levels of social support

*Impact of attitudes and behaviours of others:* effects on self-esteem; inclusion or exclusion; effects on lifestyle; use of current strengths and abilities

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# Unit 9: Understand the Process and Experience of Dementia

**Unit code:**          J/601/3538

**QCF Level 3:**          BTEC Specialist

**Credit value:**          3

**Guided learning hours: 22**

## Unit aim

The aim of this unit is to give learners an insight into the process and experience of individuals with dementia.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the neurology of dementia | 1.1 | Describe a range of causes of dementia syndrome |
| | | 1.2 | Describe the types of memory impairment commonly experienced by individuals with dementia |
| | | 1.3 | Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia |
| | | 1.4 | Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia |
| | | 1.5 | Explain why the abilities and needs of an individual with dementia may fluctuate |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the impact of recognition and diagnosis of dementia | 2.1 | Describe the impact of early diagnosis and follow-up to diagnosis |
| | | 2.2 | Explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working |
| | | 2.3 | Explain the process of reporting possible signs of dementia within agreed ways of working |
| | | 2.4 | Describe the possible impact of receiving a diagnosis of dementia on <br> • the individual <br> • their family and friends |
| 3 | Understand how dementia care must be underpinned by a person-centred approach | 3.1 | Compare a person-centred and a non-person-centred approach to dementia care |
| | | 3.2 | Describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia |
| | | 3.3 | Describe how myths and stereotypes related to dementia may affect the individual and their carers |
| | | 3.4 | Describe ways in which individuals and carers can be supported to overcome their fears |

## Unit content

1 **Understand the neurology of dementia**

*Causes of dementia*: long-term hypertension; formation of plaques containing amyloid protein linked with additional copies of chromosome 21 (Down's syndrome); damage to cells from microscopic deposits (Lewy bodies); HIV-related cognitive impairment; lack of thiamine due to the effects of alcohol on gastric lining (Korsakoff's syndrome)

*Common types of memory impairment:* recall; rehearsal; language; familiar faces and places; skills

*Processing information:* sensory input; short-term storage of information; processing to store in long-term memory; decision process; actions performed with reference to movement patterns stored in long-term memory

*Other factors that can cause changes:* illness; trauma; hostile environments; inappropriate care; exclusion from activities

*Effects of other factors*: withdrawal; depression; reduced self-esteem and confidence; current abilities not being used; fear

*Reasons for fluctuations in abilities and needs*: changing patterns of condition; in response to the environment

2 **Understand the impact of recognition and diagnosis of dementia**

*Impact of early diagnosis and follow-up*: early intervention; implementation of care and support plan; reassurance for individual

*Importance of recording procedures:* maintenance of accurate records; legal requirements; requirements of organisations; provision of an ongoing profile; allowing early intervention; providing ongoing support; preparation of individuals, family and carers

*Process of reporting:* recording possible signs in individual records; reporting suspicions to line manager; importance of confidentiality; appropriate professional to discuss issues with individual

*Possible impact of diagnosis on the individual:* distress; concerns for future prospects; concerns for care and support; financial concerns

*Possible impact of diagnosis on family and friends:* concern for the individual; financial concerns regarding long-term care and support

3 **Understand how dementia care must be underpinned by a person-centred approach**

*Person-centred approach to dementia care:* individual at the centre of planning; use of personal histories to ascertain likes, dislikes, wishes, needs and abilities; individual involved in choice of key support workers; use of inclusive language

*Non-person-centred approach to dementia care:* decisions made by professionals; care dictated by available resources; current strengths and abilities not considered

*Meeting the needs and abilities of individuals:* use of personal histories; use of person-centred mapping; involving individuals in planning

*Effects of myths and stereotypes on individuals and carers:* marginalisation; isolation; withdrawal

*Ways of overcoming fears:* provision of facts and relevant information; person-centred support; involvement of individuals and carers in planning support

# Unit 10: Understand Mental Wellbeing and Mental Health Promotion

| | |
|---|---|
| **Unit code:** | **F/602/0097** |
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **3** |
| **Guided learning hours: 14** | |

## Unit aim

The aim of this unit is to increase learners' understanding of issues relating to mental wellbeing and the promotion of mental health.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the different views on the nature of mental wellbeing and mental health and the factors that may influence both across the life span | 1.1 | Evaluate two different views on the nature of mental wellbeing and mental health |
| | | 1.2 | Explain the range of factors that may influence mental wellbeing and mental health problems across the life span, including: |
| | | | • biological factors |
| | | | • social factors |
| | | | • psychological factors |
| | | 1.3 | Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental wellbeing and mental health: |
| | | | • risk factors including inequalities, poor quality social relationships |
| | | | • protective factors including socially valued roles, social support and contact |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Know how to implement an effective strategy for promoting mental wellbeing and mental health with individuals and groups | 2.1 | Explain the steps that an individual may take to promote their mental wellbeing and mental health |
| | | 2.2 | Explain how to support an individual in promoting their mental wellbeing and mental health. |
| | | 2.3 | Evaluate a strategy for supporting an individual in promoting their mental wellbeing and mental health |
| | | 2.4 | Describe key aspects of a local, national or international strategy to promote mental wellbeing and mental health within a group or community |
| | | 2.5 | Evaluate a local, national or international strategy to promote mental wellbeing and mental health within a group or community |

## Unit content

1  **Understand the different views on the nature of mental wellbeing and mental health and the factors that may influence both across the life span**

   *The nature of mental wellbeing and mental health:* 'A state of wellbeing; a person realising their own potential and abilities. A person can cope with the normal stresses of life; can work productively and fruitfully; able to contribute to the community' (World Health Organization); mental health and wellbeing are affected by restrictions or freedoms imposed/allowed by society; poverty and disadvantage reduce wellbeing

   *Factors that influence mental wellbeing and mental health problems:* biological – physical illness, effects of genetic inheritance, chemical in-balance; social – deprivation, poverty, marginalisation; psychological – due to trauma, bullying, abuse

   *Risk factors:* effects of inequalities, poor quality social relationships; financial worries; feeling unsafe; family dysfunction; low self-esteem; low self-image; depression; withdrawal; isolation

   *Protective factors:* socially valued roles, social support and contact; inclusion; positive self-esteem; positive self-image; sense of belonging

2  **Know how to implement an effective strategy for promoting mental wellbeing and mental health with individuals and groups**

   *Steps taken by individuals:* seeking professional help; involving family and friends; community involvement

   *Supporting individuals:* developing a professional relationship with individuals; supporting choice; enabling independence; use of active listening skills; taking a non judgemental approach; demonstrating empathy

   *Evaluating strategies:* planning support in conjunction with an individual; monitoring and reviewing the plan; making necessary changes

   *Key aspects of a national, local or international strategy:* for example, National Suicide Prevention Strategy, DWP Health, Work and Wellbeing – Caring for our Future

   *Evaluating strategies*: measures of improvement; success rates; positive outcomes

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# Unit 11: Understand Mental Health Problems

**Unit code:** J/602/0103

**QCF Level 3:** BTEC Specialist

**Credit value:** 3

**Guided learning hours: 14**

## Unit aim

The aim of this unit is to support learners' understanding of the mental health problems of individuals.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Know the main forms of mental ill health | 1.1 | Describe the main types of mental ill health according to the psychiatric (DSM/ICD) classification system: mood disorders, personality disorders, anxiety disorders, psychotic disorders, substance-related disorders, eating disorders, cognitive disorders |
| | | 1.2 | Explain the key strengths and limitations of the psychiatric classification system |
| | | 1.3 | Explain two alternative frameworks for understanding mental distress |
| | | 1.4 | Explain how mental ill health may be indicated through an individual's emotions, thinking and behaviour |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Know the impact of mental ill health on individuals and others in their social network | 2.1 | Explain how individuals experience discrimination due to misinformation, assumptions and stereotypes about mental ill health |
| | | 2.2 | Explain how mental ill health may have an impact on the individual including: <br>• psychological and emotional <br>• practical and financial <br>• the impact of using services <br>• social exclusion <br>• positive impacts |
| | | 2.3 | Explain how mental ill health may have an impact on those in the individual's familial, social or work network including: <br>• psychological and emotional <br>• practical and financial <br>• the impact of using services <br>• social exclusion <br>• positive impacts |
| | | 2.4 | Explain the benefits of early intervention in promoting an individual's mental health and wellbeing |

## Unit content

1 **Know the main forms of mental ill health**

*DSM/ICD classification system:* mood disorders including bipolar disorder, seasonal affective disorder, schizoaffective disorder; personality disorders including paranoid, schizoid, schizotypal, anti-social, borderline, histrionic, narcissistic and avoidant; anxiety disorders including panic disorder, obsessive compulsive disorder and social phobia; psychotic disorders including schizophrenia and brief psychotic disorder; substance-related disorders including opoid dependence, alcohol addiction; eating disorders including food phobias, anorexia nervosa and bulimia; cognitive disorders including amnesia, dementia and delirium

*Key strengths of the psychiatric classification system*: provides a framework for professionals; standardises and provides descriptions of mental disorders; enables a logical approach to treatment

*Key limitations of the psychiatric classification system*: does not explain 'atypical symptoms'; encourages the labelling of individuals; favours the medical model

*Frameworks for understanding mental distress:* the social model - effects of society, social exclusion, prejudice and labelling; the medical model - brain as a physical organism, benefits of 'treatment'

*Indications of mental ill health:* emotions – withdrawal, mood swings, anger; thinking – confusion, paranoia; behaviour – aggression, passivity, irrationality

2 **Know the impact of mental ill health on individuals and others in their social network**

*Impact of mental illness on individuals and others:* psychological or emotional, including increased stress, breakdown of relationships; interrupted sleep patterns, physical ill health; practical and financial including loss of employment, loss of wage from individual, potential debt; impact of using services, including time away from employment, increased dependency on service provision; social exclusion including stigma, loss of friendships, labelling; positive impacts, support from family and friends

*The benefits of early intervention:* increased potential for recovery; support for issues which arise; reduction of anxiety

# Unit 12:    Understand the Context of Supporting Individuals with Learning Disabilities

**Unit code:**        **K/601/5315**

**QCF Level 2:**      **BTEC Specialist**

**Credit value:**      **4**

**Guided learning hours: 35**

## Unit aim

The aim of this unit is to enable learners to understand the context in which support is provided for individuals with learning disabilities.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the legislation and policies that support the human rights and inclusion of individuals with learning disabilities | 1.1 | Identify legislation and policies that are designed to promote the human rights, inclusion, equal life chances and citizenship of individuals with learning disabilities |
| | | 1.2 | Explain how this legislation and policies influence the day to day experiences of individuals with learning disabilities and their families |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the nature and characteristics of learning disability | 2.1 | Explain what is meant by 'learning disability' |
| | | 2.2 | Give examples of causes of learning disabilities |
| | | 2.3 | Describe the medical and social models of disability |
| | | 2.4 | State the approximate proportion of individuals with a learning disability for whom the cause is 'not known' |
| | | 2.5 | Describe the possible impact on a family of having a member with a learning disability |
| 3 | Understand the historical context of learning disability | 3.1 | Explain the types of services that have been provided for individuals with learning disabilities over time |
| | | 3.2 | Describe how past ways of working may affect present services |
| | | 3.3 | Identify some of the key changes in the following areas of the lives of individuals who have learning disabilities: |
| | | | • where people live |
| | | | • daytime activities |
| | | | • employment |
| | | | • sexual relationships and parenthood |
| | | | • the provision of healthcare |
| 4 | Understand the basic principles and practice of advocacy, empowerment and active participation in relation to supporting individuals with learning disabilities and their families | 4.1 | Explain the meaning of the term 'social inclusion' |
| | | 4.2 | Explain the meaning of the term 'advocacy' |
| | | 4.3 | Describe different types of advocacy |
| | | 4.4 | Describe ways to build empowerment and active participation into everyday support with individuals with learning disabilities |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 5 | Understand how views and attitudes impact on the lives of individuals with learning disabilities and their family carers | 5.1 | Explain how attitudes are changing in relation to individuals with learning disabilities |
| | | 5.2 | Give examples of positive and negative aspects of being labelled as having a learning disability |
| | | 5.3 | Describe steps that can be taken to promote positive attitudes towards individuals with learning disabilities and their family carers |
| | | 5.4 | Explain the roles of external agencies and others in changing attitudes, policy and practice |
| 6 | Know how to promote communication with individuals with learning disabilities | 6.1 | Identify ways of adapting each of the following when communicating with individuals who have learning disabilities:<br><br>• verbal communication<br><br>• non-verbal communication |
| | | 6.2 | Explain why it is important to use language that is both 'age appropriate' and 'ability appropriate' when communicating with individuals with learning disabilities |
| | | 6.3 | Describe ways of checking whether an individual has understood a communication, and how to address any misunderstandings |

## Unit content

1 **Understand the legislation and policies that support the human rights and inclusion of individuals with learning disabilities**

*Legislation and policies:* Equality Act 2010; Human Rights Act 1998; 'Valuing People', 'Valuing People Now' (Government White Papers); Special Educational Needs and Disability Act 2001

*Influences of the legislation and policies:* provision of appropriate education; inclusion in mainstream education where appropriate; financial support; appointment of a key worker; provision of training centres

2 **Understand the nature and characteristics of learning disability**

*Learning disability*: a state of arrested or incomplete development of mind; significant impairment of intellectual functioning; significant impairment of social/adaptive functioning

*Causes of learning disability*: genetic inheritance including Down's syndrome, global delay; as a result of illness, eg brain tumours, meningitis; as a result of physical abuse; as a result of trauma; maternal smoking in pregnancy

*Medical model of disability*: individual as a problem; individual dependent upon others; control in the hands of professionals; limited choices controlled by experts

*Social model of disability*: society as a problem; environments are disabling; barriers are created by society; society and the media devalue individuals who have a disability

*Approximate proportion of individuals with a learning disability from unknown causes:* by age; gender; ethnicity

*Impact on families*: stigma; marginalisation; raised stress levels; potential loss of income

3 **Understand the historical context of learning disability**

*Services for individuals and families*: key social workers; special education; training centres; sheltered employment opportunities; inclusion in mainstream education

*Effects of past ways of working*: correcting past mistakes; remaining stigma; recognition of individuals as people first

*Changes in accommodation:* supported group settings; supported independent living; adult community placements

*Daytime activities:* training centres; day centres

*Employment:* entitlement under the Equality Act 2010

*Sexual relationships and parenthood:* sex education; support for parents from health visitors, key workers

*Provision of health care:* individual entitlement to health care; information provided in appropriate language

4   **Understand the basic principles and practice of advocacy, empowerment and active participation in relation to supporting individuals with learning disabilities and their families**

*Social inclusion:* including individuals in the everyday activities of society

*Advocacy:* to come alongside an individual to help them; to represent the views of an individual

*Types of advocacy:* professional advocacy; self-advocacy; group advocacy

*Building empowerment:* offering choices; allowing non-participation; providing positive feedback; affirming contributions

5   **Understand how views and attitudes impact on the lives of individuals with learning disabilities and their family carers**

*Changing attitudes:* recognition of individuals as people first; widening opportunities for employment; widening opportunities for leisure; widening opportunities for employment

*Positive aspects of labelling:* entitlement to benefits and support

*Negative aspects of labelling:* marginalisation; promotion of prejudice; denial of personhood

*Promotion of positive attitudes:* involvement in community activities; use of media to dispel misunderstanding

*Role of external agencies and others:* inclusion of individuals with learning disabilities in media presentations; advertisements; involvement of individuals by community groups, religious groups; support of health visitors, social workers

6   **Know how to promote communication with individuals with learning disabilities**

*Adapting verbal communication:* use of age appropriate language; use of ability appropriate language; clear speech; avoidance of jargon, acronyms; use of individual's preferred form of communication, including Makaton, signing, communication passports, objects of reference

*Adapting non-verbal communication:* use of positive posture; use of eye contact; not staring

*Importance of age appropriate/ability appropriate language:* to ensure full understanding; to avoid confusion; to be supportive

*Checking understanding:* use of open questions; use of paraphrasing

*Addressing misunderstandings:* rephrasing words; asking exactly what was misunderstood; showing respect to the individual

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# Unit 13: Support Positive Risk-taking for Individuals

| Unit code: | L/601/9549 |
|---|---|
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **4** |

**Guided learning hours: 32**

## Unit aim

The aim of this unit is to give learners understanding of how to support positive risk taking for individuals.

## Learning outcomes and assessment criteria

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

Learning outcomes 4 and 5 must be assessed in the work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the importance of risk taking in everyday life | 1.1 | Explain ways in which risk is an integral part of everyday life |
| | | 1.2 | Explain why individuals may have been discouraged or prevented from taking risks |
| | | 1.3 | Describe the links between risk taking and responsibility, empowerment and social inclusion |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the importance of a positive, person-centred approach to risk assessment | 2.1 | Explain the process of developing a positive, person-centred approach to risk assessment |
| | | 2.2 | Explain how to apply the principles and methods of a person-centred approach to each of the different stages of the process of risk assessment |
| | | 2.3 | Explain how a service-focused approach to risk assessment would differ from a person-centred approach |
| | | 2.4 | Identify the consequences for individuals of a service-focused approach to risk assessment |
| 3 | Understand the legal and policy framework underpinning an individual's right to make decisions and take risks | 3.1 | Explain how legislation, national and local policies and guidance provide a framework for decision making which can support an individual to have control over their own lives |
| | | 3.2 | Describe how a human rights based approach supports an individual to make decisions and take risks |
| 4 | Be able to support individuals to make decisions about risks | 4.1 | Support an individual to recognise potential risk in different areas of their life |
| | | 4.2 | Support the individual to balance choices with their own and others' health, safety and wellbeing |
| | | 4.3 | Describe how own values, belief systems and experiences may affect working practice when supporting an individual to take risks |
| | | 4.4 | Record all discussions and decisions made relating to supporting the individual to take risks |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 5 | Be able to support individuals to take risks | 5.1 | Complete a risk assessment with an individual following agreed ways of working |
| | | 5.2 | Communicate the content of the risk assessment to others |
| | | 5.3 | Support the individual to take the risk for which the assessment has been completed |
| | | 5.4 | Review and revise the risk assessment with the individual |
| | | 5.5 | Evaluate with the individual how taking the identified risk has contributed to their wellbeing |
| 6 | Understand duty of care in relation to supporting positive risk-taking | 6.1 | Explain how the principle of duty of care can be maintained while supporting individuals to take risks |
| | | 6.2 | Describe what action to take if an individual decides to take an unplanned risk that places him/herself or others in immediate or imminent danger |

## Unit content

1 **Understand the importance of risk taking in everyday life**

*Risks in everyday life:* using public transport; taking journeys; managing food preparation equipment; managing cooking equipment; using everyday tools including scissors, cutlery, hairdryers

*Reasons for preventing risk taking:* to protect individuals from perceived harm; to maintain control; to avoid litigation

*Links between risk taking and responsibility:* recognition of consequences of own actions; taking responsibility for own actions; promoting maturity; links between responsibility and recognition of an individual's chronological age

*Links between empowerment and social inclusion:* enabling individuals to belong to society; recognition of citizenship; taking full part in everyday activities

2 **Understand the importance of a positive, person-centred approach to risk assessment**

*A person-centred approach to risk assessment:* involvement of individuals and relatives in risk assessment; positive and informed risk taking; proportionality (management of risk must match gravity of potential harm); contextualising behaviour; defensible decision making; a learning culture; tolerable risks

*Application of person-centred principles:* discuss potential hazards of a proposed activity, with individuals and relatives; make decisions on acceptable and non-acceptable risks involved with proposed actions; consider potential harm and ways of managing the risk whilst empowering the individual; discuss why the individual wishes to take the risk; make joint decisions with individuals and relatives which can be justified if necessary; review the risk following actions and consider any revision for further occasions; discuss future risk taking with individuals and relatives

*Differences between service-focused and person-centred approaches to risk assessment:* involvement/non involvement of individuals and relatives; focus of control, with the service/with the individual; a holistic approach/a resource based approach

*Consequences of a service-focused approach to risk assessment:* disempowerment of the individual; control in the hands of the service; individuals with low self-esteem; non-actualisation of the individual

3 **Understand the legal and policy framework underpinning an individual's right to make decisions and take risks**

*Effects of legislation, national and local policies and guidance:* legal entitlement to education, goods facilities and services; entitlement to make decisions, in line with mental capacity; entitlement to fair treatment

*Human-rights-based approach:* recognition of individual rights; recognising the right of individuals to make decisions; recognising the right of individuals to take risks; placing power of decision making in the hands of the individual

4 **Be able to support individuals to make decisions about risks**

*Supporting individuals to recognise potential risks:* use of person-centred risk assessment; discussing choices; use of person-centred thinking; mapping out risks; discussing potential consequences

*Balancing choices with own and others' wellbeing:* use of person-centred tools including 'what works, what doesn't'; mapping to match risks with consequences

*Effects of own values, belief systems and experiences on working practice:* restricting or enabling; importance of placing the individual first; necessity of a non judgemental approach; importance of not allowing own experiences to impair judgements

*Recording discussions and decisions:* competencies required, accurate and complete recording; all information signed and dated; secure storage

5 **Be able to support individuals to take risks**

*Completing risk assessments:* competencies required, follow all stated steps; refer to procedures agreed in your setting; ensure that the individual is in agreement; sign and date

*Communicating the content of the risk assessment:* ensure confidentiality; clearly provide team members with the information; discuss any issues/queries

*Supporting the individual to take the risk:* competencies required, read the assessment to familiarise self; allow individual to take the risk; provide support as necessary; avoid taking control from the individual

*Review and revision of the risk assessment:* read through the assessment with the individual; discuss any additional hazards; decide with the individual how these may be managed; adjust the assessment, sign and date

*Evaluation of the risk:* use a person-centred tool such as 'what worked, what didn't' to evaluate the risk with the individual

6 **Understand duty of care in relation to supporting positive risk taking**

*Maintenance of the duty of care:* informed agreement has been obtained; potential risk has been agreed as tolerable; decisions made are defensible against criteria for a duty of care

*Taking action for unplanned risk:* duty of care overrides the rights of the individual; inform immediate supervisor; take steps to prevent harm to individual and others

# Unit 14: Examine the Feet of Individuals with Diabetes

| | |
|---|---|
| **Unit code:** | **Y/602/4009** |
| **QCF Level 3:** | **BTEC Specialist** |
| **Credit value:** | **4** |

**Guided learning hours: 32**

## Unit aim

The aim of this unit is to give learners knowledge and understanding to examine the feet of individuals with diabetes.

## Learning outcomes and assessment criteria

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

Learning outcomes 3, 4 and 5 must be assessed in the work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand good practice in diabetic foot care | 1.1 | Summarise national and local guidelines on diabetes healthcare |
| | | 1.2 | Describe local referral pathways for foot health |
| | | 1.3 | Explain how to gather necessary information from the individual prior to conducting an examination |
| | | 1.4 | Explain how to inform the individual/carer about the relationship between diabetes and foot health |
| | | 1.5 | Explain how to work in partnership with individuals/carers |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Understand the factors affecting foot health in individuals with diabetes | 2.1 | Explain the causes of diabetes |
| | | 2.2 | Describe the signs and symptoms of diabetes |
| | | 2.3 | Identify the risks of diabetes to foot health |
| | | 2.4 | Explain the importance of footwear to foot health for individuals with diabetes |
| | | 2.5 | Explain the impact of nutrition, health and physical exercise on an individual with diabetes |
| 3 | Be able to prepare to conduct an examination on the feet of individuals who have diabetes | 3.1 | Confirm the individual's identity and gain valid consent prior to beginning the examination |
| | | 3.2 | Gather information about the individual's general health, including any relevant symptoms |
| | | 3.3 | Explain the procedures used for examining foot health and identifying risks to foot health linked to diabetes |
| 4 | Be able to conduct an examination on the feet of an individual with diabetes | 4.1 | Apply health and safety measures relevant to the procedure and environment |
| | | 4.2 | Apply standard precautions for infection control |
| | | 4.3 | Explain the foot examination process to the individual |
| | | 4.4 | Select the equipment used to examine foot health |
| | | 4.5 | Use tools to assess for peripheral sensory neuropathy |
| | | 4.6 | Palpate pedal pulses to assess for peripheral vascular disease |
| | | 4.7 | Check feet for gross deformities, trauma, current infection and ulcerations |
| | | 4.8 | Examine the individual's footwear to assess suitability and risk status |
| | | 4.9 | Advise the individual/carer about how diabetes can affect foot health |
| | | 4.10 | Assess factors which may limit an individual's ability to self-care |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 5 | Be able to report the outcome of foot examinations | 5.1 | Record outcomes of activities in line with local policy and protocol, seeking advice for any concerns identified |
| | | 5.2 | Obtain and pass on relevant information on individual's care requirements to other team members in line with local policy and protocol |

## Unit content

1 **Understand good practice in diabetic foot care**

*National and local guidelines:* annual review; agreed management plan; calculation of risk; high risk-review 1-3 monthly; problems-urgent attention by specialist experts

*Local referral pathways for foot health:* chronic – community nurse, diabetes foot centre; acute – vascular clinic, medical assessment unit

*Gathering information:* make the patient comfortable; refer to patient notes; read any referral letter from GP, community team; ask the patient for their views

*Informing individuals and carers:* ascertain how much understanding is already present; explain clearly, referring to printed information as necessary; ensure full understanding; allow time for questions; offer reassurance

*Working in partnership:* ask the individuals/carers for their views; share information using the individual's preferred method of communication; listen to the individual/carer; inform individuals/carers of any decisions or necessary changes in treatment, giving reasons why

2 **Understand the factors affecting foot health in individuals with diabetes**

*Causes of Type 1 diabetes*: destruction of insulin producing cells in the pancreas due to unknown auto-immune reaction; possible links with specific viral or bacterial infections, chemical toxins in food; genetic disposition

*Causes of Type 2 diabetes*: obesity; sedentary lifestyle; increasing age; inappropriate diet

*Signs and symptoms of Type 1 diabetes*: increased thirst; tiredness; frequent urination; weight loss; increased appetite; irritation, particularly around genitals; skin infections

*Signs and symptoms of Type 2 diabetes*: increased thirst; frequent urination, particularly at night (nocturia); fatigue; weight loss and loss of muscle bulk; irritation around the genitals; recurrent thrush; blurred vision; delayed healing of cuts and sores

*Risks of diabetes to foot health:* limited blood supply; peripheral neuropathy; loss of feeling in feet; delayed healing of cuts and sores; risk of gangrene; increased incidence of fungal infections

*Importance of footwear:* protection against injury; protection against damage; protection against ulceration; importance of well-fitting shoes; importance of well-fitting socks; risks of damage due to reduced sensation, slow healing

*Impact of nutrition, health and physical exercise:* control of blood glucose levels; control of blood pressure; reduced risks of cardiovascular disease; lowered risk of diabetic foot ulcers; lower risk of intercurrent illness

3 **Be able to prepare to conduct an examination on the feet of individuals who have diabetes**

*Preparation for foot examinations:* confirm individual's identity; explain procedure; ensure full understanding; answer any questions; gain valid consent

*Gathering information:* read relevant information from individual's notes; enquire about general health, relevant symptoms from individual; gain information from relative if more appropriate

*Procedures for examining foot health:* wash hands; apply gloves (personal protective equipment); note colour of feet; note skin changes; check pedal pulses; check for nerve damage using monofilament/tuning fork; complete patient record

4 **Be able to conduct an examination on the feet of an individual with diabetes**

*Applying relevant health and safety measures:* ensure comfort of individual; ensure individual is seated securely; ensure equipment is in working order; close doors to prevent intrusion

*Infection control:* use standard procedure for handwashing; use personal protective equipment including gloves, apron; clean all surfaces before commencing; dispose of materials appropriately following agreed procedures; clean any reusable equipment; remove gloves and apron; wash hands following procedure

*Explaining procedures:* speak calmly; provide a full explanation of the procedure and give reasons; check level of understanding; use appropriate language; allow time for questions

*Selecting equipment to examine foot health:* competencies – refer to organisational procedures; choose relevant equipment; ensure suitability

*Assessing for peripheral vascular disease:* select tools, monofilament, tuning fork, use of the ankle brachial pressure index

*Palpating pedal pulses:* wash hands; ensure comfort of patient; explain procedure; locate pulses

*Checking feet:* seat the individual on a chair; inform the individual of intentions; request removal of shoes and socks; offer assistance if necessary; seat individual on examination couch; wash hands; apply gloves; examine each foot in turn; note gross deformities; note evidence of trauma; note evidence of infections and ulcerations; complete records; report concerns to supervisor

*Examining footwear:* check outside of footwear for evidence of damage; check how well the footwear fits the individual; check the inside of footwear for damage, evidence of wear; note any areas of risk to foot health; check for odour

*Advising the individual/carer about the effects of diabetes in foot health:* suitable footwear; reporting concerns; care of nails; covering cuts and sores; treating fungal infections; importance of foot hygiene; risks from smoking; recognising ulcers

*Factors which may limit self-care:* general health status; sight loss; deafblindness; physical disability; mental ill health; learning disability

5 **Be able to report the outcome of foot examinations**

*Recording outcomes:* complete individual's records/charts; provide individual/carer with appropriate information; report concerns to relevant professionals

*Obtaining and passing on relevant information:* discuss issues with individual; complete records; verbally inform relevant professionals; observe confidentiality protocols of the setting

# Unit 15: Provide Agreed Support for Foot Care

| | |
|---|---|
| **Unit code:** | **R/601/8063** |
| **QCF Level 2:** | **BTEC Specialist** |
| **Credit value:** | **3** |
| **Guided learning hours: 23** | |

## Unit aim

The aim of this unit is to give learners the knowledge and understanding to be able to provide appropriate support for foot care.

## Learning outcomes and assessment criteria

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

Learning outcomes 2, 3, 4 and 5 must be assessed in the work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the signs and causes of foot and toenail abnormalities | 1.1 | Describe the effects of common medical conditions on the feet and toenails |
| | | 1.2 | Describe the possible effects of unsanitary living conditions and unsuitable footwear on the feet and toenails |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 2 | Be able to prepare to provide support for assessed foot care needs | 2.1 | Ascertain information about an individual's assessed foot care needs |
| | | 2.2 | Ensure the setting for foot care meets the individual's preferences and maintains privacy |
| | | 2.3 | Prepare the equipment required for treatment |
| | | 2.4 | Prepare the individual's feet for treatment, in a way that promotes active participation |
| | | 2.5 | Describe how and when to access additional guidance about assessed foot care needs |
| 3 | Be able to promote the individual's engagement in their own foot care | 3.1 | Support the individual's understanding of any treatments, equipment or dressings to be used |
| | | 3.2 | Invite feedback from the individual on how their foot care is carried out |
| | | 3.3 | Explain why advice should not be given unless agreed with the podiatrist |
| 4 | Be able to provide foot care safely | 4.1 | Carry out agreed foot care treatments in accordance with instructions |
| | | 4.2 | Operate equipment safely and in accordance with instructions |
| | | 4.3 | Use protective equipment, protective clothing and hygiene techniques to minimise risks |
| | | 4.4 | Dispose of waste products safely |
| 5 | Be able to record and report on foot care | 5.1 | Record the condition of the individual's feet before treatment |
| | | 5.2 | Record treatments carried out |
| | | 5.3 | Explain how to record any adverse reactions or responses to treatments or dressings |
| | | 5.4 | Report on foot care treatments, conditions and reactions in agreed ways |

## Unit content

1 **Understand the signs and causes of foot and toenail abnormalities**

*Effects of common medical conditions:* peripheral neuropathy – loss of sensation, damage to feet, leading to ulcers, gangrene and amputation; peripheral cardiovascular disease – loss of sensation, leading to ulcers, systemic infections; fungal infections, cracked and open skin providing entry for bacteria, leading to systemic infections; ingrowing toenails leading to cuts and sores

*Potential effects of unsanitary conditions:* insufficient washing of feet, exposure of sores and cuts to bacterial infection; dirty footwear providing medium for bacterial growth

*Potential effects of unsuitable footwear:* damage to feet leading to ulcers, bruises, infections, gangrene

2 **Be able to prepare to provide support for assessed foot care needs**

*Ascertaining information about assessed foot care needs:* use closed questions; invite the individual to provide more information; check information provided; observe the feet to ensure accuracy of obtained information

*Meeting preferences and privacy:* ensure observation of religious and cultural requirements including gender preferences, covering of body; ensure closure of doors; use of screens, blinds for protection of privacy; use of individual's preferred methods of communication

*Preparation of equipment:* check availability of equipment; check functions of equipment; prepare treatment room

*Preparation of individual's feet:* inform individual of your intentions; ask if they are 'happy' with this; ask individual to remove shoes and socks; offer assistance if appropriate; ensure comfort of individual; ask if there are any concerns; ask the individual's view of feet condition; explain each step of procedure before performing this

*Obtaining additional guidance:* consult supervisor; consult podiatrist; consult specialist diabetes team; seeking advice over concerns; unusual appearance of feet; evidence of damage, infections; worsening of existing conditions; expressed queries beyond the scope of own role

3 **Be able to promote the individual's engagement in their own foot care**

*Supporting the individual's understanding:* provide clear instructions; answer questions; check understanding of information given; provide additional literature; involve other professionals as appropriate

*Inviting feedback:* ask closed and open questions relevant to procedures; check for discomfort and concerns throughout the procedure; invite feedback at the close of procedure

*Agreed advice:* risks to individual of inaccurate advice; importance of following agreed treatment plan

4 **Be able to provide foot care safely**

*Carrying out procedures in accordance with instructions*: ascertain full understanding of instructions; obtain informed consent; follow treatment plan; deal with used equipment; dispose of waste according to agreed procedures

*Safe operation of equipment:* read all instructions before proceeding; ensure full understanding; check any uncertainties with relevant professionals; follow instructions exactly

*Using protective equipment, clothing and hygiene techniques:* handwashing techniques; hand and nail care; use of gloves; use of aprons; sterilisation of surfaces; changing covers on examination couch between individuals; following procedures for disposal of waste; safe disposal of disposable equipment

*Disposal of waste;* use of correct bags; observing colour coding for high-, medium- and low-risk waste; safe disposal of sharps

5 **Be able to record and report on foot care**

*Recording condition of individual's feet before treatment:* conduct examination according to agreed procedures; record before examination

*Recording treatments carried out:* follow agreed procedures; record in detail following examination

*Recording adverse reactions or responses to treatments or dressings:* complete individual's record; complete incident forms as appropriate; inform supervisor/ line management immediately

*Reporting on treatments, conditions and reactions:* complete relevant records; use SMART approach; relate comments to actions

# Unit 16: Obesity and Diabetes in Exercise Referral

**Unit code:** T/602/0386

**QCF Level 3:** BTEC Specialist

**Credit value:** 2

**Guided learning hours: 20**

## Unit aim

The aim of this unit is to give learners knowledge and skills to be able to support individuals in managing obesity through exercise.

## Learning outcomes and assessment criteria

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

Learning outcome 5 must be assessed in the work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the pathophysiology of obesity, Type 1 diabetes and Type 2 diabetes | 1.1 | Name and list the characteristics of obesity, Type 1 diabetes and Type 2 diabetes |
| | | 1.2 | Describe the relationship between obesity and Type 2 diabetes |
| | | 1.3 | Explain the differences between Type 1 and Type 2 diabetes |
| | | 1.4 | Discuss the potential short and long-term complications of Type 1 and Type 2 diabetes |
| 2 | Know the accepted methods for management of obesity, Type 1 diabetes and Type 2 diabetes | 2.1 | Identify drug therapy as a method for managing obesity, Type 1 diabetes and Type 2 diabetes |
| | | 2.2 | Describe how lifestyle modification including specific nutrition and activity changes can be used as an adjunct to medical therapies for obesity, Type 1 diabetes and Type 2 diabetes |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 3 | Understand the relationship between exercise and obesity, Type 1 diabetes and Type 2 diabetes | 3.1 | Explain the risks of exercise for persons with obesity, Type 1 diabetes and Type 2 diabetes |
| | | 3.2 | Describe how risk can be reduced by following the correct exercise prescription guidelines |
| | | 3.3 | Explain how exercise can benefit patients with obesity, Type 1 diabetes and Type 2 diabetes |
| 4 | Know the medications used in treatment of obesity, Type 1 diabetes and Type 2 diabetes that impact on the body's response to exercise | 4.1 | List the common medications used to treat obesity, Type 1 diabetes and Type 2 diabetes |
| | | 4.2 | Describe the effects of the listed medications on the patient's exercise response and capacity |
| 5 | Be able to provide safe, effective exercise programmes for patients with obesity, Type 1 diabetes and Type 2 diabetes | 5.1 | Design a personalised exercise programme specific to a patient's needs and goals |
| | | 5.2 | Monitor patients during exercise to ensure the programme is completed safely |
| | | 5.3 | Review patient's progress regularly using agreed measurements, feed back progress according to referral procedures |
| | | 5.4 | Modify the programme appropriately following reviews to allow progression within recommended guidelines |

## Unit content

1 **Understand the pathophysiology of obesity, Type 1 diabetes and Type 2 diabetes**

*Obesity in diabetes:* Type 1, upper body, around the abdomen; Type 2, around the abdomen; waist circumference in men above 40 inches; in women 35 inches; use of body mass index (BMI)

*Relationship between obesity and Type 2 diabetes*: effects on ability to absorb insulin; high levels of blood glucose; raised blood pressure; effects of high fat diet on weight and blood glucose levels

*Differences between Type 1 and Type 2 diabetes*: time of onset – Type 1 in childhood, Type 2 usually more in middle to older age; Type 1 sudden onset, Type 2 slow onset, often symptoms are vague; Type 1 must be controlled by insulin, Type 2 may be controlled by diet and exercise; oral medication unless severe

*Potential short-term complications of Type 1 and Type 2 diabetes:* nocturnuria; ketoacidosis; blurred vision; weight loss; hypoglycaemia; hyperglycaemia; coma

*Potential long-term complications of Type 1 and Type 2 diabetes:* cardiovascular disease; stroke; peripheral neuropathy; autonomic neuropathy; erectile dysfunction; nephropathy; retinopathy; foot ulcers; gangrene

2 **Know the accepted methods for management of obesity, Type 1 diabetes and Type 2 diabetes**

*Drug therapy for managing obesity in Type 1 and Type 2 diabetes:* Metformin used for Type 2 diabetes induces small amounts of weight loss; Orlistat; Sibutramine; current wisdom recommends diet, exercise, surgery

*Lifestyle* modification as an adjunct to medical therapies: use of diet and nutritional plans to control blood glucose levels, reduce hypertension, reduce obesity; use of exercise to reduce risk of hypertension and obesity

3 **Understand the relationship between exercise and obesity, Type 1 diabetes and Type 2 diabetes**

*Risks associated with exercise:* effects on cardiovascular system; risk of hypoglycaemia; effects on blood glucose control – risk of hypoglycaemia; effects on levels of medication

*Reducing risks:* following guidelines; linking medication levels with increased activity; adjusting nutritional plan

*Benefits of exercise:* more efficient blood glucose control; control of weight; reduction of excess weight; reduction of stress; supports cardiac health

4 **Know the medications used in treatment of obesity, Type 1 diabetes and Type 2 diabetes that impact on the body's response to exercise**

*Common medications – Type 1 diabetes:* rapid acting analogues; long-acting analogues; short-acting insulin; medium- and long-acting insulin; mixed insulin; mixed analogues

*Common medications – Type 2 diabetes:* Biguanide; Sulphonylureas; Alpha glucoside inhibitors; prandial glucoside inhibitors; Thiozolidinediones; Incretin mimetics; DPP-4 inhibitors

*Effects of medication on the patient's exercise response and capacity:* risk of hypoglycaemia due to rapid absorption of insulin; risk of hypoglycaemia due to rapid absorption of medication; importance of increasing insulin during exercise

5 **Be able to provide safe, effective exercise programmes for patients with obesity, Type 1 diabetes and Type 2 diabetes**

*Personalised exercise programmes:* moderate exercise; factors to consider including blood glucose control; physical ability; any disability; willingness of individual to participate; age; general health of individual

*Monitoring patients:* colour; respiration; signs of distress; signs of fatigue; expressions of pain

*Reviewing progress:* use body mass index (BMI) to measure weight loss; use questionnaires to measure effects on wellbeing; complete patient's notes; complete relevant charts; positively affirm patient's progress; discuss any issues or concerns; discuss lack of progress and reasons why

*Modifying the programme appropriately:* discuss areas of difficulty with patient; agree modifications within agreed guidelines; record modifications

# Unit 17: Promote Nutrition and Hydration in Health and Social Care Settings

**Unit code:** T/503/2575

**QCF Level 3:** BTEC Specialist

**Credit value:** 4

**Guided learning hours: 32**

## Unit aim

The aim of this unit is to give learners knowledge and skills to be able to support nutrition and hydration in health and social care settings.

## Learning outcomes and assessment criteria

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

Learning outcomes 3, 4, 6 and 7 must be assessed in the work environment.

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand what makes up a balanced diet | 1.1 | Define the main food groups |
| | | 1.2 | Identify sources of essential nutrients |
| | | 1.3 | Explain the role of essential nutrients for health |
| | | 1.4 | Evaluate the impact of poor diet on health and wellbeing |
| | | 1.5 | Explain what adaptations to a balanced diet may be required for different groups |
| 2 | Understand nutritional guidelines | 2.1 | Summarise current national nutritional guidelines for a balanced diet |
| | | 2.2 | Explain how to access additional support and information relating to nutrition and hydration |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 3 | Be able to promote nutrition in health and social care settings | 3.1 | Explain the importance of a balanced diet |
| | | 3.2 | Demonstrate how to plan an appropriate balanced diet with an individual |
| | | 3.3 | Demonstrate how to promote an appropriate balanced diet with an individual |
| | | 3.4 | Evaluate the effectiveness of different ways of promoting healthy eating |
| 4 | Be able to promote hydration in health and social care settings | 4.1 | Explain the importance of hydration |
| | | 4.2 | Describe signs of dehydration |
| | | 4.3 | Demonstrate ways to support and promote hydration with individuals |
| | | 4.4 | Evaluate the effectiveness of different ways of supporting and promoting hydration |
| 5 | Understand how to prevent malnutrition in health and social care settings | 5.1 | Describe the factors that may affect nutritional intake |
| | | 5.2 | Describe the risk factors that may lead to malnutrition |
| | | 5.3 | Describe the signs of malnutrition |
| | | 5.4 | Explain ways of ensuring foods and drinks have increased nutritional density through fortification |
| | | 5.5 | Describe the appropriate use of nutritional supplements |
| 6 | Be able to carry out nutritional screening in health and social care settings | 6.1 | Describe the purpose of nutritional screening |
| | | 6.2 | Carry out nutritional screening |
| | | 6.3 | Implement the actions identified by nutritional screening |
| | | 6.4 | Monitor, record and review the actions taken following nutritional screening |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 7 | Be able to monitor and record nutrition and hydration needs with individuals in health and social care settings | 7.1 | Describe the roles and responsibilities of others in assessing and managing the nutritional and hydration needs with individuals |
| | | 7.2 | Explain ways in which nutrition and hydration can be monitored |
| | | 7.3 | Monitor and record nutrition and hydration of an individual in accordance with their plan of care |
| 8 | Understand factors that affect special dietary requirements in health and social care settings | 8.1 | Describe factors that may promote healthy eating in different groups |
| | | 8.2 | Describe factors that may create barriers to healthy eating for different groups |
| | | 8.3 | Explain why individuals may have special dietary requirements |
| | | 8.4 | Explain why it is important for individuals with special dietary requirements to follow special diets |

## Unit content

1 **Understand what makes up a balanced diet**

*The main food groups:* carbohydrates; proteins; fats; fibre; minerals; vitamins

*Sources of essential nutrients:* protein including animal and vegetable sources; calcium including vegetable and types of fish; iron including animal and vegetable sources; vitamin A and vitamin B12

*The role of essential nutrients:* tissue repair; immunity against infection; production of energy; muscle strength

*The impact of poor diet on health and wellbeing:* increased susceptibility to infection; slower healing of cuts and sores; fatigue; reduction of life span; increased risk of cardiac disease; adverse effects on existing conditions

*Adapting balanced diets*: in response to allergies; to meet special requirements including diabetes, coeliac disease; to meet cultural and religious requirements; to meet person preferences including vegetarianism, veganism

2 **Understand nutritional guidelines**

*Current national guidelines for a balanced diet:* the 8 guidelines – enjoy your food; eat a variety of different foods; eat the right amount to be healthy; eat foods rich in starch and fibre; eat 5 portions of fruit and vegetables; reduce fat; reduce sugar; reduce alcohol

*Accessing additional support and information:* government agencies including the Food Standards Agency, National Institute for Health and Clinical Excellence (NICE), the Department of Health

3 **Be able to promote nutrition in health and social care settings**

*Importance of a balanced diet:* increased wellbeing; maintenance of health; maintenance of blood glucose levels; avoidance of malnutrition

*Planning a balanced diet:* factors to consider including likes, dislikes, cultural and religious requirements; allergies; specific health needs

*Promoting a balanced diet:* benefits of a balanced diet – improved health; control of blood glucose levels; increased energy

*Evaluation:* use of questionnaires to measure responses; measuring effects of diet on individual

4   **Be able to promote hydration in health and social care settings**

*Importance of hydration:* dilution of toxins; removal of toxins from body; prevention of bladder infections; promoting kidney function; maintaining chemical balance

*Signs of dehydration:* moderate – dry mouth, lips and eyes; headache; tiredness; dizziness; decreased urine output; muscle weakness; severe – extreme thirst; loss of skin elasticity; oliguria; sunken eyes; absence of perspiration; rapid heartbeat; low blood pressure

*Supporting and promoting hydration:* explaining the benefits of hydration; discovering individual's likes and dislikes; provision of fluids at regular intervals; encouragement

*Evaluation of methods of promotion:* observation of results; questionnaires to evaluate results with groups of individuals

5   **Understand how to prevent malnutrition in health and social care settings**

*Factors affecting nutritional intake:* illness; likes and dislikes; allergies; food phobias; eating disorders; stress

*Risk factors for malnutrition:* disease; poor diet; tooth loss; mouth pain; reduced social contact; use of medication; substance abuse; involuntary weight loss or gain; older age; need for support with self-care; sedentary lifestyle; physical inactivity

*Signs of malnutrition:* anaemia; weight loss; decreased muscle mass; weakness; dry and scaly skin; oedema; loss of hair pigment; brittle and malformed bones; chronic diarrhoea; slow wound healing; bone and joint pain; confusion; irritability

*Ensuring nutritional density through fortification:* addition of food supplements; addition of vitamin supplements

*Appropriate use of nutritional supplements:* to supplement an inadequate diet; to support recovery from illness; to support individuals who are unable to ingest certain foods

6   **Be able to carry out nutritional screening in health and social care settings**

*The purpose of nutritional screening:* to identify groups and individuals at risk from malnutrition; to design appropriate strategies to reduce malnutrition

*Carrying out nutritional screening:* competencies; identify target group/individual; assess current diet for nutritional status; assess risk factors; produce report

*Implementation of results:* competencies; analysis of results; production of nutritional plan; explanation of plan to group/individual

*Monitoring, recording and reviewing:* competencies; use relevant measures, observations, physical measurements; questionnaires; accurate recording of results; review and modify plan if required

7 **Be able to monitor and record nutrition and hydration needs with individuals in health and social care settings**

*Roles and responsibilities of others:* referral to agreed ways of working; completing accurate and timely records; working in partnership with individuals; communicating issues, concerns

*Monitoring nutrition and hydration:* fluid balance charts; food diaries; observation of individuals; recording against agreed measures; physical measurement of individuals

*Monitoring and recording nutrition and hydration:* competencies; accurate recording; support of individual; knowledge of individual plan of care; reference to other professionals where appropriate

8 **Understand factors that affect special dietary requirements in health and social care settings**

*Factors that promote healthy eating in different groups:* consideration of likes and dislikes; adherence to cultural and religious requirements; provision for allergies and special diets; information about healthy eating; attractive presentation

*Factors that create barriers to healthy eating:* illness; disregard for cultural and religious requirements; disregard for personal preferences, likes and dislikes; allergies; food phobias; eating disorders

*Reasons for special dietary requirements:* chronic disorders including coeliac disease, Crohn's disease; allergies including lactose intolerance; gluten intolerance

*Importance of adherence to special diets:* worsening of symptoms; allergic reactions

# Unit 18:    National Diabetic Retinopathy Screening Programmes, Principles, Processes and Protocols

**Unit code:**          R/600/2560

**QCF Level 3:**        BTEC Specialist

**Credit value:**        5

**Guided learning hours: 30**

## Unit aim

The aim of this unit is to give learners knowledge and understanding of the principles, processes and protocols of national diabetic retinopathy screening programmes.

## Learning outcomes and assessment criteria

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

**On completion of this unit a learner should:**

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 1 | Understand the purpose of screening | 1.1 | Explain what screening means |
| | | 1.2 | Explain the prime purpose of screening for diabetic retinopathy |
| | | 1.3 | Explain why it is important to screen for diabetic retinopathy and the limitations of the screening test and process |
| 2 | Understand the impact that screening may have on the patient | 2.1 | Describe the psychological impact that screening might have on the patient |
| | | 2.2 | Describe the process for patients' informed decision making in a screening programme |

| Learning outcomes | | Assessment criteria | |
|---|---|---|---|
| 3 | Understand the procedures in their national screening programme | 3.1 | Describe the components of any national screening programme for diabetic retinopathy |
| | | 3.2 | Describe the advantages and disadvantages of the methods chosen in their national screening programme and how these methods may be implemented |
| 4 | Understand quality assurance in their national screening programme | 4.1 | Explain what is meant by internal and external quality assurance and why it is necessary to implement effective measures |
| | | 4.2 | List the service objectives in their national screening programme, and understand the importance of measuring each one |
| | | 4.3 | Describe how their own performance will be monitored in the programme and how this will influence the overall performance of the programme |
| | | 4.4 | Understand the importance of failsafe systems |
| 5 | Understand the factors which lead to effective screening | 5.1 | Explain the importance of maintaining accurate registers on patients with diabetes |
| | | 5.2 | Describe the factors that might lead to non compliance with screening and why this might be important |
| | | 5.3 | Understand why it is important to monitor the progress of patients referred to ophthalmology |

## Unit content

1 **Understand the purpose of screening**

*Screening:* the process of identifying 'at risk' individuals in order to prevent or reduce the likelihood of developing conditions or illnesses

*Prime purpose of screening for diabetic retinopathy*: to prevent sight loss; to treat early signs; to prevent worsening of existing symptoms; to delay onset of the condition

*Importance of screening*: high percentage of retinopathy in Types 1 and 2 diabetes after 15 years of the disease; treatment can prevent worsening of the condition

*Limitations of the test and process:* retinopathy can occur between screenings; individuals may not recognise the symptoms; expertise is required to operate the digital camera; patients may not attend the screening regularly

2 **Understand the impact that screening may have on the patient**

*Potential psychological impact of screening:* fear of sight loss; intimidation due to technical nature of the screening; increased stress levels; reassurance

*Process for obtaining informed consent:* welcoming the patient; explanation of the procedure; written consent is obtained

3 **Understand the procedures in their national screening programme**

*Components of a national screening programme:* administration in place; digital retinal cameras available; trained and accredited screening/grading staff; grading pathways – to include quality assurance; quality assurance – both internal and external; appropriate referrals to ophthalmologists; laser treatments and referrals seen in a timely manner; information systems to monitor and report; comprehensive annual reports

*Advantages of the national screening programme:* accurate detection of diabetic retinopathy; allows precise diagnosis; accurate measurement of visual acuity

*Disadvantages of the national screening programme:* demands practice and expertise; pitfalls of digital photography; equipment is expensive to replace; individuals may not attend regularly

4 **Understand quality assurance in their national screening programme**

*Internal quality assurance:* auditing/monitoring of systems and procedures by personnel within an organisation

*External quality assurance:* auditing/monitoring of systems and procedures by external agencies

*Necessity of implementing effective measures:* ensure quality of service to individuals; ensure effective use of resources; ensure adherence to legal requirements; ensure meeting of prime objective

*Service objectives of a national screening programme:* identify and invite eligible individuals for screening; provide high quality and accessible information; carry out high quality screening tests; identify diabetic retinopathy accurately; minimise screening anxiety; minimise unnecessary investigations; enable individuals to make informed decisions about the management of diabetic retinopathy; reduce the level of diabetic retinopathy in the population; maintain a central register of patients for recall

*Monitoring screening personnel:* patient questionnaires; staff appraisal; influences on the overall performance of the programme including improved performance, meeting the needs of individuals, effective use of resources

*Importance of failsafe systems:* ensuring continuation of programme; securing storage of records; ensuring health and safety of individuals; availability of information for internal and external audit; legal requirements; maintenance of quality standards

5 **Understand the factors which lead to effective screening**

*Importance of maintaining accurate registers:* ensuring timely recall for review; ensuring monitoring of individual development of condition; noting non-compliance of individuals at risk

*Reasons for non-compliance:* previous negative experience; screening anxiety; denial of condition; cultural needs unmet; language needs unmet; work commitments; domestic commitments; financial; attitudes of professionals; importance of understanding reasons for non-compliance including adapting service to meet the needs of individuals; provision of support

*Importance of monitoring the progress of referrals to ophthalmology*: early intervention; adaptations to treatment plan; monitoring effectiveness of treatment; prevention of deterioration of condition

# Further information

For further information please call Customer Services on 0844 576 0026 (calls may be recorded for quality and training purposes) or visit our website (www.edexcel.com).

# Useful publications

Related information and publications include:

- *Guidance for Centres Offering Edexcel/BTEC QCF Accredited Programmes* (Edexcel, distributed to centres annually)

- Functional Skills publications – specifications, tutor support materials and question papers

- *Regulatory arrangements for the Qualification and Credit Framework* (published by Ofqual) August 2008

- the current Edexcel publications catalogue and update catalogue.

Edexcel publications concerning the Quality Assurance System and the internal and external verification of vocationally related programmes can be found on the Edexcel website and in the Edexcel publications catalogue.

NB: Some of our publications are priced. There is also a charge for postage and packing. Please check the cost when you order.

### How to obtain National Occupational Standards

Please contact:

Skills for Care and Development
2nd Floor City Exchange
11 Albion Street
Leeds LS1 5ES

Telephone: 0113 390 7666
Email:     sscinfo@skillsforcareanddevelopment.org.uk
Website:  www.skillsforcareanddevelopment.org.uk

# Professional development and training

Edexcel supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered in our published training directory or through customised training at your centre.

The support we offer focuses on a range of issues including:

• planning for the delivery of a new programme

• planning for assessment and grading

• developing effective assignments

• building your team and teamwork skills

• developing student-centred learning and teaching approaches

• building Functional Skills into your programme

• building in effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on our website (www.edexcel.com/training). You can request customised training through the website or by contacting one of our advisers in the Training from Edexcel team via Customer Services to discuss your training needs.

Our customer service numbers are:

BTEC and NVQ                       0844 576 0026

GCSE                               0844 576 0027

GCE                                0844 576 0025

The Diploma                        0844 576 0028

DiDA and other qualifications      0844 576 0031

Calls may be recorded for training purposes.

The training we provide:

• is active – ideas are developed and applied

• is designed to be supportive and thought provoking

• builds on best practice.

# Annexe A

## The Edexcel/BTEC qualification framework for the Health and Social Care sector

Progression opportunities within the framework.

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|---|---|---|---|---|
| **5** | | BTEC Higher Nationals in Health and Social Care (QCF) | | Edexcel Level 5 Diploma in Leadership for Health and Social Care and Children's Services for England (QCF)<br><br>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Advanced Practice) Wales and Northern Ireland (QCF)<br><br>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) Wales and Northern Ireland (QCF)<br><br>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales (QCF) |

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|---|---|---|---|---|
| **5** *continued* | | | | Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Residential Management) Wales and Northern Ireland (QCF)<br><br>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland (QCF)<br><br>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Management) Wales (QCF) |

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|---|---|---|---|---|
| 3 | GCE Health and Social Care<br><br>Higher Diploma in Society, Health and Development | Edexcel BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma in Health and Social Care (QCF) | Edexcel BTEC Level 3 Certificate in Preparing to Work in Adult Social Care (QCF)<br><br>Edexcel BTEC Level 3 Award in Awareness of Dementia Care (QCF)<br><br>Edexcel BTEC Level 3 Certificate in Dementia Care (QCF)<br><br>Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care<br><br>Edexcel BTEC Level 3 Award in Supporting Individuals with Learning Disabilities (QCF)<br><br>Edexcel BTEC Level 3 Certificate in Supporting Individuals with Learning Disabilities (QCF)<br><br>Edexcel BTEC LEVEL 3 Certificate in Working with Individuals with Diabetes (QCF) | Edexcel Level 3 Diploma in Health and Social Care (Adults) for England<br><br>Edexcel Level 3 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland<br><br>Edexcel Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Ireland |

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|---|---|---|---|---|
| 2 | GCSE (Double and Single Award) in Health and Social Care<br><br>Advanced Diploma in Society, Health and Development<br><br>Foundation Diploma in Society, Health and Development | Edexcel BTEC Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care<br><br>Advanced Diploma in Society, Health and Development (QCF) | Edexcel BTEC Level 2 Certificate in Preparing to Work in Adult Social Care (QCF)<br><br>Edexcel BTEC Level 2 Award in Awareness of Dementia (QCF)<br><br>Edexcel BTEC Level 2 Certificate in Dementia Care (QCF)<br><br>Edexcel BTEC Level 2 Certificate in Supporting Individuals with Learning Disabilities (QCF)<br><br>Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care<br><br>Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings | Edexcel Level 2 diploma in Health and Social Care (Adults) for England<br><br>Edexcel Level 2 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland |

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|---|---|---|---|---|
| 1 | | Edexcel BTEC Level 1 Award/Certificate/Diploma in Health and Social Care (QCF) (until December 2012) | | |
| | | Edexcel BTEC Level 1 Award in Preparing to Work in Adult Social Care (QCF) | | |
| | | Edexcel BTEC Level 1 Award in Introduction to Health and Social Care and Children and Young People's Settings (QCF) | | |
| | | Edexcel BTEC Level 1 Certificate in Introduction to Health and Social Care and Children and Young People's Settings (QCF) | | |
| | | Edexcel BTEC Level 1 Award in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Child care (Wales and Northern Ireland) (QCF) | | |

| QCF level | General qualifications | BTEC full vocationally-related qualifications | BTEC Specialist Courses | Occupational |
|-----------|------------------------|-----------------------------------------------|-------------------------|--------------|
| | | Edexcel BTEC Level 1 Certificate in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Child care (Wales and Northern Ireland) (QCF) | | |
| Entry | | Edexcel BTEC Entry Level Award in Health and Social Care (Entry 3) (QCF) (until December 2012) | | |

# Annexe B

## Wider curriculum mapping

Study of the Edexcel BTEC Level 3 qualifications gives learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of citizenship, environmental issues, European developments, health and safety considerations and equal opportunities issues.

### Spiritual, moral, ethical, social and cultural issues

Throughout the delivery of these qualifications learners will have the opportunity to actively participate in different kinds of decision making. They will have to consider fair and unfair situations and explore how to resolve conflict. Working in small groups they will learn how to respect and value others' beliefs, backgrounds and traditions.

### Citizenship

Learners undertaking these qualifications will have the opportunity to develop their understanding of citizenship issues.

### Environmental issues

Developing a responsible attitude towards the care of the environment is an integral part of these qualifications. Learners are encouraged to discuss controversial issues.

### European developments

The standards which these qualifications are based on are UK specific, although learners could compare these to European directives to extend their learning.

### Health and safety considerations

Health and safety is embedded within many of the units in these qualifications. Learners will consider their own health and safety at work, how to identify risks and hazards and how to minimise those risks.

### Equal opportunities issues

There will be opportunities throughout these qualifications to explore different kinds of rights and how these affect both individuals and communities, for example learners will consider their rights at work and the rights of employers.

BA029551 – Specification – Edexcel BTEC Level 3 Certificate specialist qualification in Working with Individuals with Diabetes – Issue 1 – November 2011  © Pearson Education Limited 2011

# Annexe C

## National Occupational Standards/mapping with NOS

The grid below maps the knowledge covered in the Edexcel BTEC Level 3 Specialist Certificate in Working with Individuals with Diabetes (QCF) against the underpinning knowledge of the National Occupational Standards

| Unit number | NOS reference |
|---|---|
| 1 | DIABHA1, DIABHA2, DIABHA5, DIABHA8, DIABTT01 |
| 2 | DIABHA13, DIABHD4 |
| 3 | DIABGA1, DIABGA2, DIABGA4, DIABGA1, DIABHA6, DIABGA7, DIABTT01 |
| 4 | DIABHA10 |
| 5 | DIABHA8, DIABHA9, DIABHD2, DIABHD3, DIABIPT04, DIABIPT05 |
| 6 | Sensory Services 1, 2, 3, 4, 5, 6, 7, 8, 9 and 11 |
| 7 | Sensory Services 1, 2, 3, 4, 5, 6, 7, 8, 9 and 11 |
| 8 | N/A |
| 9 | N/A |
| 10 | N/A |
| 11 | N/A |
| 12 | N/A |
| 13 | HSC3117 |
| 14 | N/A |
| 15 | N/A |
| 16 | N/A |
| 17 | HSC213 |
| 18 | N/A |

# Annexe D

## Glossary of accreditation terminology

The following information about this qualification can also be found on the Edexcel website.

| | |
|---|---|
| **Accreditation start/end date** | The first/last dates that Edexcel can register learners for a qualification. |
| **Certification end date** | The last date on which a certificate may be issued by Edexcel. |
| **Credit value** | All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units. |
| **Guided learning hours (GLH)** | Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present. |
| **Learning Aims Database** | Link to the Learning Aims Database, which features detailed funding information by specific learning aim reference. |
| **Learning Aim Reference** | Unique reference number given to the qualification by the funding authorities on accreditation. |
| **Level** | The level at which the qualification is positioned in the Qualifications and Credit Framework (QCF). |
| **Performance tables** | This qualification is listed on the Department for Education (DfE) website School and College Achievement and Attainment Tables (SCAAT) as performance indicators for schools and colleges. |
| **Qualifications Number (QN)** | Unique reference number given to the qualification by the regulatory authorities on accreditation. |
| **Register of Regulated Qualifications** | Link to the entry on the Register of Regulated Qualifications for a particular qualification. This database features detailed accreditation information for the particular qualification. |

| Section 96 | Section 96 is a section of the Learning and Skills Act 2000. This shows for which age ranges the qualification is publicly funded for under-19 learners. |
| --- | --- |
| **Title** | The accredited title of the qualification. |
| **UCAS points** | This qualification is listed on the Universities and Colleges Admissions Service (UCAS) tariff for those wishing to progress to higher education. |

# Annexe E

## Skills for Care and Development QCF Assessment Principles

### 1. Introduction

1.1 Skills for Care and Development is the UK Sector Skills Council (SSC) for people working in social care, children, early years and young people's services. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2 This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of awarding organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 Where Skills for Care and Development has joint qualifications with Skills for Health, Skills for Health will also use these assessment principles.

### 2. Assessment Principles

2.1 Assessment decisions for competence-based learning outcomes (for example those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be made within the real work environment.

2.2 Assessment decisions for competence-based learning outcomes must be made by an assessor qualified to make assessment decisions.

2.3 Competence-based assessment must include direct observation as the main source of evidence.

2.4 Simulation may only be used as an assessment method for competence-based learning outcomes where this is specified in the assessment requirements of the unit.

2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6 Assessment of knowledge-based learning outcomes (for example those beginning with 'know' or 'understand') may take place in or outside of a real work environment.

2.7 Assessment decisions for knowledge-based learning outcomes must be made by an occupationally knowledgeable assessor.

2.8 Assessment decisions for knowledge-based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

## 3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring, and be qualified to make quality assurance decisions.

## 4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable and continuing learning and professional development.

4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable and continuing learning and professional development.

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a suitable qualification for making appropriate and consistent assessment decisions. Awarding organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty, the SSCs will be consulted.

4.4 Qualified to make quality assurance decisions:

Awarding organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based

- be occupationally competent in their area of expertise

- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

# Annexe F

**BTEC Specialist and Professional qualifications**

| BTEC qualifications on the NQF | Level | BTEC Specialist and Professional Qualifications on the QCF | BTEC qualification suites on the QCF |
|---|---|---|---|
| **BTEC Level 7 Advanced Professional Qualifications**<br>BTEC Advanced Professional Award, Certificate and Diploma | **7** | **BTEC Level 7 Professional Qualifications**<br>BTEC Level 7 Award, Certificate, Extended Certificate and Diploma | |
| **BTEC Level 6 Professional Qualifications**<br>BTEC Professional Award, Certificate and Diploma | **6** | **BTEC Level 6 Professional Qualifications**<br>BTEC Level 6 Award, Certificate, Extended Certificate and Diploma | |
| **BTEC Level 5 Professional Qualifications**<br>BTEC Professional Award, Certificate and Diploma | **5** | **BTEC Level 5 Professional Qualifications**<br>BTEC Level 5 Award, Certificate, Extended Certificate and Diploma | **BTEC Level 5 Higher Nationals**<br>BTEC Level 5 HND Diploma |
| **BTEC Level 4 Professional Qualifications**<br>BTEC Professional Award, Certificate and Diploma | **4** | **BTEC Level 4 Professional Qualifications**<br>BTEC Level 4 Award, Certificate, Extended Certificate and Diploma | **BTEC Level 4 Higher Nationals**<br>BTEC Level 4 HNC Diploma |
| **BTEC Level 3 Qualifications**<br>BTEC Award, Certificate, Extended Certificate and Diploma | **3** | **BTEC Level 3 Specialist Qualifications**<br>BTEC Level 3 Award, Certificate, Extended Certificate and Diploma | **BTEC Level 3 Nationals**<br>BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma |

| BTEC qualifications on the NQF | Level | BTEC Specialist and Professional Qualifications on the QCF | BTEC qualification suites on the QCF |
|---|---|---|---|
| **BTEC Level 2 Qualifications**<br><br>BTEC Award, Certificate, Extended Certificate and Diploma | **2** | **BTEC Level 2 Specialist Qualifications**<br><br>BTEC Level 2 Award, Certificate, Extended Certificate and Diploma | **BTEC Level 2 Firsts**<br><br>BTEC Level 2 Certificate, Extended Certificate and Diploma |
| **BTEC Level 1 Qualifications**<br><br>BTEC Award, Certificate, Extended Certificate and Diploma | **1** | **BTEC Level 1 Specialist Qualifications**<br><br>BTEC Level 1 Award, Certificate, Extended Certificate and Diploma | **BTEC Level 1 Qualifications**<br><br>BTEC Level 1 Award, Certificate and Diploma<br><br>(vocational component of Foundation Learning) |
| | **E** | **BTEC Entry Level Specialist Qualifications**<br><br>BTEC Entry Level Award, Certificate, Extended Certificate and Diploma | **BTEC Entry Level Qualifications (E3)**<br><br>BTEC Entry Level 3 Award, Certificate and Diploma<br><br>(vocational component of Foundation Learning) |

**NQF** = National Qualifications Framework

**QCF** = Qualifications and Credit Framework

For most qualifications on the **NQF**, the accreditation end date is normally 31 August 2010 or 31 December 2010.

For qualifications on the **QCF**, the accreditation start date is usually 1 September 2010 or 1 January 2011.

**QCF qualification sizes**

| | |
|---|---|
| **Award** | 1-12 credits |
| **Certificate** | 13-36 credits |
| **Diploma** | 37+ credits |