Level 3 Advanced Technical Extended Diploma in Health and Care (1080) (3625-31)

Version 7.1 (September 2024)

Qualification Handbook

Meets Skills for Health

qualification design criteria

Qualification at a glance

Industry area	Health and Care
City & Guilds qualification number	3625
Age group	16-19 (Key Stage 5), 19+
Entry requirements	Centres must ensure that any prerequisites stated in the *What is this qualification about?* section are met.
Assessment	To gain this qualification, candidates must successfully achieve the following assessments: • two synoptic assignments • two theory exams
Additional requirements to gain this qualification	Employer involvement in the delivery and/or assessment of this qualification is essential for all candidates and will be externally quality assured.
Grading	This qualification is graded. For more information on grading, please see Section 7: Grading.
Approvals	These qualifications require full centre and qualification approval.
Support materials	Sample assessments Guidance for delivery Guidance on use of marking grids Centre handbook Work practice reflective workbook year 1 Work practice reflective workbook year 2 Exam guides Smartscreen-teaching and learning resources for qualification units
Registration and certification	Registration and certification of this qualification is through the Walled Garden, and is subject to end dates.
External quality assurance	This qualification is externally quality assured by City & Guilds, and its internally marked assignments are subject to external moderation. There is no direct claim status available for this qualification.

Title and level	Size (GLH)	TQT	City & Guilds qualification number	Ofqual accreditation number
Level 3 Advanced Technical Extended Diploma in Health and Care (1080)	1080	1800	3625-31	601/7200/9

Version and date	Change detail	Section
2.2 September 2016	Amendment to wording of depth section of unit 306 topic 4.1	Unit 306, page 69
	Amendment to wording of depth section of unit 307 topic 1.4	Unit 307, page 74
2.1 May 2016	Small typographical errors	Throughout
	TQT added for qualifications Assessment component titles amended	1. Introduction
	Employer involvement guidance updated throughout	4. Employer involvement
	Summary of assessment methods and conditions	5. Assessment
	Moderation and standardisation of assessment updated throughout	6. Moderation and standardisation of assessment
	Awarding individual assessments Awarding grades and reporting results	7. Grading
	Enquiries about results Re-sits and shelf-life of assessment results Malpractice Access arrangements and special consideration	8. Administration
2.2 Jan 2017	Small typographical errors	Unit 316
2.3 June 2017	Addition of the examination paper based module number	1. Introduction – Assessment requirements and employer involvement 5. Assessment 5. Assessment – exam Specification 7. Grading – Awarding grades and reporting results
	Removal of AO 6-8 from Synoptic Assignments	5. Assessment – Assessment Objectives
	Addition of Provisional Grade Boundaries for the Synoptic Assignment	7. Grading
	Revised Exam Specification and AO weightings	5. Assessment – Exam Specification
	Branding changes	Throughout
2.4 August 2017	Addition of learning outcomes	5. Assessment – Exam Specification

2.5 September 2017	Update on qualification support	1. Introduction
3.0 December 2017	Typography amendments and unit content amendments following: 310 – slight change to content 311 – reduction in content 313 – change to content and guidance amended 316 – typography corrections (1.1) and slight amendment to content (1.2) 317 – slight wording amendment 318 – reduction in content 319 – slight reduction in content (1.3), theorists added (3.1), content reduced (3.2 and 3.3), further guidance for delivery added 320 – slight amendment (scope of content), reduction to content (1.3 and 2.2)	310 topic 3.1 311topic 2.1 313 topic 4.1, 4.3, guidance for delivery 316 topic 1.1, 1.2 317 topic 3.3 318 topic 4.1, 4.2 319 topic 1.3, 2.1, 3.1, 3.2, 3.3, guidance for delivery 320 scope of content, topic 1.3, 2.2.
4.0 August 2018	Update to grading details	Section 7 Grading
5.0 September 2018	Additional guidance added on age range of children	301 topic 1.3 308 topic 1.2 310 topic 1.3, 2.4, 3.1 314 topic 1.2 317 guidance for delivery
6.0 May 2019	Wording changed regarding retakes	5. Assessment – Summary of assessment methods and conditions 8. Administration – Re-sits and shelf-life of assessment results
6.1 October 2019	Wording changed regarding achievement of assessments	5. Assessment 031, 033 Synoptic assignments
6.2 June 2020	Typography amendments and unit content amendments following: 317 – slight change to content 318 – additional content added 319 – slight wording amendment 320 – additional content added	317 topic 1.1, 3.2, 3.3, 4.1, 4.2, 4.3, 5.2 318 topic 2.2, 4.1 319 topic 3.1, 3.2, 3.3 320 topic 1.1, 1.4, 2.2
7.0 August 2021	Removal of statement regarding work placement 2020/2021	4. Employer Involvement

7.0 August 2021	Amendments to units and topics	Unit 301 – 1.1, 1.2, 1.3, 1.4, 2.1, 3.1 Unit 302 – 1.1, 1.2,2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, Unit 303 – 1.1, 1.3, 2.1, 2.2, 3.1, 4.1, 4.2, 5.1, 5.2 Unit 304 – 1.1, 1.4, 1.5, 2.1, 2.2, 2.3, 3.2 Unit 305 – 1.2, 2.1, 2.2, 2.3, 3.2, 4.1 Unit 306 – 1.1, 1.2, 1.4, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2 Unit 307 – 1.1, 1.3, 1.4, 2.1, 3.2 Unit 308 – 1.1, 1.2, 2.1, 2.2, 2.3, 3.2, 4.1 Unit 309 – 1.2, 1.3, 2.1, 2.2 Unit 310 – 1.1, 1.2, 1.3, 2.2, 2.3, 2.4, 2.5, 3.1 Unit 311 – 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.4 Unit 12 – 1.1, 1.2, 2.1, 2.2, 2.3, 3.1, 3.2 Unit 313 – 1.1, 1.2, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 5.1, 5.2 Unit 314 – 1.1, 1.2, 1.3, 1.4, 2.2, 2.3, 3.1, 4.1, 4.2 Unit 315 – 1.1, 1.2, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2 Unit 316 – 1.2, 2.1, 2.2, 2.3 Unit 317 – 1.2, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 5.1, 5.2 Unit 318 – 1.2, 1.3, 1.4, 2.2, 2.3, 3.1, 3.2, 4.1, 4.2 Unit 319 – 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3 Unit 320 – 1.1, 1.3, 1.4, 2.1, 2.2,

7.0 August 2021	Amendments to Legislations and regulations	Appendix 2
7.1 September 2024	Removal of evolve onscreen exam option (030, 032, 034)	Assessment requirements and employer involvement

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1 Introduction

What is this qualification about?

The following purpose statement relates to the **Level 3 Advanced Technical Extended Diploma in Health and Care (1080) (601/7200/9)**

Area	Description
OVERVIEW	
Who is this qualification for?	This qualification is ideal for you if you want to progress directly onto an apprenticeship or into employment or further develop your career through professional training or degrees in Higher Education.
What does this qualification cover?	This two year full time Level 3 Advanced Technical Extended Diploma in Health and Care (1080) will provide you with the knowledge and skills that will enable you to work in Health and Care in England. It is designed to support you to develop a detailed understanding of health and care settings, expected values and behaviours when working in a care role and gain work experience in a health or care setting. On successful completion of the qualification you would be awarded either the: • L3 Technical Extended Diploma in Health and Care (Health) OR • L3 Technical Extended Diploma in Health and Care (Care). **Year 1:** You will need to complete 9 mandatory units: • Introduction to health and care • Personal and professional development in health and care • Equality and diversity in health and care • Effective communication in health and care settings • Safeguarding for all in health and care • Safe working in health and care • Understanding cognitive impairment • Understanding individual care needs • Quality service provision in health and care **Year 2:** You will need to complete 7 mandatory units: • Social policy in health and care • Person centred working with children, young people, parents and carers • Provision for adults in health and care • Research in health and care • Life span developments – health and care needs

	• Understanding physical disabilities and exploring mental health wellbeing • Structure, organisation and function of the human body You will then need to decide if you want to follow a Health or a Care Pathway and complete 2 further units. **If you have decided to follow a Health pathway**: • Principles and models of healthcare • Science in health and care **If you have decided to follow a Care pathway**: • Psychology and human behaviours • Sociology of health, care and wellbeing You will also have to complete work experience placements in health or care settings in year one and in year two, each of between 200-370 hours. Your training provider or college will support you in finding a suitable placement.
WHAT COULD THIS QUALIFICATION LEAD TO?	
Will the qualification lead to employment, and if so, in which job role and at what level?	On completion of the qualification following the Health Pathway, you will be able to seek employment as Clinical Health Care Assistants working in hospitals or in community settings. On completion of the qualification following the Care pathway, you will be able to seek employment in roles in Adult Health and Care in residential and community/domiciliary services.
Why choose this qualification over similar qualifications?	This qualification is ideal for you if you already know that you want to seek employment in the Health and Care Sector in England and you have already decided to focus on either Health or Care. It is also ideal if you are already thinking of future career progression, further professional training and Higher Education in your chosen health or care pathway.
Will the qualification lead to further learning?	With all the required entry requirements, you may also be ready to consider moving into further higher professional training for example, Nursing, Physiotherapy, or Occupational Therapy or into Higher Education to study for example, a Foundation and/or Honours degrees in Health and Care, Sociology or Social Policy.
WHO SUPPORTS THIS QUALIFICATION?	
Employer/Higher Education Institutions	Airedale NHS Foundation Trust Ashford and St Peter's Hospitals Cornwall Care King's College Hospital Yeovil Hospital London South Bank University – School of Health & Social Care

	Northampton University – Department of Health & Social Care University of Plymouth – School of Nursing & Midwifery UWE Bristol and UWE Gloucester/University of the West of England – Department of Nursing & Midwifery

Qualification structure

For the **Level 3 Advanced Technical Extended Diploma in Health and Care (1080)** the teaching programme must cover the content detailed in the structure below:

Level 3 Advanced Technical Extended Diploma in Health and Care (Health) (1080)		
Unit number	**Unit title**	**GLH**
Mandatory		
301	Introduction to health and care	60
302	Personal and professional development in health and care	60
303	Equality and diversity in health and care	60
304	Effective communication in health and care settings	60
305	Safeguarding for all in health and care	60
306	Safe working in health and care	60
307	Understanding cognitive impairment	60
308	Understanding individual care needs	60
309	Quality service provision in health and care	60
310	Social policy in health and care	60
311	Person centred working with children, young people, parents and carers	60
312	Provision for adults in health and care	60
313	Research in health and care	60
314	Life span developments - health and care needs	60
315	Understanding physical disabilities and exploring mental health wellbeing	60
316	Structure, organisation and function of the human body	60
317	Principles and models of healthcare	60
318	Science in health and care	60

Level 3 Advanced Technical Extended Diploma in Health and Care (Care) (1080)		
Unit number	**Unit title**	**GLH**
Mandatory		
301	Introduction to health and care	60
302	Personal and professional development in health and care	60
303	Equality and diversity in health and care	60
304	Effective communication in health and care settings	60
305	Safeguarding for all in health and care	60
306	Safe working in health and care	60
307	Understanding cognitive impairment	60
308	Understanding individual care needs	60
309	Quality service provision in health and care	60
310	Social policy in health and care	60
311	Person centred working with children, young people, parents and carers	60
312	Provision for adults in health and care	60
313	Research in health and care	60
314	Life span developments – health and care needs	60
315	Understanding physical disabilities and exploring mental health wellbeing	60
316	Structure, organisation and function of the human body	60
319	Psychology and human behaviours	60
320	Sociology of health, care and wellbeing	60

Total qualification time (TQT)

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a Learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and assessment.

Title and level	Size (GLH)	TQT
Level 3 Advanced Technical Extended Diploma in Health and Care (1080)	1080	1800

Assessment requirements and employer involvement

To achieve the **Level 3 Advanced Technical Extended Diploma in Health and Care (1080)** candidates must successfully complete **all** the mandatory assessment components.

Level 3 Advanced Technical Extended Diploma in Health and Care (Health) (1080)

Component number	Title
Mandatory	
530	Level 3 Health and Care - Theory exam (1)*
031	Level 3 Health and Care - Synoptic assignment (1)*
532	Level 3 Health and Care - Theory exam (2)* (Health)
033	Level 3 Health and Care - Synoptic assignment (2)*

Note – from 1 September 2023, centres may only enter candidates for the Level 3 Health, Care and Childcare - Theory exam assessments through the paper-based components (530, 532). There is no option to take this assessment as an onscreen (evolve) exam.

Where candidates have previously successfully achieved an onscreen exam - the result will continue to count towards the Rules of Combination for this qualification.

Level 3 Advanced Technical Extended Diploma in Health and Care (Care) (1080)

Component number	Title
Mandatory	
530	Level 3 Health and Care - Theory exam (1)*
031	Level 3 Health and Care - Synoptic assignment (1)*
534	Level 3 Health and Care - Theory exam (2)* (Care)
033	Level 3 Health and Care - Synoptic assignment (2)*

Note – from 1 September 2023, centres may only enter candidates for the Level 3 Health, Care and Childcare - Theory exam assessments through the paper-based components (530, 534). There is no option to take this assessment as an onscreen (evolve) exam.

Where candidates have previously successfully achieved an onscreen exam - the result will continue to count towards the Rules of Combination for this qualification.

In addition, candidates **must** achieve the mandatory employer involvement requirement for this qualification **before** they can be awarded a qualification grade. For more information, please see guidance in *Section 4: Employer involvement*.

Employer involvement

City & Guilds component number	Title
Mandatory	
831	Employer involvement

**Number of mandatory assessments per assessment type*

2 Centre requirements

Approval

New centres will need to gain centre approval. Existing centres who wish to offer this qualification must go through City & Guilds' **full** Qualification Approval Process. There is no fast track approval for this qualification. Please refer to the City & Guilds website for further information on the approval process: **www.cityandguilds.com**

Resource requirements

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following requirements:

- be technically knowledgeable in the areas in which they are delivering
- be able to deliver across the breadth and depth of the content of the qualification being taught
- have recent relevant teaching and assessment experience in the specific area they will be teaching, or be working towards this
- demonstrate continuing CPD.

Physical resources

Centres must be able to demonstrate that they have access to the equipment and technical resources required to deliver this qualification and its assessments.

Internal Quality Assurance

Internal quality assurance is key to ensuring accuracy and consistency of tutors and markers. Internal Quality Assurers (IQAs) monitor the work of all tutors involved with a qualification to ensure they are applying standards consistently throughout assessment activities. IQAs must have, and maintain, an appropriate level of technical knowledge and be qualified to make both marking and quality assurance decisions through a teaching qualification or recent, relevant experience.

Learner entry requirements

Centres must ensure that all learners have the opportunity to gain the qualification through appropriate study and training, and that any prerequisites stated in the *What is this qualification about?* section are met when registering on this qualification.

Age restrictions

This qualification is approved for learners aged 16 – 19, 19+.

3 Delivering technical qualifications

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific learning or training needs,
- support and guidance they may need when working towards their qualification,
- the appropriate type and level of qualification.

We recommend that centres provide an induction so that learners fully understand the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

Employer involvement

Employer involvement is essential to maximise the value of each learner's experience. Centres are required to involve employers in the delivery of technical qualifications at Key Stage 5 and/or their assessment, for every learner. This must be in place or planned before delivery programmes begin in order to gain qualification approval. See *Section 4: Employer involvement* for more detail.

Support materials

The following resources are available for this qualification:

Description	How to access
Sample assessments Guidance for delivery Guidance on use of marking grids Centre handbook Work practice reflective workbook year 1 Work practice reflective workbook year 2 Exam guides Smartscreen-teaching and learning resources for qualification units	Available 2016 on the qualification pages on the City & Guilds Website: **www.cityandguilds.com**

4 Employer involvement

Employer involvement is a formal component of Key Stage 5 Technical qualifications. It does not contribute to the overall qualification grading, but is a mandatory requirement that all learners must meet. As such it is subject to external quality assurance by City & Guilds.

Department for Education (DfE) requirements state:

Employer involvement in the delivery and/or assessment of technical qualifications provides a clear 'line of sight' to work, enriches learning, raises the credibility of the qualification in the eyes of employers, parents and students and furthers collaboration between the learning and skills sector and industry.
[Technical qualifications] must:

- *require all students to undertake meaningful activity involving employers during their study; and*
- *be governed by quality assurance procedures run by the awarding organisation to confirm that education providers have secured employer involvement for every student.*

Extract from: **Vocational qualifications for 16 to 19 year olds, 2017 and 2018 performance tables: technical guidance for awarding organisations*, paragraphs 89-90***

City & Guilds will provide support, guidance and quality assurance of employer involvement.

Qualification approval

To be approved to offer City & Guilds technicals, centres must provide an Employer Involvement planner and tracker showing how every learner will be able to experience meaningful employer involvement, and from where sufficient and suitable employer representatives are expected to be sourced.

Centres must include in their planner a sufficient range of sufficient activities throughout the learning programme that provide a range of employer interactions for learners. Centres must also plan contingencies for learners who may be absent for employer involvement activities, so that they are not disadvantaged.

As part of the approval process, City & Guilds will review this planner and tracker. Centres which cannot show sufficient commitment from employers and/or a credible planner and tracker will be given an action for improvement with a realistic timescale for completion. **Approval will not be given** if employer involvement cannot be assured either at the start of the qualification, or through an appropriate plan of action to address this requirement before the learner is certificated

Monitoring and reporting learner engagement

Employer involvement is a formal component of this qualification and is subject to quality assurance monitoring. Centres must record evidence that demonstrates that each learner has been involved in meaningful employer-based activities against the content before claiming the employer involvement component for learners.

Centres must record the range and type of employer involvement each learner has experienced and submit confirmation that all learners have met the requirements to City & Guilds. If a centre cannot

provide evidence that learners have met the requirements to achieve the component, then the learner will not be able to achieve the overall Technical Qualification.

Types of involvement

Centres should note that to be eligible, employer involvement activities **must** relate to one or more elements of the content of this qualification.

As the aim of employer involvement is to enrich learning and to give learners a taste of the expectations of employers in the industry area they are studying, centres are encouraged to work creatively with local employers.

Employers can identify the areas of skills and knowledge in their particular industry that they would wish to see emphasised for learners who may apply to work with them in the future. Centres and employers can then establish the type of input, and which employer representative might be able to best support these aims.

To be of most benefit this must add to, rather than replace the centre's programme of learning.
Some examples of meaningful employer involvement are listed below.
The DfE has provided the following examples of what does and does not count as meaningful employer involvement, as follows[1,2]:

The following activities meet the requirement for meaningful employer involvement:

- *students undertake structured work-experience or work-placements that develop skills and knowledge relevant to the qualification[3];*
- *students undertake project(s), exercise(s) and/or assessments/examination(s) set with input from industry practitioner(s);*
- *students take one or more units delivered or co-delivered by an industry practitioner(s). This could take the form of master classes or guest lectures;*
- *industry practitioners operate as 'expert witnesses' that contribute to the assessment of a student's work or practice, operating within a specified assessment framework. This may be a specific project(s), exercise(s) or examination(s), or all assessments for a qualification.*

In all cases participating industry practitioners and employers must be relevant to the industry sector or occupation/occupational group to which the qualification relates.

The following activities, whilst valuable, do not meet the requirement for meaningful employer involvement:

- *employers' or industry practitioners' input to the initial design and content of a qualification;*
- *employers hosting visits, providing premises, facilities or equipment;*
- *employers or industry practitioners providing talks or contributing to delivery on employability, general careers advice, CV writing, interview training etc;*
- *student attendance at career fairs, events or other networking opportunities;*
- *simulated or provider-based working environments eg. hairdressing salons, florists, restaurants, travel agents, small manufacturing units, car servicing facilities;*
- *employers providing students with job references.*

[1] As extracted from: Vocational qualifications for 16 to 19 year olds
2017 and 2018 performance tables: technical guidance for awarding organisations
[2]This list has been informed by a call for examples of good practice in employer involvement in the delivery and assessment of technical qualifications - **Employer involvement in the delivery and assessment of vocational qualifications**
[3] **DfE work experience guidance**

Types of evidence

For each employer involvement activity, centres are required to provide evidence of which learners undertook it, e.g. a candidate attendance register. The types of additional evidence required to support a claim for this component will vary depending on the nature of the involvement. Eg for a guest lecture it is expected that a synopsis of the lecture and register would be taken which each learner and the guest speaker will have signed; expert witnesses will be identified and will have signed the relevant assessment paperwork for each learner they have been involved in assessing; evidence of contribution from employers to the development of locally set or adapted assignments.

Quality assurance process

As the employer involvement component is a requirement for achieving the KS5 Technical qualifications, it is subject to external quality assurance by City & Guilds at the approval stage and when centres wish to claim certification for learners.

Evidence will be validated by City & Guilds before learners can achieve the employer involvement component. Where employer involvement is not judged to be sufficient, certificates cannot be claimed for learners.

Sufficiency of involvement for each learner

It is expected that the centre will plan a range of activities that provide sufficient opportunities for each learner to interact directly with a range of individuals employed in the related industry. Centres must also provide contingencies for learners who may be absent for part of their teaching, so they are not disadvantaged. Any absence that results in a learner missing arranged activities must be documented. Where learners are unable to undertake all employer involvement activities due to temporary illness, temporary injury or other indisposition, centres should contact City & Guilds for further guidance.

Live involvement

Learners will gain most benefit from direct interaction with employers and/or their staff; however, the use of technology (eg the use of live webinars) is encouraged to maximise the range of interactions. Where learners are able to interact in real time with employers, including through the use of technology, this will be classed as 'live involvement'.

It is considered good practice to record learning activities, where possible, to allow learners to revisit their experience and to provide a contingency for absent learners. This is not classed as live involvement however, and any involvement of this type for a learner must be identified as contingency.

Timing

A learner who has not met the minimum requirements cannot be awarded the component, and will therefore not achieve the qualification. It is therefore important that centres give consideration to scheduling employer involvement activities, and that enough time is allotted throughout delivery and assessment of the qualification to ensure that requirements are fully met.

Work placement

Work placement may include volunteering provided that the expectations of the employer are that the learner follows the same code of conduct and is treated equal to other employees and as an employee. In addition, work placement may be paid or unpaid which should not affect the expectations and constraints of the learner.

Centres must also complete a record of students placements which confirms a minimum of 200 – 370 work placement hours that have been completed as a requirement of each year of the qualification. The process/format of recording this is left to the centre to devise/manage. We leave centres to manage and take responsibility for all work placement requirements with their learners. Centres are reminded that the main focus of this qualification is adult health and care/children social care, and not for those learners who are pursuing careers in working in early years sector (0-7 years). For the latter, centres need to consider the City and Guilds KS5 level 3 Technical in Early Years and Childcare.

Work Placement Practice – Reflective Workbooks

Learners are provided with two separate Work Placement Reflective Workbooks. One for Year 1, and then a second workbook for Year 2. These can be downloaded/completed hard copy from the qualification webpage or saved and completed electronically.

Reflective Workbook Year 1

One workbook would need to be used for each new placement that a learner undertakes. However, in total and irrespective of the number of work placements undertaken, learners are required to complete a total of 6 reflective learning logs drawn from their work practice experience for their year of study. (The latter is defined as work practice which is set up and managed/supervised directly by the training provider). The reflective learning logs can be drawn from any of their work placement(s), but no more than 6 are required in total. For example, one work practice placement could capture 2 reflective learning logs and a second placement using a second workbook could capture the remaining 4. Alternatively, all 6 could come from one placement.

Evidence produced therein must then be used to support the Professional Discussion component of the synoptic summative assessment requirement of the qualification for that year.

Learners must complete a min of 200-370 hours work experience in their first year of study.

Reflective Workbook Year 2

Learners are required to complete a total of 6 reflective learning logs drawn from work practice experience for their second year of study. (The latter is defined as work practice which is set up and managed/supervised directly by the training provider). The reflective learning logs can be drawn from any work placement(s), but no more than 6 are required in total for the whole year. For example, one work practice placement could capture 2 reflective learning logs and a second placement using a second workbook could capture the remaining 4. Alternatively, all 6 could come from one placement.

Logs 1-3 are similar in format to Year 1 but for the remaining 4-6 logs, learners are required to provide one account for each of the following:

- Learning Log 4 - Reflection for practice
- Learning Log 5 - Reflection in practice
- Learning Log 6 - Reflecting on practice

The purpose of Year 1 and Year 2 workbooks is to enable learners to demonstrate their developing skills in reflective learning and show how this informs their personal and professional development during their work placement(s).

Evidence completed can then be used to support the Project element of the synoptic summative assessment requirement of their second year of study.

Learners must complete a min of 200-370 hours additional work experience in their second year of study.

5 Assessment

Summary of assessment methods and conditions

Component numbers	Assessment method	Description and conditions
530, 532, 534	Externally marked exams	The exams are **externally set and externally marked** and are sat as a paper based test (530, 532, 534). The exams are designed to assess the candidate's depth and breadth of understanding across content in the qualification at the end of the period of learning, using a range of question types and will be sat under invigilated examination conditions. See JCQ requirements for details: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations** The exam specifications show the coverage of the exams across the qualification content. Candidates who fail the exam at the first sitting will have a maximum of two opportunities to retake. If the candidate fails the exam three times then they will fail the qualification. (Note: the third and final retake opportunity applies to Level 3 only.) For exam dates, please refer to the Assessment and Examination timetable.
031, 033	Synoptic assignments	The synoptic assignments are **externally set, internally marked and externally moderated.** The assignments require candidates to identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the content area. Candidates will be judged against the assessment objectives. Assignments will be released to centres as per dates indicated in the Assessment and Examination timetable published on our website. Centres will be required to maintain the security of all live assessment materials. Assignments will be password protected and released to centres through a secure method. There will be one opportunity within each academic year to sit the assignment. Candidates who fail the assignment will have one re-sit opportunity. The re-sit opportunity will be in the next academic year, and will be the assignment set for that academic year once released to centres. If the re-sit is failed, the candidate will fail the qualification. Please note that for externally set assignments City & Guilds provides guidance and support to centres on the marking and moderation process. **Students cannot progress onto year 2 of the qualification until they have successfully passed all the synoptic assignments for year 1 within the agreed assessment timescales.**

What is synoptic assessment?

Technical qualifications are based around the development of a toolkit of knowledge, understanding and skills that an individual needs in order to have the capability to work in a particular industry or occupational area. Individuals in all technical areas are expected to be able to apply their knowledge, understanding and skills in decision making to solve problems and achieve given outcomes independently and confidently.

City & Guilds technical qualifications require candidates to draw together their learning from across the qualification to solve problems or achieve specific outcomes by explicitly assessing this through the synoptic assignment component.

In this externally set, internally marked and externally moderated assessment the focus is on bringing together, selecting and applying learning from across the qualification rather than demonstrating achievement against units or subsets of the qualification content. The candidate will be given an appropriately levelled, substantial, occupationally relevant problem to solve or outcome to achieve.

Candidates will be marked against assessment objectives (AOs) such as their breadth and accuracy of knowledge, understanding of concepts, and the quality of their technical skills as well as their ability to use what they have learned in an integrated way to achieve a considered and high quality outcome.

How the assignment is synoptic for this qualification

The typical assignment brief could be to consider, via case studies, the specific needs of care receivers with different health and care requirements and assess how these needs could be met. This will require the candidate to draw on understanding from across the qualification content to assess and consider how health and care needs vary and the importance of quality in health and care delivery. Candidates will also need to reflect on practices taken part in or observed as part of their work placements. They will need to communicate their findings and thoughts when completing a professional discussion. Candidates will also need to conduct a mini project looking in detail at the specifics of their chosen pathway, either health or care, their role in the health and care industry and its impact on wider society.

External exam for stretch, challenge and integration

The external assessment will draw from across the mandatory content of the qualification, using a range of shorter questions to confirm breadth of knowledge and understanding. Extended response questions are included, giving candidates the opportunity to demonstrate higher level understanding and integration through discussion, analysis and evaluation, and ensuring the assessment can differentiate between ‘just able’ and higher achieving candidates.

Assessment objectives

The assessments for this qualification are set against a set of assessment objectives (AOs) which are used across all City & Guilds Technicals to promote consistency among qualifications of a similar purpose. They are designed to allow judgement of the candidate to be made across a number of different categories of performance.

Each assessment for the qualification has been allocated a set number of marks against these AOs based on weightings recommended by stakeholders of the qualification. This mark allocation remains the same for all versions of the assessments, ensuring consistency across assessment versions and over time.

The following table explains all AOs in detail, including weightings for the synoptic assignments. In some cases, due to the nature of a qualification's content, it is not appropriate to award marks for some AOs. Where this is the case these have been marked as N/A. Weightings for exams (AOs 1, 2 and 4 only) can be found with the exam specification.

Assessment objective	Level 3 Advanced Technical Extended Diploma in Health and Care (1080) Typical expected evidence of knowledge, understanding and skills	Approximate weighting
AO1 Recalls knowledge from across the breadth of the qualification.	Legislation, regulations, roles and responsibilities, use of terminology, health and safety considerations, codes of conduct, core care behaviours, local services policy, challenging discriminatory practice, care services available, wider health and care landscape, types of abuse.	20%
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	Theories and models of reflective practice, concepts of care values and behaviours, principles of person centred care, risk, application of legislation and policy to situations (eg. safeguarding), signs and symptoms of abuse.	30%
AO3 Demonstrates technical skills from across the breadth of the qualification.	Verbal and non verbal communication, reflection, completing documentation.	20%
AO4 Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes.	Applying knowledge and understanding to a particular situation, justifying decisions/approaches taken, contingencies, reflection and evaluation in professional discussion and case studies.	20%
AO5 Demonstrates perseverance in achieving high standards and attention to detail while showing an understanding of wider impact of their actions.	Meeting specific requirements of the task, attention to detail in case study and discussion, professional discussion plans.	10%

Exam specifications

AO weightings per exam

AO	Theory exam 530 weighting (approx. %)	Theory exam 532 weighting (approx. %)	Theory exam 534 weighting (approx. %)
AO1 Recalls knowledge from across the breadth of the qualification.	35	30	30
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	50	50	50
AO4 Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes.	15	20	20

The way the exam covers the content of the qualification is laid out in the table below:

Assessment type: Examiner marked, written exam, usually delivered online*
Assessment conditions: Invigilated examination conditions
Grading: X/P/M/D

530	Duration: 2 hours		
Unit	**Unit title**	**Number of marks**	**%**
301	Introduction to healthcare and care	5	8
303	Equality and diversity in health and care	14	23
304	Effective communication in health and care settings	16	27
306	Safe working in health and care	16	27
N/A	Integration across the units	9	15
	Total	**60**	**100**

NB – Percentages have been rounded to one decimal place.

Assessment type: Examiner marked, written exam, usually delivered online*
Assessment conditions: Invigilated examination conditions
Grading: X/P/M/D

532 (Health)	Duration: 2 hours		
Unit	**Unit title**	**Number of marks**	**%**
316	Understand the origanisation of the human living cell, from its simplest level to the most complex level found in the human body	8	13
	Understand the principles of the human body systems		
317	Understand the relationship between health and wellbeing	20	33
	Understand the principles of the biomedical model		
	Understand the principles of the sociological model		
	Understand the principles of the psychological model		
	Understand the holistic approach and the impact of the biopsychosocial model		
318	Understand basic science in health and care	20	34
	Understand the impact of genetics on health and wellbeing		
	Know diagnostic tests used in healthcare environments		
	Understand the science behind health promotion used to support health and wellbeing		
N/A	Integration across the units	12	20
	Total	**60**	**100**

NB – Percentages have been rounded to one decimal place.

Assessment type: Examiner marked, written exam, usually delivered online*
Assessment conditions: Invigilated examination conditions
Grading: X/P/M/D

534 (Care)	Duration: 2 hours		
Unit	**Outcomes**	**Number of marks**	**%**
316	Understand the origanisation of the human living cell, from its simplest level to the most complex level found in the human body Understand the principles of the human body systems	8	13
319	Understand psychology factors that influence human development Understand psychological theories of human development Apply psychological theories of development to health and care	24	40
320	Understand key theoretical concepts and sociological perspectives Know factors relating to health, social inequality and diversity	16	27
N/A	Integration across the units	12	20
	Total	**60**	**100**

NB – Percentages have been rounded to one decimal place.

*These exams are sat under invigilated examination conditions, as defined by the JCQ: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations**.

Entry for exams can be made through the City & Guilds Walled Garden.

6 Moderation and standardisation of assessment

City & Guilds' synoptic assignments for technical qualifications are designed to draw from across the qualifications' content, and to contribute a significant proportion towards the learner's final qualification grade. They are subject to a rigorous external quality assurance process known as external moderation. This process is outlined below. For more detailed information, please refer to 'Marking and moderation - Technicals centre guidance' available to download on the City & Guilds website.

It is vital that centres familiarise themselves with this process, and how it impacts on their delivery plan within the academic year.

Supervision and authentication of internally assessed work

The Head of Centre is responsible for ensuring that internally assessed work is conducted in accordance with City & Guilds' requirements.

City & Guilds requires both tutors and candidates to sign declarations of authenticity. If the tutor is unable to sign the authentication statement for a particular candidate, then the candidate's work cannot be accepted for assessment.

Internal standardisation

For internally marked work[4] the centre is required to conduct internal standardisation to ensure that all work at the centre has been marked to the same standard. It is the Internal Quality Assurer's (IQA's) responsibility to ensure that standardisation has taken place, and that the training includes the use of reference and archive materials such as work from previous years as appropriate.

Provision for reworking evidence after submission for marking by the tutor

It is expected that in many cases a candidate who is struggling with a specific piece of work may themselves choose to restart and rectify the situation during their normal allocated time, and before it gets to the stage of it being handed in for final marking by the tutor.

In exceptional circumstances however, where a candidate has completed the assignment in the required timescales, and has handed it in for marking by the tutor but is judged to have significantly underperformed, may be allowed to rework or supplement their original evidence for remarking prior to submission for moderation. For this to be allowed, the centre must be confident that the candidate will be able to improve their performance without additional feedback from their tutor and within the required timescales ie the candidate has shown they can perform sufficiently better previously in formative assessments.

The reworked and/or supplemented original evidence must be remarked by the tutor in advance of the original moderation deadline and the moderator informed of any candidates who have been allowed to resubmit evidence.

The process must be managed through the IQA. The justification for allowing a resubmission should be recorded and made available on request. The use of this provision will be monitored by City & Guilds.

[4] For any internally assessed optional unit assignments, the same process must be followed where assessors must standardise their interpretation of the assessment and grading criteria.

Internal appeal

Centres must have an internal process in place for candidates to appeal the marking of internally marked components, ie the synoptic assignment and any optional unit assignments. This must take place before the submission of marks for moderation. The internal process must include candidates being informed of the marks (or grades) the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

Centres cannot appeal the outcome of moderation for individual candidates, only the moderation process itself. A request for a review of the moderation process should be made to appeals@cityandguilds.com.

Moderation

Moderation is the process where external markers are standardised by City & Guilds to a national standard in order to review centre marking of internally marked assessments. These markers are referred to as 'moderators'. Moderators will mark a representative sample of candidates' work from every centre. Their marks act as a benchmark to inform City & Guilds whether centre marking is in line with City & Guilds' standard.

Where moderation shows that the centre is applying the marking criteria correctly, centre marks for the whole cohort will be accepted.

Where moderation shows that the centre is either consistently too lenient or consistently too harsh in comparison to the national standard, an appropriate adjustment will be made to the marks of the whole cohort, retaining the centre's rank ordering.

Where centre application of the marking criteria is inconsistent, an appropriate adjustment for the whole cohort may not be possible on the basis of the sample of candidate work. In these instances a complete remark of the candidate work may be necessary. This may be carried out by the centre based on feedback provided by the moderator, or carried out by the moderator directly.

Moderation applies to all internally marked synoptic assignments. Following internal standardisation and marking, the centre submits all marks and candidate work to City & Guilds via the moderation platform. The deadline for submission of evidence will be available on Walled Garden. See the *Marking and moderation - Technicals Centre Guidance* document for full details of the requirements and process.

In most cases candidate work will be submitted directly to the moderator for moderation. This includes written work, photographic and pictorial evidence, or video and audio evidence. For some qualifications there will be a requirement for moderators to visit centres to observe practical assessments being undertaken. This will be for qualifications where the assessment of essential learner skills can only be demonstrated through live observation. The purpose of these visits is to ensure that the centre is assessing the practical skills to the required standards, and to provide the moderators with additional evidence to be used during moderation. These visits will be planned in advance with the centre for all relevant qualifications.

Post-moderation procedures

Once the moderation process has been completed, the confirmed marks for the cohort are provided to the centre along with feedback from the moderator on the standard of marking at the centre, highlighting areas of good practice, and potential areas for improvement. This will inform future marking and internal standardisation activities.

City & Guilds will then carry out awarding, the process by which grade boundaries are set with reference to the candidate evidence available on the platform.

Centres retaining evidence

Centres must retain assessment records for each candidate for a minimum of three years. To help prevent plagiarism or unfair advantage in future versions, candidate work may **not** be returned to candidates. Samples may however be retained by the centre as examples for future standardisation of marking.

7 Grading

Awarding individual assessments

Individual assessments will be graded, by City & Guilds, as pass/merit/distinction where relevant. The grade boundaries for pass and distinction for each assessment will be set through a process of professional judgement by technical experts. Merit will usually be set at the midpoint between pass and distinction. The grade descriptors for pass and distinction, and other relevant information (eg archived samples of candidate work and statistical evidence) will be used to determine the mark at which candidate performance in the assessment best aligns with the grade descriptor in the context of the qualification's purpose. Boundaries will be set for each version of each assessment to take into account relative difficulty.

Please note that as the merit grade will usually be set at the arithmetical midpoint between pass and distinction, there are no descriptors for the merit grade for the qualification overall.

Grade descriptors

To achieve a pass, a candidate will be able to

- Demonstrate the knowledge and understanding required to work in the occupational area, its principles, practices and legislation.
- Describe some of the main factors impacting on the occupation to show good understanding of how work tasks are shaped by the broader social, environmental and business environment it operates within.
- Use the technical industry specific terminology used in the industry accurately.
- Demonstrate the application of relevant theory and understanding to solve non-routine problems.
- Interpret a brief for complex work-related tasks, identifying the key aspects, and showing a secure understanding of the application of concepts to specific work related tasks.
- Carry out planning which shows an ability to identify and analyse the relevant information in the brief and use knowledge and understanding from across the qualification (including complex technical information) to interpret what a fit for purpose outcome would be and develop a plausible plan to achieve it.
- Achieve an outcome which successfully meets the key requirements of the brief.
- Identify and reflect on the most obvious measures of success for the task and evaluate how successful they have been in meeting the intentions of the plan.
- Work safely throughout, independently carrying out tasks and procedures, and having some confidence in attempting the more complex tasks.

To achieve a distinction, a candidate will be able to

- Demonstrate the excellent knowledge and understanding required to work to a high level in the occupational area, its principles, practices and legislation.
- Analyse the impact of different factors on the occupation to show deep understanding of how work tasks are shaped by the broader social, environmental, and business environment it operates within.
- Demonstrate the application of relevant theory and understanding to provide efficient and effective solutions to complex and non-routine problems.
- Analyse the brief in detail, showing confident understanding of concepts and themes from across the qualification content, bringing these together to develop a clear and stretching plan, that would credibly achieve an outcome that is highly fit for purpose.

- Achieve an outcome which shows an attention to detail in its planning, development and completion, so that it completely meets or exceeds the expectations of the brief to a high standard.
- Carry out an evaluation in a systematic way, focussing on relevant quality points, identifying areas of development/ improvement as well as assessing the fitness for purpose of the outcome.

Awarding grades and reporting results

The overall qualification grade will be calculated based on aggregation of the candidate's achievement in each of the assessments for the mandatory units, taking into account the assessments' weighting. The qualification will be reported on a ten grade scale: Pass Pass Pass, Pass Pass Merit, Pass Merit Merit, Merit Merit Merit, Merit Merit Distinction, Merit Distinction Distinction, Distinction Distinction Distinction, Distinction Distinction Distinction*, Distinction Distinction* Distinction*, Distinction* Distinction* Distinction*.

All assessments **must** be achieved at a minimum of pass for the qualification to be awarded. Candidates who fail to reach the minimum standard for grade pass for an assessment(s) will not have a qualification grade awarded and will not receive a qualification certificate.

The approximate pass grade boundary(ies) for the synoptic assignment(s) in this qualification are:

Syonptic Assignment	Pass Mark (%)
031 and 033	45

Please note that each synoptic assignment is subject to an awarding process before final grade boundaries are confirmed.

The contribution of assessments towards the overall qualification grade is as follows::

Assessment method	Grade scale	% contribution
Exam 1 (530)	X/P/M/D	20%
Synoptic assignment 1 (031)	X/P/M/D	30%
Exam 2 (532, 534)	X/P/M/D	20%
Synoptic assignment 2 (033)	X/P/M/D	30%

Both synoptic assignments and exams are awarded (see 'Awarding individual assessments', at the start of Section 7, above), and candidates' grades converted to points. The minimum points available for each assessment grade is listed in the table below. The range of points between the pass, merit and distinction boundaries will be accessible to candidates. For example, a candidate that achieves a middle to high pass in an assessment will receive between 8 and 10 points, a candidate that achieves a low to middle merit in an assessment will receive between 12 and 14 points. The points above the minimum for the grade for each assessment are calculated based on the candidate's score in that assessment.

	Pass	Merit	Distinction
Exam 1: (530) 20%	6	12	18

Assignment 1 (031): 30%	6	12	18
Exam 2 (532, 534): 20%	6	12	18
Assignment (033) 2: 30%	6	12	18

The weighted average of candidate's points for each assessment is calculated, and the overall grade of the qualification will then be determined using the following criteria.

Qualification Grade	Minimum points
Distinction*, Distinction*, Distinction*	20.5
Distinction, Distinction*, Distinction*	19.3
Distinction, Distinction, Distinction*	18.2
Distinction, Distinction, Distinction	17
Merit, Distinction, Distinction	15
Merit, Merit, Distinction	13
Merit, Merit, Merit	11
Pass, Merit, Merit	9.3
Pass, Pass, Merit	7.7
Pass, Pass, Pass	6

Candidates achieving Distinction*, Distinction*, Distinction* will be the highest achieving of the Distinction candidates.

8 Administration

Approved centres must have effective quality assurance systems to ensure valid and reliable delivery and assessment of qualifications. Quality assurance includes initial centre registration by City & Guilds and the centre's own internal procedures for monitoring quality assurance procedures.

Consistent quality assurance requires City & Guilds and its associated centres to work together closely; our Quality Assurance Model encompasses both internal quality assurance (activities and processes undertaken within centres) and external quality assurance (activities and processes undertaken by City & Guilds).

For this qualification, standards and rigorous quality assurance are maintained by the use of:

- internal quality assurance
- City & Guilds external moderation.

In order to carry out the quality assurance role, Internal Quality Assurers (IQAs) must have and maintain an appropriate level of technical competence and have recent relevant assessment experience. For more information on the requirements, refer to *Section 2: Centre requirements* in this handbook.

To meet the quality assurance criteria for this qualification, the centre must ensure that the following procedures are followed:

- suitable training of staff involved in the assessment of the qualification to ensure they understand the process of marking and standardisation
- completion by the IQA of the Centre Declaration Sheet to confirm that internal standardisation has taken place
- the completion by candidates and supervisors/tutors of the record form for each candidate's work.

External quality assurance

City & Guilds will undertake external quality assurance activities to ensure that the quality assurance criteria for this qualification are being met. Centres must ensure that they co-operate with City & Guilds staff and representatives when undertaking these activities.
City & Guilds requires the Head of Centre to:

- facilitate any inspection of the centre which is undertaken on behalf of City & Guilds
- make arrangements to receive, check and keep assessment material secure at all times,
- maintain the security of City & Guilds confidential material from receipt to the time when it is no longer confidential and
- keep completed assignment work and examination scripts secure from the time they are collected from the candidates to their dispatch to City & Guilds.

Enquiries about results

The services available for enquiries about results include a review of marking for exam results. and review of moderation for internally marked assessments.

For further details on enquiries and appeals process and for copies of the application forms, please visit the **appeals page** of the City & Guilds website at **www.cityandguilds.com.**

Re-sits and shelf-life of assessment results

Re-sits and shelf-life of assessment results Candidates who have failed an exam or wish to re-take it in an attempt to improve their grade, can do so **twice**. The best result will count towards the final qualification. See guidance on individual assessment types in Section 5.

Factors affecting individual learners

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the Joint Council for Qualifications (JCQ) form 'JCQ/LCW' to inform City & Guilds Customer Services of the circumstances. Copies of this form can be found on the JCQ website: http://www.jcq.org.uk

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by candidates and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of candidate and centre malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of candidate malpractice are detailed below (please note that this is not an exhaustive list):

- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another candidate (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (eg. disqualification from the assessment) will be applied.

Where suspected malpractice is identified by a centre after the candidate has signed the declaration of authentication, the Head of Centre must submit full details of the case to City & Guilds at the earliest opportunity. Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

Access arrangements and special consideration

Access arrangements are adjustments that allow candidates with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the *JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments**

Special consideration
We can give special consideration to candidates who have had a temporary illness, injury or indisposition at the time of the examination. Where we do this, it is given after the examination.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer at the centre. For more information please consult the current version of the JCQ document, *A guide to the special consideration process*. This document is available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments**

Unit 301 Introduction to health and care

UAN:	R/507/3179
Level:	3
GLH:	60

What is this unit about?

Most of us will access differing health and/or care services at various times in our lives. From before birth to the end of life. Health and care services are developed and designed to support individuals according to their needs. People have growing expectations regarding their health and care support and these are met by a variety of professional care providers in services for children, young people and adults.

The purpose of this unit is for learners to develop their initial knowledge and understanding of careers in health and care, the relationships and differences between health provision and care provision, and the current practices associated with each within the UK. The unit acts as the basis for the qualification and allows learners to explore related sectors and roles of health and care professionals.

Within this unit learners will also acquire introductory knowledge of the development of and the provision of health and care services from an historical perspective up to the present day.

Learners should consider the following questions as a starting point to this unit

- What do we mean by health and care provision?
- When and why was the NHS developed?
- What employment opportunities are there in the health and care sectors?
- What organisations and standards support the UK health and care sectors?

Learning outcomes

In this unit, learners will:

1. understand health and care provision
2. understand professional roles and career pathways within health and care
3. understand sector specific organisations in health and care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand health and care provision

- **Topic 1.1:** Health service provision
- **Topic 1.2:** Care service provision
- **Topic 1.3:** Why different groups of people require health and care support
- **Topic 1.4:** Health and care settings and roles

Topic 1.1:

Learners will explore how and why health services have been developed in the UK to include:

- public health services – e.g. Department of Health and Social Care, Public Health England – aims, objectives, size
- NHS – size and structures, aims, objectives
- private medical health and care – aims, objectives, size
- third sector healthcare services – e.g. Age UK, British Red Cross, Disability Rights UK – aims, objectives.

Learners will describe the range of health services referring to structures at different levels including:

- primary care/primary healthcare
- national structures
- regional structures
- local – e.g. primary and community health services.

Learners will describe the purposes of different models of services for example:

- acute services
- services for long-term conditions
- community/non-acute health services – e.g. dental services, chiropody, opticians, alternative therapies, community nurses
- hospices and specialist hospitals.

Topic 1.2:

Learners review key relevant stages of development of the welfare state from 1834 to the present day including as a minimum:

- The Poor Law (1834)
- Liberal reforms in early 1900s
- The Beveridge Report (1942)
- The NHS and Community Care Act (1990)
- The Care Act (2014)
- The Children and Families Act (2014)
- Children and Social Work Act (2017).

Learners will define what is meant by adult care and related services.

Learners will describe the range of care services referring to structures at different levels including:

- national – services to support adult social care
- regional – services to support adult social care
- local – e.g. community care services, local authority/social services, private/voluntary, direct care.

Topic 1.3:
Learners will assess why different groups may require health and care support with reference to the following:

- children and young people (0-18 years)
- individuals with learning differences/ disabilities
- individuals with mental ill-health
- individuals with substance dependencies.
- older adults, frail elders; people requiring respite care short term
- individuals with cognitive impairment – e.g. dementia; Alzheimers; Huntington's disease
- individuals with complex needs – e.g. Long-term health conditions; stroke, cancer, rheumatoid arthritis, Parkinson's disease.

Learners will recognise the impact of changing demographics and complex health needs in respect of the above.

Topic 1.4:
Learners will describe the role and purpose of settings in which health and/or care is delivered for example:

- health settings – e.g. GP practices, hospitals and related services
- residential settings – e.g. nursing homes, residential care homes
- day-care services – e.g. day centres, home care
- rehabilitation/reablement services
- hospices – for children, young people and adults
- hostels – e.g. young people, homeless
- supported accommodation for young people and the elderly
- residential special schools
- nurseries/pre-schools
- domiciliary care
- personal assistants.

Learners will explain types of carers for example:

- formal – e.g. professional and support roles
- informal – e.g. family/friends
- voluntary support roles.

Learning outcome 2: Understand professional roles and career pathways within health and care

- **Topic 2.1:** Job roles in health and care
- **Topic 2.2:** Career pathways in health and care

Topic 2.1:
Learners will describe job roles in health and care, and associated skills and professional competencies in:

- health – e.g. Healthcare Assistant (clinical, residential and community), Nursing, Paramedics, Physiotherapy, Radiography, Occupational Therapy, GP
- care – e.g. Support Worker, Social Worker, Domiciliary Worker, Activities Co-ordinator, Residential Care Manager
- children's (0-19) and Early Years Services – e.g. Early Years Practitioner/Educator, Nursery Manager, Speech Therapist, Play Worker, Play Therapist, Social Care Support Worker, Early Help, Transitions worker.

Topic 2.2:
Learners will investigate potential career pathways for a chosen role in health and care with consideration of:

- degrees in health and care and professional training
- entry qualifications – skills and knowledge required for higher education and/or further professional training
- training and education requirements – e.g. apprenticeships
- opportunities for employment and progression once qualified
- salary expectations and potential earnings.

This topic links to unit 302 – topic 5.1.

Learning outcome 3: Understand sector specific organisations in health and care

- **Topic 3.1:** Sector specific organisations in health and care

Topic 3.1:
Learners will explain how sector specific organisations and standards support the health and care sector, including:

- regulatory bodies and inspection organisations – e.g. Care Quality Commission, Ofsted, Nursing and Midwifery Council, National Institute for Health and Care Excellence (NICE), Health Care Professions Council (HCPC); Social Work England (SWE)
- sector skills councils – e.g. Skills for Health, Skills for Care, EYFS framework (only in relation to Healthcare)
- national occupational standards for employment in health and care.

Guidance for delivery

Topic 1.3 demographic changes in the population are leading to an ongoing need for changes in service provision for both health and care. Alongside this, innovative development of practices and procedures within these sectors is guiding us towards constant changes in service provision. Policy development is central to meeting the expanding care needs in our society and development of legislation governing changes in policies and procedures is an ongoing process that aims to improve and develop services within these sectors.

Suggested learning resources

Journals and magazines

- www.kingsfund.org.uk
- www.nursingtimes.net (subscription)
- www.communitycare.co.uk

Websites

- **www.nhs.co.uk**
- **www.skillsforhealth.org.uk**
- **www.skillsforcare.org.uk**
- **www.ukqcs.co.uk/cqc/care-quality-commission**
- **www.gov.uk/government/organisations/public-health-england**
- **www.gov.uk/government/organisations/ofsted**
- **www.foundationyears.org.uk**
- Nursing Midwifery Council **http://www.nmc-uk.org**
- NMC Code of Practice - Professional Standards of Practice and Behaviour for Nurses and Midwives 2015 **http://www.nmc-uk.org/The-revised-Code/The-revised-Code-in-full/**
- **http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf**

Unit 302 Personal and professional development in health and care

UAN:	J/507/3180
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to understand the key principles, values and behaviours that need to be applied and demonstrated in health and care work. This unit will highlight the legislation and standards which will inform performance requirements and provide the opportunity to demonstrate these through work placement practice.

This unit will be supported by work placement(s) which will provide learners with the opportunity to develop themselves through working alongside other care and or health workers. This unit also requires learners to recognise the importance of reflective practice and how this informs personal and professional development.

It is recommended that this unit is offered before learners start their work placement practice. This will enable them to be aware of and make reflections on what constitutes good care practice. This unit is supported by a work placement workbook.

Tutors may need to support learners to identify and secure appropriate work placements. It is expected that each learner will be supported in their work placement by a named person.

Learners should consider the following questions as a starting point to this unit

- How do values and ethics affect work in health and care?
- What factors influence personal development?
- Where are there opportunities for work placement in health and care?
- Which codes of practice influence how we work in health and care?

Learning Outcomes

In this unit, learners will:

1. understand current legislative requirements in health and care practice
2. understand values, principles and behaviours in health and care practice
3. prepare for work practice placement
4. reflect on and review practice
5. plan and review for personal and professional development.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand current legislative requirements in health and care practice

- **Topic 1.1:** Legislation impacting on care practice
- **Topic 1.2:** Implications of organisational policies and procedures

It is important that the learner is aware of the key principles and implications set out in legislation and the impact of these on organisational policies and related practices.

Topic 1.1:

Learners will describe how relevant current legislations impact on care practice for example:

- The Care Act (2014)
- The Children and Families Act (2014)
- Health and Social Care (Safety and Quality) Act 2015
- The Health and Safety at Work Act (1974) – COSHH, RIDDOR, PUWHER
- The Equality Act (2010)
- The Human Rights Act (1998)
- Mental Capacity (Amendment) Act 2019
- The Education Act (2011)– OFSTED
- The Nurses Act (2011) – NMC registration
- Mental Health Act (2007)
- General Data Protection Regulation (EU) (2016)
- The Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018).

The above may be subject to change.

Topic 1.2:

Learners will explain why they must comply with organisational policies, procedures and/or codes of practice. These could include:

- health, safety, security and emergency procedures
- confidentiality
- communication strategies
- safeguarding
- Valuing People (2001)
- recording and reporting – including use of digital technologies/complying with GDPR
- Care Certificate
- Code of Conduct for Health Care Support Workers/Adult Social Care Workers in England (2013)
- Nursing and Midwifery Council (NMC)

- Ofsted
- Care Quality Commission requirements (CQC).

The above may be subject to change.

Learning outcome 2: Understand values, principles and behaviours in health and care practice

- **Topic 2.1:** Values and ethics underpinning excellence in health and care practice
- **Topic 2.2:** Principles and Behaviors which constitute compassion in practice

Topic 2.1:
Learners will define the following:

- care values
- ethics and morals – e.g. dignity, rights, fairness, respect, empowerment, choice, inclusion – ethical and unethical practice in health and care
- the constituents of professional behaviour
- principles of good care practice
- value conflicts – e.g. personal values conflicting with professional values
- confidentiality.

Topic 2.2:
Learners will explain the following and how they will apply them to health and care practice:

- **Care** – is caring consistently and enough about individuals to make a positive difference to their lives
- **Compassion** – is delivering care and support with kindness, consideration, upholding dignity and showing respect
- **Courage** – is doing the right thing for people and speaking up if the individual is at risk
- **Communication** – effective communication is central to successful caring relationships and team working
- **Competence** – applying knowledge and skills to provide high quality care and support
- **Commitment** – improving the experience of people who need care and support ensuring it is holistic and person centred.

Learners should have a basic awareness of the principles of good care practice as they apply to their work placement. This could include:

- Overarching values and principles
- NHS / Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013)
- Principles of Residential Social Care
- The Care Certificate (England) 2015
- Skills for Care and Health values framework.

The above may be subject to change.

Learning outcome 3: Prepare for work practice placement

- **Topic 3.1:** Opportunities for work practice placement
- **Topic 3.2:** Preparing for work practice placement
- **Topic 3.3:** Starting work practice placement

Topic 3.1

The learner will describe different care settings and the types of services provided to inform their choice of work placement(s):

- Types of settings – e.g. community, residential, voluntary, private, NHS, domiciliary
- support and services provided by each
- personal experiences and interests relevant to choice of work placement
  career interests – e.g. in employment, further professional training or higher education.

Topic 3.2:
Having secured work placement, the learner will undertake the following before starting a work practice placement:

- contact the work placement
- arrange an initial visit
- meet the placement supervisor
- confirm placement duration with workplace supervisor
- discuss and confirm aims and objectives of work placement to include induction with the workplace supervisor (cross reference and include in work placement workbook)
- discuss individual support needs required to complete work placement with the workplace supervisor (cross reference and include in work placement workbook).

The learner will be expected to comply with the following:

- confidentiality
- legal requirements of the employer and the employment setting
- local policies and procedures in the employment setting
- dress codes - personal presentation, health and safety issues
- shift patterns, timekeeping and punctuality as it applies to their work placement.

Topic 3.3:
With the employer, the learner will be expected to complete a workplace induction, to include:

- induction processes into work placement and awareness of organisational policies and procedures – e.g. absence, health and safety, fire drills, security, timesheets/security logs
- staffing structures and their roles and responsibilities
- working as a team
- role of the placement supervisor and colleagues.

Learning outcome 4: Reflect on and review practice

- **Topic 4.1:** Understanding reflective practice
- **Topic 4.2:** Identifying where improvements can be made

Topic 4.1:
Learners will research at least three current models of reflective practice, prior to their work placement activity. Learners will explain:

- what is meant by 'reflection in care practice'
- what is meant by a 'reflective practitioner'
- what is meant by a 'reflection and review'
- what is meant by 'evidence based practice'.

Topic 4.2:
Using a learner reflective workbook, the learner must engage in reflection and review to summarise the main learning from completing their work placement(s).

The learner will identify where improvements can be made by:

- objectively evaluating own findings and others comments on their own individual work placement performance – e.g. employer/supervisor/work peers/tutor
- evidence with examples where professional values and behaviours have been demonstrated in practice.

Learning outcome 5: Plan and review for personal and professional development

- **Topic 5.1:** Personal development plan

Topic 5.1:

With the support of their tutor, through discussion and/or tutorials, learners must consider and agree an ongoing personal development plan to develop further their knowledge, skills and competencies. This could include:

- continuing to the second year of the extended diploma in health and care to include the next work placement(s)
- moving into higher education and/or further professional training
- CV writing and interview skills
- securing full or part time employment in health or care
- applying for an apprenticeship
- studying for an alternative career.

The above can be supported and cross-referenced to the learner's work practice reflective workbook(s) for each year of study.

Guidance for delivery

It is important this unit is started early on in the programme delivery as it links closely with all other units and provides the basis of knowledge required to undertake an effective work placement.

Work practice/reflective workbook

The reflective workbook provides several templates to capture/include personal and professional development planning, learning logs, reflection and review. There is also a template to provide the employer/work supervisor with the opportunity to record their observations of the learner. These could be extremely useful at a later date when applying for apprenticeships or employment in health and care roles.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Tutors may wish to refer to the Department for Education's work placement guidance documentation - Post-16 work experience as a part of 16 to 19 study programmes and traineeships referenced in suggested learning resources. The reflective workbook is a mandatory requirement for the completion of this qualification. Please refer to section 4 of this qualification handbook for further guidance.

Suggested learning resources

The Care Certificate (England) 2015
http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Code of Conduct for healthcare support workers and adult social care workers
http://www.skillsforhealth.org.uk/services/item/148-code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers

Apprenticeship standard for an Adult Care worker (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384256/ADULT_SOCIAL_CARE_-_Adult_Care_Worker_L2_standard_-_FINAL.pdf

Department for Education - Post-16 work experience as a part of 16 to 19 study programmes and traineeships (2015)
https://www.gov.uk/government/publications/post-16-work-experience-as-a-part-of-16-to-19-study-programmes

Nursing & Midwifery Council – The Code: Professional standards of practice and behaviour for nurses and midwives (2015)
http://www.nmc-uk.org/Documents/NMC-Publications/revised-new-NMC-Code.pdf

Skills for Care – A practical guide to learning and development for personal assistants (2015)
http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/6.3-Training,-learning-and-development/A-practical-guide-to-learning-and-development-for-personal-assistants.pdf

Skills for Care – Being a personal assistant (2015) **http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/1.1-What-is-a-PA/Being-a-personal-assistant.pdf**

Books

Social Care & the Law, 13th Edition
Maclean and Maclean 2012
Published by Kirwin Maclean Associates Ltd
ISBN 978-1-903575-79-6

From Birth to Eighteen Years – Children and the Law 7th Edition
Maclean and Maclean 2012
Published by Kirwin Maclean Associates Ltd
ISBN 978-1-903575-86-4

The powerful pocket book of Interview Skills, 1st Edition
Graham C Sykes 2012
Published by Graham C Sykes Publishing
ISBN-13: 978-0957341951

You're Hired! CV How to write a brilliant CV, 1st Edition
Corinne Mills 2013
Published by Trotman Publishing
ISBN-13: 9781844551774

The City & Guilds Pocket Guide to: Reflection and Reflective Practice in Health and Social Care Siobhan Maclean
City & Guilds; 1st edition 2012
ISBN-13: 978-0851932316

Learning by Doing: A Guide to Teaching and Learning Methods
Gibbs, G. 1988.
Oxford: Oxford Further Education Unit

Becoming a Reflective Practitioner: a Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision
Johns, C. 2000.
Oxford Blackwell Science

Experiential Learning as the Science of Learning and Development
Kolb, D. 1984.
New Jersey: Prentice Hall
Critical Reflection in Nursing and the Helping Professions: a User's Guide
Rolfe, G., Freshwater, D. and Jasper, M. 2001.
Basingstoke: Palgrave Macmillan.

The Reflective Practitioner: How professionals think in action
Schon, D. 1983.
London: Temple Smith.

Reflective Practice: Writing and Professional Development
Bolton G (2014) – 4th edition
Sage

The Reflective Practitioner in Professional Eduction
Wilkes. L (2014)
Palgrave Macmillan

Critical Reflection in Practice: Generating Knowledge for Care – second edition
Rolfe G, Jasper M., Freshwater D (2010)
Palgrave Macmillan

City & Guilds text book - L3 Diploma in Adult Care

Maria Ferreiro Peteiro
Hodder Education
ISBN: 9781510429093

Websites

- **www.skillsforcare.org.uk**
- **www.cqc.org.uk**
- **www.skillsforhealth.org.uk**
- **www.gov.uk/government/organisations/department-for-education**
- **www.nmc-uk.org**
- NHS Careers **www.nhscareers.nhs.uk**
- NHS Jobs **www.jobs.nhs.uk/cgi-bin/advsearch**
- Health Education England **http://hee.nhs.uk**

Unit 303 Equality and diversity in health and care

UAN:	L/507/3181
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to understand and recognise the importance of equality, diversity and inclusion when working in health and care settings.

Equality, diversity and inclusion are key components of professional standards within health and care. Learners will explore these terms to include forms of discrimination and discriminatory practice. They will also understand the negative impact discrimination has on individuals in receipt of health and care services.

This unit examines the legislation which supports the promotion of equality, inclusion and the concepts of citizenship and 'Britishness'.

Learners should consider the following questions as a starting point to this unit

- What different types of discrimination are there?
- How can legislation support equality and diversity in society?
- What are the potential consequences of inequality and discrimination?
- How can inequality in health and care be highlighted and challenged?

Learning outcomes

In this unit, learners will:

1. understand how legislation and standards support the promotion of equality, citizenship and inclusivity
2. understand discrimination and anti-discriminatory practice
3. know the effects of discrimination on individuals in receipt of health and care services
4. understand how to challenge discriminatory practice
5. understand strategies to promote equality in a health and/or care setting.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand how legislation and standards support the promotion of equality, citizenship and inclusivity

- **Topic 1.1:** Legislation which supports the promotion of equality, citizenship and inclusion
- **Topic 1.2:** Categories of discrimination
- **Topic 1.3:** Care worker's responsibilities in relation to promotion of equality, citizenship and inclusion

Topic 1.1:

Learners will identify and describe examples of current relevant legislation impacting on equality, diversity, citizenship and inclusion and have an overall understanding as to how these apply to care practice:

- The Equality Act (2010) – Equality and Human Rights Commission (EHRC) established by the Equality Act (2006)
- The Data Protection Act (2004)/ GDPR
- The Human Rights Act (1998)
- The Care Act (2014) – Wellbeing principle
- The Children and Families Act (2014)
- Mental Capacity Act (2005)
- The Health and Social Care Act (2012)
- Safeguarding Vulnerable Adults Group (2006)
- Mental Health Act 2007.

The above may be subject to change.

Topic 1.2:

Learners should explain the protected characteristics as set out in the current Equality Act:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation.

Topic 1.3:

Learners will explain how current standards and codes of practice embeds equality and inclusion in care practice, these will include:

- Care Quality Commission (CQC) requirements
- Nursing and Midwifery Council (NMC) registration requirements
- The Care Certificate (England) 2015
- Special Educational Needs and Disability (SEND) Code of practice
- OFSTED and related standards in children and young people's social care services.

Learning outcome 2: Understand discrimination and anti-discriminatory practice

- **Topic 2.1:** Prejudice, discrimination and stereotyping
- **Topic 2.2:** Key terms related to anti-discriminatory practice

Topic 2.1:
Learners will explain the concept of prejudice including consideration of:

- the meaning of prejudice
- how prejudice is learned
- consideration of own prejudices
- the difference between prejudice and discrimination
- the meaning of oppression
- the meaning of stereotyping.

Learners will explain the relationship between prejudice, discrimination and stereotyping and how it applies to different cultures/background and examine cultural differences linked to discrimination.

Learners will explain discrimination and mechanisms of oppression including:

- direct
- positive/tokenism
- institutional/structural
- discrimination by association
- perception based discrimination
- harassment/harassment by a third party
- labelling
- stereotyping
- media representation – historical and contemporary
- double discrimination – i.e. oppression based on two characteristics
- triple jeopardy – i.e. oppression based on three characteristics
- language
- individual discrimination
- covert and overt discrimination
- victimisation.

Topic 2.2:
Learners will define the term 'anti-discriminatory practice' and its application in health and care.

Learners will define the meaning and importance of key terms related to anti-discriminatory practice. Key terms including:

- equality
- inequality
- equity
- social Justice
- citizenship/britishness
- diversity
- culture and cultural competence
- inclusion.

Learning outcome 3: Know the effects of discrimination on individuals in receipt of health and care services

- **Topic 3.1:** Effects and impact of discrimination on individuals and groups

Topic 3.1:
Learners will describe the potential consequences and effects of discrimination for individuals and groups, to include:

- groups – e.g. groups defined by religion, race, ethnicity, gender, travelling communities, young people:
  - disempowerment
  - disenfranchisement
  - lack of access to services
  - limited life chances
  - marginalisation.
- Individuals – e.g. those with mental ill-health, disabilities, frail and elderly, long-term health conditions:
  - lack of self-worth
  - stress
  - depression
  - lack of development of a positive identity
  - loss of rights
  - isolation and loneliness
  - fear.

Learning outcome 4: Understand how to challenge discriminatory practice

- **Topic 4.1:** Challenging discrimination within the care setting to encourage positive change
- **Topic 4.2:** The importance of challenging discrimination

Topic 4.1:
Learners will explain ways in which they can challenge discrimination in a range of contexts in a care setting. To include:

- colleagues – e.g. challenging colleagues, colleagues challenging as a group
- care receiver to care receiver
- care receiver to care worker
- care worker to care receiver
- discrimination by the organisation directed towards those in receipt of care
- discrimination by the organisation directed towards employees.

Topic 4.2
Learners will explain the importance of challenging discrimination, considering the following:

- the importance of the following workplace procedures:
  - reporting incidences of discrimination
  - effective recording of evidence of discrimination
  - taking immediate action.
- the significance of:
  - professional and personal accountability
  - acknowledging own personal feelings in relation to challenging discriminatory practice
  - sources of support, information and advice about diversity, equality and inclusion available to the individual
  - whistleblowing policies within the workplace
  - seeking advice from external agencies if required.

Learning outcome 5: Understand strategies to promote equality in a health and/or care setting

- **Topic 5.1:** Exploration of equality
- **Topic 5.2:** Barriers to equal opportunities
- **Topic 5.3:** Strategies to promote equality in care.

Topic 5.1:
Learners will explore types of equality including:

- political – e.g. the right to have your political views heard and respected
- equality of outcome – e.g. the right to develop to own full potential
- equality of opportunity – e.g. having equal chances
- equality of treatment – e.g. access to full range of services
- equality of membership in society
- equality in employment.

Topic 5.2:
Learners will describe potential barriers to equal opportunities including consideration of:

- barriers:
  - organisational barriers – e.g. barriers to career progression
  - physical environments – e.g. access to buildings, services and reasonable adjustments
  - financial – e.g. inequalities in employment and remuneration
  - geographical location – e.g. transportation and rurality/urban living
  - unconscious bias.
- the concept of institutionalisation – the features and the impact on the individual.

Topic 5.3:
Learners will explain strategies to promote equality in care including:

- personal strategies
- professional strategies
- group – teams/staff
- policies and procedures
- workplace strategies – to include involvement of individuals in receipt of education/learning and care.

Guidance for delivery

Elements of this unit may have been touched upon in unit 301 'Introduction to health and care'. When delivering this unit it is important that the classroom environment supports the learner to reflect and examine their own attitudes and behaviour and also allows views to be challenged in a supportive but constructive way. Learners should be encouraged to use their own experience should they wish to do so. It is also important that learners who might fall into the category of a marginalised group eg. disabled, gay, single parent are not ascribed the role of the expert when it comes to discrimination.

Learners should be encouraged to reflect on their work experience within the health and/or care industry to further enhance application of their learning. The values, attitudes and beliefs of some learners may have to be challenged and care should be taken not to alienate these learners within the group. A range of legislation and policy has been suggested, however, over time these will be changed so any legislation or policy must be current.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Centres may also want to consider introducing forthcoming changes proposed in the GDPR regulations – see reference below.

Suggested learning resources

Books

Anti-Discriminatory Practice: Equality, Diversity and Social Justice (Practical Social Work Series) Paperback – 30 Mar 2012. Professor Neil Thompson. ISBN-13: 978-0230250130

Websites

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - Contains information relating to promotion of equality within the NHS

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ -Information about the rights individuals have to equality within a care setting

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - how to promote equality in nursing

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - Skills for Care Principles of equality and diversity

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ -Information on the Equalities Act 2010

http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx The Care Certificate
https://www.gov.uk/government/consultations/prevent-duty The Prevent Duty

General Data Protection Regulation (2018)
https://www.eugdpr.org

Unit 304 Effective communication in health and care settings

UAN:	R/507/3182
Level:	3
GLH:	60

What is this unit about?

The aim of this unit is to extend learners' awareness of different forms of communication used in health and care settings with children, young people and adults and to appreciate and value its importance for successful service delivery.

Effective communication is crucial to all interpersonal interaction and is increasingly identified in professional standards of health and care. The quality of interpersonal communication may affect the outcomes of care provided and is known to make a difference to the experience and feelings of those in receipt of care.

Learners will examine the communication processes in health and care settings, considering the different types of communication which may occur and they will also examine ways to overcome communication difficulties.

Learners need to understand that different people and cultures will have distinct beliefs and customs involved with their communication that should be understood and respected. Learners should also have the knowledge and understanding to communicate confidently and effectively, underpinned by an awareness of professional values and behaviours in care practice.

Successful practice will depend upon learners building on and developing their interpersonal skills and an ability to develop effective working relationships with significant others. In care practice, interpersonal and communication skills often rank among the most vital for work related success.

Communication is part of everyday life and the majority of our communication messages are non-verbal. Sometimes messages are sent unintentionally through body language, gestures and facial expressions. People read signals and make decisions based on this communication.

Learners should consider the following questions as a starting point to this unit

- How many times do people communicate in a day and how many forms of communication do they use?
- How can interpersonal messages of others be interpreted correctly?
- What knowledge is required to understand interpersonal relationships?
- How does the awareness of the needs of others inform effective interpersonal communication?

Learning outcomes

In this unit, learners will:

1. understand interpersonal communication and interaction
2. understand factors that influence interpersonal communication and interaction
3. apply communication skills and strategies to interpersonal care in work practice.

Scope of content

Learners will explore theories of interpersonal communication and interaction and become familiar with the skills and knowledge which supports this successfully. They will study a range of factors which influence communication in health and care delivery and identify specific communication needs which some individuals have and ways in which they may be supported to overcome difficulties.

Learners will consider how interpersonal skills contribute to good quality care practice and person centred support. Knowledge of external factors which impact on communication and service delivery should be current and relevant. Learners should be encouraged to negotiate opportunities to practise and demonstrate their use of communication skills for work practice in placement, maintaining confidentiality or in a simulated learning environment.

Learning outcome 1: Understand interpersonal communication and interaction

- **Topic 1.1:** Written communication
- **Topic 1.2:** Theories relating to interpersonal communication
- **Topic 1.3:** Non-verbal and verbal interpersonal communication components
- **Topic 1.4:** Misinterpreting communication
- **Topic 1.5:** Technologies supporting communication

Topic 1.1:
Learners will describe factors for consideration with written communication within health and care practice:

- legislation – current data protection requirements
- recording and reporting processes and procedures
- reasons for written communication
- use of sector specific terminology
- importance of knowing intended recipient of written communication
- use of technologies – e.g. social media, email, texts
- different types of written communication – e.g. charts, menus.

Topic 1.2:
Learners will explain how different theories have contributed to current understanding of interpersonal communication with consideration of:

- psychoanalytical – personal experience of communication – e.g. Sigmund Freud
- humanistic - person centred approach, self-concept, congruence, self-actualisation (e.g. Carl Rogers. Gerard Egan, Abraham Maslow)
- behaviourist – environmental influences and response to stimuli – e.g. Ivan Pavlov, B.F Skinner, R. M Gagné
- cognitive – development of thought and mental processes – e.g. Leon Festinger, Jean Piaget, Lev Vygotsky.

Topic 1.3:
Learners will explain how and why non-verbal and verbal communication impacts on effective interpersonal interaction with others:

- non-verbal – for example:
    - Body movements, gestures, touch
    - Posture/positioning
    - Facial expressions and eye contact
    - Specialist methods of communication – e.g. Braille, Makaton
    - Digital and written communication.
- verbal – for example:
    - Speech

- Dialect, accent
- Jargon
- Paraphrasing
- Paralinguistics, pitch tone and volume.

Topic 1.4:
Learners will explain with examples how verbal and non-verbal communication may be misinterpreted, for example:

- through culturally specific behaviours
- age differences between speaker and listener
- age related deafness
- different language and developing vocabularies – e.g. the use of slang
- use of inflections e.g. tone, pitch, pace
- as a result of cognitive impairment – e.g. autistic spectrum disorders, depression, stroke, dementia, substance misuse
  the use of terminology and acronyms which are not understood by those in receipt of care.

Topic 1.5:
Learners will describe factors for consideration with communication and the use of emerging technologies in providing health and care support, for example:

- accessibility of technology when providing service for online diagnosis and monitoring by health and care professionals
- confidentiality issues when providing face-to-face communications for appointments
- challenges of relying on technologies if internet service speeds are not fast
- equipment – lack of, required updating of systems; space for equipment; security against hacking
- training of user and receivers
- needs to show that it is - cost effective, increases speed of services, increased number of appointment slots available
- services can be tailored to fit specific situations - e.g. contact tracing.

Learning outcome 2: Understand factors that influence interpersonal communication and interaction

- **Topic 2.1:** Positive and negative factors influencing communication
- **Topic 2.2:** External influences on effective communication
- **Topic 2.3:** Dealing with potential barriers to communication

Topic 2.1:
Learners will explain factors which influence interpersonal communication including:

- importance of trust
- influence of Prejudicial and stereotypical attitudes
- how making assumptions can change understanding
- importing values and beliefs – e.g. institutional
- effect of language differences
- effect of cultural differences
- physical environment e.g. appropriateness of location for communication
- self-concept/self-esteem e.g. low self-esteem may affect interpretation of messages
- elements of power and/or empowerment in health and care delivery
- communication which model specific behaviours – e.g. between teacher and pupil
- effects of illness on communication – e.g. people with dementia, people with systematic drug or alcohol misuse, people in pain

- level of understanding – e.g. communicating with a child vs. adult.

Learners will consider these from the viewpoint of being both aware and unaware of the factors in any interpersonal interaction.

Topic 2.2:
Learners will explain how factors from 2.1 have an impact on interpersonal communication and interaction. Learners will describe how effective communication strategies are linked to professional standards and expected working practices:

- legislation – e.g. The Freedom of Information Act (2000), The Data Protection Act (2004)/ GDPR, Caldicott principles (1997/2002)
- Code of Conduct for Health Care Support Workers/Adult Social Care Workers in England (2013)
- systems and procedures – e.g. workplace communication policy and guidance
- structures – e.g. hierarchy of communication
- storage and sharing of information – e.g. workplace policy and practice.

Topic 2.3:
Learners will describe potential barriers to effective communication including:

- attitude and behaviours
- emotions
- stereotyping
- not enough time
- limited technology and skills to utilise it effectively
- language
- culture
- physical and cognitive impairment – e.g. states of consciousness.

Learners will explain strategies for overcoming barriers and meeting communication needs for example:

- using Braille to support reading and writing
- communicating through signing
- picture/story cards/symbols
- object referencing
- use of assistive technology.

Learners will explore ways in which individuals may be supported to communicate their needs and wishes through the intervention of a third party:

- independent advocate
- personal assistant/direct carer
- interpreter/translator
- partner and/or family.

Learners will identify different types of current specialist support, equipment and technologies which may assist individuals with specific communication needs. This could include:

- Audio Frequency Induction Loops (AFILs)
- glasses
- hearing aids
- text to speech software
- assistive listening devices
- animals – e.g. guide/hearing dogs

- phones, PCs/tablets.

Learning outcome 3: Apply communication skills and strategies to interpersonal care in work practice

- **Topic 3.1:** Interpersonal communication and person-centered care
- **Topic 3.2:** Demonstrating good work practice

Topic 3.1:
Learners will explain how the following contributes to effective interpersonal communication when working with those in receipt of care:

- choice, control and respecting individual needs
- setting goals/planning
- effective professional relationships/partnerships with others
- negotiation
- active listening
- information gathering – e.g. effective questioning techniques
- maintaining up-to-date knowledge and skills in respect of care practices
- importance of recording and reporting accurate and legible information.

Topic 3.2:
Learners should demonstrate the use of relevant interpersonal communication in a health or care setting. Learners should be encouraged to reflect on all aspects of their learning this could include:

- application of communication theories to working practice
- the impact of verbal and non-verbal communication and what constitutes effective practice
- personal factors influencing interactions with others
- knowledge of communication skills influencing interactions with others
- external factors influencing interactions with others
- specific communication needs and how they are met
- demonstration of effective communication and its contribution to person centered support.

Topic 3.2 links to the learner's reflective workbook completed during their first work placement activity.

Guidance for delivery

This unit is closely linked to 302 'Personal and professional development in health and care' and 319 'Psychology and human behaviours'. Learners should be encouraged to identify and apply knowledge to their own experience and practice throughout the unit delivery. It may also be useful for learners to share their experiences of practice throughout the delivery of the unit to widen their understanding of the use and importance of interpersonal communication. Learners should gain experience in appropriate health and care settings but where this is not possible case study, video or role play activities could be used.

Knowledge and skills gained throughout this unit are linked to current professional standards in health and care.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books

Interpersonal Communication: Relating to Others 7th Edition — Beebe, A. Beebe, J. & Redmond, M.
Published by Pearson 2013
ISBN 13 978 0 205 86273 3

Human Communication Disorders 8th Edition — Anderson, N. & Shames, G.
Published by Pearson 2014
ISBN 13 978 1 282 04208 4

The Interpersonal Communication Book 13th Edition — DeVito J.
Published by Pearson 2012
ISBN 13 978 0 205 25198 8

Communication Skills in Health and Social Care 2nd Edition — Moss, B.
Published by Sage 2012
ISBN 13 978 1 446 20819 9

A Practical guide to Delivering Personalisation: Person-Centred Practice for Health and Social Care — Sanderson, H. & Lewis, J.
Published by Jessica Kingsley 2012
ISBN 13 978 1 849 05194 1
Sanderson, H. & Lewis, J.

The City and Guilds Pocket Guide to Personalisation and Person Centred Care in Health and Social Care — McClean, S.
1st Edition
Published by City & Guilds 2011
ISBN 13 978 0 851 93229 3

Interpersonal Communication & Human Relationships 7th Edition Knapp, N.L. (Author), Vangelisti A. L. (Author), Caughlin. J.P. (Author)
Published by Pearson 2012
ISBN-13: 979-0205006082

The Skilled Helper 10th edition Egan, G.
Published by Brooks/Cole; 2013
ISBN-13: 978-1285065786

Level 3 Diploma in Health and Social Care Textbook S. Maclean
Published by City Guilds 2013
ISBN-13: 978-0851932750

The City & Guilds Pocket Guide to: Power and Empowerment in Health and Social Care
S. Maclean
Published by City & Guilds; 1st edition (2012)
ISBN-13: 978-0851932309

The Care Certificate (England) 2015
http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Journals and magazines

- **http://www.communitycare.co.uk/** Community Care Journal

Websites

- **http://www.bda.org.uk** – British Deaf Association
- **http://www.british-sign.co.uk/bsl-british-sign-language/** – British Sign language
- **www.hpc-uk.org** – Health and Care Professions Council
- **http://www.hsj.co.uk/** – Health Service Journal
- **http://www.rnib.org.uk/** – Royal National Institute for the Blind
- **http://www.sense.org.uk/** – Charity for Deaf blind People
- **http://www.skillsforcare.org.uk/** – Skills for Care
- **http://www.scie.org.uk/** – Social Care Institute for Excellence

Equipment

http://www.vinesimspecs.com/ – Visual impairment spectacles for experiential learning

Unit 305 Safeguarding for all in health and care

UAN:	Y/507/3183
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of safeguarding of children, young people and adults.

The unit aims to ensure that everyone working in health and care has an up-to-date knowledge and understanding on what good practice is in respect of duty of care and safeguarding for those in receipt of care. This unit will cover topics such as identifying types of abuse, signs, symptoms and behaviours that might indicate abuse has occurred, is occurring or may occur and the legalisation, policies and reporting procedures in respect of expected good care practice which aims to protect everyone.

This unit aims to allow the learners to understand the importance of acting promptly and keeping accurate records in relation to safeguarding practice.

It is important that all carers in a range of workplace settings understand the importance of safeguarding. It is the duty of all health and care practitioners to promote safe working practices and be vigilant in their protection of, children, young people, adults and themselves.

This unit will also explore the support available to all those involved in incidents of safeguarding.

Learners should consider the following questions as a starting point to this unit

- What does 'duty of care' mean to you?
- What does 'safeguarding' mean to you?
- What would be expected of you in your future career role with regard to keeping children, young people and adults safe?
- Would you know how, and what action to take if a child, young person or adult disclosed abuse to you?

Learning outcomes

In this unit, learners will:

1. understand the context of safeguarding and protection of children, young people and adults
2. understand signs, symptoms and behaviours of abuse
3. understand how to report and record abuse
4. investigate a serious case review

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the context of safeguarding and protection of children, young people and adults

- **Topic 1.1:** Defining terms associated with safeguarding and abuse
- **Topic 1.2:** Legislation, policies, guidance, codes of practices relating to safeguarding children, young people and adults
- **Topic 1.3:** Working in a safe manner
- **Topic 1.4:** Policies and practices that impact on roles and responsibilities.

Topic 1.1:

Learners will define terms associated with safeguarding and abuse including the following:

- professional responsibility
- duty of care
- safeguarding – including the six principles of safeguarding as identified in the Care Act 2014 (empowerment, prevention, proportionality, protection, partnerships, accountability)
- disclosure - self and others
- potential abuse
- suspected abuse
- harm
- restrictive practices - lawful vs unlawful
- confidentiality
- whistleblowing.

Topic 1.2:

Learners will have an awareness of current legislation, national policies, guidelines and codes of practices relating to safeguarding children, young people and adults, to be able to explain how legislation impacts/influences working practices in health and care:

- government – including the prevent strategy
- local authority – including safeguarding adult boards and adult reviews
- NHS
- Ofsted
- Care Quality Commission (CQC).

Examples could include recent legislation for equality, child protection, early years curriculum, mental capacity and local safeguarding reporting procedures.

Legislation, national policies, guidelines and codes of practices relating to safeguarding children, young people and adults may be subject to change

Topic 1.3:

Learners will explain the following in respect of safe practice:

- risk assessments, managing risk, informed choices and health and safety
- prevention
- security requirements for visitors
- lone working
- current police checks – e.g. disclosure and barring checks
- safer recruitment – e.g. interviewing process and related checks.

Topic 1.4:

Learners will evaluate how policies and codes of practice impact on roles and responsibilities for:

- managers

- care workers/health care support workers
- those in receipt of care
- other professionals – e.g. social workers, nurses
- family, friends and advocates.

Learning outcome 2: Understand signs, symptoms and behaviours of abuse

- **Topic 2.1:** Types of abuse associated with children, young people and adults
- **Topic 2.2:** Signs and symptoms of abuse
- **Topic 2.3:** Known characteristics of perpetrators and associated behaviours
- **Topic 2.4:** Causes of abuse
- **Topic 2.5:** Why abuse and neglect may be missed or overlooked

Topic 2.1:

Learners will describe all types of abuse and associated and behaviours/indicators:

- sexual – including rape, sexual assault or sexual acts to which a person has not consented, or could not consent or was pressured into consenting
- psychological – including emotional abuse, threats of harm or abandonment, humiliation, bullying
- neglect and acts of omission including ignoring medical or physical care needs, failing to provide access to appropriate health, social care or educational services
- physical – including hitting, slapping, misuse of medication, restraint, breast ironing
- institutional/organisational – regimented routines, staff collusion, stereotyping
- exploitation by gangs and groups - enforced initiation activities, threats of violence, shared sexual partners/prostitution, bribery, use of drugs, modern slavery
- e-abuse – including cyber bullying, sexting and grooming
- financial or material abuse – including theft, fraud, pressure in connection with wills, property
- discriminatory abuse – including racist, sexist, homophobia, transphobia that based on a person's disability, slurs
- self-harm / self-neglect/ attempted suicide / suicide
- domestic abuse.

Topic 2.2

Learners will describe the signs and symptoms of abuse including:

- sexual abuse – for example repeated urinary and genital infections, injuries to genital areas or breasts that do not tally with explanations given, low self-esteem, sexually explicit drawings/artwork
- physical abuse – for example anxiety, agitation, injuries such as cigarette burns, fingertip /unexplained bruising, bite mark changes in appetite and weight
- psychological abuse – for example sleeplessness, withdrawal and self-isolation, anger, fears and phobias
- financial abuse – for example lack of finances to pay bills, possessions going missing or being sold, unusual interest by another in an individual's finances
- institutional abuse – for example uniform treatment of all those in receipt of care, individuals being forced to follow routines such as set bedtimes, expectations that employees can impose punishments, sanctions or 'withhold privileges'.

Topic 2.3:

Learners will describe potential perpetrators of abuse and associated behaviours:

- people in positions of power, externally and internally
- professionals and other stakeholders including care workers
- family – e.g. immediate, distant

- threats, bribes and rewards
- grooming and targeting
- radicalisation
- ignoring, intentional rejection and belittling.

Topic 2.4:
Learners will explain potential causes of abuse including:
- poverty
- loss of employment
- physical and/or family environment/background
- religious/cultural influences
- mental health and health status – e.g. depression, capacity, dementia, dying
- relationship breakdown
- alcoholism or drug dependency.

Topic 2.5:
Learners will explain why cases of abuse or neglect may be missed including:
- why warning signs may be misinterpreted or ignored or overlooked (intentional or otherwise)
- why individuals may not recognise they have been abused or exploited
- failure to record instances of abuse or neglect.

Learning outcome 3: Understand how to report and record abuse

- **Topic 3.1:** Reporting and recording abuse
- **Topic 3.2:** Support networks for those involved in safeguarding

Topic 3.1:
Learners will describe the following:
- correct procedure for the reporting of potential abuse, suspected abuse and disclosure (this should include references to both current legislation, guidance and whistleblowing policy and practice)
- requirements for the recording of potential abuse, suspected abuse and disclosure (including the use of body maps)
- the importance of information sharing with colleagues, senior managers and others where appropriate.

Topic 3.2
Learners will identify and evaluate internal and external support networks available for those involved in matters of safeguarding including:
- colleagues
- supervisors
- senior managers
- inspectors and regulators
- national support groups
- charities and voluntary organisations
- counselling services
- police
- trade unions
- professional bodies.

Learning outcome 4: Investigate a serious case review

- **Topic 4.1:** Investigating a serious case review

Topic 4.1:
Learners will investigate a national or local serious case review referencing a specific example carrying out the following:

- consideration of relevant recent Safeguarding Reviews (child/adult)
- review recommendations
- impact on care/or care practice.

Topic 4.1 relates to the year one synoptic summative assessment case study requirement.

Guidance for delivery

The "Duty of Care" of adults, children and young people is a core principle, and underpins the work of professionals in the caring sector. The learners need to understand the importance of their role in ensuring the safeguarding of those in their care.

The learner needs to have a fundamental understanding of not only current global, national and local legislation, but also the background to it, and how that informs current policies, procedures and practice in the health and care sector.

Learners need to understand about the wellbeing of adults, children and young people, which includes Maslow's Hierarchy of needs. It is paramount that learners understand the term "holistic care" and embed their practice with safe working practices. In order to understand the complexities of safeguarding, learners must be aware of different religions, cultures, and family units etc. and that every adult, child, and young person is an individual, and must be treated with dignity and respect.

Learners need to have knowledge and understanding of categories of abuse and the behaviours associated with them. It is essential that learners understand how vital it is to adhere to the reporting and recording procedures for all concerned.

Learners should have an understanding of the lessons that can be learnt from serious cases reviews and how this can impact changes to improve working practices.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/Reports

Department for Education: Missed opportunities: indicators of neglect- what is ignored, why and what can be done? (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

Department of Education: Working Together to Safeguard Children (2013)
Reference: DCSF-00305-2010
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

Department of Education: Keeping children safe in education (2014)
Ref: DFE-00341-2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372753/Keeping_children_safe_in_education.pdf

Skills for Care Briefing: Care Act implications for safeguarding adults (reference learning outcome 1, topic 1.1, six principles of safeguarding)
http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf

Prevention in Adult Safeguarding (2014)
First Published May 2011
By The Social Care Institute for Excellence
http://www.scie.org.uk/publications/reports/report41/

Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work (2005)
http://www.adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf

Transforming Care: A National response to Winterbourne View Hospital
Department of Health Review (2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Information: To Share or not to Share? The information Governance Review (2013)
Part of: Making the NHS more efficient and less bureaucratic
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Department for Education: Statutory Framework for the Early Years Foundation Stage (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335504/EYFS_framework_from_1_September_2014__with_clarification_note.pdf

No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)
https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS (2015), Sir Robert Francis QC
http://freedomtospeakup.org.uk/the-report/

Department of Health: No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409816/Document.pdf

Local Government Association: Adult safeguarding and domestic abuse - A guide to support practitioners and managers (2013) S Lewis and C Williams
http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

The Criminal Justice and Courts Act 2015 - specific offence in relation to ill-treatment or wilful neglect
http://www.legislation.gov.uk/ukpga/2015/2/pdfs/ukpga_20150002_en.pdf

- Section 20 (ill-treatment or willful neglect: care worker offence).Section 21 (ill-treatment or willful neglect: care provider offence).
- Section 22 (care provider offence: excluded care providers).Section 23 (care provider offence: penalties).
- Section 24 (care provider offence: application to unincorporated associations).Section 25 (care provider offence: liability for ancillary and other offences).

The City & Guilds Pocket Guide to: Power and Empowerment in Health and Social Care
Siobhan Maclean
City & Guilds; 1st edition (May 2012)
ISBN 13: 978-0851932309

Websites

- **www.Doh.gov.uk**
- **www.victoria-climbie-inquiry.org**

- **www.nspcc.org.uk**
- **www.dfes.gov.uk/everychildmatters**
- **www.cqc.org.uk**
- **www.carecommission.com**
- **www.ofsted.gov.uk**
- **www.gov.uk/.../No_secrets**
- **www.isa-gov.org.uk**
- **www.ageuk.org.uk**
- **www.wbhelpline.org.uk/resources/raising-concerns-at-work**
- **www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/**

Unit 306 Safe working in health and care

UAN:	D/507/3184
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of health and safety and to ensure that those who work with children, young people and adults have up-to-date awareness of best practice. This unit will cover topics which include health and safety legalisation which provides the basis of policies and procedures in employment practices.

Learners will also need to understand risk assessment, accuracy in record keeping and the promotion of safe working practices. Learners will understand the importance of keeping care receivers, visitors and themselves safe.

Learners should consider the following questions as a starting point to this unit

- What does “Health and Safety” mean to you?
- What is a risk assessment?
- What is expected of you in your job role in regards to vigilance and keeping everybody safe?
- What action should be taken in the event of an accident or emergency?

Learning outcomes

In this unit, learners will:

1. understand how legislation, policies and procedures should keep everyone safe and healthy
2. understand how to move and handle people and objects safely
3. understand how to apply security measures
4. understand how to apply infection control measures in health and care environments

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand how legislation, policies and procedures should keep everyone safe and healthy

- **Topic 1.1:** Health and safety legislation
- **Topic 1.2:** Policies and procedures
- **Topic 1.3:** Risk assessments
- **Topic 1.4:** Assessing hazards and risks

Topic 1.1:

Learners will describe how legislations and associated regulations impact on health and care provision and why they are in place, including reference to all of the following:

- The Health and Safety at Work Act (1974)
- The Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- The Provision and Use of Work Equipment Regulations (1998)
- The Management of Health and Safety at Work Regulations (1999)
- The Personal Protective Equipment Regulations (1992)
- The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)
- The Manual Handling Operation Regulations (1992)
- The Food Hygiene Regulations (2006)
- Fire Safety Regulations.

Legislation, national policies, guidelines and codes of practices may be subject to change.

With reference to legislation learners will describe the responsibilities under legislations for:

- themselves
- the workplace/employer
- care receivers.

Topic 1.2:

Learners will explain the following:

- the difference between policies and procedures
- how health and safety legislation links to policies and procedures
- what is meant by legal compliance, consistent practice, managerial accountability
- organisational policies and procedures covering health and care – e.g:
  - safe medication administration policies
  - confidentiality and information disclosure
  - record keeping and access to files
  - moving and handling
  - prevention of fire
  - dealing with accidents, emergencies and incidents
  - communicable diseases/infection control
  - safe storage and disposal of waste
  - safety and security of individuals and staff.

Topic 1.3:

Learners will explain the following:

- the difference between a hazard and a risk
- the purpose of a risk assessment - five steps to risk assessments
- hazards and risks / types of risk – e.g. lone working, violence, trips and falls, stress, smoking

Topic 1.4:
Learners will explain considerations when working with hazardous substances for example:

- cleaning products
- medication
- body fluids
- soiled clothes and linen
- clinical waste.
- infected waste.

Learners will describe COSHH requirements and safe practices in health and care environments for:

- storing hazardous substances and other materials
- using hazardous substances and other materials
- disposing of hazardous substances and other materials.
- proper use of PPE.

Learners will describe those who could be harmed in the workplace and the steps to be taken to reduce or eliminate the risks of accidents, including consideration of:

- types of people at risk
- common hazards
- poor hygiene
- access and egress issues
- ensuring proper supplies of PPE.

Learners will describe requirements for completing a health and safety checklist

Learners will describe actions to be taken in the event of a risk or hazard being identified – e.g. accident and incident forms.

Learning outcome 2: Understand how to move and handle people and objects safely

- **Topic 2.1:** Principles of safe moving and handling
- **Topic 2.2:** Potential risks when transferring care receivers
- **Topic 2.2:** Dignity and respect when moving care receivers
- **Topic 2.4:** Moving and handling equipment and aids

Topic 2.1:
Learners will describe requirements for safe moving and handling as specified under current safe moving and handling legislation/regulations in respect of:

- moving objects in work settings
- supporting people to move - to include relevant anatomy and physiology – e.g. spine care
- use of mobility equipment and aids
- safety and health of staff carrying out the moving and handling.

Topic 2.2:
Learners will describe potential risks when working with people who need care:

- children and young people with physical disability
- those with long-term conditions
- those with cognitive impairment
- people with weight loss or gain
- people with missing limbs
- the elderly

- those in receipt of end of life care
- those with infections.

Topic 2.3:
Learners must explain the importance of, and considerations for, respecting privacy and dignity when working with those in receipt of care and the environment where care can be delivered.

Topic 2.4:
Learners will describe moving and handling equipment required for those in receipt of care identified in topic 2.2. (e.g. walking, into/out of bed, wheelchair/chair, use of bath/shower/wet room and toilet).

Learning outcome 3: Understand how to apply security measures

- **Topic 3.1:** Security measures in health and care environments
- **Topic 3.2:** Fire prevention
- **Topic 3.3:** Reporting accidents

Topic 3.1:
Learners will describe the application of access and security measures in health and care environments including:

- security procedures in closed settings – e.g. signing in books, identification badges
- security procedures in care receivers' properties – e.g. keypads, padlock coding, key safes, video cameras/ intercom
- access issues – e.g. night access
- personal safety – e.g. defensive behaviours of animals, night shifts, lone working, personal alarms.

Topic 3.2:
Learners will describe how fires can start and what can be done to prevent them from spreading.
How they can start including:

- smoking
- candles
- cooking.
- electrical faults.

How they can be prevented from spreading:

- electrical checks
- regular fire drills
- fire alarm testing
- use of fire wardens
- fire extinguishers
- fire blankets.

Learners will describe procedures to be followed and their responsibilities in the event of fire:

- how to raise the alarm
- fire exits
- persons responsible for fire safety
- telephone points
- risk assessment for fire
- fire assembly points
- accessing emergency services.

Learners will explain how this applies in different health and care environments including:

- hospital facilities

- care receiver's own home
- hostels
- residential care homes
- nursery/school.

Topic 3.3:
Learners will explain procedures for reporting accidents, including consideration of:
- employee duties (recording and reporting)
- prevention of reoccurrence by ensuring safe working area
- RIDDOR
- Health and Safety Executive (HSE) and regulatory bodies – e.g. Care Quality Commission (CQC).

Learning outcome 4: Understand how to apply infection control measures in health and care environments

- **Topic 4.1:** Infection routes
- **Topic 4.2:** Preventing the spread of infection
- **Topic 4.3:** Cleaning procedures

Topic 4.1:
Learners will describe routes and types of infection which can enter the body, including all of the following:

- routes:
  - inhalation/respiratory – e.g. Tuberculosis, MRSA, Influenza, Norovirus, SARS-CoV-2 virus
  - ingestion/digestive tract – e.g. Salmonella, Listeria
  - breaks in skin – e.g. Hepatitis A, Hepatitis B
  - contact with the skin – e.g. Scabies.
- types:
  - bacteria
  - viruses
  - fungal
  - protozoal
  - parasites.

Learners will outline reporting procedures in relation to local policies, RIDDOR, HSE and CQC notification.

Topic 4.2:
Learners will explain the recommended method for hand washing – e.g. "wet, soap, wash, rinse, dry" and how this prevents the spread of infection.

Learners will explain when they should wash and/or gel their hands in all of the following:
- when going into and out of health and care environments
- before and after any personal care task
- after handling clinical waste
- before handling food
- after using the toilet
- after removal of protective gloves and aprons
- after blowing their nose
- after contact with animals.

Learners will describe methods of reducing health and hygiene risks to themselves and others with consideration of all of the following:

- Personal Protective Equipment (PPE) – e.g. plastic gloves, plastic aprons, masks, foot coverings
- wearing uniforms
- not wearing jewellery
- ensuring own clothing is clean and appropriate
- using appropriate hair protectors in certain settings or for specific tasks eg. beards, head hair
- taking time off work if they are not well and if there is a risk they could spread infection to those being cared for
- use of nail varnish, nail extensions, nail length
- appropriate footwear to the setting
- special considerations in use for Pandemics such as SARS-CoV-2 virus.

Topic 4.3:
Learners will describe the aspects that should be covered in regular cleaning procedures/rotas in health and care environments by themselves and/or others – e.g. within clinical and social care living environments by specific cleaning teams/individuals.

Guidance for delivery

Examples of health and care environments can be care homes, hospitals, residential settings, peoples own homes etc.

Learners should have access to the completed health and safety checklist/assessment and restrictions when in placement settings.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Websites

Health and safety regulation: A short guide Leaflet HSC13 (rev1) HSE Books 2003
www.hse.gov.uk/pubns/hsc13.htm

The health and safety toolbox: How to control risks at work HSG268 HSE Books 2013
ISBN 978 0 7176 6447 4 www.hse.gov.uk/pubns/books/hsg268.htm Microsite:
www.hse.gov.uk/toolbox

Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice and guidance L24 (Second edition) HSE Books 2013 ISBN 978 0 7176 6583 9
www.hse.gov.uk/pubns/books/l24.htm

Fire safety: **www.hse.gov.uk/toolbox/fire.htm**

Prevention and control of infection in care homes: An information resource Department of Health/Public Health England **www.gov.uk/government/publications**

Control of substances hazardous to health (COSHH). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Sixth edition) HSE Books 2013 ISBN 978 0 7176 6582 2 **www.hse.gov.uk/pubns/books/l5.htm**

Fire safety risk assessment for residential care premises Department for Communities and Local Government **www.communities.gov.uk/publications/fire/firesafetyrisk5**

Slips and trips in health and care: **www.hse.gov.uk/healthservices/slips**

Safe use of lifting equipment. Lifting Operations and Lifting Equipment Regulations 1998. Approved Code of Practice and guidance L113 HSE Books 1998 ISBN 978 0 7176 1628 2
www.hse.gov.uk/pubns/books/l113.htm

Moving and handling in health and social care **www.hse.gov.uk/healthservices/moving-handling.htm**

Reporting injuries, diseases and dangerous occurrences in health and care: Guidance for employers HSIS1 (rev1) HSE 2013 **www.hse.gov.uk/pubns/hsis1.htm**

HSE's risk management site: **www.hse.gov.uk/risk**

The health and safety toolbox: How to control risks at work HSG268 HSE Books ISBN 978 0 7176 6587 7 www.hse.gov.uk/pubns/books/hsg268.htm Microsite: **www.hse.gov.uk/toolbox**

Health and Safety at Work Act **www.hse.gov.uk/legislation/hswa.htm**

Department for Health, The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance July 2015 **www.gov.uk/government/publications**

Unit 307 Understanding cognitive impairment

UAN:	H/507/3185
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to develop an understanding and awareness of cognitive impairments. Having an understanding of these conditions will enable them to feel more knowledgeable in their practice when working with children, young people and adults in independent, residential and community provision. This includes mental health, dementia and learning disabilities.

This unit will also encourage the learner to reflect on their own values behaviours and attitudes towards individuals who are living with cognitive impairments.

This unit will explore care support for individuals in the context of current legislation and integrated care practice.

Learners should consider the following questions as a starting point to this unit

- What is a cognitive disorder and what is cognitive impairment?
- What is meant by 'learning disabilities'?
- What support networks are available to those with cognitive impairment and long-term conditions?
- How old can you be when you get dementia?

Learning outcomes

In this unit, learners will:

1. understand cognitive impairment and associated conditions
2. know the implications for care when working with individuals with cognitive impairment and their care networks
3. understand services involved in supporting individuals with long-term conditions and cognitive impairments

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand cognitive impairment and associated conditions

- **Topic 1.1:** Function of the brain
- **Topic 1.2:** Defining cognitive disorders, impairment and learning disabilities
- **Topic 1.3**: Signs and symptoms of cognitive disorders and impairment
- **Topic 1.4**: Assessing cognitive impairment
- **Topic 1.5:** Learning disabilities and difficulties

Topic 1.1:

The learner will describe key functions of the different parts of the brain which will include:

- the parts of the brain which process and store information
- the parts of the brain which regulate learning
- the parts of the brain which regulate behaviour.

Topic 1.2:

Learners will define the meaning of the terms:

- cognitive disorder
- cognitive impairment
- learning disabilities.

Topic 1.3:

The learner will explain the following types and causes of cognitive disorders and impairments to include signs and symptoms.

Types may include:

- delirium
- anxiety
- depression
- types of dementia – Alzheimer's, Vascular, Lewy body
- links to other conditions – e.g. Parkinson's disease
- brain injury – from birth or accidental trauma
- substance misuse and addiction
- transient ischemic attacks/Strokes (Cerebral Vascular Episodes - CVE)
- autistic spectrum disorders psychosis
- schizophrenia
- bipolar disorder
- other chemical imbalances (hormone imbalance, some medication).

Signs and symptoms including:

- remembering/memory loss
- concentration/attention span
- difficulty in rational decision making

- difficulty in learning new things
- behavioral changes – in self and with others
- emotional changes – in self and for others
- signs of brain tissue changes/loss on diagnostic testing.

Topic 1.4:
The learner will explain ways cognitive impairment is assessed using current testing tools to include:
- '6 item cognitive impairment test' (Cognitive Impairment Test Kingshill version 2000).
- MRI scans
- Diagnostic and Statistical Manual of Mental Disorders (DSM) testing scale.
- other assessment methods.

Topic 1.5:
The learner will explain learning disabilities with consideration of:
- causes – e.g. genetic and birth injuries
- signs and symptoms
- diagnosis and assessment – e.g. Intelligence as a diagnostic tool (IQ test)
- associated behaviours
- potential challenges in transition from childhood to adolescence to adulthood – e.g. behavioural and emotional changes.

Learning outcome 2: Know the implications for care when working with individuals with cognitive impairment and their care networks

- **Topic 2.1:** Types of cognitive impairment
- **Topic 2.2:** Implications of cognitive impairment

Topic 2.1:
Learners will describe different categories and types of cognitive impairment including:
- Mental ill-health – e.g. bipolar, schizophrenia, depression
- congenital – e.g. Down syndrome
- acquired – e.g. addictive substances, trauma, brain damage, stroke
- genetic – e.g. Huntington's disease
- degenerative cognitive conditions – e.g. tumors, motor neuron disease, congenital syphilis, dementia and Alzheimers disease
- life defining medical conditions – e.g. epilepsy, hydrocephaly.

Topic 2.2:
The learner will describe the implications and impact of cognitive impairment on the provision of care services:
- for the individual
- for the care and support they receive
- for partners and family
- the services and provision available.

Learning outcome 3: Understand services involved in supporting individuals with long-term conditions and cognitive impairments

- **Topic 3.1:** Roles of professionals in support
- **Topic 3.2:** Role of charities in support

Topic 3.1:
Learners will explain how health and care professionals may support individuals with cognitive impairments, including:

- social worker
- community psychiatric nurse
- occupational therapist
- paediatric consultant
- independent advocate
- physiotherapist
- GP
- domiciliary care worker
- psychiatrist
- educational psychologist/ psychologist.

Topic 3.2:
Learners will investigate a national charity service available for people with cognitive impairments with reference to their roles and purpose. Charities could include:

- Alzheimer's Association
- Age UK
- Young carers association
- Scope UK
- Mencap
- Parkinson's UK
- Alcoholics Anonymous
- Huntington's disease association (England and Wales)
- The Children's Trust
- Admiral Nurses
- other recognised charities.

Guidance for delivery

Learners should be encouraged to look at expert websites so they can develop methods/resources to help their understanding of cognitive impairment and the current ways people are supported with these conditions. Part of this exercise will enable the learners to understand which websites are trusted and factual.

Many expert groups have excellent videos and materials that are of a standard that can be integrated into the qualification.

Learners need to be reminded continually of the values and principles of respect that are part of working in this sector, as part of this qualification tutors need to continually challenge stereotypes, perceptions and discrimination. They could promote positive role models with cognitive impairment using media reports.

Under topic 3.2 learners could be encouraged to research a charity's role and purpose and to present findings to their peers either individually or in groups.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/reports

City & Guilds textbook L3 Diploma In Care (2018)
Maria Ferreiro Peteiro
ISBN 9781510429093

Excellence in dementia care: research into practice 2010 2nd edition
Murna Downs and Barbara Bowers
Published by Oxford University Press
ISBN 13978033524533

Learning disabilities care: A care workers handbook 2012
Tina Marshall and Layla Baker
Published by Bookpoints Ltd
ISBN 9781444163261

Cognitive impairment causes, diagnosis and treatment 2010
Melanie L Landow
Published by Nova sciences publications
ISBN 9781608762057

Cognitive Psychology2001 3rd edition
Robert J Steinberg
Published by Better World Books ltd
ISBN 9780030379457

Health matters: public health issues- Midlife approaches to reduce dementia risk 2016
Public Health England
https://www.gov.uk/government/collections/health-matters-public-health-issues

Websites

- **www.bild.org.uk**
- **www.learningdisabilitiestoday.co.uk** (online journal)
- **www.alzheimers.org.uk**
- **www.skillsforcare.org.uk**

Unit 308 Understanding individual care needs

UAN:	K/507/3186
Level:	3
GLH:	60

What is this unit about?

People receive care services for a variety of reasons and from a wide variety of professionals and other individuals. The reasons people receive care is growing as is the complexity of their needs. Supporting individual care needs is becoming an increasing part of the role carers regularly undertake, both in community and residential provision.

The purpose of this unit is for learners to develop knowledge and understanding of the care required to support children, young people and adults to be as independent as possible with meeting their own individual care needs. The unit also focuses on the need for care workers to maintain their own wellbeing when caring for others.

Health and care workers are required to work with individuals with a range of differing needs. A range of assessment tools are available to gather and understand information about these needs. This information informs a person centred plan/care plan using a combination of resources and services to meet assessed needs.

In order for health and care workers to be able to meet the needs of care receivers they themselves need to maintain their own health and wellbeing. This unit covers considerations for how this is maintained to ensure a high level of quality care is provided.

Learners should consider the following questions as a starting point to this unit

- What are personal care needs?
- What factors influence the differing needs care receivers have?
- How are care needs assessed and addressed?
- Which values are core to person-centred care?

Learning outcomes

In this unit, learners will:

1. understand what constitutes individual care needs
2. know ways to meet individual care needs
3. Know ways in which care practitioners promote the needs of individuals in respect of their care
4. reflect on what constitutes good practice in delivering personal care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand what constitutes individual care needs

- **Topic 1.1:** Defining individual care needs
- **Topic 1.2:** Individual care needs

Topic 1.1:
The learner will define the meaning of:

- individual care needs
- a holistic approach in meeting individual care needs.

Topic 1.2:
The learner will describe individual care needs associated with the following:

- age/ageing and presenting needs – to include children aged 7-18 years
- gender/transgender
- cognitive and physical impairments
- supporting health and wellbeing of those in receipt of care including their wishes, feelings, hopes and aspirations
- cultural diversities
- environment – access to resources
- life span changes
- social needs
- activity needs
- sexuality and sexual needs
- physical needs – including intimate care, use of toilet, bathing, movement
- eating and drinking
- spiritual needs
- the impact of ageing and illness on an individual's care needs.

Learning outcome 2: Know ways to meet individual care needs

- **Topic 2.1:** Packages of care and/or care plans
- **Topic 2.2:** Implementing packages of care and care plans
- **Topic 2.3:** Contributing to packages of care and care plans
- **Topic 2.4:** Reviewing and evaluating packages of care and care plans

Topic 2.1:
The learner will describe concepts, processes and the purpose of accessing initial assessment. This will include types of care packages available and how they link into care plans being produced. The learner will explain the terminology associated with care packages and plans including:

- assessment of need – e.g. holistic assessment and concepts of need to include Maslow's hierarchy of needs (1970) and Bradshaw's taxonomy of need (1972)
- care plan
- care package
- care pathways
- daily plan
- weekly plan
- support plan
- advanced care planning
- end of life plan

- integrated care packages
- triggers for accessing initial assessment, how this links to getting a plan produced
- costing – direct payments or private payments.

Topic 2.2:
The learner will explain the roles of all professionals and others within the care planning and delivery process with consideration of financial and resource, for example:

- care provider
- care worker
- family members and other informal carers
- voluntary organisations
- other professionals – e.g. GPs, social workers, community/MacMillan nurses, advocacy services.

Topic 2.3:
The learner will explain how to contribute to the monitoring of packages of care and care plans including consideration of:

- ongoing triggers for risk assessment
- review of plans and any adjustments
- related documentation – e.g. daily notes and how these are used
- terminology and legal considerations – e.g. accuracy, dates, signatures, legibility
- entry failures and inaccuracies – e.g. alteration of care plans
- falsification checks
- informal reviews
- reporting concerns
- how outcomes are measured and/or achieved and how this is audited.

Topic 2.4:
The learner will explain how to review and evaluate packages of care and care plans including consideration of:

- facilitating a review
- the purpose of review meetings and timings
- involvement of care receiver
- professionals involved
- others – e.g. family and friends.

Learning outcome 3: Know ways in which care practitioners promote the needs of individuals in respect of their care

- **Topic 3.1:** Principles and values of person-centered care
- **Topic 3.2:** Challenges to meeting individual care needs

Topic 3.1:
The learner will explain the meaning of person-centered care approaches, care values and principles, for example:

- commitment to promoting human rights
- seeing people as unique individuals
- promoting choice and self determination
- putting people in control
- individuality/individual empowerment, self-management, self-control and independence of those in receipt of care

- dignity, privacy and respect
- understanding advocacy, capacity, consent and role of independent advocates.

Topic 3.2:
The learner will describe challenges to meeting the needs of individuals including consideration of:
- understanding and implementing relevant codes of practice which apply to children and adult care services
- professional partnerships to ensure an holistic approach
- maintaining dignity and self-esteem of those receiving care
- language and effective communication skills e.g. tone and inflection
- adjustments for cognitive and physical impairments
- demands and expectation of others – e.g. partners, family members and significant others
- establishing consent
- preventing the abuse of "power"
- co-operation vs non co-operation.

Learning outcome 4: Reflect on what constitutes good practice in delivering personal care

- **Topic 4.1:** Reflecting on good practice in delivering personal care
- **Topic 4.2:** Developing practice through reflection and learning

Topic 4.1:
In the context of the classroom environment, the learner will reflect on practices in delivering personal care with reference to case study examples in respect of providing personal care, good vs bad practice. This might include:
- fluids, nutrition and hydration
- shaving – men and women
- bathing/washing
- mouth care – eg. teeth, dentures
- use of hearing aids
- use of toilet including support during menstruation
- prosthetics
- feeding
- dressing
- hair car
- skin care – including applications of emollients
- make-up – application and removal
- barrier nursing during infection outbreaks.

Respecting confidentiality, the above might be drawn from learner's individual work practice experience **and/or** other case studies provided by the unit tutor/supervisor.

Topic 4.2:
The learner will develop their knowledge and understanding through their learning and reflection with reference to:
- identifying their own areas of further skill and knowledge development in respect of supporting personal care needs of others, including any anxieties and fears
- consideration of soft skills/behaviours – e.g. rapport, empathy, confidence and humour when working with those in receipt of care
- identifying where and how to access support for further development.

Guidance for delivery

Reflection on work-based practice is essential for the delivery of this unit. Learners should be encouraged to reflect on work placement and their and others practice when meeting personal care needs. Models of good practice should be reflected upon and the promotion of care values should underpin this unit.

Learners should make use of legislation which is current at the time of delivery and the recognition that the law frequently changes. The use of case studies and discussion will be essential for the delivery of this unit in addition to use of video/digital materials.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/reports

Level 3 Diploma in Health and Social Care Textbook — S. Maclean
City Guilds (2013)
ISBN-13: 978-0851932750

Person-centred dementia care – making service better — D. Brooker
Jessica Kingsley Publishers Ltd; 1 edition (2006)
ISBN-13: 978-1843103370

Health matters: public health issues- Midlife approaches to reduce dementia risk 2016
Public Health England
https://www.gov.uk/government/collections/health-matters-public-health-issues

Websites

- Nutrition and hydration **http://www.rcn.org.uk/__data/assets/pdf_file/0004/33898/Nutrition_now_Pamphlet_V7.pdf**
- Care that is culturally appropriate **http://www.nhs.uk/CarersDirect/guide/rights/Pages/cultural-care.aspx**
- Code of Practice on Protecting the Confidentiality of Service User Information **http://www.dhsspsni.gov.uk/confidentiality-code-of-practice0109.pdf**
- People in control of their own health and care **http://www.kingsfund.org.uk/publications/people-control-their-own-health-and-care**
- Domiciliary care provided in people's own homes **http://www.hse.gov.uk/healthservices/domiciliary-care.htm**
- Moving and handling in health and care **http://www.hse.gov.uk/healthservices/moving-handling.htm**
- Social Care Institute for Excellence **http://www.scie.org.uk/**
- National Institute for Health and Care Excellence **http://www.nice.org.uk/**
- Department of Health, Social Services and Public Safety (2011) Promoting Good Nutrition: A Strategy for the Good Nutritional Care of Adults in all Care Settings in Northern Ireland 2011-2016 **http://www.dhsspsni.gov.uk/promoting_good_nutrition-2.pdf**
- Care plans **http://www.nhs.uk/Planners/Yourhealth/Pages/Careplan.aspx**
- Skills for Care **http://www.skillsforcare.org.uk**
- **Personal centred approaches in health care**
  Skills for health/skills for care/health education England
  July 2017
  www.skillsforhealth.org.uk

Unit 309 Quality service provision in health and care

UAN:	M/507/3187
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of what constitutes an outstanding care service.

Learners will be required to understand the term 'Quality', how this is defined in respect of regulation and inspection, health and care practice and the experiences of those in receipt of care. Learners will also be expected to understand how quality can be improved and their role in achieving this.

This unit will cover topics such as how legislation and regulation helps to ensure the provision of quality services in health and care is developed and maintained, how quality is measured and the procedures to follow where quality of services and service delivery is compromised.

Learners are encouraged to explore what they would expect if they were in receipt of care services and ways in which they could contribute to achieving improvements where identified in either a professional or personal capacity.

Learners should consider the following questions as a starting point to this unit

- What does 'Quality' mean to you?
- What are your experiences of a good care service?
- What is expected of you in your job role in regards to ensuring a quality service?
- Would you know what action to take if you identified poor care practice?

Learning outcomes

In this unit, learners will:

1. understand what quality health and care service is or should be
2. investigate quality measures in health and care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning Outcome 1: Understand what quality health and care service is or should be

- **Topic 1.1:** Defining "Quality" and "Compliance"
- **Topic 1.2:** How legislation provides for quality service
- **Topic 1.3:** Measuring quality

Topic 1.1:

Learners will define the meaning of the term "Quality" and "Compliance" in relation to health and care practice from the following perspectives:

- individuals receiving care
- family, friends and advocates
- care practitioners and other professionals
- managers
- inspectors/regulators
- subcontractors of care services
- own personal perspective and/or experiences.

Topic 1.2:

Learners will explain how legislation provides the foundation for policies and procedures which aim to ensure quality services in health and care with consideration of all of the following:

- The Health and Social Care Act (2012) and Care Quality Commission (CQC) regulation and inspection requirements
- The Care Act (2014)
- Health and Social Care (Safety and Quality) Act (2015)
- The Health and Safety at Work Act (1974)
- National Institute for Health and Care Excellence (NICE) standards (2012)
- Ofsted.

The above may be subject to changes within the sector.

Topic 1.3:

Learners will describe types of tools used for measuring quality which could include:

- Care Quality Commission (CQC) inspection grading system, reports and organisations' action plans
- Ofsted inspection grading system, reports and organisations' action plans
- Health and Safety Executive inspections
- case management reviews/audits
- health and safety risk assessments and reviews
- NHS Safety Thermometer – the 'temperature check' on harm for those receiving care
- individual risk assessments and reviews – employer and those receiving support
- support plans and reviews
- complaint records and feedback
- resident meetings and feedback
- staff induction and CPD training records
- staff supervision records
- staff sickness and retention
- internal audits.

Learning Outcome 2: Investigate quality measures in health and care

- **Topic 2.1:** Current quality measures in health and care.
- **Topic 2.2:** Reporting poor quality measures.

Topic 2.1:

- inspection reports (CQC/Ofsted/internal)
- aspects identified as best practice
- any recommendations for improvement
- how the outcomes of the reports might impact on the quality of care provided.

Topic 2.2:

Learners will explain the procedures that should be followed in the event they identify poor quality service either as a care practitioner or from someone in receipt of care, with consideration of:

- reporting and recording procedures
- channels of escalation – internally and externally
- management responsibilities in maintaining a quality service
- their own responsibilities as care practitioners for maintaining a quality service
- formal complaints
- expressions of concern
- whistleblowing procedures.

Guidance for delivery

Examples of health and care environments can be Care Homes, Hospitals, Residential settings, GP practices etc.

Learners should have guidance to access completed inspection reports and audits related to the work setting and their work placement. It may prove useful for learners to complete this unit following work placements, in order to reflect on experiences to be included in any set project work.

Research under topic 2.1 may be set as a piece of written project work and could be presented as part of a group or in individual format.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested Learning Resources

Books/Reports

Department of Health Review: Final Report
Transforming care: A national response to Winterbourne View Hospital (2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Websites

- **www.cqc.org.uk/**
- **www.skillsforcare.org.uk/Standards/.../National-Occupational-Standards**
- **www.nice.org.uk/standards-and-indicators**
- **www.gov.uk/whistleblowing/overview**
- **www.hse.gov.uk/legislation/hswa.htm**
- **www.gov.uk/.../care-act-2014-statutory-guidance-for-implementat**
- **www.gov.uk/government/organisations/ofsted**

Unit 310 Social policy in health and care

UAN:	T/507/3188
Level:	3
GLH:	60

What is this unit about?

This unit is about the development of the welfare state in the UK and other countries from a historical context to the present day. It will allow the learner to make a comparison with other nations/countries of choice in respect of welfare provision. It explores what social policy is and the reasons how and why social policy has developed in modern societies from a legislative and environmental perspective.

The unit covers funding, policies and strategies in health and care from a national and local perspective (recognising developing political devolution in the UK) and selected other countries.

This unit builds on historical concepts introduced in unit 301 'Introduction to health and care' and the expectation is that learners will further develop an understanding of the welfare state and related policy initiatives.

Learners should consider the following questions as a starting point to this unit

- What is meant by welfare?
- What is the welfare state?
- How is health and care provided and funded in the UK including child welfare?
- What are the emerging developments in relation to health, care, children's and early year's delivery?

Learning outcomes

In this unit, learners will:

1. understand the development of the welfare state in the United Kingdom
2. understand the ways in which social policy influences health and care provision
3. compare worldwide welfare systems.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the development of the welfare state in the United Kingdom

- **Topic 1.1:** Welfare in the UK before the 20th Century
- **Topic 1.2:** Early 20th Century Welfare and the Beveridge Report
- **Topic 1.3:** The development of the welfare state

Topic 1.1:
Learners will have an awareness of, and be able to define:

- social policy
- key developments and milestones in social policy from 1834 to the present day – e.g. the Poor Law (1834) – explanation of the provision of welfare under this piece of legislation.

Topic 1.2:
Learners will examine the changes to welfare system:
e.g. Liberal Reforms 1906-14; The significance and impact of the Beveridge Report (1942)

This topic has links to unit 301 topic 1.2 and builds on the learning undertaken in year 1.

Topic 1.3:
Learners will explain the development of welfare provision from 1945 in relation to:

- social security
- health – the development of the NHS and the Health and Social Care Act (2012)
- housing
- education for children and young people (0-18 years)
- welfare and children (0-18 years).

As this topic covers the UK, learners are expected to have an overview of contemporary developments and differences in welfare provision (post devolution) in Scotland, Northern Ireland and Wales.

Learning outcome 2: Understand the ways in which social policy influences health and care provision

- **Topic 2.1:** Welfare sectors in the UK
- **Topic 2.2:** Influences on the development of social policy
- **Topic 2.3:** Funding of health and care services
- **Topic 2.4:** Procurement and commissioning of services
- **Topic 2.5:** How private problems become social issues

Topic 2.1
Learners will describe the sectors of welfare including:

- statutory
- private
- the third sector.

Topic 2.2
Learners will describe influences on the development of social policy in the UK, such as:

- international bodies – e.g. World Health Organisation, the United Nations, the OECD (Organisation for Economic Co-Operation and Development), The World Bank, UNICEF

- The European Union/post Brexit
- the media
- pressure groups and charities – e.g. Shelter, Save the Children, Oxfam, Child Poverty Action Group, Age Concern
- political think tanks/scientific advisors
- trade unions – e.g. UNISON, NUT
- Professional bodies – e.g. GMC, NMC, SWE.

Topic 2.3
Learners will explain how services for children, young people and adults in health and care are funded in the UK to include consideration of:
- The European Union/post Brexit
- national government and related welfare departments
- devolved governments and related responsibilities
- NHS - the Naylor Report
- private care – self funding and private insurance
- 3rd sector funding
- local authorities
- children's services – statutory, private and voluntary.

Topic 2.4
Learners will explain the following:
- changing funding mechanisms and strategies for delivery in care services in the UK – regionally and nationally (to include children (0-18 years), young people and adults)
- procurement and commissioning
- NHS clinical commissioning – process and procedure
- social care commissioning – process and procedure
- direct payments – government funding.

Topic 2.5
Learners will consider how problems/issues for an individual become an issue for society issues:
- poverty
- substance misuse
- underage drinking
- homelessness
- extremism
- people trafficking
- ageing population
- assisted suicide
- immigration
- gender identity.

Learning outcome 3: Compare worldwide welfare systems

- **Topic 3.1:** Worldwide welfare systems

Topic 3.1:
In comparison with the UK, learners will consider the provision of welfare with one other world country in relation to the following systems:
- social security
- health
- housing
- education

- welfare and children (0-18 years).

Guidance for delivery

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books and papers

Spiker, P (2014) Social Policy: Theory and Practice. 3rd ed. Bristol. Policy Press.
Yeates N (2014) Understanding Global Social Policy. Bristol. Policy Press

Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Act: Care and Support Statutory Guidance (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

HFMA Briefing 2019
A summary of the NHS Long Term Plan
https://www.hfma.org.uk/docs/default-source/default-document-library/the-nhs-long-term-plan---a-summary.pdf?sfvrsn=0

Journals and magazines

- The Social Policy Digest - **http://journals.cambridge.org/spd/action/home**
- The Economist

Websites

- **http://socialwelfare.bl.uk/** – Social Welfare at the British Library
- **http://www.globalwelfarelibrary.org/** – E-Library for Global Welfare – resources for international and comparative policy analysis
- **http://www.sociosite.net/topics/index.php** – Information on a wide range of social issues.
- **http://www.globalissues.org/issue** – Variety of global issues are discussed on this website
- **https://www.globalpolicy.org/social-and-economic-policy.html**
- **http://data.worldbank.org** – Information on developing countries and statistics in relation to poverty and other global social policy issues.

Unit 311 Person centred working with children, young people, parents and carers

UAN:	A/507/3189
Level:	3
GLH:	60

What is this unit about?

This unit will provide learners with the opportunity to gain knowledge and understanding of key aspects of working with children, young people, parents and carers linking to both policy and practice (0-19). Learners should be aware that this unit will also cover people with learning disabilities up to the age of 25.

Learners will gain knowledge of the policies and legislation which link into the practice of provisions. Learners will gain an understanding of the many transitions that children and young people experience. This will include an understanding of different behaviours that might be associated with each transition.

This unit will develop knowledge of parent partnership, highlighting both the importance and the benefits that come with working closely with the child's or young person's main educator.

Learners will also gain an awareness of the different professionals that could be involved with a child or young person and how using 'child-centred' approaches support this type of working.

Learners should consider the following questions as a starting point to this unit:

- What is meant by the term "holistic development"?
- Which legislations effect partnership working between parents and other professionals?
- What factors can impede the development of children and young people?
- How might the media impact on young peoples' development?

Learning outcomes

In this unit, learners will:

1. understand differences in legislation and their impact on culture and practice
2. know the journey and holistic nature of child development
3. understand the importance of working in partnership with parents and other professionals.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand differences in legislation and their impact on culture and practice

- **Topic 1.1:** Legislation, policies, guidance, and codes of practice relating to 0-19
- **Topic 1.2:** Analysing the effectiveness of policies and procedures that impact on health and care job roles

Topic 1.1:

Learners will explain the purpose and implications of the United Nations Convention of the Rights of a Child (1989).

Learners will describe current legislation, policies, guidance, and codes of conduct relating to the 0-19 age groups in England. Comparison with at least one other nation – e.g. age of consent, voting rights, E-safety in learning and care, learning difficulties/disabilities, criminal convictions, child labour/street kids and child soldiers.

Topic 1.2:

Learners will analyse and evaluate the effectiveness of legislation, policies and procedures that impact on working with 0-19s.

Learners will describe workplace policies and their impact on job roles and responsibilities for those working with:

- prenatal – to birth
- 1-3 years
- 4-8 years
- 9-11 years
- 11-14 years
- 14-19 years
- 19-25 people with learning difficulties.

How policies are adapted to meet the needs of different settings (e.g. foster care, child minders, young offenders' institutions, children's mental health, residential care, hostels, pre-school / nurseries, schools – primary and secondary).

Learners will analyse the impact of legislation on partnership working – e.g. with parents, carers and other professionals who work or come into contact with children and young people with reference to specific legislation including:

- United Nations Convention of the Rights of a Child (1989)
- The Human Rights Act (1998)
- The Children Act (1989 /2004)
- The Children and Families Act (2014)
- The Childcare Act (2006)
- The Mental Health Act (2007)
- The Children and Social Work Act (2017)
- The Children (Leaving Care) Act (2000).

Learning outcome 2: Know the journey and holistic nature of child development

- **Topic 2.1:** Holistic development from conception to 19 years
- **Topic 2.2:** Factors that can impede development
- **Topic 2.3:** External factors impacting on children, young people and their parents
- **Topic 2.4:** Global and national factors affecting children, young people and their parents
- **Topic 2.5:** Key transitions and associated behaviours
- **Topic 2.6:** Supporting children, young people and parents through transitions

Topic 2.1:

Learners explain holistic development from conception to 19 years, with consideration of:

- neurological and brain development stages before birth
- congenital and inherited disorders
- physical development – fine and gross motor skills, posture
- communication – e.g. speaking, language, phonetic awareness, supporting early literacy, selective mutism, dis-fluency, dysphasia
- cognitive/intellectual development
- stages of personal, social, emotional and behavioural development linking to theorists:
    - behaviour and emotional self-regulation - e.g. Eisenberg
    - schematic development – e.g. Cathy Nutbrown
    - attachment, separation and loss – e.g. Robertson, Bowlby, Kubler Ross, Robinson, Hazan and Shaver
    - wellbeing and involvement – e.g. Laevers
- numeracy and early maths skills
- Alternative educational approaches to child development – e.g. HighScope, Steiner, Montessori, Forest Schools.

Learners will describe theories relating to child and young people's development -
Cognitive/Constructivist theories including the following theorists:

- Vygotsky
- Bruner
- Piaget.

Behaviourist and social theories including the following theorists:

- Skinner
- Bandura
- Kohlberg.

Psychoanalytical theories including the following theorists:

- Freud
- Erikson.

Humanist theories including the following theorists:

- Maslow
- Rogers.

Attachment theories including the following theorists:

- Bowlby
- Ainsworth.

Contemporary theories including the following theorists:

- Goleman

- Iram Siraj-Blatchford
- any other contemporary relevant theorist.

Topic 2.2:
Learners will describe external and personal factors that could impede development of children and young people.

Adverse Childhood Experiences (ACEs) including:
- abuse
- neglect
- poverty
- family dynamics/ circumstances - including parental separation
- exposure to substance use or misuse
- maternal health
- bereavement.

External factors including:
- radicalisation and extremism
- discrimination
- displacement
- stigmatism.

Personal factors including:
- short and long-term health issues
- disability both physical or learning
- sensory impairment/loss
- immunisation behaviours
- resilience and mental health
- life choices
- compulsive or addictive behaviour.

Topic 2.3:
Learners will evaluate the impact on children, young people and their parents of the following external factors:
- bereavement – e.g. of the main educator/carer, close relatives/friends
- socio-economic changes
- familial difficulties and breakdown
- entry into or experiencing the care system
- transitions
- domestic violence
- extraordinary events – e.g. migration/ refugee status
- immigration/fleeing from terrorism.

Topic 2.4:
Learners will describe global and national factors that could affect children, young people and their parents. Including consideration of the following:
- natural disasters
- conflicts/terrorism/social unrest/immigration
- periods of economic fluctuation
- epidemics/endemics/pandemics
- changes to legislation/change of government or power structure

- role of social media and media/advertising.

Topic 2.5:
Learners will outline different types of transitions: the negative impact of these on development and relationships including behavioural changes. How to plan and provide effective support for different age groups:

- prenatal – to birth
- 1-3 years
- 4-8 years
- 9-11 years
- 11-14 years
- 14-18 years
- 19+.

Topic 2.6:
Learners will evaluate the effectiveness of support that is available to children, young people and parents associated with transitions, to include mini-transitions.
To consider improvements that could be made to policy and practice to promote positive transitions:

- mini transitions which could have a significant impact on a child's wellbeing
- starting in an Early Years setting
- moving into a school environment
- moving to secondary education
- moving to further education
- moving into a work environment
- children and young people leaving care
- foster care placements and the concept of "permanence".

Learning outcome 3: Understand the importance of working in partnership with parents and other professionals

- **Topic 3.1:** Parenting styles impacting on collaborative working
- **Topic 3.2:** Enhancing partnership working with parents of children and young people
- **Topic 3.3:** Enhancing partnership working with professionals to support children, young people and parents
- **Topic 3.4:** Effective communication for promoting positive working with children, young people and parents.

Topic 3.1:
Learners will explain different parenting styles and how these may enrich or derail attempts of professionals to work collaboratively with parents.

Topic 3.2:
Learners will describe principles, policies and values that promote parental involvement in a child's or young person's life (0-19), and how these are reflected in strategies of provision for enhancing partnership working for example:

- Raising Early Achievement in Learning (REAL)
- Raising Early Achievement in Mathematics (REAM)
- Parents Early Years and Learning (PEAL)
- Parents Involvement in their Children's Learning (PICL)
- Every Child a Talker (ECAT)
- others as relevant.

Topic 3.3:
Learners will describe principles, policies and values that promote other professionals' involvement in a child's or young person's life (0-19), and how these are reflected in strategies of provision for enhancing partnership working.

Topic 3.4:
Learners will analyse the skills needed for effective communication both verbal and non-verbal with each of the following:

- children under the age of 5
- children over 5 under 10
- children over 10 under 15
- children from 15-19
- parents (including those under 19).

Learners will explain how the following impact on effective communication:

- mosaic approach
- Hart's ladder of participation
- partnership working as referred to in frameworks such as the Early Years Foundation Stage (EYFS)/ Working Together to Safeguard Children 2018 (or latest version)
- principles and values of working with parents/carers.

Guidance for delivery

The learner must have an up to date understanding and knowledge of policies and how they relate to the fundamental principles of partnership working, and how this is linked to the learner's everyday practice.

Learners need an up to date working knowledge of child development and how to support children, young people and parents. It is vital that parents are recognised and empowered as the child's prime educator, being provided with additional tools to support the successful development of their child or young person.

Teaching will include the importance of learners having knowledge and understanding of the following:

- The need for effective communication both verbal and non verbal
- The abilities of the children, young people and parents in regards to communication
- Different strategies to reduce barriers, promote value and self-esteem, recognising achievements.
- The importance of building resilience and empowering children, young people and parents
- Global and National Legislation that impacts on day to day policies and procedures
- Developmental phases of children and young people
- Theorists and how they relate to day to day policies and procedures

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books

Child Care and Education - 5th Issue
Tina Bruce, Carolyn Meggitt, and Julian Grenier 2010
Holder Education
ISBN 13: 9781444117981

Learning Theories in Childhood
Colette Gray & Sean MacBlain 2012
SAGE Publications Ltd
ISBN 13: 978-0857021465

Theories and Approaches to Learning in the Early Years
Linda Miller & Linda Pound 2010
SAGE Publications Ltd
ISBN 13: 978-1849205788

Creating Stable Foster Placements: Learning from Foster Children and the Families Who Care From Them
Andy Pithouse & Alyson Rees 2014
Jessica Kingsley Publishers
ISBN 13: 978-1849054812

Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children
Daniel A. Hughes 2006
Jason Aronson; 2nd Revised edition
ISBN 13: 978-0765704047

Attachment, Trauma and Resilience: Therapeutic Caring for Children
Kate Cairns 2002
British Association for Adoption and Fostering (BAAF)
ISBN 13: 978-1903699102

Statutory Frameworks, Standards, Codes of Practice and Guidance

Department for Education: Statutory Framework for the Early Years Foundation Stage (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335504/EYFS_framework_from_1_September_2014__with_clarification_note.pdf

Department for Education: Guide to the children's homes regulations including the quality standards (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355577/Guide_to_the_children_s_homes_regulations.pdf

Department for Education and Department of Health: SEND code of practice: 0 to 25 years (2014)
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Reports

Department for Education: Promoting the health and welfare of looked-after children (2015)
https://www.gov.uk/government/consultations/looked-after-children-promoting-their-health-and-welfare

National Institute for Health and Care Excellence: Maintaining a healthy weight and preventing excess weight gain among adults and children (2015)
http://www.nice.org.uk/guidance/ng7

Journals and magazines

- Time Education Supplement
- Early Years Educator
- Nursery World
- Under 5's
- Practical Preschool

Websites

- **www.gov.uk/government/**
- **www.early-education.org.uk/development-matters-early-years-foundation-stage-eyfs-download (NB** Development Matters is no longer supported by the DfE therefore tutor discretion is advised in terms of currency)
- **http://www.bbc.co.uk/schools/parents/national_curriculum**
- **http://www.bbc.co.uk/news/education-28989714**
- **http://www.healthystart.nhs.uk/**
- **http://www.gov.uk/government/groups/the-child-poverty-unit**
- **http://www.acas.org.uk/equalityact**
- **http://www.ndna.org.uk/**

Unit 312 Provision for adults in health and care

UAN:	M/507/3190
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to be able to understand health and care provision for adults, including the legislative context in which it operates and the skills that those providing care should demonstrate in their practice.

The unit will explore what constitutes best practice in relation to service provision for those in hospital, independent, residential and community care provision. This will include learners identifying the values, beliefs and behaviours expected from care providers when working with adults receiving care.

In addition learners will explore the challenges faced by individuals receiving care, and the pressures on health and care services, of an increasing population including an ageing population.

Learners should consider the following questions as a starting point to this unit

- What legislation impacts on the provision of adult health and care in the UK?
- What different models of care are used with adults in health and care settings?
- How will an ageing population impact on health and care services in the UK?
- What is meant by team working in health and care provision?

Learning outcomes

In this unit, learners will:

1. understand the impact of current legislation on health and care services for adults
2. know best practice when working with adults in health and care settings
3. understand developing demands on health and care services.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the impact of current legislation on health and care services for adults

- **Topic 1.1** Understanding the law
- **Topic 1.2** How legislation impacts on work settings

Topic 1.1:

The learner will explain how legislation regulates practice with reference to:

- The Human Rights Act (1998)
- The Equality Act (2010)
- The Care Act (2014)
- The Health and Social Care (Safety and Quality) Act 2015
- The Data Protection Act (2004)/GDPR
- The Freedom of Information Act (2000)
- The Access to Medical Records Act (1988)
- Government guidelines/Department of Education
- Caldicott Guidance (1997/2002)
- other legislation as relevant.

Topic 1.2:

The learner will describe how legislation informs the development of the following:

- safe working practices
- professional codes of practices
- promoting equality, diversity and inclusion within an organisation
- promoting a rights-based culture.

Learning outcome 2: Know best practice when working with adults in health and care settings

- **Topic 2.1:** Multidisciplinary working and team working
- **Topic 2.2:** Impact of multidisciplinary working with adults
- **Topic 2.3:** Challenges to multidisciplinary working in adult health and care services

Topic 2.1:

The learner will define what is meant by the following:

- multidisciplinary working
- effective team working
- best practice in adult health and care
- evidence based practice.

Topic 2.2:

The learner will explore the impact of teamwork and multidisciplinary working for:

- adults receiving care
- adults and their carers receiving support
- families of those in receipt of care
- support staff
- teams providing service delivery.

Topic 2.3:
The learner will describe potential challenges to multidisciplinary working in adult health and care services including:

- limited resources
- financial pressures
- barriers in communication
- professional hierarchies
- co-ordination of care packages and care planning
- bureaucracy within services and related provisions
- relocation of those in receipt of care
- lack of engagement of those in receipt of care
- extraordinary circumstances – e.g. pandemics.

Learning outcome 3: Understand developing demands on health and care services

- **Topic 3.1:** Population and regional statistics
- **Topic 3.2:** Impact of population changes in the UK on NHS, community and domiciliary care services

Topic 3.1:
In respect of ageing demographics, learners will identify local, regional and national population statistics in respect of the following:

- adult populations of England, Wales, Northern Ireland and Scotland (19+)
- current trends in adult population growth in the UK
- impact of immigration and migration
- distribution of adult ageing populations – e.g. regional and local differences.
- rural and urban contexts and the impact on provision of health and care services.

Topic 3.2:
Learners will explain pressures on the NHS, community and domiciliary care services in the UK including:

- demand for services
- privatisation of healthcare services
- cost and supply of drugs and treatments
- struggles with recruitment and retention of health and care employees
- impact of immigration on health and care services
- cost of medical, nursing and allied professionals training, job opportunities, recruitment and retention
- multicultural provision – specialist services for cultural groups – e.g. translation services
- clinical support of long-term conditions in hospital and community provision
- demands of patients wanting choice and convenience – e.g. weekend GP access, hospital of choice
- developing and implementing technologies for diagnosis, monitoring and treatment – including encouraging self-monitoring of health through technology.
- impact of extraordinary events – e.g. pandemics

Guidance for delivery

The tutor needs to direct the learners to discover the ways organisations publish, communicate and implement policy, by using workplace examples and comparing policy with practice.

Learners should be able to make links between health and care policy and practice in the workplace which should include being able to access policies and procedures in the workplace when on placement.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/Reports

Social work with adults: policy, law, theory, research and practice 2012
Martin Brett Davies
Published by Palgrave Macmillan
ISBN 9780230293847

Theory and practice: a straightforward guide for social work students 2011
Siobhan Maclean and Rob Harrison
Published by Kerwan Maclean Associates
ISBN 9781903575734

Models and Critical Pathways in Clinical Nursing: Conceptual Frameworks for Care Planning, 2nd edition 1997
Mike Walsh
Published by Bailiere Tindall
ISBN: 9780702021886

No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)
https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

Care Act: Care and Support Statutory Guidance (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Unblocking: Securing a health and social care system that protects older people (2015)
Alex Thomson and Steven Howell
http://localis.org.uk/images/unblocking%20report%20pt.pdf

Journals and magazines

- **www.nursingtimes.net**
- **www.communitycare.co.uk** "Understanding older people and vulnerable adults"
- **www.cqc.org.uk** "Training awareness and competency"

Websites

- **www.thecbf.org.uk** (behaviour forum)
- **www.planningforcare.co.uk**
- **www.rcn.org.uk/learningzone** (This is nursing)

Unit 313 Research in health and care

UAN:	T/507/3191
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is to develop the learner's understanding of research. It will introduce them to the importance of research and its relevance in informing the development and delivery of health and care services, and its impact on the wellbeing of those in receipt of care.

The unit will enable the learner to understand how research is carried out, including ethical considerations, legal constraints and the consent of research participants.

Learners will understand how to plan for a small research project, gain knowledge about relevant research methodologies, sampling techniques and different tools for data analysis. This will enable the learner to consider how research findings can be analysed and conclusions made to inform policy and practice.

Learners should consider the following questions as a starting point to this unit

- Why is research important in health and care?
- What methods can we use in research?
- What is meant by 'ethical' research?
- What are the main features of action research?

Learning outcomes

In this unit, learners will:

1. understand how research affects the delivery of services within health and care
2. understand the components of research
3. understand relevant methods and tools for a research project
4. design a research proposal
5. understand how to interpret and present research findings with recommendations.

Scope of content

Learners will explore the relevance of research, its impact on policy and service design and its relationship to evidence-based practice in health and care. It is expected that the approaches taken in the delivery of this unit should develop the learner's understanding of how to undertake research. Strategies such as referring to published research in a topic of interest will help learners to understand how to formulate and undertake the design of a simple project plan themselves with stated aims and objectives, choosing appropriate research methods and data collection tools.

Learning outcome 1: Understand how research affects the delivery of services within health and care

- **Topic 1.1:** What research is
- **Topic 1.2:** Ethics in research

Topic 1.1:
The learner will explain what research is with consideration of:

- the importance of research into health and care
- the relevance of research for current health and care issues
- definition of 'evidenced-based practice'
- how evidenced-based practice in research can inform the development and delivery of health and care services.

Topic 1.2:
The learner will explain ethics in research with consideration of the following:

- what is meant by 'ethical principles' and relevance to research in health and care
- the importance of research governance and the role of ethics committees
- what is 'unethical' research
- legal constraints in research.

Learning outcome 2: Understand the components of research

- **Topic 2.1:** Research frames
- **Topic 2.2:** Research proposals
- **Topic 2.3:** Literature reviews
- **Topic 2.4:** Primary and secondary research
- **Topic 2.5:** Challenges when designing research projects

Topic 2.1:
The learner will understand the term 'research frames' with consideration of the following used in research:

- action research design
- case study design
- cohort design
- experiment design
- survey design.

Topic 2.2:
The learner will understand research proposals with consideration of the following:

- the purpose of a research proposal
- the structure of a research proposal
- the relationship between a research proposal and relevant ethical considerations.

Topic 2.3:
The learner will describe literature reviews with consideration of the following:

- the meaning of a 'literature review'
- the purpose of a literature review in research
- how to carry out a literature review
- how the findings of a literature review can inform research in health and care.

Topic 2.4:
The learner will explain the differences between:

- pilot studies
- primary research
- secondary research.

Topic 2.5:
The learner will describe potential challenges when designing a research project to include:

- the importance of a research aim
- the importance of research objectives
- how research objectives link to a research aim
- the difference between qualitative and quantitative data
- how researcher bias can be minimised in research
- the importance of validity and reliability in the research process
- consent of research participants
- confidentiality in research
- timescales.

Learning outcome 3: Understand relevant methods and tools for a research project

- **Topic 3.1:** Research methodologies

Topic 3.1:
The learner will be able to explain and compare the use of different research methodologies and the relevance of each of the following in research:

- quantitative research methods
- qualitative research methods
- mixed methods
- use of:
  - observations
  - questionnaires/surveys
  - interviews
  - focus groups.

Learning outcome 4: Design a research proposal

- **Topic 4.1:** Comparative literature reviews
- **Topic 4.2:** Parameters for identifying a specific target group in research
- **Topic 4.3:** Preparing a research proposal

Topic 4.1:
The learner will understand the importance of literature reviews in relation to research proposals.

Topic 4.2:
The learner will explain parameters for identifying a specific target group in research with consideration of:

- the term ‘target group’
- the target group for their research topic
- ‘parameters’ in research and why they are important to consider – e.g. age, gender, ethnicity, location, health condition.

Topic 4.3:
The learner will understand how to develop a simple research proposal to include the following:
- the research question
- the question or aims of their proposed research
- the objectives of their proposed research
- the reasons for their chosen research methodology
- the findings of their comparative literature review.

The learner will explain why research aims and objectives set need to be SMART.

Learning outcome 5: Understand how to interpret and present research findings with recommendations

- **Topic 5.1:** Research Findings

Topic 5.1:
The learner will explain research findings with consideration of the following:
- the difference between ‘analysis’ and ‘evaluation’ of research findings
- the different formats and tools that can be used to present research findings – e.g. graphs tables, charts, technologies
- what is meant by research recommendations
- the relationship between research conclusions and research aims and objectives
- who research findings might be presented to.

Guidance for delivery

It is important to ensure that learners are able to undertake a literature review and simple research proposal.
Learners will need guidance and support in choosing a topic of interest. This could be a topic that supports their understanding of an issue which is linked to their chosen progression route.
Learners will require access to library and internet resources to research their topic and collate appropriate literature reviews. It would be beneficial if the chosen literature reviews were taken from a range of sources to aid the wider explanation of research findings.

Suggested topics for learner research:

- Health Improvement services for children, young people or adults – suggestions include: healthy eating campaigns, obesity and mental health; safe sex, smoking cessation, drug and alcohol services, cyberbullying, relationship education, education and social media; keeping active initiatives for older adult; combating youth inactivity; illness prevention programmes for older people – e.g. Diabetes, heart disease prevention; Body image and eating disorders.

- Health and Care service provision – suggestions include: community services for people with learning disabilities, dementia care, homecare services for the elderly, access to mental health services for particular ethnic groups or people with eating disorders, rehabilitation/reablement services, homelessness; expert patient programmes, pain management, speech and language services for young children or adults affected by neurological illnesses, services for bereaved families; social prescribing; reducing loneliness; avoiding long hospital stays; impacts of social distancing on people in care homes.

- The learner should be supported to use the anagram SMART (specific, measurable, achievable, realistic, time bound) to ensure that their research topic question, its aim and objectives are possible and achievable. The titles will need to be agreed and authorised by the tutor.

Suggested learning resources

Books

Doing Research – Pocket Study Skills — Gary Thomas
Palgrave Macmillan (2011)
ISBN-13: 978-0230290167

Doing your Research Project: A guide for first-time researchers - 6th Edition — Judith Bell & Stephen Waters
Open University Press (2014)
ISBN-13: 978-0335264469

Introduction Research Methods — Dr Catherine Dawson
How To Books (2009)
ISBN-13: 978-1845283674

How to do your Case Study: A Guide for Students and Researchers — Gary Thomas
SAGE Publications (2011)
ISBN-13: 978-0857025630

Royal College of Nursing - Research Society 2011
'Informed consent in Health & Social Care Research' – 2nd Edition (2015)
http://www.rcn.org.uk/__data/assets/pdf_file/0010/78607/002267.pdf

CQC Using surveillance - Information for providers of health and social care on using surveillance to monitor services (2014)
http://www.cqc.org.uk/content/using-surveillance-information-service-providers

Websites

- **Royal College of Nursing Research Library**
  http://www.rcn.org.uk/development/library_and_heritage_services

Unit 314 Life span developments – health and care needs

UAN:	A/507/3192
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is to assess the learner's knowledge and understanding on life span developments on health and care needs.

Learners will understand the effect on people's health and wellbeing of the stage of development in their life span, and the extent to which this is affected by their family, social and other environmental factors. Learners will also consider how health care practice responds to the needs of individuals in receipt of care at different stages in their life span.

Learners should consider the following questions as a starting point to this unit

- What impact does gender have on health and wellbeing?
- How do nature and nurture impact on development?
- Why are people now living longer in the UK?
- What are the different stages of an individual's life span?

Learning outcomes

In this unit, learners will:

1. know health and wellbeing throughout life span stages
2. Understand how to support people at their end of life
3. Understand principles of care provision for individuals at different stages throughout life span

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Know health and wellbeing throughout life span stages

- **Topic 1.1:** Factors that impact health and wellbeing
- **Topic 1.2:** Developmental processes
- **Topic 1.3**: Morbidity and mortality rates

Exploration of an individual's health and wellbeing throughout their life span. The term 'life span' includes:

- prenatal
- babyhood
- childhood
- adolescence
- adulthood
- older person
- end of life.

Topic 1.1:
Learners will identify and describe factors that impact individual's health and wellbeing throughout their life span including:

- inheritance/genetic make-up
- cognitive ability
- psychological health
- social development
- cultural background
- gender
- age and ageing
- ethnicity
- religion
- sexual orientation
- disability
- poverty.

Topic 1.2:
Learners will recognise and explain concepts that help the understanding of developmental processes including:

- nature/nurture
- continuity/discontinuity
- stability/instability (0-18 years)
- parenting styles (0-18 years)
- media / social media.

Topic 1.3:
Learners will explain how morbidity and mortality rates change over an individual's life span. To include reasons why people are living longer in the UK.

Learning outcome 2: Understand how to support people at their end of life

- **Topic 2.1:** What is end of life care
- **Topic 2.2:** Requirements of legislation

- **Topic 2.3:** Emotional and psychological processes
- **Topic 2.4:** Supporting interventions through periods of change

Topic 2.1

Learners will describe support that can be provided to people at the end of their lives including:

- the definition of 'end of life' care
- government initiatives in the provision of 'end of life' services
- the health and care professionals and specialist involved in supporting people during their end of life care
- places/services which can provide 'end of life care and support
- palliative care
- role of an advocate in end of life care
- own thoughts and feelings about death and dying
- issues involved in discussing and planning end of life and end of life care with those who are well or in receipt of care during their end of life (to include dependents/families/carers)
- legal or ethical issues that may arise in relation to death, dying or end of life care
- contemporary debates about illness, death and assisted suicide.

Topic 2.2

Learners will describe the requirements of legislation and agreed ways of working in health and care to protect the rights of individuals at their end of life in the following settings:

- hospital/clinical care
- hospice care – children and adults
- nursing/residential care
- care within their own homes
- hostels
- secure environments/accommodation.

Topic 2.3

Learners will outline the emotional and psychological processes that those in receipt of care and their relatives/carers may experience with the approach of death to include:

- how the beliefs, religion and culture of those in receipt of care and key people influence end of life care
- why and how relatives and carers may have a distinctive role in an individual's end of life care
- why support for those in receipt of end of life care may not always relate to their terminal condition
- ways to help those in receipt of care feel respected and valued throughout their end of life
- why support for spiritual needs may be especially important at the end of life
- the range of people and services available to provide for an individuals' emotional and/or spiritual needs at end of life care and the importance of these.

Topic 2.4:

Learners will have an awareness of:

- the health and care support interventions through periods of change during end of life care.
- interactions with individuals who are dying and to those affected by their death according to their wishes
- training to support and develop skills of those working in 'end of life' care
- range of support for self when caring for an individual during end of life and after their death.

Learning outcome 3: Understand principles of care provision for individuals at different stages throughout life span

- **Topic 3.1:** Care provision for physical and mental wellbeing
- **Topic 3.2:** Providing information on health and wellbeing to individuals

In this outcome, reference to care provision must account for:

- primary care
- secondary care
- tertiary care
- community care
- educational learning
- residential care
- domiciliary care
- voluntary services/third sector
- independent sector
- custodial sector.

Topic 3.1:
Learners will explain health and care services required to support the physical and mental health and wellbeing for:

- children
- young people
- adults.

Topic 3.2:
Learners will recognise the importance of providing information on health and wellbeing to individuals at different stages throughout life span including:

- children/parents
- young people
- adults.

Guidance for delivery

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Websites

- NHS Choices - Your Health Your Choices **www.nhs.uk/Pages/HomePage.aspx**
- NHS England **www.england.nhs.uk**
- National Institute for Health and Care Excellence **www.nice.org.uk**

Reports

House of Commons Health Committee: End of Life Care Fifth Report of Session 2014–15
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/805/80502.htm

Leadership Alliance for the Care of Dying People; One chance to get it right -Improving people's experience of care in the last few days and hours of life (June 2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

http://www.skillsforcare.org.uk/Documents/Topics/End-of-life-care/Common-core-principles-and-competences-for-social-care-and-health-workers-working-with-adults-at-the-end-of-life.pdf

http://www.skillsforcare.org.uk/Documents/Topics/End-of-life-care/A-guide-to-workforce-development-for-end-of-life-care.pdf

End of Life Care Core Skills Education and Training Framework
www.skillsforcare.org.uk/Topics/End-of-Life-Care/End-of-life-care.aspx

Unit 315 Understanding physical disabilities and exploring mental health wellbeing

UAN:	F/507/3193
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to explore the historical and contemporary concepts relating to the care of individuals with physical disabilities and mental ill-health.

In the past individuals faced prejudice and discrimination in many ways. Over recent decades and with the closure of long stay hospitals in the 20th Century there has been an increased move for many into supported living and independent living within local communities.

Despite changes to legislation and society changing its approach and attitudes, individuals with physical disabilities and mental ill-health continue to experience difficulties. This unit will enable learners to consider in what ways society's attitudes have changed, what has caused these changes and the continuing challenges in the future.

Learners will have the opportunity to examine legislative and structural changes and how they have impacted on individuals in respect of the care and support they receive.

Learners should consider the following questions as a starting point to this unit

- What different types of physical disabilities and mental ill-health are experienced by children, young people and adults?
- What are the challenges to providing quality care for individuals with physical disabilities and mental ill-health?
- What legislation exists to support individuals with physical disabilities and mental ill-health?
- What difficulties do individuals with physical disabilities and mental ill-health face in their communities?

Learning outcomes

In this unit, learners will:

1. understand historical approaches to the care of individuals with disabilities and mental ill-health
2. know types and causes of mental ill-health and suport available to promote wellbeing
3. understand challenges individuals with physical disability problems face in society today
4. understand challenges health and care services face when providing quality care for individuals with disabilities and mental ill-health.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand historical approaches to the care of individuals with disabilities and mental ill-health

- **Topic 1.1:** Historical approaches and legislative developments
- **Topic 1.2:** Models of disabilities and mental ill-health

Topic 1.1:

Learners will explain historical approaches and legislative developments, since 1944, for the care and support of individuals with disabilities and mental ill-health including consideration of:

- The Disabled Persons (Employment) Act (1944)
- The Mental Health Act (1983) / Mental Health Act (2007)
- The Care in the Community Act (1989) to include the closing of Victorian institutions and its impact on individuals
- The Disability Discrimination Act (1995)
- The Human Rights Act (1998)
- The Mental Capacity Act (2005)
- The Equality Act (2010)
- The Care Act (2014).

Topic 1.2:

Learners will explain models and representations of disabilities and mental ill-health including:

- medical and social models of disability and mental ill-health – e.g. the biological model, biopsychosocial, and the psychodynamic model
- historical and current representation in the media of individuals with disabilities and mental ill-health.

Learning outcome 2: Know types and causes of mental ill-health and support available to promote wellbeing

- **Topic 2.1:** Types and causes of mental ill-health
- **Topic 2.2:** Support available for mental ill-health
- **Topic 2.3:** The impact of mental ill-health on individuals

Topic 2.1:

Learners will identify types and causes of mental ill-health affecting:

- children
- adolescents
- young adults
- adults
- older people.

Learners will describe mental ill-health including the following:

- anxiety – to include social anxiety disorder
- phobias
- depression
- bipolar disorder
- body dysmorphia disorder
- personality disorder
- psychosis
- dissociative disorder
- eating disorders

- hypomania and mania
- loneliness.

Topic 2.2:
Learners will describe support available for mental ill-health with consideration of the following:
- Cognitive Behavioral Therapy (CBT)
- medications – prescribed and un-prescribed
- counselling
- arts therapies
- complementary and alternative therapies
- talking treatments
- mental health services – NHS and private
- raising awareness campaigns - impact of media and high-profile support
- charities/third sector.

Topic 2.3:
Learners will describe the impact of mental ill-health on individuals, their partners and families, with consideration of the following:
- social interactions
- personal hygiene
- employment/unemployment/redundancy/retirement
- stigma and discrimination
- personal relationships
- sexual relationships
- attitudes of self and others
- isolation
- financial implications
- education
- sleep patterns.

Learning outcome 3: Understand challenges individuals with physical disability problems face in society today

- **Topic 3.1:** Types and causes of physical disability
- **Topic 3.2:** Support available for physical disability
- **Topic 3.3:** The impact of physical disability on individuals

Topic 3.1:
Learners will describe types of physical disability including:
- visual impairment – e.g. age-related macular degeneration, cataracts, squint in childhood, stroke related eye conditions, diabetic retinopathy
- hearing impairment – e.g. tinnitus, hearing loss
- movement impairment – e.g. spina bifida, cerebral palsy, stroke, arthritis, osteoporosis, trauma
- physiological constraints – e.g. paraplegia, quadriplegia, hemiplegia, dystrophy, amputation
- language impairment – e.g. stammer, cleft pallet
- seizure disorders – e.g. epilepsy.

Topic 3.2:
Learners will describe support available for those with disabilities including the following:
- aids – e.g. hearing aids, prosthetics, glasses
- medications – prescribed and un-prescribed
- counselling

- arts and sports therapy
- national challenges – e.g. Invictus games and Paralympics
- complementary and alternative therapies
- NHS and private health services; specialist services –
- animals
- technologies – e.g. robotics., assistive technology.

Topic 3.3:
Learners will describe the impact of physical disabilities on individuals, their partners and families, with consideration of their:

- social interactions
- personal hygiene
- employment/unemployment/redundancy/retirement
- stigma and discrimination
- personal relationships
- sexual relationships
- attitudes of self and others
- isolation
- financial implications
- education.

Tutors may wish to consider developing case study examples to support the teaching of topic 3.3.

Learning outcome 4: Understand challenges health and care services face when providing quality care for individuals with disabilities and mental ill-health

- **Topic 4.1:** State and personal provisions
- **Topic 4.2:** Equal opportunities for engaging with society and communities

Topic 4.1:
Learners will describe challenges to providing health and care for individuals with disabilities and mental ill-health:

- national and local financial constraints for service provision in statutory and voluntary health and care services for children, young people and adults
- difficulties in accessing state benefits for individuals and their carers
- personal finances to support personal care needs – e.g. insurances
- access and availability of services in urban and rural locations
- lack of adapted, accessible transport.

Topic 4.2:
Learners will identify factors affecting opportunities for those with disabilities or mental ill-health to engage with society and local communities:

- nursery/pre-school and other educational opportunities for children
- educational opportunities for young people
- training and educational opportunities for adults
- employment opportunities
- access to recreational and social opportunities
- access to appropriate housing.

Guidance for delivery

The unit would benefit from being delivered to encourage discussion and the use of archive materials to explore how care was delivered. The use of video clips and photographs could also be used. Caution would need to be applied to ensure materials are relevant to the home country to accurately represent care that was provided.

Research of institutions, institutional care and developing legislation will support learners understanding. Visits to some museums or exhibitions where there are displays of the development of the NHS and social and medical care may also assist.

External speakers and/or employers from national and local support groups for people with mental ill-health will enable learners to develop a greater understanding of the impact of mental health on daily living in addition to the complexity of mental ill-health. Investigation of legislation designed to tackle and eradicate discrimination should be used in conjunction with newspaper/internet and journal articles to look at the impact of discrimination.

Suggested learning resources

Reports

Care Act: Care and Support Statutory Guidance (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Skills for Care /Department of Health - Mental Health Foundation (2014)
'Common Core Principles to support good mental health and wellbeing in adult social care'

Care Quality Commission Fifth Annual Report (2015)
'Monitoring the use of the mental capacity act deprivation of liberty safeguards in 2013/14'

Department of Health 'Prime Minister's challenge on dementia 2020' (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406076/Dementia_vision.pdf

Department of Health 'Stronger Code: Better Care - Government response to the Consultation on the Mental Health Act 1983: Code of Practice' (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327653/Doh_Consultation_for_web.pdf

Department of Health 'Improving the physical health of people with mental health problems: Actions for mental health nurses' (2016)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524571/Improving_physical_health_A.pdf

Modernising the Mental Health Act - December 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf

Websites

Looking for work if you're disabled

- **https://www.gov.uk/looking-for-work-if-disabled/looking-for-a-job**
- **http://www.evenbreak.co.uk/**

Disability facts and figures

- **https://www.gov.uk/government/statistics/disability-facts-and-figures**

Skills for Health - Child and adolescent mental health services and substance use services for children and young people

http://extranet.skillsforhealth.org.uk/uploads/Tracking%20document%20January%202015.pdf (pages 4-7)

Unit 316 Structure, organisation and function of the human body

UAN:	J/507/3194
Level:	3
GLH:	60

What is this unit about?

In this unit, each of the human body systems is looked at and then considered as an organised group that requires stability and balance. Each system is examined in terms of its cellular structure, function and its interaction with the other systems of the body.

This will enable learners to understand the functions of the human body as a whole when assessing the impact of environmental demands and lifestyle choices on health, wellbeing and healthy ageing.

Learners should consider the following questions as a starting point to this unit

- What is the relationship between the cardiovascular and respiratory systems?
- What might cause a urinary tract infection?
- What is the process of homeostasis?
- How does the male reproductive system work?

Learning outcomes

In this unit, learners will:

1. Understand the organisation of the human living cell, from its simplest level to the most complex level found in the human body
2. Understand the structure, functions and interdependency of the human body systems

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the organisation of the human living cell, from its simplest level to the most complex level found in the human body

- **Topic 1.1:** Simple and complex cells
- **Topic 1.2:** Relationship between cells and systems

Topic 1.1:

Learners will explain the structure and function of simple and complex cells in the body:

- simple cell
- complex cells
- cell organelles.

Topic 1.2:

Learners will explain the term 'system' in relation to the human body and explain the relationship between cells and systems with consideration of:

- definition of:
  - tissue
  - organ
  - system.
- relationship between cells, tissues and systems – e.g.
  - tissue stimulus and functional reactions
  - specialised tissue working together
  - regulation and metabolism.
- systems will include:
  - cardiovascular
  - respiratory
  - digestive
  - urinary
  - nervous
  - endocrine
  - musculoskeletal
  - reproductive
  - lymphatic.

Learning outcome 2: Understand the structure, functions and interdependency of the human body systems

- **Topic 2.1:** Structure of body systems
- **Topic 2.2:** Function of body systems
- **Topic 2.3:** How the body maintains balance between systems

Topic 2.1:

Learners will describe and explain the structure of different human body systems:

- cardiovascular: blood, blood vessels, heart
- respiratory: nose, larynx, pharynx, trachea, bronchi, lungs
- digestive: teeth, digestive tract mouth to anus, enzymes, pancreas, liver, biliary tract
- urinary: kidneys, ureters, bladder, urethra
- nervous: central nervous system, peripheral nervous system, sympathetic and parasympathetic nervous system, special senses

- endocrine: hypothalamus pituitary, thyroid, pancreas, adrenal, exocrine and endocrine glands
- musculoskeletal: bones (long bones, irregular, flat, sesamoid), joints, muscles, ligaments and tendons
- reproductive: uterus, fallopian tubes, ovaries, breasts, testicles, penis, vas deferens, and prostate gland
- lymphatic: lymph vessels, lymph nodes, spleen, thymus
- integumentary system: skin, hair; nails and sweat and oil glands.

Topic 2.2:
Learners will describe and explain the function of different human body systems:

- cardiovascular: circulation, transportation, blood pressure, pulse
- respiratory: ventilation inspiration, expiration, respiratory rates
- digestive: mastication, digestion, absorption, utilisation, production of energy, elimination of waste
- urinary: fluid balance, regulation of water, excretion of waste, micturition, formation of urine
- nervous: neurotransmitters, motor neurons, receptor and effectors cells, special senses (hearing, sight, touch, smell, taste)
- endocrine: hormones and enzymes
- reproductive: ovum and sperm, fertilisation to implantation and embryonic development.
- lymphatic: immune system response, special cells
- integumentary system: protection; sensory input; modulating temperature; synthesizing vitamin D.

Topic 2.1 and 2.2:
Learners will explain the relationship between the structure and function of different human body systems with consideration of:

- control and interaction between cardiovascular and respiratory
- communication and control between interaction of nervous and endocrine system (chemical and electrical)
- interaction between lymphatic and immune system.

Topic 2.3:
Learners will explain homeostasis

- negative and positive feedback
- maintaining balance between its systems – e.g. thermoregulation; maintaining blood pressure.

Guidance for delivery

Although structure and function are identified separately within the learning outcomes, it would be strongly recommended that the topics are delivered as a system. This unit is looking at the state of 'normality' and once this has been understood the learners will be able to explore the disruption to health and wellbeing in unit 318 'Science in health and care'.

Learners should be able to evidence their basic understanding of systems and link this knowledge to health and wellbeing. Cells should be linked to each of the systems at a basic level.

Suggested learning resources

Books

Physiology and Anatomy: A Homeostatic Approach (2002)
Clancy J and McVicar A
Hodder Arnold
ISBN 9780340762394

Anatomy and Physiology (2005)
Shaw L
Nelson Thornes
ISBN 9780748785841

The Concise Human Body Book (2009)
D Kindersley
Dorling Kindersley
ISBN-13: 978-1405340410

Anatomy and Physiology for Nurses (2011)
Roger Watson
ISBN: 9780702059803
London; Elsevier Health Sciences
13th Revised edition

Science in Nursing and Health Care (2007)
Tony Farine, Mark A. Foss
ISBN: 9780131869028
Philadelphia; Taylor and Francis Inc.
2nd Revised edition

Essentials of Human Anatomy & Physiology (2014)
Elaine N. Marieb
ISBN: 9781292057200
Harlow; Pearson Education Ltd.
11th Edition

Skills for Nursing & Healthcare Students (2011)
Lori K. Garrett, Pearl Shihab, Ailsa Clarke
ISBN: 9780273738312
Harlow; Pearson Education Ltd.
2nd Revised edition

Tyldesley and Grieve's Muscles, Nerves and Movement in Human Occupation (2011)
Ian McMillan, Gail Carin-Levy, June I. Grieve, Barbara Tyldesley
ISBN: 9781405189293
Chichester; John Wiley & Sons
4th Revised edition

Anatomy and Physiology Workbook For Dummies (2015)
Janet Rae-Dupree, Pat DuPree, Consumer Dummies
ISBN: 9781118940075
New York; John Wiley & Sons
2nd Revised edition

Campbell Biology (2013)
Jane B. Reece, Martha R. Taylor, Eric J. Simon, Jean L. Dickey
ISBN: 9781292026350
Harlow; Pearson Education Ltd.
7th Edition

Websites

- **www.nhs.uk/Pages/HomePage.aspx**
- **www.england.nhs.uk**
- **www.nice.org.uk/**

Unit 317 Principles and models of healthcare

UAN:	L/507/3195
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to develop their understanding on the principles and philosophy of healthcare. Learners will investigate the principles and philosophy of healthcare in relation to the biomedical model as well as the psychological and sociological perspectives.

On completion of this unit, learners will be able to take a holistic approach in evaluating the impact of the biopsychosocial model on individual's health and wellbeing.

Learners should consider the following questions as a starting point to this unit

- What is medicine?
- What is the relationship between health and wellbeing?
- What is meant by the holistic approach to healthcare?
- How does self-esteem relate to individual health?

Learning outcomes

In this unit, learners will:

1. Understand the relationship between health and wellbeing
2. Understand the principles of the biomedical model
3. Understand the principles of the sociological model
4. Understand the principles of the psychological model
5. Understand the holistic approach and impact of the biopsychosocial model

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the relationship between health and wellbeing

- **Topic 1.1:** The concept of health and wellbeing
- **Topic 1.2:** The relationship between health and wellbeing in health and care

Topic 1.1:
Learners will explain the concept of 'health' and 'wellbeing'. How health and well-being parameters may change between different age ranges.

- children
- young people
- adults
- older adults.

Topic 1.2:
Learners will explain

- the relationship between health and wellbeing.
- how health and care services can support health and wellbeing
- the impact of disability and chronic ill-health on health and wellbeing
- ways in which an individual's health and wellbeing status can be measured.

Learning outcome 2: Understand the principles of the biomedical model

- **Topic 2.1:** Defining the biomedical model
- **Topic 2.2:** Biomedical approach

Topic 2.1:
Learners will define and describe the biomedical model.

Topic 2.2:
Learners will explore the positive and negative impact of the biomedical approach in promoting health and wellbeing and treatment of ill-health.
To consider:

- medicines
- surgical procedures
- non-surgical interventions
- allied services – e.g. physiotherapy
- bridging the gaps between medical approaches and alternative therapies.

Learning outcome 3: Understand the principles of the sociological model

- **Topic 3.1:** Sociology in relation to health care
- **Topic 3.2:** Factors impacting on health and wellbeing
- **Topic 3.3:** Current trends in public policies

Topic 3.1
Learners will explore the positive and negative impact of the sociological model in relation to health and wellbeing and treatment of ill-health. Learners will define the sociological model.
Learners will consider theoretical approaches including:

- symbolic interactionism
- conflict analysis
- functionalist theory.

Topic 3.2
Learners will explain the positive and negative impacts of sociodemographic factors on health and wellbeing including:

- socioeconomic status - income, education, and class
- ethnicity
- religion
- gender
- age/ageing
- sexual orientation
- disability.

Topic 3.3
Learners will describe current trends in public policies that impact on health and care for example:

- social - making mental health services more effective and accessible, improving care for people with dementia, improving quality of life for people with long-term conditions, increasing and improving healthcare and care provisions in the community (rural and urban) - Community Care Act and Care Act 2014; online consultancy with healthcare professionals
- health - giving all children a healthy start in life, reducing obesity and improving diets, reducing smoking, helping people reduce the risk of cancer.

Learning outcome 4: Understand the principles of the psychological model

- **Topic 4.1:** Psychological perspectives
- **Topic 4.2:** Individualism and diversity
- **Topic 4.3:** Self-awareness and self-esteem

Topic 4.1
Learners will explore the positive and negative impact of the psychological model in relation to health and wellbeing and treatment of ill-health. With consideration of theoretical approaches including:

Learners will define the psychological model

- humanism – e.g. Carl Rogers, Maslow
- behaviourists – e.g. Skinner, Pavlov, Thorndike
- cognitive – e.g. Piaget
- psychodynamic – e.g. Freud, Erik Erikson
- social learning theory and Bandura
- Biological – e.g. Eyesenck.

Topic 4.2
Learners will describe the relevance of individualism and diversity on healthcare practice and wellbeing with consideration of:

- personal values, culture and beliefs
- emotional intelligence
- human abilities intelligence
- personality and behaviour
- denial/defence mechanism.

Topic 4.3
Learners will describe the effect self-awareness and self-concept may have on individual's health and wellbeing in:

- children
- young people
- adults
- older adults.

Learning outcome 5: Understand the holistic approach and impact of the biopsychosocial model

- **Topic 5.1:** Defining the biopsychosocial model
- **Topic 5.2:** Benefits and impact of the biopsychosocial model

Topic 5.1
Learners will explore the positive and negative impact of the biopsychosocial model in relation to health and wellbeing and treatment of ill-health. Learners will define and describe the biopsychosocial model.

Topic 5.2
Learners will explain the benefits and impact of the biopsychosocial model on individual's health and wellbeing with consideration of:

- Patient Centred Care approaches
- the concept of holism
- integrated care
- the development of expertise.

Guidance for delivery

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

This unit is designed to provide the learner with an understanding of the different principles and models of healthcare and is applicable only to the 'health' pathway.

Although some of the content may be delivered in a classroom environment, it is important that learners can relate this knowledge and understanding to real contexts in the health industry. It is expected that a range of delivery methods will be used including presentations, internet research and, where applicable, visiting speakers.

Where reference to 'children' is made within the unit, this refers to the age range 0-19 years.

Suggested learning resources

Books

John Romano and George Engel: Their Lives and Work - Cohen J, Brown Clark S
University of Rochester Press (2010)
ISBN-13: 978-1580462952

Medical Sciences – Naish J
Saunders Ltd.; 2 edition (2014)
ISBN-13: 978-0702051388

Websites

- **www.nice.org.uk**

Unit 318 Science in health and care

UAN:	R/507/3196
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to develop their knowledge and understanding of science in health and care. It will explore what can go wrong with people's health and the impact it has on systems and function.

Learners will gain a basic knowledge of how science has been used to identify these problems and the connection to genetics in increasing our knowledge of how and why problems in health and care can occur.

Learners should consider the following questions as a starting point to this unit

- What is a virus?
- Is asthma a hereditary condition?
- What is a MRI scan and what is it used for?
- What is the difference between ligaments and tendons?

Learning outcomes

In this unit, learners will:

1. Understand basic science in health and care
2. Understand the impact of genetics on health and wellbeing
3. Know diagnostic tests used in healthcare environments
4. Understand the science behind health promotion used to support health and wellbeing

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand basic science in health and care

- **Topic 1.1:** Cell division
- **Topic 1.2:** Micro-organisms
- **Topic 1.3:** Body movement
- **Topic 1.4:** How the body gets energy

Topic 1.1

Learners will explain the process of cell division and define by transmission:

- mitosis
- meiosis.

Topic 1.2

Learners will describe different types of micro-organisms including:

- viruses
- fungi
- bacteria
- parasites
- healthy micro-organisms versus pathogens.

Learners will explain methods of transmission of micro-organisms including:

- prevention of infections.

Topic 1.3

Learners will explain how the body moves with consideration of:

- muscle contraction
- the function of tendons and ligaments
- basic kinetics.

Topic 1.4

Learners will explain how the body benefits from essential nutrients and fluid with consideration of:

- proteins
- carbohydrates
- fats
- vitamins and minerals
- fluids.

Learners will explain the effects of too much or too little of all of the above in maintaining health.

Learning outcome 2: Understand the impact of genetics on health and wellbeing

- **Topic 2.1:** Defining genetics
- **Topic 2.2:** Genetic links to systems
- **Topic 2.3:** Genetic evidence

Topic 2.1

Learners will define and explain the meaning of the term genetics.

Topic 2.2

Learners will identify and describe if there is a genetic link to each of the individual systems including all of the following:

- cardiovascular: - e.g. Familial Dilated Cardiomyopathy
- respiratory: asthma, cystic fibrosis
- digestive: coeliac disease
- urinary: autosomal dominant polycystic kidney disease
- nervous: Huntington's disease
- endocrine: diabetes mellitus
- musculoskeletal: osteoarthritis
- reproductive: endometriosis
- lymphatic: hereditary lymphedema

One disease has been provided but other genetic conditions may be used for each system.

Topic 2.3
Learners will provide examples of how contemporary research is improving understanding of genetic diseases identified in topic 2.2.

Learning outcome 3: Know diagnostic tests used in healthcare environments

- **Topic 3.1:** Diagnostic tests
- **Topic 3.2:** Physiological measurements

Topic 3.1
Learners will identify diagnostic tests systems and explain how these tests are performed including all of the following:

- cardiovascular: ECG, BP
- respiratory: peak flow
- urinary: urinalysis
- nervous: EEG
- endocrine: glucose monitoring
- musculoskeletal: X-ray/CT
- reproductive: pregnancy test, PSA
- lymphatic: Complete Blood Count (CBC)
- digestive: MRI/ endoscopy.

Topic 3.2
Learners will describe and understand routine physiological measurements testing including all of the following:

- heart rate
- blood pressure
- temperature
- oxygen saturation
- respiratory rate.

Learning outcome 4: Understand the science behind health promotion used to support health and wellbeing

- **Topic 4.1:** Health initiatives
- **Topic 4.2:** Researching initiatives

Topic 4.1
Learners will describe the reasons behind a range of health initiatives to address health problems e.g.:

- health improvement programmes for type 2 diabetes

- promoting mental health initiatives
- smoking cessation clinics
- cervical screening programmes
- bowel cancer screening
- exercise challenges and recommendations for heart health
- prevention and Awareness of drug misuse and abuse
- preventing and educational programmes for STIs and sexual health
- access to vaccination programmes (including Flu and Covid-19)
- suicide prevention
- obesity and the food environment for all age groups
- homelessness projects.

Topic 4.2

Learners will research some of the health promotion initiatives identified in topic 4.1 in relation to health benefits for:

- children and young people
- adults
- individuals with increased risk or vulnerability.

Guidance for delivery

This unit is to support the learners in understanding the science behind health promotion, diagnostic testing and conditions commonly found in the wider population. The learners will need to look at dysfunction of systems and the link to conditions.

Examples are given to aid the tutor and focus the learner due to the enormity of the subject.

Under topic 4.2 learners will research and produce a factsheet of approximately two sides of A4 for one of the health initiatives identified in 4.1 (or appropriate alternative). Learners will be encouraged to share and feedback on their findings with others.

Suggested learning resources

Books

Essential Knowledge and Skills for Health Care Assistants
Zoe Rawles
Taylor & Francis Group
ISBN : 139781444169232

Campbell Biology: Concepts & Connections
Reece, Jane B., Taylor, Martha R., Simon, Eric J., Dickey, J
Benjamin Cummings; 8 edition (2014)
ASIN: B00OHXIULM

A Guide to Laboratory Investigations (2013)
Michael McGhee
ISBN: 9781908911537
Oxford; Radcliffe Publishing Ltd.
6th Edition

Practical Health Promotion (2008)
John Hubley, June Copeman
ISBN: 9780745636665
Oxford; Polity Press

Human Movement: an Introductory Text (2010)
Tony Everett, Clare Kell, Andrew Kerr
ISBN: 9780702031342
London; Elsevier Health Sciences
6th Revised edition

Medical Sciences (2014)
Jeannette Naish, Denise Syndercombe Court
ISBN: 9780702051388
London; Elsevier Health Sciences
2nd Revised edition

Health Studies: an Introduction (2008)
Jennie Naidoo, Jane Wills
ISBN: 9780230545205
Basingstoke; Palgrave Macmillan
2nd Revised edition

Understanding Wellbeing: an Introduction for Students and Practitioners of Health and Social Care (2011)
Anneyce Knight, Allan McNaught
ISBN: 9781908625007
Cheltenham; Lantern Publishing Ltd.
Oxon Edition

Science in Nursing and Health Care (2007)
Tony Farine, Mark A. Foss
ISBN: 9780131869028
Philadelphia; Taylor and Francis Inc.
2nd Revised edition

Diseases of the Human Body (2011)
Carol D. Tamparo, Marcia A. Lewis
ISBN: 9780803625051
Pennsylvania; FA Davis Company
5th Edition

Skills for Nursing & Healthcare Students (2011)
Lori K. Garrett, Pearl Shihab, Ailsa Clarke
ISBN: 9780273738312
Harlow; Pearson Education Ltd.
2nd Revised edition

Fundamentals of Applied Pathophysiology (2013)
Muralitharan Nair, Ian Peate
ISBN: 9780470670620
Chichester; John Wiley & Sons
2nd Edition

Nurse's Quick Reference to Common Laboratory & Diagnostic Tests (2015)
Frances Talaska Fischbach, Marshall Barnett Dunning
ISBN: 9781451192421
Philadelphia; Lippincott, Williams and Wilkins
6th Edition

Human Genetics (2009)
Anne Gardner, Teresa Davies
ISBN: 9781904842736
Bloxham; Scion Publishing Ltd.
2nd Revised edition

Websites

- **www.nhs.uk/Pages/HomePage.aspx**
- **www.england.nhs.uk**
- **www.nice.org.uk**

Unit 319 Psychology and human behaviours

UAN:	Y/507/3197
Level:	3
GLH:	60

What is this unit about?

Psychologists study human behaviour over the whole life span to establish how people grow, develop and adapt at different life stages.

This unit aims to introduce learners to psychology, behavioural psychology and psychological theories related to human development. The learner will develop their knowledge and understanding of how human behaviour is shaped by factors and influences that may be both biological and as a result of life experience(s). The unit also focuses on how psychological concepts and perspectives are used to understand and meet the needs of children, young people and adults in receipt of health and care services.

Learners should consider the following questions as a starting point to this unit

- What is behavioural psychology and what makes people behave in the way they do?
- Is aggressive behaviour learned or innate?
- Does the environment in which you live affect your psychological development?
- How can we help people who demonstrate addictive behaviour?

Learning outcomes

In this unit, learners will:

1. understand psychological factors that influence human development
2. understand psychological theories of human development
3. apply psychological theories of development to health and care practice.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand psychological factors that influence human development

- **Topic 1.1:** Definitions of terms within psychology
- **Topic 1.2:** Considerations within developmental psychology
- **Topic 1.3:** Development in human behaviour

Topic 1.1:

Learners will define the following:

- psychology
- behavioral psychology
- psychological development.

Learners will explain how behavioural psychology applies to children, young people and adults.

Topic 1.2:

Learners will be taught a broad understanding of key current psychological approaches and considerations in developmental psychology.

- nature versus nurture – e.g. genetic inheritance versus environmental factors
- continuity versus discontinuity – e.g. development is evenly continuous versus development is marked by age-specific stages
- nomothetic versus idiographic – e.g. psychological study of groups of individuals to find general laws of behaviour versus investigating individuals to achieve a unique understanding of them.

Tutors should be aware that the first two bullet points in topic 1.2 are referenced in unit 314.

Topic 1.3:

Learners will explain how human behaviour is shaped by:

- self-concept/self-perception
- personality
- fear/anxiety
- phobias
- environments such as schools
- isolation/loneliness
- relationships with others – e.g. family, friends, peers, carers
- illness/injury/disability
- media – e.g. television, advertising, social media.

Learning outcome 2: Understand psychological theories of human development

- **Topic 2.1:** Psychological theories relating to human development
- **Topic 2.2:** Psychological theories and life stages

Topic 2.1:
Learners will need an understanding of psychological theories relating to human development and be able to describe the following theoretical approaches to include:

- social learning theory – e.g. Bandura, Latane, Tajfel, Chein etal.
- cognitive – e.g. Piaget, Vygotsky, Bruner
- biological – e.g. Eysenck, Cattell, Selye, Schacter
- behavioural – e.g. Pavlov, Skinner, Thorndike
- psychodynamic – e.g. Freud, Erikson, Bowlby, Stroebe and Schut
- humanistic – e.g. Maslow, Rogers.

Topic 2.2:
Learners will explain how psychological theories may be applied to the development of people in all of the different life stages:

- infancy (0-3 years)
- childhood (4-10 years)
- adolescence (11-18 years)
- adulthood (18-64 years)
- later adulthood (65+ years).

Learning outcome 3: Apply psychological theories of development to health and care practice

- **Topic 3.1:** Psychological theories and specific human behaviours
- **Topic 3.2:** Influence of psychological theories in health and care practice
- **Topic 3.3:** Psychological review

Topic 3.1:
Learners will explain the contribution of psychological theories to understanding of the following specific human behaviours:

- attachment, separation, regression, loss, deprivation, maternal deprivation and privation
- stress/Post Traumatic Stress Disorder (PTSD)
- addictions and addictive behaviours.

Topic 3.2:
Learners will explain the influence of psychological theories on those in receipt of care in different environments including:

- children's social centres/early years clubs
- daycare centres – for the elderly, for those with learning disabilities
- residential/nursing homes/short breaks
- hospitals and hospice care
- foster care/children's homes
- supported living
- family support networks
- rehabilitation/reablement centres – e.g. drug, alcohol, major injury, trauma and mental health services.

Topic 3.3:
Learners will review and compare the different approaches of psychological theories affecting society with a focus on:

- obesity – e.g. biological/genetic theories, food addiction, binge eating disorder, night eating syndrome, emotional and restrained eating, perceptions of self
- sexualisation of society – e.g. review theories which contribute to understanding the process of sexualisation with reference to mass media influences on values, beliefs, attitudes and behaviours, social learning theory and imitation, models of persuasion, objectification theory, gender dysphoria and stigma, biological sex, gender identity and gender reassignment.

Guidance for delivery

Learners should firstly be encouraged to study the terminology and key debates in psychology before consideration of how they explain a range of human behaviours. This learning will then support the development of knowledge about specific psychological theories and their application to human development. Learners should be able to identify the contribution of named theorists for each perspective.

When considering the contribution of psychological theories to the interpretation of specific human behaviours, learners should be encouraged to consider these in the context of understanding and supporting people who use health and care services.

The unit is designed to be delivered in the order in which it appears to enable learners to develop their knowledge and ability to apply it to practice prior to the final psychological review.

When completing the psychological review learners should be encouraged to conduct some independent research on their chosen topic and to present their findings to their peers in a structured learning environment – the length of the research and delivery method can be determined by the tutor. The information gathered could draw on contemporary examples from society.
Teaching will include the importance of learners having knowledge and understanding of the psychological theories and their application to practice and in supporting learners to develop independent research skills in the use of books, websites and journal resources.

Suggested learning resources

Books

Psychology: the Science and mind and Behaviour, 6th revised edition Gross, R
London: Hodder Education, 2010.
ISBN-13**:** 978-1444108316

Psychology for nurses and applied health professions Gross, R and Kinnison, N.
Hodder Arnold, 2007
ISBN-13: 978-0340930113

Essential Social Psychology Crisp, R. J., and Turner, R. N.
SAGE Publications Ltd; 2nd edition, 2010
ISBN-13: 978-1849203869

Psychology for Nurses and the Caring Professions Walker, J. Payne, S., Jarrett N. Ley, T.
Open University Press; 4th edition 2012
ISBN-13: 978-0335243914

Human Growth and Development Beckett, C. & Taylor, H.
SAGE Publications Ltd; 2nd edition, 2010
ISBN-13: 978-1847871794

Psychology for Health Professionals Barkway, P.
Churchill Livingstone Australia; 2nd edition, 2013
ISBN: 9780729541565

Journals and magazines

- Psychology Review Magazine **www.hoddereducation.co.uk**
- Journal of Health Psychology **http://hpq.sagepub.com**
- The Psychologist Magazine **www.bps.org.uk**

Websites

- **www.bps.org.uk**
- **http://alevelpsychology.co.uk/**
- **http://www.simplypsychology.org/**

Unit 320 Sociology of health, care and wellbeing

UAN:	D/507/3198
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to develop knowledge and understanding of the factors that influence the health and wellbeing of individuals and groups in contemporary society.

The study of sociology helps learners to develop their critical thinking skills in challenging the obvious and questioning the factors that affect everyone in the society/communities in which they live.

The study of sociology is concerned with studying society. It focuses on key issues and a range of sociological perspectives. This means that it offers learners an awareness of the structures in society and how they develop into social patterns. It also involves developing the ability to view society from our own viewpoint, but also from the viewpoint of other people and groups. This is central to the understanding of how health and wellbeing is experienced by different individuals and groups in society, as well as the underlying forces necessary to change patterns of inequality.

Learners will study a wide variety of theoretical concepts and factors relevant to people living in society as a whole, which collectively contribute to individual health/care outcomes. Learners are encouraged to learn new ways of looking at familiar patterns and to develop an appreciation of the opportunities and restrictions that affect people's lives.

In this unit learners will look at different explanations for health, wellbeing and illness and how individuals and groups in society experience health/care and wellbeing.

Learners should consider the following questions as a starting point to this unit

- Does income or where a person lives affect their health?
- Is health and illness the responsibility of an individual and the lifestyle choices they make?
- How do we measure health in a population?
- What are the current issues affecting people's health and illness in society today?

Learning outcomes

In this unit, learners will:

1. understand key theoretical concepts and sociological perspectives
2. know factors relating to health, social inequality and diversity.

Scope of content

Learners should develop the use of subject specific terminology to express ideas. It is anticipated that current examples will be used as a focus to express these ideas. Learners should make links to policies and legislation which directly impact on health and wellbeing and consider their relevance to the provision of care services. To express knowledge, trends and patterns of health and wellbeing learners should also gain the skills necessary to understand statistical information. Contemporary issues have been suggested which may be added to as necessary to reflect currency.

Learning outcome 1: Understand key theoretical concepts and sociological perspectives

- **Topic 1.1:** Sociological perspectives
- **Topic 1.2:** Definitions in health, illness and wellbeing
- **Topic 1.3:** Concepts and theory relating to health, care, wellbeing and illness
- **Topic 1.4:** Current issues in health and care

Topic 1.1:

Learners will describe key theoretical concepts, using specific sociological terminology, to include:

- functionalism – e.g. value consensus, function/dysfunction, core values, sick role
- marxism – e.g. bourgeoisie, proletariat, false consciousness, capitalism, medicalisation
- feminism – e.g. patriarchy, glass ceiling, gender inequality, gender pay gap and gender essentialism
- post modernism – e.g. obsolescence, modernisation, liquid modernity and globalisation
- symbolic interactionism – e.g. symbols, social stereotyping, stigma, subjective experience of illness
- social constructionism – e.g. labels, deviancy and mental illness, mortification, changing interpretations, knowledge and learnt behaviours and disability.

Topic 1.2:

Learners will define:

- health
- wellbeing
- illness
- disease.

Topic 1.3:

Learners will consider and apply the key definitions and concepts of health and illness used in sociology:

- difference between illness and disease
- medicalisation and its relationship to health and wellbeing
- Iatrogenesis and its relationship to health and wellbeing
- differences between Impairment, disability, disease, illness
- clinical icebergs
- medical and social models of health
- disease burden – congenital diseases
- lay beliefs in respect of health – e.g. use of technologies to self-diagnose
- end of life care
- impact on society of unplanned events – e.g. pandemics.

Topic 1.4:

Learners should consider how health improvements impact on health and wellbeing with consideration of:

- government:
  - public hygiene – e.g. infection control local and national guidelines and imposed requirements
  - improvements in living standards – e.g. minimum requirements for housing
  - immunisation -programmes for all ages
  - fluoridation of drinking water – e.g. children's teeth
  - workplace safety – e.g back injuries
  - food safety – e.g. hand washing.
- individual:
  - improved diet – e.g. weight, less rickets
  - sex education – e.g. contraception, STI's
  - regular exercise
  - substance use/misuse – e.g. smoking, alcohol, legal and illegal highs
  - mindfulness training for all ages
  - sleep
  - alternative therapies/self-help techniques.

This outcome also links to topics within previous unit 318.

Learning outcome 2: Know factors relating to health, social inequality and diversity

- **Topic 2.1:** Trends, patterns and explanations of social inequality and diversity
- **Topic 2.2:** Health and wellbeing in the 21st Century

Topic 2.1:

Learners will explain the application of sociological theories including:

- measuring health using morbidity, mortality, infant mortality, adolescent mortality and disease prevalence information
- explanations of gender, ethnicity, geographical location, class and age inequalities in health
- changes in health issues/diseases – e.g. children and adolescent mental health welfare, childhood obesity
- inverse care law – e.g. social inequality and distribution of resources
- the use and impact of statistical information by health care professionals and providers in the future
- tackling inequalities in health – government responses.

Topic 2.2:

Learners should explain health and wellbeing issues which individuals, groups and governments face in the 21st Century. This should include developing an awareness of the likely impact of present and future care and service provision on individuals and their families.

Learners will find out about a range of health-related issues and their significance for society in 21st Century:

- mental health – e.g. work related stress, social group and gender inequalities, and ethnic/cultural inequalities
- lifestyle choices – e.g. obesity, alcohol/drug/tobacco use
- society events – e.g. pandemics, radicalisation, poverty, migration and global events affecting health.

Guidance for delivery

This unit has links with other units particularly Contemporary Social Policy and understanding physical disabilities and exploring mental health and wellbeing. Learners should be encouraged to be aware of current health events and the impact they have on individuals and groups. It is suggested that learners research health policies, reports and legislation to raise awareness of government responses to issues of health and illness in society. The unit is designed to be delivered in the order indicated in the learning outcomes to develop learners' knowledge and understanding of sociological theories and concepts. It is intended that these ideas may then be used and applied to contemporary issues. Eg. sociological explanations of lifestyle issues and the trends in their development in society.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books

Sociology of Health and Illness 3rd Edition — Nettleton, S.
Published by Wiley 2013
ISBN-13: 978-0745628288

Introduction to Sociology for Health Carers, 2nd edition — Walsh, M. & Tait, D.
Published by Cengage Learning 2014
ISBN 13: 9781408075050

The Sociology of Healthcare — Clarke, A.
Published by Routledge 2010
ISBN-13: 978-1405858496

Sociology of Health 2nd Edition — Morrall, P.
Published by Taylor and Francis 2009
ISBN 13: 9780415415637

Handbook of the Sociology of Mental Health 2nd Edition — Aneshensel C. A.(Editor), Phelan, J.C. (Editor), Bierman, A. (Editor)
Published by Springer; 2013
ISBN-13: 978-9400774438

Understanding the Sociology of Health: An Introduction 3rd Edition
Barry, A & Yuill, C.
Published by Sage 2011
ISBN-13: 978-1446201886

Contemporary Health Studies: An Introduction First Edition — Warwick-Booth, L., Cross, R. and Lowcock, D.
Published by Wiley 2012
ISBN 13: 978-0745650227

The Sociology of Health and Medicine: A Critical Introduction 2nd edition
Annandale, E.
Published by Wiley 2014
ISBN 13: 9780745634623

Reports
The Care Act (2014)
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Care Act: Care and Support Statutory Guidance (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Journals and magazines
- **https://www.hoddereducation.co.uk/Product?Product=9781471803833** - Sociology Review on-line magazine. Subscription required

Websites
- **http://www.sociosite.net/topics/health.php** - contains a wide range of links to health issues
- **http://global.oup.com/booksites/content/9780199683581/links/** - a range of sociology web links
- **http://sociology.about.com/** - resources for teachers and students
- **https://www.gov.uk/government/organisations/department-of-health** - source of health reports
- National Institute for Health and Care Excellence **www.nice.org.uk**
- **www.skillsforcare.org**

Appendix 1 Abbreviations

The following is a list of abbreviations and explanations used throughout the qualification:

Abbreviation	Explanation
AIDS	Acquired Immune Deficiency Syndrome
AFILs	Audio frequency induction loops
BP	Blood Pressure
BAOT	British Association of Occupational Therapists
CQC	Care Quality Commission
CSP	Chartered Society of Physiotherapy
CYP	Children and Young People
CBC	Complete Blood Count
COSHH	Control of Substances Hazardous to Health
CJD	Creutzfeldt-Jakob disease
EYFS	Early Years Foundation Stage
ECG	Electrocardiogram
EEG	Electroencephalogram
EHRC	Equality and Human Rights Commission
EU	European Union
ECAT	Every Child a Talker
GP	General Practitioner
HSE	Health and Safety Executive
HIV	Human Immunodeficiency Virus
IQ	Intelligence Quotient
MRI	Magnetic Resonance Imaging
MIS	Manager Induction Standards
MMR	Measles, Mumps, and Rubella
MRSA	Meticillin-resistant Staphylococcus Aureusis
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NUT	National Union of Teachers
NMC	Nursing and Midwifery Council
OFSTED	Office for Standards in Education
OECD	Organisation for Economic Co-Operation and Development
PEAL	Parents Early Years and Learning
PICL	Parents Involvement in their Children's Learning
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
PUWER	Provision and Use of Work Equipment Regulations
REAL	Raising Early Achievement in Learning
REAM	Raising Early Achievement in Mathematics
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations

Abbreviation	Explanation
RCN	Royal College of Nursing
SARS	Severe Acute Respiratory Syndrome
STI	Sexually Transmitted Infection
SCIE	Social Care Institute for Excellence
SEN	Special Educational Needs
UNICEF	United Nations Children's Fund

Appendix 2 Legislations and regulations

The following is a list of legislations and regulations referred to throughout the qualification:

- Access to Medical Records Act (1988)
- Care Act (2014)
- Care Certificate (2015)
- Care in the Community Act (1989)
- Childcare Act (2006)
- Children and Families Act (2014)
- Children's Act (1989/2004)
- Children and Social Work Act (2017)
- Community Care Act (1990)
- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Data Protection Act (2004)/GDPR
- Disability Discrimination Act (1995)
- Disabled Persons (Employment) Act (1944)
- Education Act (2011)
- Equality Act (2010)
- Food Hygiene Regulations (2006)
- Freedom of Information Act (2000)
- General Data Protection Regulation – GDPR – (2018)
- Health and Safety at Work Act (1974)
- Health and Social Care Act (2012)
- Health and Social Care (Safety and Quality) Act 2015
- Human Rights Act (1998)
- Management of Health and Safety at Work Regulations (1999)
- Manual Handling Operation Regulations (1992)
- Mental Capacity Act (2005)
- Mental Health Act (2007)
- Personal Protective Equipment Regulations (1992)
- Provision and Use of Work Equipment Regulations (1998)
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)

Appendix 3 Glossary

The following is a list of terminology and their explanations referred to throughout the qualification:

- **Alzheimer's disease** – A progressive condition, and one that is the most common cause of dementia. It results in brain cells dying, leading to the loss of mental ability.
- **Anaesthetist** – A doctor who specialises in pain management and pain relief.
- **Biopsy** – A medical procedure that involves removing a sample of tissue so that it can be examined under a microscope in a laboratory, usually in order to diagnose a condition.
- **Cardiac arrest** – An emergency condition that happens when a person's heart stops beating, or when their heartbeat is no longer effective enough to pump sufficient blood around their body.
- **CT scan** – X-rays configured by computer to give three-dimensional images.
- **Dialysis** – A treatment in which waste products, excess salt and excess water are artificially filtered from the bloodstream because a person's kidneys are not healthy enough to perform this function.
- **Gynaecologist** – A doctor who specialises in the diagnosis and treatment of conditions affecting women, particularly those involving the female reproductive system.
- **Macmillan nurses** – Experienced nurses who specialise in palliative care and who work mainly in people's homes and in NHS hospitals. They support patients with cancer, assess complex needs, and support other involved professionals. Marie Curie nurses fulfil a similar role, but provide more 'hands on' care and longer periods of direct care, often including overnight.
- **Multidisciplinary team** – Professionals from different specialist health and social care backgrounds working together to meet a patient's individual needs.
- **Oncologist** – A doctor who specialises in the diagnosis and treatment of cancer.
- **Palliative care** – Care that is delivered to relieve the symptoms and distress of serious illness, rather than provide a cure.
- **Radiologist** – A doctor who specialises in the interpretation of medical images, and how they are used for treatment.
- **Radiotherapy** – A treatment that uses high-energy beams of radiation to kill or slow the growth of cells, usually in cases of cancer.

Appendix 4 Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the **Centres and Training Providers homepage** on **www.cityandguilds.com**.

City & Guilds Centre Manual

This document provides guidance for organisations wishing to become City & Guilds approved centres, as well as information for approved centres delivering City & Guilds qualifications. It covers the centre and qualification approval process as well as providing guidance on delivery, assessment and quality assurance for approved centres.

It also details the City & Guilds requirements for ongoing centre and qualification approval, and provides examples of best practice for centres. Specifically, the document includes sections on:

- the centre and qualification approval process
- assessment, internal quality assurance and examination roles at the centre
- registration and certification of candidates
- non-compliance and malpractice
- complaints and appeals
- equal opportunities
- data protection
- management systems
- maintaining records
- internal quality assurance
- external quality assurance.

Our Quality Assurance Requirements

This document explains the requirements for the delivery, assessment and awarding of our qualifications. All centres working with City & Guilds must adopt and implement these requirements across all of their qualification provision. Specifically, this document:

- specifies the quality assurance and control requirements that apply to all centres
- sets out the basis for securing high standards, for all our qualifications and/or assessments
- details the impact on centres of non-compliance

The **centre homepage** section of the City & Guilds website also contains useful information on

- **Walled Garden**: how to register and certificate candidates on line
- **Events**: dates and information on the latest Centre events
- **Online assessment**: how to register for e-assessments.

Useful contacts

UK learners General qualification information	**E: learnersupport@cityandguilds.com**
International learners General qualification information	**E: intcg@cityandguilds.com**
Centres Exam entries, Certificates, Registrations/enrolment, Invoices, Missing or late exam materials, Nominal roll reports, Results	**E: centresupport@cityandguilds.com**
Single subject qualifications Exam entries, Results, Certification, Missing or late exam materials, Incorrect exam papers, Forms request (BB, results entry), Exam date and time change	**E: singlesubjects@cityandguilds.com**
International awards Results, Entries, Enrolments, Invoices, Missing or late exam materials, Nominal roll reports	**E: intops@cityandguilds.com**
Walled Garden Re-issue of password or username, Technical problems, Entries, Results, e-assessment, Navigation, User/menu option, Problems	**E: walledgarden@cityandguilds.com**
Employer Employer solutions, Mapping, Accreditation, Development Skills, Consultancy	**E: business@cityandguilds.com**

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