Biddulph High School Curriculum Intent

To deliver a broad and enriching curriculum through engaging and challenging lessons that provide a wide range of opportunities for all students to achieve their potential.

Students will all be prepared to take their next steps in a diverse and ever changing future ready to make a positive contribution to society.

Through a broad programme of extracurricular activities students will have the opportunities to showcase their talents and experience new challenges.

We value individuals and all that they can offer as well as supporting each other with kindness and empathy.

Curriculum Intent for Health and Social Care:

Our vision in the Health and Social Care department is to ensure that every student strives for excellence, every learner will achieve their full potential, being able to reflect and act upon their personalised learning needs. Our aim is to motivate learners to enjoy and achieve with a positive, purposeful and secure learning environment, developing a genuine enthusiasm for the subject. Through a range of inclusive, exciting and innovative learning opportunities, learners will become effective communicators, analytical thinkers and effective members of the community, developing the necessary transferrable skills to be fully prepared for the world of work. They will understand the roles of health and social care professionals and the environments that they work in. They understand why legislation is in place to enable the service providers, service users and their families to feel safe and comfortable with the knowledge and understanding that they are receiving the best available care.

Students will be provided with opportunities develop their personal skills and attributes and enable them to record information and write in a professional manner.

All teachers will follow the schemes of work provided by the department. This is to ensure that the students receive the same high-quality provision. All units of work will provide a clear outline of the knowledge and skills required and assessment and PSA's will ensure that this knowledge has been retained and that their skills are evidenced.

Health and Social Care **Long Term Overview**						
Year Group	**Autumn 1**	**Autumn 2**	**Spring 1**	**Spring 2**	**Summer 1**	**Summer 2**
10	Component 1 Human Lifespan Development LAA	Component 1 Human Lifespan Development LAA	Component 1 Human Lifespan Development LAB	PSA 1 Human Lifespan Development LAA and LAB	Component 2 Health and Social Care Services and Values LAA	Component 2 Health and Social Care Services and Values LAA/LAB
11	Component 2 Health and Social Care Services and Values LAB	PSA 2 Health and Social Care Services and Values LAA and LAB	Component 3 Health and Wellbeing LAA	Component 3 Health and Wellbeing LAB	Component 3 Health and Wellbeing LAC	Component 3 Examination Health and Wellbeing LAA/LAB/LAC
12 Unit 1	Human Lifespan Development LAA/LAB	Human Lifespan Development LAB/LAC	Human Lifespan Development Revision and Exam			
12 Unit 5	Meeting Individual Care and Support Needs LAA/LAB	Meeting Individual Care and Support Needs LAB/LAC	Meeting Individual Care and Support Needs LAC/LAD			
12 Unit 4			Enquiries into Current Research in Health and Social Care LAA/LAB	Enquiries into Current Research in Health and Social Care LAB/LAC	Enquiries into Current Research in Health and Social Care Revision/Exam	
12 Unit 7				Principles of Safe Practice in Health and Social Care LAA/LAB	Principles of Safe Practice in Health and Social Care LAB/LAC	Principles of Safe Practice in Health and Social Care LAC/LAD
12/13 Unit 8	Y13 Promoting Public Health					Y12 Promoting Public Health

						LAB/LAC/LAD					LAA
13 **Unit 2**	Working in Health and Social Care LAA/LAB	Working in Health and Social Care LAB/LAC	Working in Health and Social Care Revision/Exam			
13 **Unit 12**				Supporting Individuals with Additional Needs LAA/LAB	Supporting Individuals with Additional Needs LAB/LAC	
13 **Unit 14**	Physiological Disorders and their Care LAA	Physiological Disorders and their Care LAA/LAB	Physiological Disorders and their Care LAB/LAC	Physiological Disorders and their Care LAC	Physiological Disorders and their Care LAD	Physiological Disorders and their Care LADUni

Medium Term Overview Health and Social Care

Year 10 and 11	*Autumn/Spring/Summer Term 1/2/3/4/5/6*	Unit Title: Pearson BTEC Tech Award Level 1/2 (2022) Health and social Care	No of Lessons: approx. 10/2 weeks
Overview	**In component 1: Human Lifespan Development** **Learning Aim A: Understand human growth and development across the life stages and the factors that affect it.** Students will study the areas of growth and development that contribute to the whole person, including physical, intellectual, emotional and social. They will reflect on factors that impact on everyone's life such as lifestyle, culture or relationships with family, and consider the ways they may effect each area of growth and development. **Learning Aim B: Students will look at how people encounter life events**. These events may be expected or unexpected, such as starting school, and usually result in a positive effect on development. Other events, such as a n accident or death, come as a shock and are likely to have negative effects on development. They will explore the ways individuals cope with such changes, the role of different sources of support to help people adapt. **In Component 2: Health and social Care Services and Values** **Learning Aim A: Understand the different types of health and social care services and barriers to accessing them.** Students will research care professionals from various settings – including hospitals and social care- and how they look after people. They will learn about personal circumstances, fears, anxieties, respect, care and understanding. They will also research a range of health and social care services which provide primary, secondary and tertiary care. They will study the barriers individuals face accessing care and how this may be overcome. **Learning Aim B: Understand the skills, attributes and values required to give care.** Student will find out why individuals are vulnerable and why a set of values exist when caring for them. They will learn about the skills, attributes and values required to give them care. **Component 3: Health and Wellbeing** **Learning Aim A: Factors that affect health and wellbeing** Once students understand what is meant by health and well-being they will explore how it is affected by a range of factors. **Learning Aim B: Interpreting health indicators** Students will learn to interpret indicators that can be used to measure physiological health and lifestyle data in relation to risks posed to physical health. **Learning Aim C: Person-centred approaches to improving health and wellbeing** Students will learn how to design a health and wellbeing improvement plan, which includes short and long term targets, and how obstacles that individuals may face when implementing such a plan can be overcome.		
Assessment	Component 1: Human Lifespan development Pearson Set Assignment 1		

	Component 2: Health and Social Care Services and Values Pearson Set Assignment 2 Component 3: Health and Wellbeing Pearson External Examination

Essential Knowledge (what must students know):	Essential Skills (what must students be able to demonstrate): Students will be able to:	Lessons:
Component 1: Human Lifespan Development • Main life stages • Areas of growth and development, physical, intellectual, emotional and social (PIES) • Factors affecting growth and development, physical ill health and disabilities, lifestyle, emotional, social, cultural, environmental, economic, • Life events • Physical and mental illness • Relationship changes • Life circumstances • Coping with change • Adapting to change • Informal, voluntary and professional support • Multi Agency working	**PSA 1 – Human lifespan development** **Task 1 (12 marks)** – Produce a **report** on the physical, intellectual, emotional and social growth and development that occurs in two given life stages. Including how an individual's PIES characteristics grow and develop through the two life stages and how they have changed **Task 2 (12 marks)** - Produce a report on how specific factors can affect the PIES growth and development of an individual in two given life stages. Including How the factors given impact the PIES growth and development in the two given Life stages. **Task 3a (12 marks)** - Using the given case studies produce a report that **conside**rs how each of their life events has impacted on their growth and development Physically, intellectually, emotionally and socially. **Task 3b (24 marks)** – Produce a report on how the case studies have adapted to life events. Including they different types of support they accessed to adapt to their life event. The character traits that influenced how they coped with their life event. A **comparison** of the ways they adapted to their life events and the role that support played. An additional source of support for each individual that is not already mentioned and give reasons why these sources might be appropriate.	**Y10 –** **Human Lifespan development** **LAA** Life stages, Physical, Intellectual, Emotional and Social (PIES) developments, growth and development. PIES developments for Infancy, Childhood, Adolescence, Early Adulthood, Middle Adulthood and Later Adulthood. PSA 1 Task 1 Factors including inherited conditions, physical illness and life choices Factors including social, emotional, psychological and cultural. Factors including environmental and economic. PSA 1 Task 2 **LAB** Life events including expected and unexpected. Types of life event including health and well-being, relationship changes and life circumstances. PSA 1 Task 3a The character traits that influence how individuals cope. Sources of support that can help individuals and how they adapt. PSA 1 Task 3b PSA 1 – February/March

Component 2: Health and social Care Services and Values • Health conditions, Type 2 diabetes, arthritis, coronary heart disease, dementia, cerebral vascular accident, obesity, asthma, chronic obstructive pulmonary disease and additional needs • Primary, secondary, tertiary and allied health care • Services for young children and young people, adults or children with specific needs and older adults • Informal social care • Types of barriers to accessing services, sensory, social, cultural, physiological, language, geographical, learning disabilities and financial • Skills in health and social care • Attributes in health and social care • Values in health and social care • Obstacles that individuals requiring care may face • Benefits to individuals of the skills, attributes and values in health and social care practice	**PSA 2 – Health and Social Care Services and Values** **Task 1 (12 marks)** –Produce a **report** on how different **health care** services work together to meet the needs of an individual who is a specific age and with a specific condition. Including how **primary and secondary** health care services could meet the needs of the individual and how the care services could work together. **Task 2 (12 marks)** - Produce a report on how **social care** services can meet the needs of an individual who is a specific age and has specific difficulties. Including how **social care services, voluntary care services and informal care** could meet their needs. **Task 3 (12 marks)** –Produce a report on the **barriers** an individual could face when **accessing** services in **health and social care** and provide **suggestions** for how these could be overcome for a specific individual. Including, the barriers they may face with realistic suggestions for how they can be minimised or removed. Give **justification** to support each suggestion. **Task 4 (12 marks)** – Produce a report to show how **health care** professionals might demonstrate the **skills, attributes and values** required when delivering care to an individual with a specific condition. Including how specified skills, attributes and values can be demonstrated by the professional supporting the individual. Give **reasons** why the skills, attributes and values that you have **discussed** are important when providing the specified individual with care. **Task 5 (12 marks)** – Produce a report on a specified individual on how the **skills, attributes and values** of care professionals can help them to **overcome** potential **obstacles**. Include the potential obstacles and the impact they may have on recovery. Provide **justification** to support the reasons you have given.	**Health and social Care Services and Values** **LAA** Health care services – Primary, secondary, tertiary and allied health care. Health conditions - Type 2 diabetes, arthritis, coronary heart disease, dementia, cerebral vascular accident, obesity, asthma, chronic obstructive pulmonary disease and additional needs PSA 2 Task 1 Social Care services and additional care. Services for young children and young people, adults or children with specific needs and older adults and Informal social care. PSA 2 Task 2 Barriers to accessing services - sensory, social, cultural, physiological, language, geographical, learning disabilities and financial PSA Task 3 **Year 11** **LAB** Skills and attributes needed to work in health and social care Values in health and social care. PSA 2 Task 4 Obstacles to accessing health and social care and how they may be overcome. PSA 2 Task 5 PSA 2 October/November

Component 3: Health and Wellbeing
- Definition of health and wellbeing
- Physical factors, inherited conditions, ill health, mental ill health, physical abilities and impairments
- Lifestyle factors, nutrition, physical activity, smoking, alcohol and substance misuse
- Social factors, relationships, inclusion and exclusion, bullying and discrimination
- Cultural factors, religion, community participation, gender roles and expectations, gender identity, sexual orientation,
- Economic factors, housing, home environment and exposure to pollution
- The impact of life events, physical events, relationship changes and life circumstances
- Health indicators, resting heart rate and recovery after exercise, blood pressure, body mass index and using public guidelines to interpret them and possible significance of abnormal readings
- Interpretation of data on nutrition, physical activity, smoking, alcohol and substance misuse
- Person centred approaches to improving health and well-being and benefits
- Recommended actions to improve health and well-being

Component 3 External Examination - Health and Wellbeing
Questions 1 – 11 – mixture of multi choice and short answer questions with marks up to 4 (23marks)
Identify, state or explain the factors which effect health and well-being either positively or negatively.
Questions 12 – 15 mixture of multi-choice, short and longer answers with marks up to 6 (13marks).
Discuss, explain or identify the impact of factors effect health and wellbeing for a given case study.
Q16 – (10 marks)
Suggest three actions with ways that they could improve the health of a given case study.
Explain types of support could improve health and wellbeing for the given case study.
Question 17 – (8 marks)
Explain two barriers that could prevent a given case study from improving her health and well-being.
Explain two obstacles that could prevent them from improving health and well-being.
Question 18 – (6 marks)
Discuss the circumstances that may affect the specified development of the given case study.

Health and Wellbeing
Factors which affect health and wellbeing – physical, lifestyle, social, cultural, environmental and economic.
Questions 1 – 11
Mock – Q1 - 11
Impact of life events and circumstances.
Health indicators - resting heart rate and recovery after exercise, blood pressure, body mass index and using public guidelines to interpret them and possible significance of abnormal readings
Interpretation of data - nutrition, physical activity, smoking, alcohol and substance misuse
Questions 12 – 15
Person centred approaches to improving health and well-being.
Recommended actions to improve health and well-being.
Support available when following recommendations

Questions 16a and 16b
Barriers - physical, sensory impairment, social, cultural, language, speech
Questions 17 and 18
Mock
Revision
External Examination - May

• Support available when following recommendations • Barriers, physical, sensory impairment, social, cultural, language, speech impairment, geographical, resource and financial • Obstacles, emotional, psychological, time constraints, resources, unachievable targets and lack of support		

Medium Term Overview Health and Social Care

Year 12 and 13	*Autumn/Spring/Summer Term 1/2/3/4/5/6*	Unit Title:	No of Lessons: approx. 18/2weeks
Overview and Assessment	**Unit 1 (90) Human Lifespan Development - External Exam** **Unit 2 (120) Working in Health and Social Care- External Exam** **Unit 4 (120) Enquiries into current Research in Health and Social Care – External Exam** **Unit 5 (90) Meeting Individual Care and Support Needs - Coursework** **Unit 7 (90) Principles of Safe Practice in Health and Social Care - Coursework** **Unit 8 (90) Promoting Public Health - Coursework** **Unit 12 (60) Supporting Individuals with Additional Needs - Coursework** **Unit 14 (60) Physiological Disorders and their Care - Coursework**		

Essential Knowledge (what must students know):	Essential Skills (what must students be able to demonstrate):	Lessons:
Unit 1 (90) Human Lifespan Development - External Exam **A Human growth and development through the life stages** **A1 Physical development across the life stages** • Growth and development are different concepts: o principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions o principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.	Students will be able to: **Unit 1 (90) Human Lifespan Development - External Exam** **Assessment Outcomes** **AO1** Demonstrate knowledge of physical, intellectual, emotional and social development	**Unit 1 (90) Human Lifespan Development - External Exam** **A1 – Physical development across the life stages**

• In infancy (0–2 years), the individual develops gross and fine motor skills: o the development of gross motor skills o the development of fine motor skills o milestones set for the development of the infant – sitting up, standing, cruising, walking. • In early childhood (3–8 years), the individual further develops gross and fine motor skills: o riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently o turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing. • In adolescence (9–18 years), the changes surrounding puberty: o development of primary and secondary sexual characteristics o the role of hormones in sexual maturity. • In early adulthood (19–45 years), the individual reaches physical maturity: o physical strength peaks, pregnancy and lactation occur o perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness. • In middle adulthood (46–65 years), the female enters menopause: o causes and effects of female menopause and the role of hormones in this o effects of the ageing process in middle adulthood. • In later adulthood (65+ years), there are many effects of ageing: o health and intellectual abilities can deteriorate. **A2 Intellectual development across the life stages** • In infancy and early childhood there is rapid growth in intellectual and language skills: o Piaget's model of how children's logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children's thoughts and actions o Chomsky's model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language.	across the human lifespan, factors affecting human growth and development and effects of ageing Command words: describe, discuss, evaluate, identify, justify, to what extent **Marks: ranges from 3 to 6 marks** **AO2** Demonstrate understanding of physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing Command words: describe, discuss, evaluate, explain, justify, outline, to what extent, which **Marks: ranges from 1 to 6 marks** **AO3** Analyse and evaluate information related to human development theories/models and factors affecting human growth and development Command words: evaluate **Marks: 10 marks** **AO4** Make connections between theories/models in relation to human development, factors affecting human growth and development and effects of ageing Command words: discuss, evaluate, justify, to what extent **Marks: ranges from 10 to 12 marks** To achieve a grade a learner is expected to demonstrate these attributes across the essential content of the unit. The principle of best fit will apply in awarding grades. **Level 3 Pass** Learners are able to explore familiar applications of physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth	**A2 – Intellectual development across the life stages** **A3 - Emotional development across the life stages** **A4 - Social development across the life stages** **B1 The nature/nurture debate related to factors** **B2 - Genetic factors that affect development** **B3 - Environmental factors that affect development** **B4 – Social factors that affect development** **B5 - Economic factors that affect development** **B6 - Major life events that affect development** **C1 - The physical changes of ageing** **C2 – The psychological changes of ageing** **C3 - The societal effects of an ageing population** **Mock** **Examination January Y12**

• In early adulthood, thinking becomes realistic and pragmatic, with expert knowledge about the practical aspects of life that permits judgement about important matters.

• The effects of age on the functions of memory: o memory loss in later adulthood.

A3 Emotional development across the life stages

• Attachment to care-giver in infancy and early childhood: o theories of attachment, to include types of attachment and disruptions to attachment.

• The development and importance of self-concept: o definitions and factors involved in the development of a positive or negative self-esteem o definitions and factors involved in the development of a positive or negative self-image.

A4 Social development across the life stages

• The stages of play in infancy and early childhood:

o solo play, parallel play and co-operative play.

• The importance of friendships and friendship groups:

o the social benefits of friendships o the effects of peer pressure on social development.

• The development of relationships with others.

• The development of independence through the life stages: o peer influence in adolescence, starting employment, leaving home, starting a family.

B Factors affecting human growth and development

B1 The nature/nurture debate related to factors

• Development across the lifespan is a result of genetic or inherited factors – Gesell's maturation theory.

• Development across the lifespan is a result of environmental factors – Bandura's social learning theory.

• Both factors may play a part – stress-diathesis model.

B2 Genetic factors that affect development

• Genetic predispositions/disorders to particular conditions – cystic fibrosis, brittle bone disease, phenylketonuria (PKU), Huntington's disease, Klinefelter's syndrome, Down's syndrome, colour blindness, Duchenne muscular dystrophy, susceptibility to diseases such as cancer, high blood cholesterol and diabetes.

• Biological factors that affect development – foetal alcohol syndrome, effects of maternal infections and lifestyle/diet during pregnancy, congenital defects.

and development and effects of ageing. Learners can use research with relevance to given situations related to human development theories/models and factors affecting human growth and development. They can select and organise information using appropriate knowledge and concepts about theories/models in relation to human development, factors affecting human growth and development and effects of ageing.

Level 3 Distinction Learners are able to articulate arguments and views concisely and professionally to justify and evaluate physical, intellectual, emotional and social development across the human lifespan, factors affecting human growth and development and effects of ageing. They are able to use detailed analysis and research to make recommendations related to human development theories/models and factors affecting human growth and development. They can draw on knowledge and understanding of theories/models in relation to human development, factors affecting human growth and development and effects of ageing.

B3 Environmental factors that affect development

• Exposure to pollution – respiratory disorders, cardiovascular problems, allergies.

• Poor housing conditions – respiratory disorders, cardio vascular problems, hypothermia, and anxiety and depression.

• Access to health and social care services – availability of transport, opening hours of services, ability to understand the needs and requirements of particular services.

B4 Social factors that affect development

• Family dysfunction – parental divorce or separation, sibling rivalry, parenting style.

• Bullying – effects of bullying on self-esteem, self-harm, suicide.

• Effects of culture, religion and belief – beliefs that may prevent medical intervention, dietary restrictions.

B5 Economic factors that affect development

• Income and expenditure.

• Employment status.

• Education.

• Lifestyle.

B6 Major life events that affect development

• Predictable events:

o these are events that are expected to happen at a particular time. While expected, they may still have an effect on a person's health and wellbeing. This effect can be positive or negative, regardless of the event.

• Unpredictable events: o these are events that happen unexpectedly and can have serious physical and psychological effects on an individual. These effects can be positive or negative, regardless of the event.

• Many events can be either predictable or unpredictable depending on the life course of the individual. They can include:

o starting school/nursery

o moving house

o marriage and divorce

o starting a family o beginning employment

o retirement o death of a relative/partner/friend o accidents or injury o changing employment
o leaving home o promotion or redundancy
o serious illness.
• The effects of life events on health.
• Holmes-Rahe social readjustment rating scale and the effects of life events on a person's
stress levels and health.
C Effects of ageing
C1 The physical changes of ageing
• Cardiovascular disease – age can increase the risks of cardiovascular disease. This can be exacerbated by lifestyle choices.
• The degeneration of the nervous tissue.
• Osteoarthritis.
• Degeneration of the sense organs.
• The reduced absorption of nutrients.
• Dementia, to include Alzheimer's disease.
• Effects of illnesses that are common in ageing.
C2 The psychological changes of ageing
• Effects on confidence and self-esteem.
• Effects of social change:
o role changes
o loss of a partner
 o loss of friends
o increase in leisure time.
• Financial concerns.
• Effects of culture religion and beliefs.
• Social disengagement theory.
• Activity theory.
C3 The societal effects of an ageing population
• Health and social care provision for the aged.
• Economic effects of an ageing population.

Essential Knowledge (what must students know):	Essential Skills (what must students be able to demonstrate):	Lessons:
Unit 2 (120) Working in Health and Social Care- External Exam	Students will be able to:	**Unit 2 (120) Working in Health and Social Care- External Exam**
A The roles and responsibilities of people who work in the health and social care sector	**Unit 2 (120) Working in Health and Social Care- External Exam**	**A1 The roles of people who work in health and social care settings**
A1 The roles of people who work in health and social care settings Understand the roles of people who work in health and social care settings, to include:	**Assessment Outcomes**	**A2 The responsibilities of people who work in health and social care settings**
• doctors • nurses • midwives • healthcare assistants • social workers • occupational therapists • youth workers • care managers/assistants • support workers.	**AO1** Demonstrate knowledge of service user needs, roles and responsibilities of workers, and working practices within the health and social care sector Command words: identify **Marks: 2 marks**	**A3 Specific responsibilities of people who work in health and social care settings**
A2 The responsibilities of people who work in health and social care settings Understand the day-to-day responsibilities of people who work in health and social care settings, to include: • following policies and procedures in place in the health and social care setting in which they work • healing and supporting recovery for people who are ill • enabling rehabilitation • providing equipment and adaptations to support people to be more independent • providing personal care, to include washing, feeding, toileting • supporting routines of service users, to include day-to-day family life, education, employment, leisure activities • assessment and care and support planning, involving service users and their families.	**AO2** Demonstrate understanding of service user needs, roles and responsibilities of workers, working practices and procedures in the health and social care sector Command words: describe **Marks: 4 marks** **AO3** Analyse and evaluate information related to the roles and responsibilities of health and social care workers and organisations and how workers and organisations are monitored and regulated Command words: explain **Marks: 6 marks**	**A4 Multidisciplinary working in the health and social care sector** **A5 Monitoring the work of people in health and social care settings** **B1 The roles of organisations in providing health and social care services**
A3 Specific responsibilities of people who work in health and social care settings Applying care values and principles.	**AO4** Make connections between the roles and responsibilities of health and social care workers and organisations, how workers and organisations are monitored and regulated and	

• Promoting anti-discriminatory practice by: o implementing codes of practice and policies that identify and challenge discrimination in specific health and social care settings o adapting the ways health and social care services are provided for different types of service users. • Empowering individuals, to include: o putting the individual at the heart of service provision and promoting individualised care o promoting and supporting individuals' rights to dignity and independence o providing active support consistent with beliefs, cultures and preferences of health and social care service users o supporting individuals who need health and social care services to express their needs and preferences o promoting the rights, choices and wellbeing of individuals who use health and social care services o balancing individual rights to health and social care services with the rights of other service users and staff o dealing with conflict in specific health and social care settings, to include GP surgeries, hospital wards, residential care homes for the elderly, residential care homes for vulnerable children and young adults, and domiciliary care settings. • Ensuring safety – how people who work in health and social care ensure safety for individuals and staff through: o use of risk assessments o safeguarding and protecting individuals from abuse o illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water o control of substances harmful to health o use of protective equipment and infection control o reporting and recording accidents and incidents o complaints procedures o provision of first-aid facilities. • Information management and communication – ways of promoting effective communication and ensuring confidentiality through: o applying requirements of the data protection legislation	how multidisciplinary teams work together to meet service user needs Command words: discuss **Marks: 8 marks** **Level 3 Pass** Learners demonstrate knowledge and understanding of the roles and responsibilities of the people who work in health and social care settings in context. They also understand how organisations in the wider context impact on employee practices. Learners understand the influence of codes of practice on how employees undertake activities, and how and why the work of people in health and social care settings needs to be monitored. Learners can make judgements on the effectiveness of practices on service users, and can propose and justify recommendations for delivering services in context, based on health and social care concepts and principles. **Level 3 Distinction** Learners demonstrate a thorough understanding of the roles and responsibilities of people who work in health and social care settings and the influence of organisations, in context. They can justify recommendations related to an employee's specific responsibilities, or multidisciplinary activities, but understand the organisational context in which those employees and teams operate. They can evaluate the impact and effectiveness of services in meeting the needs of different service users, and how monitoring and codes of practice impact on the work of	**B2 Issues that affect access to services** **B3 Ways organisations represent interests of service users** **B4 The roles of organisations that regulate and inspect health and social care services** **B5 Responsibilities of organisations towards people who work in health and social care settings** **C1 People with specific needs** **C2 Working practices** **Mock** **Exam January Y13**

o adhering to legal and workplace requirements specified by codes of practice in specific health and social care settings o the recording, storage and retrieval of medical and personal information, to include electronic methods, mobile phones, social media, written records, use of photographs
o maintaining confidentiality to safeguard service users
o respecting the rights of service users where they request confidentiality
o following appropriate procedures where disclosure is legally required.
• Being accountable to professional bodies – how employees are accountable to professional bodies, to include:
o following codes of professional conduct
o being familiar with/applying current codes of practice o ensuring that revalidation procedures are followed
o following safeguarding regulations o following procedures for raising concerns/whistleblowing.

A4 Multidisciplinary working in the health and social care sector
Partnership working, to include:
• the need for joined-up working with other service providers
• ways service users, carers and advocates are involved in planning, decision-making and support with other service providers
• holistic approaches.

A5 Monitoring the work of people in health and social care settings
How the work of people in health and social care settings is monitored, to include:
• line management
• external inspection by relevant agencies
• whistleblowing
• service user feedback
• criminal investigations.

B The roles of organisations in the health and social care sector
B1 The roles of organisations in providing health and social care services
• Ways services are provided by:
o the public sector: – NHS Foundation Trusts, to include hospitals, mental health services and community health services – adult social care – children's services – GP practice

employees within health and social care settings. Learners can analyse service user requirements in context and provide justified recommendations for service delivery for a variety of different service user groups underpinned by health and social care concepts and principles.

o the voluntary sector

o the private sector.

• Settings where health and social care services are provided to meet different needs, to include:

o hospitals

o day care units

o hospice care

o residential care

o domiciliary care

 o the workplace.

B2 Issues that affect access to services

• Referral.

• Assessment.

• Eligibility criteria.

• Barriers to access, to include specific needs, individual preferences, financial, geographical, social, cultural.

B3 Ways organisations represent interests of service users

To include:

• charities/patient groups

• advocacy

• complaints policies

• whistleblowing policies.

B4 The roles of organisations that regulate and inspect health and social care services

The ways organisations regulate and inspect health and social care services, and the people who work in them. Organisations that regulate or inspect health and social care services. (Learners should study organisations relevant to either England, Wales or Northern Ireland; they do not need to study organisations relevant to all UK countries.)

In England:

o Care Quality Commission (CQC)

o Ofsted.

• In Wales: o Care and Social Services Inspectorate Wales (CSSIW) o Healthcare Inspectorate Wales (HIW). • In Northern Ireland: o Regulation and Quality Improvement Authority (RQIA) o Public Health Agency (PHA) o Education and Training Inspectorate (ETI). • The roles of organisations which regulate or inspect health and social care services, to include: o how regulation and inspections are carried out o how organisations and individuals respond to regulation and inspection o changes in working practices required by regulation and inspection o how services are improved by regulation and inspection. Organisations that regulate professions in health and social care services. • In England: o Nursing and Midwifery Council (NMC) o Health and Care Professions Council (HCPC) o General Medical Council (GMC). In Wales (in addition to above): o Care Council for Wales (Social Care). • In Northern Ireland (in addition to above): o Northern Ireland Social Care Council (NISCC). • The roles of organisations which regulate professions in health and social care services, to include: o how regulation is carried out o how organisations and individuals respond to regulation o the changes in working practices required by regulation o how services are improved by regulation. **B5 Responsibilities of organisations towards people who work in health and social care settings** Responsibilities of organisations that provide health and social care services, to include ensuring employees: • understand how to implement the organisation's codes of practice • meet National Occupational Standards (NOS) • undertake continuing professional development (CPD) • are safeguarded through being able to: o have internal/external complaints dealt with properly		

o take part in whistleblowing
o have membership of trades unions/professional associations
o follow protocols of regulatory bodies.
C Working with people with specific needs in the health and social care sector
C1 People with specific needs
• Ill health, both physical and mental.
• Learning disabilities.
• Physical and sensory disabilities.
• Age categories to include:
o early years
o later adulthood.
C2 Working practices
• Relevant skills required to work in these areas.
• How policies and procedures affect people working in these areas. • How
regulation affects people working in these areas.
• How working practices affect people who use services in these areas.
• Recent examples of how poor working practices have been identified and
addressed.

Essential Knowledge (what must students know):	Essential Skills (what must students be able to demonstrate):	Lessons:
Unit 4 (120) Enquiries into current Research in Health and Social Care – External Exam	Students will be able to:	**Unit 4 (120) Enquiries into current Research in Health and Social Care – External Exam**
A Types of issues where research is carried out in the health and social care sector	**Unit 4 (120) Enquiries into current Research in Health and Social Care – External Exam**	
A1 Purpose of research in the health and social care sector		**A1 Purpose of research in the health and social care sector**
• The purpose of research – to improve outcomes for people using services, informing policy and practice, extending knowledge and understanding, identifying gaps in provision.	**Assessment Outcomes**	
• Examples of research that have led to an improvement in practice and policy, e.g. changes in treatment of health conditions, changes in practice in providing care and support.	**AO1** Demonstrate knowledge and understanding of methods, skills and ethical	**A2 Issues**

A2 Issues • Health conditions, e.g. how effective certain types of treatment are, health trends in certain areas or among certain age groups and why this should be the case, strategies for avoiding certain health conditions and the success of these strategies. • Lifestyle factors, e.g. prevalence in certain age groups, how far lifestyle factors contribute to health and social care needs, the effect on demand for services, what can be done to mitigate factors. • Social care and welfare needs, e.g. practice in providing care and support to individuals with specific needs, the success of these practices in promoting individuals' independence and wellbeing, services provided to individuals with specific needs and the effect of these services on individuals' wellbeing. B Research methods in health and social care B1 Research methodologies • Organisations involved in research, to include health authorities, local authorities, social service departments and charities and community organisations, Office for National Statistics (ONS). • Research methods, including questionnaires, interviews, case studies, scientific experiments, checklists, observation, and their advantages and disadvantages. • Analysis of data, e.g. data compiled from local authorities and GP surgeries, to identify whether methods of care and support or treatment for health conditions are successful, to identify trends. • The difference between qualitative and quantitative data. • Conducting effective literature searches. • Identifying, analysing and evaluating source material. **B2 Planning Research** How to plan a piece of research, including: • rationale for the research • deciding on achievable objectives • selecting appropriate research methods • selecting target group and sample • deciding realistic timescales • deciding how research will be monitored and modified • deciding measures for success	issues related to carrying out research within the health and social care sector **AO2** Apply knowledge and understanding of the methods, skills and ethical issues to current research in the health and social care sector **AO3** Analyse information and data related to current research in health and social care, demonstrating the ability to interpret the potential impact and influence of the research on health and social care practice and service provision **AO4** Evaluate current health and social care research to make informed judgements about the validity of the research methods used, further areas for research and the potential impact of the research on health and social care practice and service provision **Level 3 Pass** Learners will demonstrate an understanding of the ways that current research is used in health and social care, and the appropriateness of different types of research related to specific issues and enquiries. They will apply secondary research techniques and review the success of techniques and skills in the context of current research into issues in health and social care, referencing validity and reliability. Learners will apply their knowledge and understanding from across their learning to explore feasible ethical	**B2 Planning Research** **B3 Ethical issues** **C1 Selecting appropriate secondary sources** **C2 Evaluation of research** **C3 Wider applications of research** **Mock** **Examination May Y12**

• considering ethical issues while carrying out research.

B3 Ethical issues

Ethical principles in research reporting, including:

• maintaining confidentiality of participants, including of any settings

• ensuring that participants have given their consent

the need to seek consent from parents or carers if participants are under 18 or lack appropriate mental capacity

• research conduct, including keeping a professional distance • data protection legislation, policies and procedures, including using the research only for the stated purpose

• human rights legislation, policies and procedures and how this relates to conduct of research (legislation must be current at time of delivery and applicable to England, Wales or Northern Ireland)

• the use and misuse of results, including statistics that inform practice, informed consent from participants and the 1947 Nuremberg Code in relation to ethical research, misuse of results, e.g. Andrew Wakefield and the MMR research

• conflicts of interest in research and how to avoid them, peer reviews including human subjects, mentoring, research misconduct, professional distance, disclosure and whistle-blowing

• role of organisations, e.g. National Social Care Research Ethics Committee. B4 Research skills

• Time management, organisational skills.

• Non-judgemental practice.

• Showing connections between sources of information.

• Methods of analysis and drawing conclusions.

• Recognising potential sources of bias or error.

• Distinguishing between fact and opinion, and identifying bias.

• Interpreting graphs and tables produced by others.

• Selecting relevant numerical data.

• Analysis of results, including compilation of data, results and findings, use of methods of analysis valid for data collected, including triangulation, use of percentages, use of statistical averages.

• Making notes and keeping records from source material.

solutions to further the research into key areas in the sector. They will demonstrate analytical and evaluative skills in order to judge the effectiveness of research in context, and recognise the implications for future practice/provision in the sector. **Level 3 Distinction** Learners will make critical, rationalised judgements about the techniques and skills evidenced within the research around the issue/enquiry and its use in the health and social care sector. Their use of secondary research techniques and skills will demonstrate their understanding of the wider issue in context. They will evaluate the purpose, actions and results of the research against the principles of validity and reliability, and demonstrate a thorough understanding of how feasible ethical solutions to research can be planned and delivered in context. Learners will form conclusions linked to the implications of the research for future practice/provision in the sector. These conclusions, and any recommendations for adaptations, will be justified and articulated professionally.

• Reading techniques, e.g. skimming, scanning.

• Conventions for presenting bibliography and reference lists.

C Carrying out and reviewing relevant secondary research into a contemporary health and social care issue

C1 Selecting appropriate secondary sources

• Selecting sources of reliable secondary research, including professional journals, professional bodies, textbooks, periodicals, websites, research organisations.

• Conducting electronic searches using academic search engines, databases, keywords, advanced search tools, refining search data to narrow range of information to manageable size.

• Consideration of the suitability of the sources, including reference to ethical principles, confidentiality, conflicts of interest, fair representation of people using services.

• Selecting relevant numerical data, to include graphs, tables and statistics.

• Examining and interpreting graphs and tables produced by others.

• Recognising bias in graphs, tables and statistics.

C2 Evaluation of research

• Examining content of secondary materials including introduction, body of text, conclusion.

• Academic reading, to include surveying structure of source materials.

• Advantages and limitations of research sources and methodologies, e.g. access to data.

• Validity and reliability of results, including possible bias error, use and misuse of statistics, ethical principles, generalisability.

• Recommendations, as a result of the research, for work with people who use services.

• Potential areas for further development of the research.

• Potential for development of working practice and provision of services

C3 Wider applications of research

• Making recommendations for potential future areas for research.

• Implications of research for health and social care practice.

• Implications of research for health and social care service provision.

Essential Knowledge (what must students know):	Essential Skills (what must students be able to demonstrate):	Unit 5 (90) Meeting Individual Care and Support Needs
Unit 5 (90) Meeting Individual Care and Support Needs **Essential Knowledge (what must students know):** **Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals** **A1 Promoting equality, diversity and preventing discrimination** • Definition of equality, diversity and discrimination. • Importance of preventing discrimination. • Initiatives aimed at preventing discrimination in care, e.g. the use of advocacy services. **A2 Skills and personal attributes required for developing relationships with individuals** To include: • the 6Cs – care, compassion, competence, communication, courage and commitment • people skills – empathy, patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills • communication skills – communicating with service users, colleagues and other professionals, e.g. active listening and responding, using appropriate tone of voice and language, clarifying, questioning, responding to difficult situations • observation skills, e.g. observing changes in an individual's condition, monitoring children's development • dealing with difficult situations. A3 Empathy and establishing trust with individuals Learners require an overview of the different theories of empathy and the various methods of establishing positive relationships with individuals in their care. • Attachment and emotional resilience theory, to include the effect of secure attachments and support on emerging autonomy and resilience. • The triangle of care. • Empathy theories, e.g. Johannes Volkelt, Robert Vischer, Martin Hoffman and Max Scheler.	**Students will be able to:** **Unit 5 (90) Meeting Individual Care and Support Needs** **Essential Skills (what must students be able to demonstrate):** **Students will be able to:** **Learning aims A, B and C** **For distinction standard**, learners will select material from the provided case studies which allows them to explore the issues surrounding equality and diversity, and preventing discrimination, and how successfully promoting anti-discriminatory practice has been achieved for each case study. Learners will draw together their understanding of the empathy theories and how they are applied, together with personal skills and attributes, to successfully promote anti-discriminatory practice. Learners must demonstrate clear understanding of the skills and attributes needed by professionals in order to meet individual care and support needs. Learners must consider the advantages and disadvantages of theories and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. Learners must demonstrate clear understanding of all of the terminology used in a health and social care context. Learners will make	**Lessons:** **A1 Promoting equality, diversity and preventing discrimination** **A2 Skills and personal attributes required for developing relationships with individuals** **A3 Empathy and establishing trust with individuals** **B1 Ethical issues and approaches** **B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk** **C1 Enabling individuals to overcome challenges** **C2 Promoting personalisation** **C3 Communication techniques** **D1 How agencies work together to meet**

Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs **B1 Ethical issues and approaches** • Ethical theories, to include consequentialism, deontology, principlism and virtue ethics. • Managing conflict with service users, carers and/or families, colleagues. • Managing conflict of interests. • Balancing services and resources. • Minimising risk but promoting individual choice and independence for those with care needs and the professionals caring for them. • Sharing information and managing confidentiality. **B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk** • Organisations, legislation and guidance that influence or advise on ethical issues. All legislation and guidance must be current and applicable to England, Wales or Northern Ireland. • Organisations, e.g. National Health Service (NHS), Department of Health (DH), National Institute for Care Excellence (NICE), Health and Safety Executive (HSE). • Legislation, e.g. Mental Health Act 2007, Human Rights Act 1998, Mental Capacity Act 2005, National Health Service Act 2006 Section 140, Equality Act 2010, Care Act 2014. • Guidance, e.g.: o the DH Decision Support Tool o five-step framework o NICE and NHS guidance on Care Pathways and Care Plans o Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) (NHS) o HSE guidance on risk assessments. How this guidance may be counterbalanced by other factors, e.g. religion, personal choice, government policies. **Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges** **C1 Enabling individuals to overcome challenges**	reasoned judgements about different ethical issues and their influence on planning support to meet individual care and support needs. Learners must suggest how professionals could best minimise risk and balance resources, to reach a justified conclusion of how this can have a positive impact on the individual. Learners will draw together their understanding of strategies that can be used to overcome the challenges faced by individuals. They must consider the advantages and disadvantages of the strategies and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. They must also explore a range of legislation and codes of practice and their influence in overcoming challenges, the ethical issues, the resulting conflicts of interest and how they can be resolved. Learners must consider the different approaches used by professionals when communicating with individuals with care needs and make reasoned judgements about the success of the communication techniques used. **For merit standard,** learners will relate the situation of the individuals in the case studies with the possible effects of discrimination, and the skills, attributes and empathy theories that can be employed to prevent discrimination. Learners will be expected to use vocational language to explore empathy and how professionals could establish trust with the individuals in their different care environments. Learners could include a description of the six	**individual care and support needs** **D2 Roles and responsibilities of key professionals on multidisciplinary teams** **D3 Maintaining confidentiality** **D4 Managing information**

• Different types of challenges faced by individuals with care and support needs, to include:
o awareness and knowledge
o practical challenges
o skills challenges
o acceptance and belief challenges
o motivational challenges
o communication challenges.
• Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires.
• Strategies used to overcome challenges, to include educational information materials.
Training courses, opinion leaders, clinical audits, computer-aided advice systems, patient-mediated strategies.
• Role of policy frameworks in minimising challenges, including: o NHS Patient Experience Framework, in particular understanding of the eight elements that are critical to the service users' experience of NHS services
o Health Action Plans and how they are used to minimise challenges
o Adult Social Care Outcomes Framework (ASCOF)
o Common Assessment Framework (CAF).
• Impact of not enabling individuals to overcome challenges.
C2 Promoting personalisation
• Personalisation – ensuring that every person receiving care and support is able to set their personal goals and has choice and control over the shape of their care and support.
• Methods of recognising preferences, to include care plans, learning plans, behavioural plans, specialist support from health and social care professionals.
• The importance of promoting choice and control and the financial impact of this on care provision.
C3 Communication techniques
• Different approaches for effective communication, to include humanistic, behavioural, cognitive, psychoanalytical and social.

Cs of care and a range of communication skills that professionals use when building positive relationships. They could consider the impact of these skills on individuals when preventing discrimination. Learners must demonstrate the relevance of each selected empathy theory. They should analyse the value of each in explaining the importance of professionals building positive relationships with individuals. They must use the case studies to demonstrate how professionals promote equality, diversity and anti-discriminatory practices. Learners will carefully consider different ethical theories and approaches and draw conclusions about how the application of each one may impact on meeting individual care and support needs. Learners must demonstrate understanding of more complex influencing factors such as the ethical issues on maintaining confidentiality. Learners will use vocational language to analyse the success of strategies and communication techniques when used by professionals to overcome the challenges faced by individuals with care and support needs. They will also explore the impact of challenges on individuals and how professionals use a variety of approaches to enable individuals to overcome such challenges. Learners could research the range of legislation and codes of practice used when overcoming challenges, using information from recognised sources.
For pass standard, learners will consider the importance of promoting equality and diversity,

• Types of communication examples, to include verbal, body language, written, formal and informal.

• Alternative communications, to include Makaton, British Sign Language (BSL), braille, communication boards and symbol systems.

• Theories of communication, to include Argyle, Tuckman, Berne.

• New technologies and communication techniques.

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

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

• Role of organisations responsible for commissioning healthcare services, e.g. Clinical Commissioning Groups in England, Local Health Boards in Wales, Health and Social Care Board in Northern Ireland; formation, organisation roles and members.

• Role of organisations responsible for commissioning social care services, e.g. local authorities.

• Role of bodies responsible for integrating health and social care, e.g. Health and Wellbeing Boards (HWB).

• Role of assessment and eligibility frameworks, to include Common Assessment Framework (CAF), the National Eligibility Criteria (Care Act 2014), Department of Health, National Framework for NHS Continuing Healthcare.

• The Education, Health and Care plan (EHC).

D2 Roles and responsibilities of key professionals on multidisciplinary teams

• Multidisciplinary teams, members and formation.

• Specific roles and responsibilities relating to meeting individual needs of a variety of health and care professionals in a multidisciplinary team, to include:
o healthcare professionals, e.g. GP, nurse, paediatrician, clinical psychologist o social care professionals, e.g. social worker, occupational therapist o education professionals, e.g. special educational needs co-ordinator (SENCO), educational psychologist
o allied health professionals, e.g. speech and language therapist o voluntary sector workers, e.g. Macmillan nurses, family support workers.

• How multi-agency and multidisciplinary teams work together to provide co-ordinated support, e.g. an autistic child may have involvement with the following

and preventing discrimination for each case study. Learners must recall and relate knowledge of how the professionals in the case studies promote equality and diversity and the skills and attributes needed to do this. They must use the case studies to demonstrate their understanding of the importance of promoting equality. Learners must explain the key principles of providing care, showing an understanding of the skills and attributes required by those professionals who meet the care and support needs of individuals. Learners must show that they have planned and carried out research on the different ethical principles using appropriate search techniques. They should produce evidence of their understanding that is up to date, well referenced and relevant. Learners' conclusions about the impact of ethical principles must be supported by examples from their research. Learners will recall and relate in some detail, knowledge of the strategies and communication techniques used by professionals. Evidence must be supported by examples of the challenges faced by the individuals in each case study and learners must state whether the approach used was successful or not. They could also explain the relevant legislation or codes of practice. Learners must explain the key principles of the communication techniques that each professional used and explain, using reasoned arguments, the impact that these have had on each individual. Learners will recall knowledge

agencies and professionals: NHS (GP, paediatrician, clinical psychologist, counsellor, speech and language therapist), local authority and education services (social worker, SENCO, educational psychologist), and the voluntary sector (family support officers from the National Autistic Society).

D3 Maintaining confidentiality
• Definition of confidentiality.
• Working practices to maintain confidentiality, to include:
o keeping yourself informed of the relevant laws
o keeping information locked away or password protected
o sharing information only with people who are entitled to have access to the information, e.g. other people in the multidisciplinary team, service users and their carers or families (depending on the situation)
o being professional about how information is shared.
• Codes of practice for care workers establishing importance of confidentiality.
• Relevant aspects of legislation, e.g. Health and Social Care Act 2012.
• Role of the Health and Social Care Information Centre (HSCIC).

D4 Managing information
• Working practices for managing information, to include:
o identifying why the information is needed
o identifying what information is needed
o searching for the information
o using information legally and ethically.
• The importance of sharing information with colleagues, other professionals, the individual with care needs and their family. • Impact of new technologies on managing information.
• Bodies that control the management of information, e.g. the National Adult Social Care Intelligence Service (NASCIS).
• Legislation and codes of practice that relate to the storage and sharing of information in health and social care. Legislation and codes of practice must be current and applicable to England, Wales or Northern Ireland, e.g.:
o Data protection legislation o Freedom of information legislation
o Mental health legislation
o Mental capacity legislation

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

Learning aim D
For distinction standard, learners will draw on and bring together their knowledge and understanding across learning aims to make suitable judgements on how successful multi-agency and multidisciplinary working meets individual needs. Learners must evaluate how an individual's right to equality and independence can be promoted by multi-agency and multidisciplinary teams through enabling individuals to overcome challenges, but that this must be balanced with overcoming ethical issues. Learners will consider how different organisations and professionals on the multi-agency and multidisciplinary teams work together to justify the suitability of each in providing support to meet each individual's needs, while managing information and maintaining confidentiality. Learners could then discuss how effective the team's working practices are for meeting individual needs. They could go on to make reasoned judgements about the importance of legislation and codes

o Care Quality Commission (CQC) codes of practice o The Health and Care Professions Council (HCPC) codes of practice.	of practice in managing information and maintaining confidentiality. Learners could draw on the roles and responsibilities of three professionals in a variety of care environments to demonstrate proficient understanding of complex situations such as end-of-life plans or child-protection cases when maintaining confidentiality becomes an ethical issue. **For merit standard,** learners will give supported reasons for the benefits of organisations and professionals on multi-agency and multidisciplinary teams providing co-ordinated care and support for individuals. Learners must make reasoned, analytical judgements on the benefits of multidisciplinary working, showing the way that the roles of different team members interrelate and work together to meet individual needs. Learners will actively reflect on how codes of practice and legislation impact on multidisciplinary working. They must analyse how legislation and codes of practice provide guidance for managing information, including who information can be shared with and when to share it, and this must be related to the situations in the case studies. **For pass standard,** learners will determine the level of impact that the roles and responsibilities of three members of the multidisciplinary team from the case studies have in meeting individual support needs, and how organisations work together to commission and provide care for individuals. Learners must show that they understand how	

	support from different disciplines can be combined to provide a full package of care for the individuals. Learners must recall and relate knowledge and understanding of how members of the multidisciplinary team manage information. They could include examples of legislation and codes of practice that the team is bound by when managing information and resolving conflicts of interest, in order to show their understanding of the issues involved. Learners' research must be relevant to the given case studies and information must be selected and organised to reach suitable conclusions.	
Unit 7 (90) Principles of Safe Practice in Health and Social Care **Essential Knowledge (what must students know):** **Learning aim A: Examine how a duty of care contributes to safe practice in health and social care settings** **A1 Duty of care** • Legal obligation to protect wellbeing and prevent harm. • Upholding the rights and promoting the interests of individuals experiencing abuse or neglect. • Protecting health, safety and wellbeing. • Ensuring safe practice. • Balancing individual rights with risks. **A2 Complaints procedures** • Complaints policies and procedures. • Reasons why complaints may be made, e.g. failure in a duty of care, dissatisfaction with quality of care.	**Unit 7 (90) Principles of Safe Practice in Health and Social Care** **Essential Skills (what must students be able to demonstrate):** **Students will be able to:** **Learning aims A and B** **For distinction standard**, learners will draw on and bring together their knowledge and understanding about the role of duty of care and safeguarding procedures in promoting safe practice in a health or social care setting. Learners will apply their understanding to more complex situations where they will recognise and respond to evidence or concerns about	**Unit 7 (90) Principles of Safe Practice in Health and Social Care** **Lessons:** **A1 Duty of care** **A2 Complaints procedures** **B1 Types and signs of abuse and neglect** **B2 Factors that could contribute to individuals being vulnerable to abuse and neglect**

• Investigating complaints. • Responding to complaints with respect and treating them seriously. • Using complaints to improve the quality of service provision. • Legal proceedings and clinical negligence. **Learning aim B: Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings** **B1 Types and signs of abuse and neglect** • Types of abuse and neglect: o neglect and acts of omission, including failure to provide for medical or physical care needs, failure to give dignity or privacy o physical, including hitting, pushing, burning, misuse of medication o psychological, including emotional, verbal, humiliation, threats of punishment o sexual, including sexual activity where the individual cannot give consent, sexual harassment o financial, including misuse or theft of money, fraud, exploitation of property or inheritance o discriminatory, including sex, race, culture, religion, age, ability or sexual orientation o domestic abuse, government definition – 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to psychological, physical, sexual, financial and emotional abuse. – Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. – Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' • Signs of abuse and neglect: o neglect and acts of omission, including unkempt appearance, unexplained weight loss, ulcers, bed sores o physical, including unexplained injuries or bruising, burn marks, malnutrition o psychological, including unexplained changes in behaviour, anxiety, depression	abuse and neglect in the setting, for example where different agencies may need to respond to concerns about abuse and neglect. Learners must reach reasoned and valid judgements on the significance of a duty of care and safeguarding procedures in promoting safe practice in health and social care. **For merit standard**, learners will relate concepts about balancing individual rights with a duty of care in a selected health or social care setting. Learners will apply their understanding of the importance of recognising and responding to evidence or concerns about different types of abuse and neglect to less familiar situations, such as where several factors are contributing to abuse. They must make reasoned, analytical judgements on the significance of a duty of care and safeguarding procedures in promoting safe practice in health and social care. **For pass standard,** learners will select and organise information relating to the implications of a duty of care and the types and signs of abuse and neglect that may be experienced by health and social care service users. Learners must demonstrate their understanding of how complaints and appeals procedures address failure in a duty of care in a health or social care setting. They will also show they understand the factors that may contribute to and reduce the likelihood of abuse and neglect for service users. They must recall key knowledge and understanding of how to respond to evidence	**B3 Responding to suspected abuse and neglect** **B4 Reducing the likelihood of abuse and neglect** **C1 Health and safety legislation and policies in health and social care** **C2 Influence of legislation and policies on health and social care practice** **D1 Procedures to maintain health and safety** **D2 Procedures for responding to accidents and emergencies** **D3 Health and safety responsibilities**

o sexual, including bruising or bleeding in rectal or genital areas, sexually transmitted diseases or pregnancy

o financial, including inability to pay for household expenditure, missing personal possessions

o discriminatory, including being withdrawn, fearful, anxious, loss of self-esteem, anger, frustration.

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

• Vulnerable groups of people, including babies, children, older people.

• Physical vulnerability, including physical disabilities, chronic medical conditions, sensory impairment.

• Cognitive impairment, including dementia, Alzheimer's disease, special educational needs, speech impairment.

• Emotional vulnerability, including depression, anxiety, phobias.

• Social vulnerability, including isolation, loneliness, institutionalised behaviour.

• Staffing issues that may lead to institutional abuse and neglect, e.g. lack of staff training, lack of leadership, low staff levels.

B3 Responding to suspected abuse and neglect

• Following safeguarding policies and procedures.

• Different agencies involved, including social services, health services, police, voluntary organisations, Care Quality Commission.

• Professional roles and legal responsibilities, including the adult protection co-ordinator and child safeguarding boards.

• Responding to disclosure.

• Reporting and recording procedures.

• Whistleblowing, informing employer, following setting's whistleblowing procedures, informing prescribed body, e.g. Care Quality Commission. B4 Reducing the likelihood of abuse and neglect

• Identifying people at risk of abuse and neglect and the importance of observation.

• Awareness raising, providing information, advice and advocacy.

• Knowledge and understanding of policies and procedures.

• Knowledge and understanding of legislation and regulation.

or concerns about abuse and neglect in health and social care settings.

Learning aims C and D

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

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

For pass standard, learners will compare the influence of two different health and safety laws or policies on health and social care practice in the setting, with reference to relevant examples. Learners must demonstrate

• Inter-agency collaboration and multi-agency working. • Staff training and continuing professional development (CPD). • Promoting empowerment and choice for service users. Learning aim C: Investigate the influence of health and safety legislation and policies in health and social care settings **C1 Health and safety legislation and policies in health and social care Legislation must be current and applicable to England, Wales or Northern Ireland.** To include relevant sections of, e.g.: • Health and safety at work legislation • Manual handling operations regulations (MHOR) • Food hygiene (England) regulations • Control of substances hazardous to health (COSHH) • Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) • Data protection legislation • Care standards legislation • Equality legislation • Care legislation • Care Quality Commission Standards • Disclosure and Barring Service (DBS) checks. **C2 Influence of legislation and policies on health and social care practice** • Safeguarding vulnerable adults, children and young people. • Protection from accidents, injuries and illness, including infection control, food preparation, hazardous substances. • Managing risk assessments and maintaining a safe working environment, including safe moving and handling. • Promoting health and wellbeing, including handling medication. • Providing confidence and reassurance for families and other carers. • Meeting legal and regulatory requirements, including record keeping. • Recruitment of staff in health and social care, including DBS checks. Learning aim **D: Explore procedures and responsibilities to maintain health and safety and respond to accidents and emergencies in health and social care settings** **D1 Procedures to maintain health and safety** • Infection control and prevention, e.g. standard infection control precautions.	understanding of two different health and safety procedures relevant to the setting. They must select and organise information about the health and safety responsibilities of employers, employees and others in the health and social care setting and show how these contribute to safe practice.	

• Safe moving and handling of equipment and individuals.
• Food preparation and storage.
• Storage and administration of medication.
• Storage and disposal of hazardous substances.
D2 Procedures for responding to accidents and emergencies
• Responding to accidents and illness, including basic first aid.
• Fire safety, evacuation and security procedures.
• Reporting and record keeping.
D3 Health and safety responsibilities
• Responsibilities of employers, including health and safety management, risk assessment, providing relevant equipment, information and training.
• Responsibilities of employees, including taking reasonable care of own and others' health and safety, following guidance from health and safety training, identifying potential hazards in the setting.
• Responsibilities of others in the setting, e.g. visitors, including following health and safety guidance and emergency procedures if required, abiding by relevant regulations, policies and procedures.

Unit 8 (90) Promoting Public Health
Essential Knowledge (what must students know):

Learning aim A: Examine strategies for developing public health policy to improve the health of individuals and the population
A1 The origins and aims of public health policy
• Contributors to public health systems from 1942, e.g. include the Beveridge Report 1942, National Health Service Act 1946, rising public anxiety about the risk of epidemics, e.g. measles.
• Aims of public health policy, to include:
o planning national provision of healthcare and promoting the health of the population
 o identifying and monitoring the needs of the population
o identifying and reducing inequalities between groups and communities in society
o protecting individuals, groups and communities in society from threats to health

Unit 8 (90) Promoting Public Health **Essential Skills (what must students be able to demonstrate):** **Students will be able to:** **Learning aims A and B** **For distinction standard,** learners will argue concisely and professionally to evaluate how far public health policy has met its aims in a specific demographic area. Learners must show in-depth understanding of strategies used to develop policy and how these, and population health status monitoring, are used to create public health policy. Learners will use their	**Unit 8 (90) Promoting Public Health** **Lessons:** **A1 The origins and aims of public health policy** **A2 Strategies for developing public health policy** **A3 Monitoring the health status of the population** **A4 Groups that influence public health policy**

and wellbeing that arise from environmental hazards and communicable diseases
o addressing specific national health problems over a period of time
o developing programmes to screen for early diagnosis of disease.

A2 Strategies for developing public health policy
• Strategies, to include identifying the health needs and promoting the health of the population, developing programmes to reduce risk and screen for early disease.
• Planning and evaluating the national provision of health and social care target setting, to include local and national provision.
• Minimising harm of environmental factors, to include recycling, waste management, pollution reduction, ensuring food safety.

A3 Monitoring the health status of the population
Sources of information for determining patterns of health and ill health:
• statistics to include World Health Organization (WHO), government, regional, local
• studies to include epidemiological, regional and local reports, demographic data, Public Health Observatories reports on health inequalities to include Black Report 1980, Acheson Report 1998
• how data is used by public health practitioners to monitor and respond to public health issues.

A4 Groups that influence public health policy
Key groups in setting and influencing public health policy development:
• government and government agencies, e.g. Department of Health
• pressure groups, e.g. Age Concern, British Heart Foundation, Action on Smoking and Health (ASH)
• international groups, e.g. WHO, United Nations (UN)
• national groups, e.g. the National Institute for Health and Care Excellence (NICE), Cancer Research UK.

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

B1 Factors affecting health
• Socio-economic, e.g. income, education.
• Environmental, e.g. housing, access to exercise facilities.

research to deepen their understanding and arrive at valid conclusions on the socio-economic impact of improving the health of the population. Learners must draw together their understanding of the four factors affecting health, and must include one example from each. They must refer to local demographic data and compare this to national data to make suitable justifications and recommendations.

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

For pass standard, learners will recall knowledge of three different strategies used to develop public health policy. Learners must use relevant research, including numerical and graphical data sources related to the monitoring of patterns of health and ill health, and how this is used to create public health policy. Learners must select one example of the four factors to show how these affect health in

B1 Factors affecting health
B2 The socio-economic impact of improving health of individuals and the population

C1 The role of health promoters C2 Approaches to promoting public health and wellbeing
C3 Approaches to protecting public health and wellbeing
C4 Disease prevention and control methods

D1 Features of health promotion campaigns
D2 Barriers to participation and challenging indifference
D3 Models and theories that justify health behaviour change D4 Approaches to increasing public awareness of health promotion

• Genetic, e.g. sickle cell anaemia.
• Lifestyle, e.g. diet, substance misuse.
• Links between social change, lifestyle choices and public health issues, e.g. obesity, cancers.

B2 The socio-economic impact of improving health of individuals and the population
• The social and economic impact of ill health on individuals and the population.
• Reduced health and social inequalities through improvements in more disadvantaged communities.
• Increased life expectancy, including quality of life.
• Reduced demand for or pressure on health and social care services.
Learning aim C: Investigate how health is promoted to improve the health of the population

C1 The role of health promoters
• Aims – to improve the health of individuals and the population and reduce health inequalities.
• Global, e.g. WHO.
• National/regional/local as appropriate to England, Wales or Northern Ireland, e.g.:
o Department of Health
o Public Health Agency
o clinical commissioning groups (CCGs)
o health professionals.

C2 Approaches to promoting public health and wellbeing
To include both national and local services:
• monitoring the health status of the community and identifying those most at risk, e.g. children, unemployed, older people, minority ethnic groups
• health surveillance programmes
• targeted education and health awareness and health promotion programmes
• socio-economic support to reduce health inequality between individuals and communities, e.g. winter fuel payments, free school meals, housing support
• improving access to health and care services
• co-ordinating national and local services

the local demographic area and use relevant research on the impact of public health policy in minimising these factors. Learners must select and organise their information in order to reach suitable judgements.

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

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

• disease registration to inform of health trends and for strategic health planning • statutory duty to notify certain communicable diseases, e.g. measles, tuberculosis. **C3 Approaches to protecting public health and wellbeing** To include both national and local services: • evidence-based responses through environmental surveillance and intelligence gathering • environmental controls, e.g. waste disposal and treatment, water supply, food production, preparation, storage and sales • regulations, control and monitoring of public areas and work environments • the role of microbiology services to identify and control outbreaks of food-, water- or airborne disease • the role of field epidemiology in controlling communicable disease, e.g. pandemic influenza preparedness and response • specific programmes for health protection, e.g. immunisation, health and genetic screening programmes. C4 Disease prevention and control methods • Prevention and control of communicable diseases, e.g. guidance on hygiene, BCG vaccination to protect against tuberculosis, use of antibiotics to prevent the spread of bacterial meningitis. • Prevention and control of non-communicable diseases, raising awareness of causes, contributory lifestyle factors and the symptoms of, e.g. skin cancer, coronary heart disease. • Socio-economic support and protection benefits, e.g. pensions, free school meals. **Learning aim D: Investigate how health promotion encourages individuals to change their behaviour in relation to their own health** **D1 Features of health promotion campaigns** • Relation to health policy. • Objectives. • Target audience. • Reasons for approach – media resources. • Ethical considerations.	judgements involving discussion and justification. **For pass standard,** learners will select and organise information using relevant knowledge and concepts regarding how two approaches to health promotion and protection, and two approaches to prevent and control, have been used in a specific health promotion campaign. They must recall knowledge of how two barriers to behaviour change can be overcome by relevant theories or models. They must select and organise their information relating to the features of the health promotion campaign and the ways in which it has sought to increase public awareness.	

• Analysis of data obtained during and after promotion to evaluate outcomes against original objectives.

• Influence of campaign focus, target audience and ethical considerations on chosen model.

D2 Barriers to participation and challenging indifference

• Cost, e.g. cost of transport affecting access to health services and treatments, cost of exercise facilities, cost of nutritional food.

• Individual resistance/indifference.

• Accessibility of resources.

• Lifestyle factors, e.g. diet, exercise, smoking.

• The media, e.g. over-exposure leading to public indifference, inaccurate reporting discouraging participation.

D3 Models and theories that justify health behaviour change

Models and theories to include:

• health belief model

• theory of reasoned action

• theory of planned behaviour

• stages of change model

• social learning theory.

D4 Approaches to increasing public awareness of health promotion

• Health education activities, e.g. healthy eating campaigns, government standards for school lunches.

• Social marketing approach – marketing mix, benefits, limitations.

• Role of mass media – different forms, benefits, limitations.

• Community development approach – holistic concept, participation, empowerment, benefits, limitations.

• Two-way communication – in health and social care settings; other uses, peer educators, use of theatre and drama, interactive video and computer packages.

• National campaigns, e.g. physical activity, diet, smoking ban, Drink Wise, reduction of teenage pregnancies.

Unit 12 (60) Supporting Individuals with Additional Needs	Unit 12 (60) Supporting Individuals with Additional Needs	Unit 12 (60) Supporting Individuals with Additional Needs
Essential Knowledge (what must students know):	**Essential Skills (what must students be able to demonstrate):**	**Lessons:**
Learning aim A: Examine reasons why individuals may experience additional needs A1 Diagnosing or determining additional needs	**Students will be able to:**	**A1 Diagnosing or determining additional needs**
• Definitions of mild, moderate, severe and profound learning disabilities.	**Learning aim A**	**A2 Cognitive and learning needs A3**
• Diagnostic procedures, tools and standards used to diagnose a disability.	**For distinction standard,** learners will articulate arguments and views concisely to make judgements about the impact the diagnosis of additional needs has on each of the individuals. Learners must evaluate the possible long-term effects on the individual, the family and society, reaching reasoned and valid judgements. They must use detailed analysis and research from recognised sources, and consider the emotional, physical, social, intellectual and financial impact on the individual, the family and society to reach valid and justified conclusions.	**Physical and health needs**
• Professional background, qualifications and experience of those undertaking the diagnosis and assessment.		**A4 Social and emotional needs**
• Parameters used to describe the diagnosed condition. This must include the type, causation, severity and stability over time, and prognosis of the condition.		**B1 Definitions of disability**
A2 Cognitive and learning needs		**B2 Minimising environmental and social challenges**
• Learning difficulties, to include dyslexia, dyspraxia and attention deficit hyperactivity disorder (ADHD).		**B3 Minimising personal challenges**
• Autism-spectrum disorders, to include Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD-NOS) and childhood disintegrative disorder.		**B4 Attitudes of others**
• Inherited conditions, to include Down's syndrome, Huntington's disease, dementia, Alzheimer's.		**C1 Professionals involved in supporting individuals with additional needs**
• Needs of older people, to include memory loss, slower cognitive speed, life-long learning.	**For merit standard**, learners will select and apply relevant knowledge using vocational language to assess the requirements of each individual. Learners must demonstrate understanding of the reflection on expected developmental progress and how far the individuals in their case studies differ from this. Learners' evidence must show they have used research from a recognised source to extend their understanding to less-familiar contexts.	**C2 Support and adaptations for individuals with additional needs C3**
A3 Physical and health needs		**Financial support for individuals with**
• Needs of older people, to include arthritis, diabetes and cardiovascular disease.		
• Health needs, to include physical needs cystic fibrosis, sickle cell disorders, stroke and mental illnesses.		
• Sensory disabilities, to include deafness and hearing impairment, visual impairment.		
• Accidents, to include paraplegia, loss of limb.		
• Infectious diseases that can lead to individuals having additional needs.	**For pass standard**, learners will show their knowledge of diagnostic procedures by using	
• Problems during pregnancy and birth that can lead to individuals having additional needs.		
A4 Social and emotional needs		

• Needs generated from family circumstances, to include specific needs of looked-after children, bereavement, school refuser and bullying. • Needs generated by being elderly, to include loss of loved ones, fear of dying, family far away, isolation, lack of money. • Needs affected by the learning environment. **Learning aim B: Examine how to overcome the challenges to daily living faced by people with additional needs** **B1 Definitions of disability** • Models of disability, to include medical and social models. • Understanding of disability and dependency as social constructs. • Definitions of disability, disablement, discrimination and impairment. **B2 Minimising environmental and social challenges** How society's infrastructure should support equality for people with additional needs. To include: • access and barriers, e.g. public buildings, public transport • minimising barriers, e.g. ramps, information in large print • employment, e.g. adaptations to work environment, communication aids • inclusion, e.g. leisure activities, internet and social networking • daily living, e.g. shopping, home and personal care services, mobility aids. **B3 Minimising personal challenges** How health and social care workers can support personal challenges and help to minimise some of the daily challenges to daily living for people with additional needs. To include: • physical, e.g. dressing, washing, feeding, indoor/outdoor activity • intellectual, e.g. education, media, internet • emotional, e.g. isolation, depression, dependency • social, e.g. friendships, personal relationships. **B4 Attitudes of others** How important it is that health and social care workers are aware of the attitudes of others, how these attitudes can be detrimental to health, wellbeing and inclusion, and how to respond appropriately to show support to people with additional needs.	relevant research to explain the tools and standards that will have been used to diagnose the additional needs. Learners must also include the professional background, qualifications and experience of those who would have undertaken the diagnosis and assessment. When discussing the condition that has led to the person being given a diagnosis of additional need, learners must also include the causes of the condition (if known), the severity of the condition, how it changes over time and the prognosis. They must select and organise their information to lead to suitable judgements. Learners must demonstrate their understanding by explaining in some detail the additional needs each individual is experiencing. They must explore well-defined situations to explain whether the additional need is mild, moderate, severe or profound, and explain the definition of the type of additional needs faced by the individuals in their case studies. **Learning aims B and C** **For distinction standard,** learners will use their research to justify the appropriateness of the support and adaptations provided to help the individuals overcome their challenges. Learners must apply their understanding to less familiar situations and refer to relevant statutory guidance. For example, for school-age children, learners could comment on the use of the Common Assessment Framework, impact of local offers and the Education, Health and Care Plans being implemented from 1 September	**additional needs C4** **Statutory provision for children with additional needs** **C5 Statutory provision for adults with additional needs** **C6 Person-centred care for all individuals with additional needs**

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

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

C1 Professionals involved in supporting individuals with additional needs
• The basic job roles regarding caring for individuals with additional needs, to include community learning disability nurses, occupational therapists, physiotherapists, psychiatrists, psychologists, social workers, speech and language therapists, special needs teachers.

C2 Support and adaptations for individuals with additional needs
• Equipment and adaptations such as mobility aids, daily living adaptations (including those for people with paraplegia) and communication aids, e.g. hearing aids, British Sign Language and Makaton.
• Therapies, to include occupational therapy, art therapy, music therapy, speech therapy and physiotherapists.
• Short- and long-term support.

C3 Financial support for individuals with additional needs
• Welfare rights, including State Pension, Pension Credit, Housing Benefit, Council Tax Benefit, health benefits.
• Support for people at work, including Disability Employment Advisers based at local Jobcentres, Work Choice programme.
• Transport support, including the Blue Badge scheme, Shopmobility, accessible buses and taxis.
• Support for carers including Carer's Allowance.

C4 Statutory provision for children with additional needs: Please note that legislation must be current and applicable to England, Wales or Northern Ireland.
• Common Assessment Framework (CAF).

2014. For adults, learners could include the use of the personal health budget and the involvement of charities providing essential care and support. Learners will draw together their knowledge and understanding across the learning aims to evaluate the advantages or otherwise of the support provided to the two individuals. Evidence could be from research or from interviews with relevant professionals. Learners must reach justified conclusions about how effective the support was for improving the individuals' wellbeing. They must consider that the impact may improve wellbeing in one or more areas of the individuals' development. Learners must use research to reach justified conclusions on the possible long- and short-term effects of early intervention to address challenges to daily living on the wellbeing and life chances of the individual. Learners must refer to relevant research to justify the validity of their recommendations and proposals.

For merit standard, learners will carefully consider the impact of the challenges to daily living on the individuals and their families. Learners will use their research to extend their understanding to more complex contexts, for example an individual who may be non-verbal would have to deal with communication challenges, which could also lead to social and attitudinal challenges. Learners will carefully consider each of the individuals and draw conclusions about how they benefit from the support provided. Learners must compare and

• The requirements on health, colleges, schools and early years providers to co-produce the local offer from 1 September 2014. • Education, Health and Care Plans from 1 September 2014. • Codes of practice, legislation and policies relating to provision for children with additional needs. **C5 Statutory provision for adults with additional needs Please note that legislation must be current and applicable to England, Wales or Northern Ireland.** • Codes of practice, legislation and policies relating to provision for adults with additional needs. • Care and support statutory guidance issued under the Care Act 2014 (DH). • Guidelines for caring for adults with mental illness covered in the National Service Framework for Mental Health, including the Mental Health Act 2007 and the Mental Capacity Act 2005. • Personal health budget. • Requirements for charities providing essential care and support. C6 Person-centred care for all individuals with special needs • Involving patients in their own care and showing them compassion, dignity and respect. • Involving patients as equal partners in decision making about their care including self-management support, access to personal health records, personal health budgets, care planning and shared treatment decisions. • Involving communities in decisions about the design and delivery of services. Guidelines can be found in Equity and excellence: Liberating the NHS (DH, 2010).	justify the types of provision provided in order to reach reasoned, analytical judgements. Knowledge could be applied to more complex situations, for example where several types of support may be provided to overcome challenges to daily living. Learners must support their evidence with examples from their observations or interviews and independent research. Learners will refer to person-centred care, different areas of development (PIES) or developmental milestones to contextualise the benefits being described. They could also research other individuals with the same additional needs to extend their understanding to less-familiar contexts and of the uniqueness or otherwise for their case studies. Learners will make reasoned, analytical judgements. To reach reasoned conclusions, they must interrelate facts, theories and concepts to analyse what difference the statutory provision makes to the individual and the possible consequences of it being withdrawn. **For pass standard**, learners will define relevant terms such as disability, discrimination and impairment, and show evidence of research into disability as a social construct. Learners must relate their research to the type of additional needs that their two chosen individuals have. They must select and organise their information to reach valid conclusions. Learners will describe the support and adaptations provided for each of the individuals to overcome the challenges they experience.	

Learners must include a detailed description of the professionals who support the individuals, and the equipment and therapies that are used to demonstrate they understand a range of techniques and can relate them to the context. They must also include a description of any financial support that is in place for each person. Learners will show evidence of researching the benefits of the support and adaptations described. They will show some consideration of how the provision is person-centred and unique to the individuals' needs. They must apply their knowledge to well-defined situations to review the success of the techniques and processes used, for example someone with mobility issues may benefit from the provision of daily living adaptations in the home. Learners will explain how the statutory provision has had an impact on the support provided. They could include a negative impact such as support being withdrawn or a positive impact such as more support being available. In each case, learners must describe the impact in detail. Learners must select and organise their information to reach valid conclusions.

Unit 14 (60) Physiological Disorders and their Care	Unit 14 (60) Physiological Disorders and their Care	Unit 14 (60) Physiological Disorders and their Care
Essential Knowledge (what must students know):	**Essential Skills (what must students be able to demonstrate):**	**Lessons:**
Learning aim A: Investigate the causes and effects of physiological disorders	**Students will be able to:**	**A1 Types of physiological disorders and effects on body systems and functions**
A1 Types of physiological disorders and effects on body systems and functions	**Learning aims A, B and C**	**A2 Causes of physiological disorders**
• Endocrine system disorders, e.g. diabetes, hypo and hyperthyroidism.	**For distinction** standard, learners will articulate their arguments and views concisely and professionally to justify conclusions on different types of physiological disorder and the effects on body systems and functions. They must show in-depth understanding which applies to less familiar situations of causes, signs and symptoms of two different physiological disorders. Learners must draw on knowledge and understanding of investigative and diagnostic procedures for two different physiological disorders, making suitable justifications. They must use detailed analysis and research of local health and social care settings to make proposals for provision of treatment and support, and types of carers and care settings available for two service users with different physiological disorders.	**A3 Signs and symptoms of physiological disorders**
• Nervous system disorders, e.g. Parkinson's disease, Alzheimer's disease.		
• Musculo-skeletal system disorders, e.g. rheumatoid arthritis, osteoporosis.		**B1 Investigative procedures for physiological disorders**
• Respiratory system disorders, e.g. asthma, chronic obstructive pulmonary disease (COPD).		**B2 Diagnostic procedures for physiological disorders**
• Circulatory system disorders, e.g. coronary heart disease, leukaemia.		
• Cancer, e.g. bowel, prostate.		**C1 Provision of treatment and support**
• Impact of disorders on service users' physical, mental, social and emotional health.		**C2 Types of carers and care settings**
A2 Causes of physiological disorders		
• Inherited traits, e.g. sickle cell anaemia.		**D1 Care methods and strategies D2 Treatment planning processes**
• Lifestyle choices, e.g. smoking cigarettes, drug misuse.		
• Diet, e.g. obesity, dietary deficiency.		
• Environment, e.g. housing conditions, air pollution.		
A3 Signs and symptoms of physiological disorders		
• Observable signs of physiological disorders, e.g. rash, swelling.		
• Symptoms experienced by the individual, e.g. pain, disorientation. Learning aim	**For merit standard,** learners will make reasoned, analytical judgements involving comparison, discussion or justification on different types of physiological disorder and the effects on body systems and functions. They must show that they understand how knowledge is applied to detailed situations of	
B: Examine the investigation and diagnosis of physiological disorders		
B1 Investigative procedures for physiological disorders		
• General measurements that may be undertaken, e.g. blood pressure, body temperature.		
• Investigations as appropriate for each individual, e.g. medical history, blood tests.		
B2 Diagnostic procedures for physiological disorders		
• Procedures based on specific signs and symptoms, e.g. lumbar puncture, biopsy.		
• Importance of recognising non-specific or confusing symptoms, e.g. myalgic encephalomyelitis (ME).		

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

C1 Provision of treatment and support

• Medication, e.g. anti-inflammatory drugs.

• Surgery, e.g. surgical procedures for cancer.

• Rehabilitation programmes, e.g. physiotherapy.

• Complementary therapies, e.g. aromatherapy, acupuncture.

• Advice on lifestyle changes, e.g. smoking cessation.

C2 Types of carers and care settings

• Carers: o professional carers, e.g. GPs, nurses

o informal carers, e.g. friends, family o private and voluntary carers, e.g. Age UK, private care agencies.

• Care settings:

o service user's own home

o residential care home

o GP surgery or health centre o hospital care

o rehabilitation settings.

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

D1 Care methods and strategies

• Assessment of care needs, e.g. primary, secondary or tertiary care.

• Reviewing care needs, e.g. making changes as required.

• Validity and reliability of the sources of information on possible treatments.

D2 Treatment planning processes

• Cycle of planning.

• Individual needs, including culture, gender, age, religion, disability.

• Purpose and aim of care for individual.

• Outcomes to be achieved.

• Actions to be taken.

• Overcoming potential barriers.

• Professional responsibilities.

• Advantages and disadvantages of different types of treatment, e.g. benefit to service users, cost to health and social care services.

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

The selected service user may be chosen by learners or teachers. Alternatively, learners may develop the plan with family members,

• Scheduling, including times and locations where treatment will take place. • Timescales for achievement.	relatives, neighbours or friends. However, learners must respect confidentiality at all times and obtain formal consent from service users in order to report any information. The physiological disorder that learners choose must be agreed with the teacher. **For distinction standard**, learners will make the most appropriate selections in given constraints and desired outcomes when assessing a service user's care needs. They must use their knowledge, skills and understanding gained from across their learning to match solutions to potential barriers or to innovate and show lateral thinking when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must make valid judgements about limitations of methods in relation to desired outcomes. **For merit standard**, learners will relate and differentiate the use of different skills when assessing a service user's care needs. They must modify processes and skills to suit contexts and to deal with contingencies when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must modify techniques and processes to suit contexts and to deal with contingencies. **For pass standard**, learners will achieve planned outcomes by carrying out activities fully, correctly and safely when assessing a service user's care needs. Learners must select and	

	deploy appropriate processes and skills in familiar situations when planning treatment for a service user, including the factors that need to be considered to meet the needs of the service user. Learners must review the success of processes and skills used in the treatment plan.	