

KS5: BTEC Level 3 National Extended Certificate in Health and Social Care

[BTEC Nationals | Health and Social Care \(2016\) | Pearson qualifications](#)

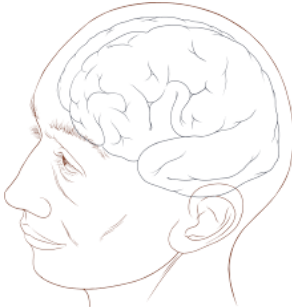
	Term 1 (Sept – Dec)	Term 2 (Jan – April)	Term 3 (May – July)
Year 12	Unit 1 exam prep	Unit 1 Exam (Jan) Unit 5 coursework	Unit 5 coursework
Year 13	Unit 2 exam prep	Unit 2 Exam (Jan) Unit 14 coursework	A-Level examinations

INTRODUCTION: Health and Social Care is one of the fastest growing sectors within the UK, with many more jobs being created as the needs of the population increase and become more demanding. Further to this, shifts and developments in technology require a skilled workforce to work in the industry. Students who choose this subject are interested in human behaviour and will want to improve the lives of others. This course is highly interactive, and students are expected to engage in all aspects of it in order to secure a robust understanding of a demanding and expanding sector.

Students will ascertain research skills, using primary and secondary methods providing reliable evidence to use for supportive and critical arguments. These skills are developed through the key stage in preparation for the application of the higher order thinking skills, evaluation and analysis required for employment or university study. Additionally, students benefit from experienced guest speakers from the local community to extend lessons beyond the classroom and support work related learning. This enables students to have a breadth of specialism outside of the course specification, giving them a real vocational experience and thus enhancing their cultural capital.

Students learn how people grow and develop over the course of their lives from infancy to later adulthood, the factors that may affect this, such as predictable and unpredictable events. Students will analyse this impact from a positive and negative viewpoint, demonstrating empathy and applying knowledge through the use of case studies. The curriculum allows students to secure skills for their social development, through culture capital content understanding how people are individual and can adapt to changes using local and national health and social care support.

Unit 1 – Human Lifespan Development

<p>Why is this unit being studied at this point in the students' KS5 learning journey?</p>	<p>This is the first compulsory examined unit which can be assessed in the January exam series, and if students need it then can re-sit this assessment in the May. Further to this, students transitioning from health and social care study at KS4 will be able to recap, consolidate and develop their knowledge in greater depth. For new learners, this unit is a great starting point to understand why society needs health and social care services, and the individuals who may need to access them. Human lifespan development sits at the heart of the qualification.</p>
<p>Unit overview</p>	<p>This unit allows students to develop a knowledge base for working with people at every stage of their lives. Although it is generally accepted that there may be deterioration of health and well-being with age following adulthood, medical intervention means people are living longer and have a better quality of life. This unit of study will develop the students' knowledge and understanding of patterns of human growth and development across the four key areas: physical, intellectual, emotional and social. Students will learn about a range of different factors that may impact growth and development; some of these are inherited, while others are economic, environmental and social. Students will learn about a range of theories and models to explain and interpret behaviour across the lifespan. In addition to this, students will explore the impact of predictable and unpredictable life events, and then recognise how they can impact on individual's development. As part of understanding development across the lifespan, students explore the relationship between physical and psychological factors in the ageing process, and how this then affects self-esteem and confidence.</p>
<p>What will students learn? Head</p> 	<p>A Human growth and development through the life stages</p> <p>A1 Physical development across the life stages</p> <p>Growth and development are different concepts: principles of growth</p> <ul style="list-style-type: none"> - growth is variable across different parts of the body and is measured using height, weight and dimensions - principles of development – development follows an orderly sequence and is the acquisition of skills and abilities. <ul style="list-style-type: none"> • In infancy (0–2 years), the individual develops gross and fine motor skills: <ul style="list-style-type: none"> - the development of gross motor skills - the development of fine motor skills - 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: <ul style="list-style-type: none"> - riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently

What will students learn? Head



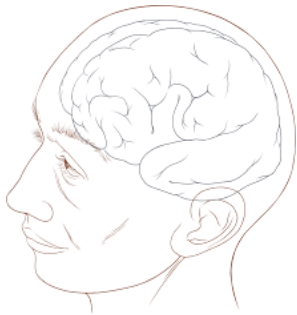
- turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing.

- In adolescence (9–18 years), the changes surrounding puberty:
 - development of primary and secondary sexual characteristics
 - the role of hormones in sexual maturity.
- In early adulthood (19–45 years), the individual reaches physical maturity:
 - physical strength peaks, pregnancy and lactation occur
 - perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness.
- In middle adulthood (46–65 years), the female enters menopause:
 - causes and effects of female menopause and the role of hormones in this
 - effects of the ageing process in middle adulthood.
- In later adulthood (65+ years), there are many effects of ageing:
 - health and intellectual abilities can deteriorate.

A2 Intellectual development across the life stages

- In infancy and early childhood there is rapid growth in intellectual and language skills:
 - Piaget’s model of how children’s logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children’s thoughts and actions
 - Chomsky’s model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language.
- In 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:

What will students learn? **Head**



- memory loss in later adulthood.

A3 Emotional development across the life stages

- Attachment to care-giver in infancy and early childhood:
 - theories of attachment, to include types of attachment and disruptions to attachment.
- The development and importance of self-concept:
 - definitions and factors involved in the development of a positive or negative self-esteem
 - 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:
 - solo play, parallel play and co-operative play.
- The importance of friendships and friendship groups:
 - the social benefits of friendships
 - the effects of peer pressure on social development.
- The development of relationships with others.
- The development of independence through the life stages:
 - peer influence in adolescence, starting employment, leaving home, starting a family.

B Factors affecting human growth and development

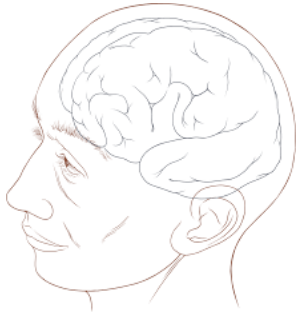
B1 The nature/nurture debate related to factors

- 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.

What will students learn? Head



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

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.

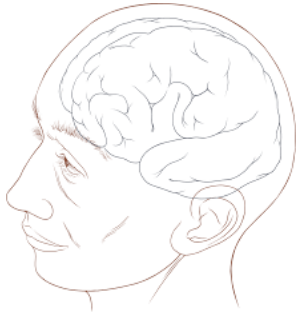
B5 Economic factors that affect development

- Income and expenditure.
- Employment status.
- Education.
- Lifestyle

B6 Major life events that affect development

- Predictable events:
 - 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:
 - 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:
 - starting school/nursery
 - moving house

What will students learn? Head



- marriage and divorce
- starting a family
- beginning employment
- retirement
- death of a relative/partner/friend
- accidents or injury
- changing employment
- leaving home
- promotion or redundancy
- serious illness.
- The effects of life events on health.
- Holmes-Rahe social readjustment rating scale and the effects of life events on a person's stress levels and health.

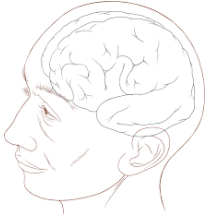


C Effects of ageing

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:
 - role changes
 - loss of a partner
 - loss of friends
 - increase in leisure time.
- Financial concerns.
- Effects of culture religion and beliefs.

<p>What will students learn? Head</p> 	<ul style="list-style-type: none"> • Social disengagement theory. • Activity theory. <p>C3 The societal effects of an ageing population</p> <ul style="list-style-type: none"> • Health and social care provision for the aged. • Economic effects of an ageing population
<p>What skills will students develop? Hand</p> 	<p>Students taking this module will learn how to articulate their arguments concisely and professionally in order to justify and evaluate the four main aspects of growth and development across the human lifespan. They will be able to use detailed analysis and research to make recommendations to improve the quality of life related to human development theories/models. Students will be able to use their knowledge of factors that affect development to explain developmental issues and illness that may occur because of them.</p>
<p>Character education (LORIC) Heart</p> 	<p>Leadership – Classroom based groupwork will allow students to act as facilitators in learning in order to make sure their group meets the success criteria deadlines.</p> <p>Organisation – Homework assessment will develop organisational skills, as well as independent revision.</p> <p>Resilience – This module is externally assessed via examination therefore students will naturally develop resilience through practice assessments and learning from failure. The longer mark questions 8-12 marks need resilience as they can be daunting when you first consider answering them.</p> <p>Initiative – By understanding factors that affect growth and development students could use this knowledge to bring about positive change in their own lives, as well as others.</p> <p>Communication – Students will develop the ability to concisely articulate themselves in both the written and oral form. They will take part in classroom discussions where they will challenge and question their knowledge to develop it further.</p>
<p>How are students assessed on this unit?</p>	<p>This unit will be assessed through an exam which is worth 90 marks lasting 1 hour and 30 minutes. This exam is made up of short and longer questions ranging from 1-12 marks. The questions will assess understanding of growth and development through the human lifespan, the factors that affect growth and development and the effects of ageing.</p>

Unit 5: Meeting Individual Care and Support Needs

Why is this unit being studied at this point in the students' KS5 learning journey?

By students completing this module second in the post 16 education journey they will have achieved the National Certificate in Health and Social Care in they decide to discontinue the course after this time. This means that they will still be able to finish with a qualification. This unit will also service as a foundation for the second year of study as some of the content maps across to the second year unit 2 exam module.

Unit overview

For high quality care to be delivered in the health and social care sector students need to understand the importance of individualised care and the principals that underpin it. This module will teach students the values and issues that must be considered when planning care and supporting the needs to individuals who access health and social care settings. Students will also consider ethical issues which must be deliberated when care planning to ensure personalised care is effective. Students will examine the factors that can impact the professionals who provide the care and support, and the challenges that they must overcome to allow access to good quality care. They will explore the importance in multi-agency working when creating and providing a care package that supports the individuals complex care needs. This unit is extremely useful for students who wish to pursue a career in the industry or study at degree level.

What will students learn? **Head**



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.

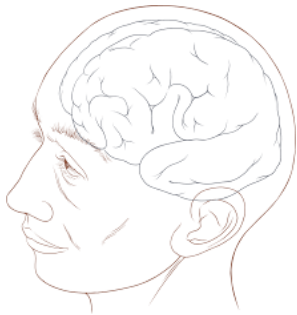
A2 Skills and personal attributes required for developing relationships with individuals To include:

- 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.

What will students learn? Head



- 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.

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

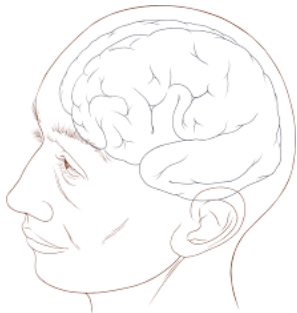
B1 Ethical issues and approaches

- 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.:
 - the DH Decision Support Tool
 - five-step framework
 - NICE and NHS guidance on Care Pathways and Care Plans
 - Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) (NHS)
 - HSE guidance on risk assessments
- How this guidance may be counterbalanced by other factors, e.g. religion, personal choice, government policies.

What will students learn? **Head**



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

C1 Enabling individuals to overcome challenges

- Different types of challenges faced by individuals with care and support needs, to include:
 - awareness and knowledge
 - practical challenges
 - skills challenges
 - acceptance and belief challenges
 - motivational challenges
 - communication challenges.
 - Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires.
- Strategies used to overcome challenges, to include educational information materials, training courses, opinion leaders, clinical audits, computer-aided advice systems, patient-mediated strategies.
- Role of policy frameworks in minimising challenges, including:
 - NHS Patient Experience Framework, in particular understanding of the eight elements that are critical to the service users' experience of NHS services
 - Health Action Plans and how they are used to minimise challenges
 - Adult Social Care Outcomes Framework (ASCOF)
 - 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.
- Types of communication examples, to include verbal, body language, written, formal and informal.

What will students learn? **Head**



- 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

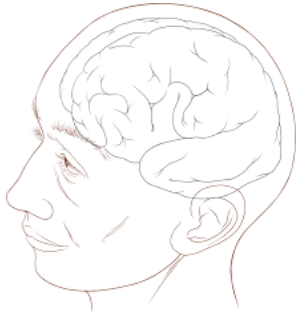
D1 How agencies work together to meet individual care and support needs

- 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:
 - healthcare professionals, e.g. GP, nurse, paediatrician, clinical psychologist
 - social care professionals, e.g. social worker, occupational therapist
 - education professionals, e.g. special educational needs co-ordinator (SENCO), educational psychologist
 - allied health professionals, e.g. speech and language therapist
 - 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 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).

What will students learn? **Head**





D3 Maintaining confidentiality

- Definition of confidentiality.
- Working practices to maintain confidentiality, to include:
 - keeping yourself informed of the relevant laws
 - keeping information locked away or password protected
 - sharing information only with people who are entitled to have access to the information, e.g. other people in the multidisciplinary team, service users and their carers or families (depending on the situation)
 - being professional about how information is shared.
- Codes of practice for care workers establishing importance of confidentiality.
- Relevant aspects of legislation, 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:
 - identifying why the information is needed
 - identifying what information is needed
 - searching for the information
 - using information legally and ethically.
- The importance of sharing information with colleagues, other professionals, the individual with care needs and their family.
- Impact of new technologies on managing information.
- Bodies that control the management of information, 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.:
 - Data protection legislation
 - Freedom of information legislation
 - Mental health legislation
 - Mental capacity legislation
 - Care Quality Commission (CQC) codes of practice
 - The Health and Care Professions Council (HCPC) codes of practice

<p>What skills will students develop? Hand</p> 	<p>Students use a case study which will allow them to explore the issues surrounding equality and diversity, they learn how to prevent discrimination, and how successfully promoting anti-discriminatory practice within case study. Learners must 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 will make reasoned judgements about different ethical issues and their influence on planning support to meet individual care and support needs. Learners must suggest how professionals could best minimise risk and balance resources, to reach a justified conclusion of how this can have a positive impact on the individual. Learners will draw together their understanding of strategies that can be used to overcome the challenges faced by individuals. They must consider the advantages and disadvantages of the strategies and use detailed analysis and research to reach reasoned and valid conclusions and recommendations. They must also explore a range of legislation 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</p>
<p>Character education (LORIC) Heart</p> 	<p>Leadership – Full ownership of individual coursework is taken by the students; they can dictate which assessment criteria they are working towards. Naturally, they will be pushed towards the upper levels rather than the bare PASS criteria minimum.</p> <p>Organisation – Students are required to meet set deadlines when completing this coursework. They will learn how to prioritise their workload and make effective use of the allocated coursework typing sessions in college.</p> <p>Resilience – Feedback is essential in order to make progress during this module, students need to be open to receiving this and develop a ‘tough nature’ when they need to go back and make alterations to their work.</p> <p>Intuition – This module directly teaches students about compassion and ethical behaviour; they will learn the correct procedures on how to challenge poor behaviour and can use this in their everyday life to tackle discrimination and prejudice in society.</p> <p>Communication – This coursework will develop communication in the written format, students will be developing a clear and sophisticated writing style using subject specific terminology and a high standard of English Language. Further to this, students learn about effective communication skills and how to adapt theirs depending on who their audience is. This is a useful skill for interviews and general life.</p>
<p>How are students assessed on this unit?</p>	<p>This unit is internally assessed via coursework in a report format. Students will use case studies to apply their knowledge and demonstrate their understanding.</p>

Unit 2: Working in Health and Social care

Why is this unit being studied at this point in the students' KS5 learning journey?

This is the second, and last compulsory examined unit which can be assessed in the January exam series, and if students need it then can re-sit this assessment in the May. Once students complete this module all 3 compulsory units will be completed.

Unit overview

This unit introduces students to what it is like working within the health and social care sector. They will investigate the different roles and responsibilities that professionals have when working in a specific role, and how these should be applied consistently in everyday work. For example, maintaining the safety and safeguarding of individuals with specific needs, making sure their personal information remains confidential and preventing discrimination towards them. Students learn the principals that guide ethical practitioner behaviour and then explore the different regulatory bodies which hold professionals accountable to these standards. They explore how professionals are monitored in the various roles to uphold the highest standard of care. Students also learn about the different organisations that can provide care and examine what their role is towards the client group. They analyse different barriers which may prevent individuals accessing an organisation and consider ways to overcome these. Students also look at how these organisations are regulated by external agencies, they investigate how inspections are carried out, and how they are used by the organisations to improve care. This unit covers all the skills students need to work in the different occupations within health and social care.

What will students learn? Head



A The roles and responsibilities of people who work in the health and social care sector

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:

- doctors
- Nurses
- Midwives
- healthcare assistants
- social workers
- occupational therapists
- youth workers
- care managers/assistants
- support workers.

What will students learn? Head



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:

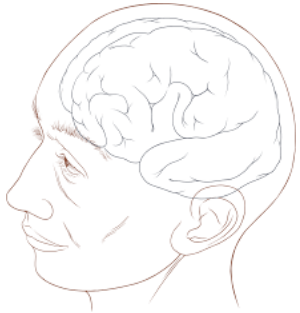
- following policies and procedures in place in the health and social care setting in which they work
- healing and supporting recovery for people who are ill
- enabling rehabilitation
- providing equipment and adaptations to support people to be more independent
- providing personal care, to include 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.

A3 Specific responsibilities of people who work in health and social care settings

Applying care values and principles.

- Promoting anti-discriminatory practice by:
 - implementing codes of practice and policies that identify and challenge discrimination in specific health and social care settings
 - adapting the ways health and social care services are provided for different types of service users.
- Empowering individuals, to include:
 - putting the individual at the heart of service provision and promoting individualised care
 - promoting and supporting individuals' rights to dignity and independence
 - providing active support consistent with beliefs, cultures and preferences of health and social care service users
 - supporting individuals who need health and social care services to express their needs and preferences
 - promoting the rights, choices and wellbeing of individuals who use health and social care services
 - balancing individual rights to health and social care services with the rights of other service users and staff
 - 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:
 - use of risk assessments
 - safeguarding and protecting individuals from abuse
 - illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water
 - control of substances harmful to health
 - use of protective equipment and infection control
 - reporting and recording accidents and incidents

What will students learn? Head



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

A4 Multidisciplinary working in the health and social care sector

Partnership working, to include:

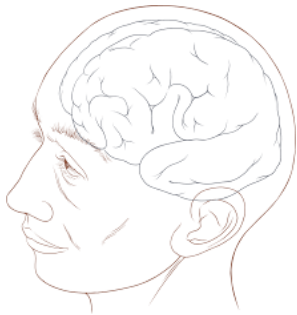
- the need for joined-up working with other service providers
- ways service users, carers and advocates are involved in planning, decision-making and support with other service providers
- holistic approaches.

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.

What will students learn? **Head**



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:
 - the public sector:
 - NHS Foundation Trusts, to include hospitals, mental health services and community health services, adult social care, children's services and GP practices
 - the voluntary sector
 - the private sector.
- Settings where health and social care services are provided to meet different needs, to include:
 - Hospitals
 - day care units
 - hospice care
 - residential care
 - domiciliary care
 - 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.

What will students learn? Head



- In England:
 - Care Quality Commission (CQC)
 - Ofsted.
- The roles of organisations which regulate or inspect health and social care services, to include:
 - how regulation and inspections are carried out
 - how organisations and individuals respond to regulation and inspection
 - changes in working practices required by regulation and inspection
 - how services are improved by regulation and inspection.




Organisations that regulate professions in health and social care services.

- In England:
 - Nursing and Midwifery Council (NMC)
 - Health and Care Professions Council (HCPC)
 - General Medical Council (GMC).
- The roles of organisations which regulate professions in health and social care services, to include:
 - how regulation is carried out
 - how organisations and individuals respond to regulation
 - the changes in working practices required by regulation
 - 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:

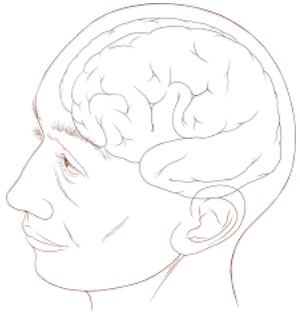
- understand how to implement the organisation's codes of practice
- meet National Occupational Standards (NOS)
- undertake continuing professional development (CPD)
- are safeguarded through being able to:
 - have internal/external complaints dealt with properly
 - take part in whistleblowing
 - have membership of trades unions/professional associations
 - follow protocols of regulatory bodies.

<p>What will students learn? Head</p> 	<p>C Working with people with specific needs in the health and social care sector</p> <p>C1 People with specific needs</p> <ul style="list-style-type: none"> • Ill health, both physical and mental. • Learning disabilities. • Physical and sensory disabilities. • Age categories to include: <ul style="list-style-type: none"> - early years - later adulthood. <p>C2 Working practices</p> <ul style="list-style-type: none"> • 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.
<p>What skills will students develop? Hand</p> 	<p>Students will have a thorough understanding of the roles and responsibilities of people who work in the health and social care settings. They will understand the purpose of professional and organisation regulation and inspection and be able to evaluate and assess the importance of accountability. Students will be able to analyse multi-agency working and illustrate the importance of this when studying historic cases of abuse. They will also understand why key legislation, policies and procedures have been brought in to regulate practitioner and organisational behaviour. Learners will be able to 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</p>
<p>Character education (LORIC) Heart</p> 	<p>Leadership – Excellent opportunity to take ownership of learning through the use of checklists, students need to take control and lead the way in their learning journey. Group work will allow for leadership skills to be developed, some students will naturally need to take charge and facilitate learning to meet the success criteria.</p> <p>Organisation – Homework assessment will develop organisational skills, as well as independent revision.</p> <p>Resilience – This module is externally assessed via examination therefore students will naturally develop resilience through practice assessments and learning from failure. The longer mark questions 8-12 marks need resilience as they can be daunting when you first consider answering them.</p> <p>Intuition – This module will encourage students to use their intuition to question and challenge situations in which they feel injustice has happened. By understanding ethical practitioner and organisational behaviour and policy students will be more confident in whistleblowing any behaviour they deem to be inappropriate.</p>

	Communication – At the heart of this module are the skills and qualities professionals need to work in the sector, these include communication skills. Students learn the importance of adapting communicating depending on the client in order to deliver effective care.
How are students assessed on this unit?	This unit is externally assessed through an exam which lasts 1 and a half hours and which is worth 80 marks. The paper consisted of four separate case studies, each relevant to a different service user. Each section of the paper is made up of a 2, 4, 6 and 8 mark questions.

Unit 14: Physiological Disorders and their Care

<p>Why is this unit being studied at this point in the students' KS5 learning journey?</p>	<p>This is an optional unit and has been selected for study as it will help students develop their independent research skills while competing their BTEC programme. Historically, students find this optional module is beneficial as they progress into university educational courses such as nursing, midwifery, and other health care professions.</p>
<p>Unit overview</p>	<p>Students will learn about the signs and symptoms of physiological disorders and how they are investigated and diagnosed. They will also learn about the different types of treatment and support available for individual service users, including surgery, rehabilitation and complementary therapies. Students will create a treatment plan for a service user with a specific physiological disorder, this will help them understand the treatment and support strategies involved, the contributions of different professionals and the importance of providing individualised care.</p>
<p>What will students learn? Head</p>  <p>What will students learn? Head</p>	<p>Learning aim A: Investigate the causes and effects of physiological disorders</p> <p>A1 Types of physiological disorders and effects on body systems and functions</p> <ul style="list-style-type: none"> • Endocrine system disorders, e.g. diabetes, hypo and hyperthyroidism. • Nervous system disorders, e.g. Parkinson's disease, Alzheimer's disease. • Musculo-skeletal system disorders, e.g. rheumatoid arthritis, osteoporosis. • Respiratory system disorders, e.g. asthma, chronic obstructive pulmonary disease (COPD). • Circulatory system disorders, e.g. coronary heart disease, leukaemia. • Cancer, e.g. bowel, prostate. • Impact of disorders on service users' physical, mental, social and emotional health. <p>A2 Causes of physiological disorders</p> <ul style="list-style-type: none"> • Inherited traits, e.g. sickle cell anaemia. • Lifestyle choices, e.g. smoking cigarettes, drug misuse. • Diet, e.g. obesity, dietary deficiency. • Environment, e.g. housing conditions, air pollution. <p>A3 Signs and symptoms of physiological disorders</p> <ul style="list-style-type: none"> • Observable signs of physiological disorders, e.g. rash, swelling. • Symptoms experienced by the individual, e.g. pain, disorientation.



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

B1 Investigative procedures for physiological disorders

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

B2 Diagnostic procedures for physiological disorders

- Procedures based on specific signs and symptoms, e.g. lumbar puncture, biopsy.
- Importance of recognising non-specific or confusing symptoms, e.g. 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:
 - professional carers, e.g. GPs, nurses
 - informal carers, e.g. friends, family
 - private and voluntary carers, e.g. Age UK, private care agencies.
- Care settings:
 - service user's own home
 - residential care home
 - GP surgery or health centre
 - hospital care
 - rehabilitation settings

What will students learn? **Head**

	<p>Learning aim D: Develop a treatment plan for service users with physiological disorders to meet their needs</p> <p>D1 Care methods and strategies</p> <ul style="list-style-type: none"> • 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. <p>D2 Treatment planning processes</p> <ul style="list-style-type: none"> • Cycle of planning. • Individual needs, including culture, gender, age, religion, disability. • Purpose and aim of care for individual. • Outcomes to be achieved. • Actions to be taken. • Overcoming potential barriers. • Professional responsibilities. • Advantages and disadvantages of different types of treatment, e.g. benefit to service users, cost to health and social care services. • Scheduling, including times and locations where treatment will take place. • Timescales for achievement
<p>What skills will students develop? Hand</p> 	<p>On completion of this unit students will be able to show in-depth understanding of two different physiological disorders, they will be able to recognise the symptoms of each and then be able to discuss diagnosis and a suitable treatment plan. By conducting research into local services students will be able to analyse the most effective course of treatment and make a reasoned justification for their choice in the treatment plan process. Students will be able to discuss the reasons why the treatment process may not be smooth, and consider different factors such as financial barriers or time constraints. They must then be innovative in the methods they come up with to reduce these barriers so treatment can continue.</p>
<p>Character education (LORIC) Heart</p> 	<p>Leadership – Full ownership of individual coursework is taken by the students; they can dictate which assessment criteria they are working towards. Naturally, they will be pushed towards the upper levels rather than the bare PASS criteria minimum.</p> <p>Organisation – Students are required to meet set deadlines when completing this coursework. They will learn how to prioritise their workload and make effective use of the allocated coursework typing sessions in college.</p> <p>Resilience – Feedback is essential in order to make progress during this module, students need to be open to receiving this and develop a ‘tough nature’ when they need to go back and make alterations to their work.</p> <p>Intuition – Students will learn how to identify credible sources of information which can be used within their work.</p> <p>Communication – This coursework will develop communication in the written format, students will be developing a clear and sophisticated writing style using subject specific terminology and a high standard of English Language. They are also required</p>

	to put together an action plan for improving health, they will need to think about the language they use and the client they have to ensure no confusion in aims and objectives happen.
How are students assessed on this unit?	This is an internally assessed coursework unit where students will create a report based upon independent research they have conducted on two physiological disorders.