



Tutor guidance

**NCFE CACHE Level 3 Award in Health and
Social Care**
QN: 601/6108/5

**NCFE CACHE Level 3 Certificate in Health and
Social Care**
QN: 601/6109/7

**NCFE CACHE Level 3 Extended Diploma in
Health and Social Care**
QN: 601/6110/3

Please note: This document contains mandatory
delivery information

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Summary of changes

This section summarises the changes to this Tutor Guidance since Version 11.0 January 2018.

Version	Publication Date	Summary of amendments
v12.0	September 2018	The following amendment has been made to unit HSC DM3 to improve delivery: • addition of delivery guidance.
v12.1	May 2019	Amends to HSC DM3 - assessment grading criteria
v12.2	October 2019	Update to UCAS points allocation. Removal of reference to specific years for UCAS points in the Points/grade calculator .
v12.3	January 2020	Amend to HSC DM1: • 'Assessment of learning' for B2
v12.4	July 2020	Minor amend to HSC CM5: Delivery guidance: • Replaced subheading title learning outcome 4 with learning outcomes 5 and 6.
V12.5	June 2022	Unit HSC DM2: Protection of children, young people and adults in health and social care (M/507/1438) Learning Outcome 4 and Assessment Criteria 4.1 and 4.2 - the term serious case reviews has been updated to Child Safeguarding Practice Reviews and Safeguarding Adults Reviews. Any references to serious case reviews have been updated. Further information added to the Assessment structure section to confirm that unless otherwise stated in this specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English. Information added to the Entry requirements section to advise that registration is at the discretion of the centre, in accordance with equality legislation and should be made on the Portal.

Section 1: General introduction

About this Tutor Guidance

This Tutor Guidance contains details of all the units and assessments learners need to complete to gain these qualifications.

Each unit is supported by Delivery Guidance which must be referred to when delivering these qualifications. Non-mandatory tutor hints, tips and teaching aids and assessment tasks are also included.

The Delivery Guidance has been designed to assist tutors in delivering these qualifications by providing scope of delivery and levelling. While this Delivery Guidance must be referred to when delivering the qualifications, every aspect of the guidance need not be covered by the learner when completing their assignment, as long as they are meeting the assessment grading criteria and assessment of learning.

When planning for your learners, it may be useful to consider links between units and holistic delivery opportunities.

How the qualifications work

These qualifications are made up of units each representing a small step of learning. This allows the qualifications to be completed at the learners own pace.

All of the units achieved can be 'banked'. This means that if the learner wants to take another qualification which includes the same units they do not have to take them again.

Each unit has:

- a **level** - shows how difficult it is
- a **unit aim** – explains what is covered in the unit
- **learning outcomes** – cover what the learner needs to understand (knowledge)
- **assessment criteria** – what the learner needs to show (evidence)

Each learning outcome is linked to a number of assessment criteria.

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand the types of dementia and the effects on health and well-being.	1.1. Describe types of dementia and their causes.
	1.2. Describe the signs and symptoms of dementia.
	1.3. Explain the impacts of dementia on an individual's health and well-being.

Understanding learning outcomes

There are two main types of learning outcome:

- **Skills** that can be performed
- **Knowledge** that can be learnt.

Sometimes they can cover a combination of the two.

Competence / Skills based learning outcomes:

- Begin with 'Be able to'. The assessment criteria usually show that the evidence could be observable within a real work environment. Other methods may be applied, please see chart in Assessment Guidance section. All evidence can be based on the learner's experience in a real work environment; however, simulation is permitted for all skills units.

Knowledge based learning outcomes:

- Begin with 'Know', 'Understand' or 'Know how to'.



For your convenience, Knowledge-only units are indicated by a lightbulb in both the Unit Achievement Log and at the top of the units.

If a unit is not marked with a lightbulb, it is a skills unit or contains a mix of knowledge and skills.

Making use of our websites

Our websites are maintained on a regular basis and this is where the most up to date documents can be found. We strongly advise that these should be used as a resource on an on-going basis to ensure you always have the most current information.

All our qualification documents are version controlled, allowing you to check for updates or revisions.

The Public Website

Our public website address is www.ncfe.org.uk. The website contains information about all our qualifications, which contains:

- Key Facts
- Qualification Specifications
- other support materials

There are also some other key documents that can be referred to when required. For example:

Complaints Procedure
Appeals Process
Diversity Statement

It also contains regular news updates and case studies and links to websites from other organisations that might be of interest.

The Centre Secure Website

More specific information to support Centre delivery can be found in our members area on the NCFE website.

To access the members area, please log in using the details provided by the Centre administrator.

Plagiarism

Plagiarism means claiming work to be your own which has been copied from someone or somewhere else. All the work you submit must be your own and not copied from anyone else unless you clearly reference the source of your information. Your tutor will explain how to provide a reference list that shows where you found your information. If your Centre discovers evidence that your work is copied from elsewhere, it will not be accepted and you may be subject to your Centre's or our disciplinary procedure. If this happens you will have to submit an additional piece of work for assessment. We will be notified of any cases of plagiarism.

Buying and selling assignments

Offering to buy or sell assignments is not allowed. This includes using sites such as eBay. If this happens we reserve the right not to accept future entries from you.

Section 2: About these qualifications

Qualification summary - Award

Title	NCFE CACHE Level 3 Award in Health and Social Care
Qualification number	601/6108/5
Aim	To provide learners with an introduction to core subject areas when working in health and social care.
Total Qualification Time (Hours)	215
Guided Learning (Hours)	180
Minimum age of learner	16
Real work environment (RWE) requirement / recommendation	N/A
Rules of combination	In order to achieve the Level 3 Award in Health and Social Care learners must complete three mandatory units.
Progression including Job Roles (where applicable)	Upon achievement of this qualification learners will be able to progress to the Level 3 Certificate in Health and Social Care and then to the Level 3 Extended Diploma in Health and Social Care.
Recommended assessment methods	Portfolio of evidence.
Additional assessment requirements	All units must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Grading system	A* - D (Internally graded).

UCAS points	Grade	UCAS points
	A*	28
	A	24
	B	20
	C	16
	D	12
How long will it take to complete?	Learners will usually be able to achieve the Award in three months.	
Entry requirements / recommendations	Learners must be at least 16 years old. We do not set any other entry requirements but Centres may have their own requirements.	
About this qualification	This is a regulated qualification. The regulated number for this qualification is 601/6108/5.	

Qualification summary - Certificate

Title	NCFE CACHE Level 3 Certificate in Health and Social Care
Qualification number	601/6109/7
Aim	To provide learners with an in-depth knowledge of core subject areas in health and social care, and to support progression into Higher Education, the workplace or further learning in related subject areas at Level 4 and above.
Total Qualification Time (Hours)	734
Guided Learning (Hours)	619
Minimum age of learner	16
Real work environment (RWE) requirement / recommendation	Learners will be required to attend placement in a real work environment to support their learning. The minimum required number of placement hours is 75 hours.
Rules of combination	In order to achieve the Level 3 Certificate in Health and Social Care learners must complete nine mandatory units.
Progression including Job Roles (where applicable)	Upon achievement of this qualification learners will be able to progress to the Level 3 Extended Diploma in Health and Social Care. The Certificate supports learners' access to Higher Education and progression into a wide range of job roles within the health and social care sector.
Recommended assessment methods	Portfolio of evidence; one extended assessment.
Additional assessment requirements	All units must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Grading system	A* - D (Internally graded).

UCAS Points	<table border="1"> <thead> <tr> <th>Grade</th><th>UCAS points</th></tr> </thead> <tbody> <tr> <td>A*</td><td>84</td></tr> <tr> <td>A</td><td>72</td></tr> <tr> <td>B</td><td>60</td></tr> <tr> <td>C</td><td>48</td></tr> <tr> <td>D</td><td>36</td></tr> </tbody> </table>	Grade	UCAS points	A*	84	A	72	B	60	C	48	D	36
Grade	UCAS points												
A*	84												
A	72												
B	60												
C	48												
D	36												
How long will it take to complete?	Learners will usually be able to achieve the Certificate in one year.												
Entry requirements / recommendations	Learners must be at least 16 years old. We do not set any other entry requirements but Centres may have their own requirements.												
About this qualification	This is a regulated qualification. The regulated number for this qualification is 601/6109/7.												

Qualification summary – Extended Diploma

Title	NCFE CACHE Level 3 Extended Diploma in Health and Social Care
Qualification number	601/6110/3
Aim	To provide learners with the knowledge, understanding and skills essential to the health and social care sector, and to support progression into Higher Education or the workplace.
Total Qualification Time (Hours)	1491
Guided Learning (Hours)	1185
Minimum age of learner	16
Real work environment (RWE) requirement / recommendation	Learners will be required to attend placement in a real work environment to support their learning. The minimum required number of placement hours is 175 hours (100 hours if learners have already successfully completed the Certificate).
Rules of combination	In order to achieve the Level 3 Extended Diploma in Health and Social Care, learners must achieve 14 mandatory units from Group A, three units from Optional Group 1 and one unit from Optional Group 2.
Progression including Job Roles (where applicable)	Upon achievement of this qualification learners will be able to access Higher Education, and progress into a wide range of job roles within the health and social care sector.
Recommended assessment methods	Portfolio of evidence; two extended assessments (one covering the 'core mandatory' units and one covering the 'diploma mandatory' units).
Additional assessment requirements	All units must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Grading system	A* - D (Internally graded).

UCAS Points	Please see Section 6: Points/grade calculator for details of the UCAS Tariff points awarded for this qualification.
How long will it take to complete?	Learners will usually be able to achieve the Extended Diploma in two years (or one year if they have already successfully completed the Certificate).
Entry requirements / recommendations	Learners must be 16 years old. We do not set any other entry requirements but Centres may have their own requirements.
About this qualification	This is a regulated qualification. The regulated number for this qualification is 601/6110/3.

Qualification introduction and purpose

The Level 3 Award, Certificate and Extended Diploma in Health and Social Care have been designed to enable learners to access Higher Education and will also support their progression into the workplace.

These qualifications have been designed and written by a team of subject matter experts, and we have involved employers and Higher Education Institutions in the review of the content. All three qualifications have been awarded UCAS points.

The mandatory units (Group A) provide the learners with an in-depth knowledge of key subject areas in health and social care. We have also included a range of optional units, allowing the learners to pursue an interest in the specific areas of Social Care, Health Studies and Health Sciences to suit their preferred progression path. The high level of knowledge and skills required to achieve these qualifications enables learners to progress to Higher Education within health and social care, or a related field of study, as well as further learning at Level 4 and above.

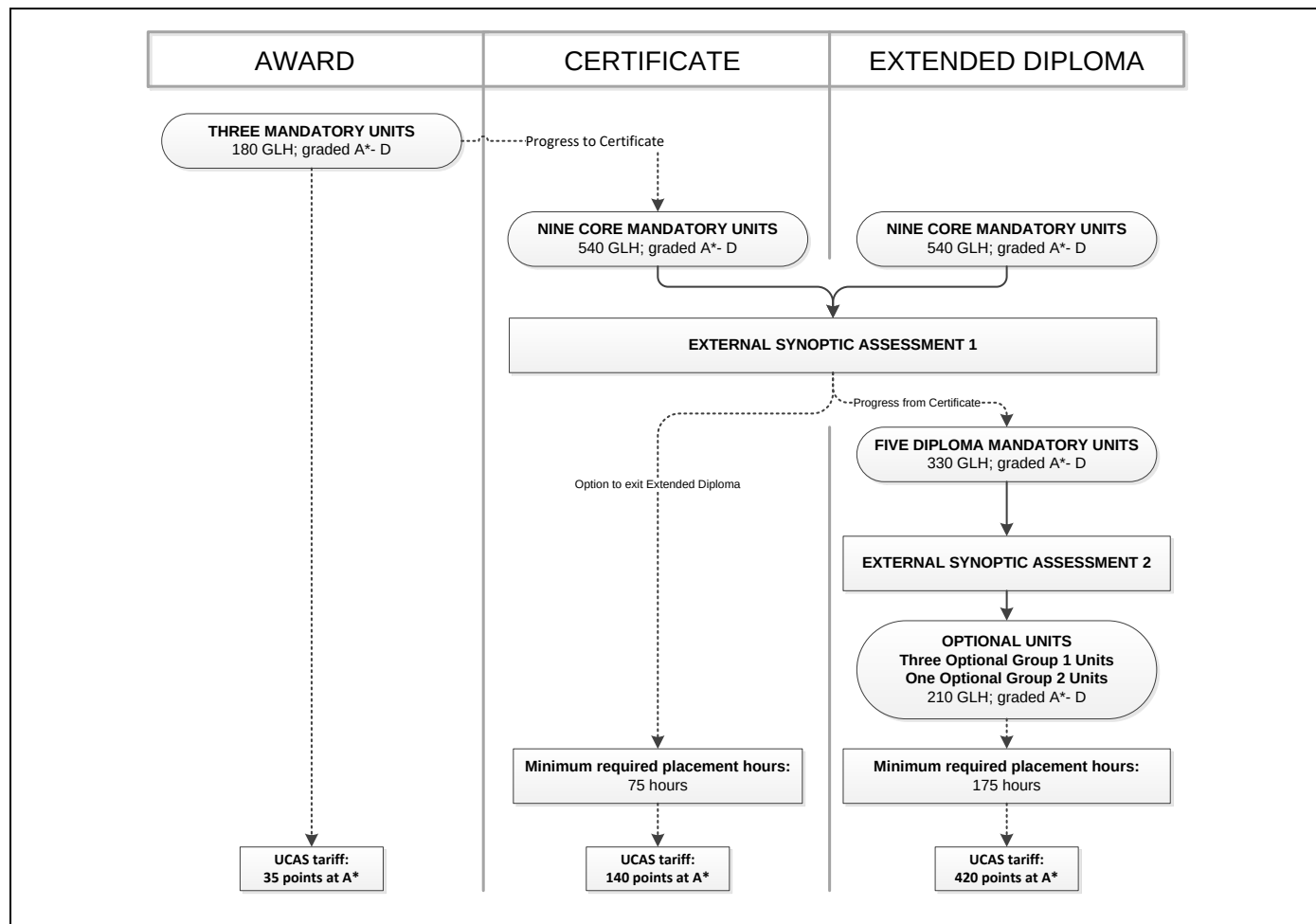
The Certificate and Extended Diploma have been designed to meet the Department for Education's criteria for the 16–19 Performance Tables and will be submitted for approval as 'Tech Level' qualifications.

Entry requirements

The learner must be at least 16 years old. We do not set any other entry requirements but Centres may have their own requirements.

Registration is at the discretion of the centre, in accordance with equality legislation, and should be made on the Portal.

Qualification overview



Rules of combination

Level 3 Award in Health and Social Care

The learner must achieve:

- **three** mandatory units (Graded A*- D; set by us; marked by your Centre).

Level 3 Certificate in Health and Social Care

The learner must achieve:

- **nine** 'Core Mandatory' units (Graded A*- D; set by us; marked by your Centre)
- **one** Extended Assessment covering the 'Core Mandatory' units (set by us; marked by us).

Level 3 Extended Diploma in Health and Social Care

The learner must achieve:

- **nine** 'Core Mandatory' units (Graded A*- D, set by us; marked by your Centre)
- **one** Extended Assessment covering the 'Core Mandatory' units (set by us; marked by us)
- **five** 'Diploma Mandatory' units (Graded A*- D; set by us, marked by your Centre)
- **one** Extended Assessment covering the 'Diploma Mandatory' units (set by us, marked by us)
- **three** optional units from Optional Group 1 and **one** optional unit from Optional Group 2 (total Graded A*- D; set by us; marked by your Centre).

Progression

This is a suite of nested qualifications, and progression from the Award to Certificate, and then to the Extended Diploma, is natural and achievable. These qualifications are made up from a common bank of units.

Progression routes - Award

Upon achievement of this qualification, learners will be able to progress to the Level 3 Certificate and Extended Diploma in Health and Social Care. The Award shares 3 mandatory units with the Certificate. The Award may be suitable if learners wish to progress to Higher Education but are taking other qualifications as part of a wider programme of study. The Award may also be suitable if learners have previous experience of working in the sector but would like to refresh their knowledge.

Progression routes - Certificate

Upon achievement of this qualification, learners will be able to progress to the Level 3 Extended Diploma in Health and Social Care. The Certificate supports learners' access to Higher Education* and progression to further learning at Level 4 and above, and a wide range of job roles within the health and social care sector such as:

Care Support Workers in Adult Residential Settings
Healthcare Assistants in Community, Primary Care and Acute Health Environments
Care Support Workers in Domiciliary Services, Supported Living or Day Services
Community-Based Support Workers.

* Higher Education Institutions may have their own entry requirements.

Completion of this qualification will equip learners with knowledge, understanding and skills across a range of key subject areas, for example:

- the role of the health and social care practitioner in meeting individuals' needs through inclusive practice
- theories of human growth and development
- the role and responsibilities of the health and social care practitioner in relation to safeguarding individuals
- the role and responsibilities of the health and social care practitioner in relation to infection prevention and control
- functions of national and local health and social care provision
- identifying and planning for professional development needs.

Learners should take this qualification if they want to progress to further learning at Level 4 or above in a related field of study, or if they wish to progress to Higher Education (when taking the Certificate as part of a wider programme of study). The Certificate provides progression to the Level 4 Diploma in Adult Care (England). It also provides direct progression to the Level 3 Extended Diploma in Health and Social Care. This qualification is ideal for learners who have already completed the Level 3 Award in Health and Social Care, as they will already have achieved three of the mandatory units for the Certificate.

Progression routes - Extended Diploma

Upon achievement of this qualification, learners will be able to access Higher Education* and progress into a wide range of job roles within the health and social care sector such as:

Care Support Workers in Adult Residential Settings
Healthcare Assistants in Community, Primary Care and Acute Health Environments
Care Support Workers in Domiciliary Services, Supported Living or Day Services
Community-Based Support Workers.

* Higher Education Institutions may have their own entry requirements.

Completion of this qualification will equip learners with the essential knowledge and skills required to progress to Higher Education in a related field of study, for example:

- the functions of national and local health and social care provision
- the roles and responsibilities of the health and social care practitioner when empowering individuals
- how outcomes of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform practice in the health and social care sector
- how to obtain and record physiological measurements
- how to reflect on and plan for personal and professional development within the health and social care sector
- carrying out a research project.

Learners should take this qualification if they want to progress to Higher Education in a related field of study. This qualification is ideal for learners who have already completed the Level 3 Certificate in Health and Social Care, as they will already have achieved much of the mandatory components of the Extended Diploma, or if they have previous experience or qualifications in this subject area and want to further their studies at undergraduate level. The wide range of optional units enables learners to pursue an interest in specialist subject areas.

Employer Involvement

Placement in a Real Work Environment

While assessment in the workplace is not required for these qualifications, if the learner is studying for the Certificate and Extended Diploma they will be required to attend placement in a real work environment to support their learning. Placement supports learning by providing opportunities for the learner to apply knowledge to practice, receive feedback, and reflect on their experience. Placement also provides opportunities for learners to observe professional practice in action and gain valuable employability skills.

Learners should be encouraged to reflect on their placement experience throughout the delivery of these qualifications. Placement Handbooks, which include a Professional Skills Profile, will be provided to you, the learner and their placement mentor. They will be used to record the learner's progress in several core subject areas. The following knowledge and skills within the Professional Skills Profile are covered by multiple mandatory units within the Certificate and Extended Diploma:

positive role modelling
policy and procedure
communication
valuing diversity
inclusive practice
health and safety
professional development.

Placement Handbooks must be completed with input from you, the learner and the placement mentor.

The minimum required placement hours are:

	Certificate	Extended Diploma
Placement hours	75	175*

* includes the 75 hours completed during the Certificate.

Confirming completion of placement hours

The required placement hours do not contribute to the overall qualification grade; however, they are a mandatory element of these qualifications. By ticking the boxes in the Records of Grades Achieved grid, you will confirm the completion of your learner's placement hours.

Also, when entering the learner's grades for the Certificate and Extended Diploma, the placement hours will appear as a unit with the following titles.

One unit for the Certificate:

Certificate 75 placement hours

Two units for the Extended Diploma:

Certificate 75 placement hours

Extended Diploma 100 placement hours

Each unit will need to be marked as Achieved (placement hours completed) or Not Yet Achieved (placement hours not completed). The learner will not achieve these qualifications without achieving these units. As stated above, the Placement Handbooks will serve as evidence that the required minimum placement hours in a real work environment have been completed.

Assessment strategy (Extended Diploma)

To gain the Extended Diploma, the learner will need to achieve the following:



Core Mandatory Units

Units graded A*- D



External Assessment 1

Extended assessment; synoptic; set by us; marked by us; graded A*- D

*The learner may be certificated for the **Certificate** at this point*



Diploma Mandatory Units

Units graded A*- D



External Assessment 2

Extended assessment; synoptic; set by us; marked by us; graded A*- D



Optional Units

Units graded A*- D

Full achievement of the qualification will not be possible until all components are complete. Unit certification will be available.

Unless stated otherwise in this qualification specification, all learners taking these qualifications must be assessed in English and all assessment evidence presented for external quality assurance must be in English.

Rationale for synoptic assessment

Synoptic assessment encourages the learner to combine elements of their learning and to show their accumulated knowledge and understanding across units and/or learning outcomes.

Synoptic assessment enables the learner to show their ability to integrate and apply their knowledge, understanding and skills with breadth and depth. It also requires the learner to demonstrate their capability to apply their knowledge, understanding and skills across a range of units and learning outcomes for which they are being assessed.

Synoptic assessment is also required to ensure that the qualifications are suitable for the Department of Education's 16-19 Performance Tables.

There will be **TWO** externally set and externally marked synoptic assessments for the Extended Diploma, one covering the content of the 'Core Mandatory' units (at which point you can achieve the Certificate) and one covering the content of the 'Diploma Mandatory' units.

External assessment

There are two extended assessments, **one** covering the 'Core Mandatory' units and **one** covering the 'Diploma Mandatory' units.

These assessments will require a substantial amount of research and work. The extended assessments will be graded from A*- D.

Within each qualification there is a maximum of one further opportunity after the first submission for the learner to submit the extended assessments in order to achieve or improve a grade.

Re-mark requests for extended assessments

You may request a re-mark if you and the learner do not think that the result is a true reflection of the learner's performance. This request must be made within 20 working days of the learner's result reaching your centre. A re-mark result may be decreased as well as increased.

Referral of an extended assessment

A result that does not achieve a D grade will be graded as a referral. If you and the learner intend to submit an extended assessment for another attempt to achieve a D grade or above, the learner will be required to make a new submission of an alternative assessment provided by us.

Improving a grade for the extended assessment (upgrade a result)

When the learner has achieved a D grade or above for their extended assessments, they may want to improve their grade. If the learner intends to attempt to improve their grade they will be required to make a new submission of an alternative assessment provided by us. The tutor will advise on how the learner can do this. The higher of the grades achieved for the assessment will be the final result.

Within each qualification there is a maximum of one further opportunity after the first submission for learners to submit the extended assessments in order to improve a grade.

UCAS

Confirmed UCAS points allocation:

Grade	Award	Certificate	Extended Diploma
A*	28	84	168
A	24	72	144
B	20	60	120
C	16	48	96
D	12	36	72

Section 3: Units

Unit achievement log – Level 3 Award, Certificate and Extended Diploma in Health and Social Care
Core Mandatory Units (Award, Certificate and Extended Diploma)

* These tables show the estimated total hours for each unit. Please see the unit details for a breakdown of guided learning and non-guided learning hours.

	Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Award	Certificate	Extended Diploma
★	K/507/1406	HSC CM1	Equality, diversity and rights in health and social care	Knowledge	3	71	☐	☐	☐
★	M/507/1407	HSC CM2	Human growth and development	Knowledge	3	71	☐	☐	☐
★	T/507/1408	HSC CM3	Safeguarding in health and social care	Knowledge	3	73	☐	☐	☐
★	J/507/1431	HSC CM4	Communication in health and social care	Knowledge	3	68		☐	☐
	L/507/1432	HSC CM5	Infection prevention and control in health and social care	Knowledge / Skills	3	72		☐	☐
★	R/507/1433	HSC CM6	Psychological perspectives in health and social care	Knowledge	3	66		☐	☐
★	Y/507/1434	HSC CM7	Sociological perspectives in health and social care	Knowledge	3	66		☐	☐



Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Award	Certificate	Extended Diploma
D/507/1435	HSC CM8	Working in health and social care	Knowledge	3	68		✓	✓
H/507/1436	HSC CM9	Reflective practice	Knowledge / Skills	3	66		✓	✓

Diploma Mandatory Units (Extended Diploma only)

In addition to the Core Mandatory units, learners taking the Extended Diploma must complete the following Diploma Mandatory Units.

	Unit ref.	Unit no.	Unit title	Unit type	Level	GLH
★	K/507/1437	HSC DM1	Empowerment in health and social care	Knowledge	3	67
★	M/507/1438	HSC DM2	Protection of children, young people and adults in health and social care	Knowledge	3	62
	T/507/1439	HSC DM3	Anatomy and physiology for health and social care	Knowledge/Skills	3	58
★	K/507/1440	HSC DM4	Research skills for health and social care	Knowledge	3	121
★	M/507/1441	HSC DM5	Personal and professional development	Knowledge	3	79

Optional Units Group 1

	Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Notes
☆	D/507/1483	HSC CMO1	Behaviour change in health and social care	Knowledge	3	61	
☆	H/507/1484	HSC CMO2	Biochemistry for health	Knowledge	3	69	
☆	K/507/1485	HSC CMO3	Community care provision	Knowledge	3	66	
☆	M/507/1486	HSC CMO4	Complementary therapies and alternative medicine for health and social care	Knowledge	3	63	
☆	T/507/1487	HSC CMO5	Dementia awareness	Knowledge	3	69	
☆	F/507/1508	HSC CMO6	End of life care	Knowledge	3	63	
☆	J/507/1509	HSC CMO7	Genetics in health and social care	Knowledge	3	63	
	F/507/1511	HSC CMO8	Health education	Knowledge/ Skills	3	75	

	Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Notes
☆	J/507/1512	HSC CMO9	Health psychology	Knowledge	3	63	
☆	L/507/1513	HSC CMO10	Mental health and well-being	Knowledge	3	64	
☆	R/507/1514	HSC CMO11	Microbiology for health	Knowledge	3	62	
☆	Y/507/1515	HSC CMO12	Nutrition for health and social care	Knowledge	3	63	
☆	D/507/1516	HSC CMO13	Physiology of coordination	Knowledge	3	68	
☆	K/507/1518	HSC CMO14	Public health for health and social care	Knowledge	3	64	
☆	M/507/1519	HSC CMO15	Science of nutrition	Knowledge	3	63	
☆	H/507/1520	HSC CMO16	Social policy	Knowledge	3	67	



Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Notes
K/507/1521	HSC CMO17	The role of play for children and young people	Knowledge	3	64	

Please see page 40 for a more detailed breakdown of these units into suggested specialist areas.

Optional Units Group 2

	Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Notes
☆	T/507/1490	HSC DMO1	Advocacy in health and social care	Knowledge	3	29	
☆	F/507/1489	HSC DMO2	Epidemiology for health and social care	Knowledge	3	33	
☆	A/507/1491	HSC DMO3	Ethics in health and social care	Knowledge	3	38	
☆	F/507/1492	HSC DMO4	Family issues in health and social care	Knowledge	3	38	
☆	J/507/1493	HSC DMO5	Learning disability	Knowledge	3	40	
☆	L/507/1494	HSC DMO6	Medication in health and social care	Knowledge	3	39	
☆	R/507/1495	HSC DMO7	Models and systems of health care	Knowledge	3	36	
☆	Y/507/1496	HSC DMO8	Partnership working in health and social care	Knowledge	3	39	

	Unit ref.	Unit no.	Unit title	Unit type	Level	Hours*	Notes
★	D/507/1497	HSC DMO9	Pharmacology	Knowledge	3	38	
★	H/507/1498	HSC DMO10	Physiology of ageing	Knowledge	3	37	
★	K/507/1499	HSC DMO11	Promoting positive behaviour	Knowledge	3	36	
★	R/507/1500	HSC DMO12	Sociology of health and illness	Knowledge	3	36	
★	D/507/1502	HSC DMO13	Support care within fostering and adoption services	Knowledge	3	40	
★	H/507/1503	HSC DMO14	Technology in health and social care	Knowledge	3	38	
★	K/507/1504	HSC DMO15	Voluntary organisations	Knowledge	3	39	

Please see page 41 for a more detailed breakdown of these units into suggested specialist areas.

Specialist subject areas - optional unit groups

For learners who wish to specialise in a subject area we suggest choosing units from the following groupings:

- Social Care
- Health Studies
- Health Sciences.

Learners must choose 3 optional units from **Optional Group 1**.
 Any 3 units can be chosen. These are suggestions to help with your decision.

Social Care	Health Studies	Health Sciences
HSC CMO1: Behaviour change in health and social care	HSC CMO1: Behaviour change in health and social care	HSC CMO2: Biochemistry for health
HSC CMO3: Community care provision	HSC CMO3: Community care provision	HSC CMO7: Genetics in health and social care
HSC CMO5: Dementia awareness	HSC CMO4: Complementary therapies and alternative medicine for health and social care	HSC CMO9: Health psychology
HSC CMO6: End of life care	HSC CMO5: Dementia awareness	HSC CMO10: Mental health and well-being
HSC CMO9: Health psychology	HSC CMO6: End of life care	HSC CMO11: Microbiology for health
HSC CMO10: Mental health and well-being	HSC CMO8: Health education	HSC CMO12: Nutrition for health and social care
HSC CMO12: Nutrition for health and social care	HSC CMO9: Health psychology	HSC CMO13: Physiology of coordination
HSC CMO14: Public health for health and social care	HSC CMO10: Mental health and well-being	HSC CMO14: Public health for health and social care
HSC CMO16: Social policy	HSC CMO12: Nutrition for health and social care	HSC CMO15: Science of nutrition
HSC CMO17: The role of play for children and young people	HSC CMO13: Physiology of coordination	
	HSC CMO14: Public health for health and social care	
	HSC CMO16: Social policy	

Learners must choose 1 optional unit from Optional Group 2 . Any unit can be chosen. These are suggestions to help with your decision.		
Social Care	Health Studies	Health Sciences
HSC DMO1: Advocacy in health and social care	HSC DMO2: Epidemiology for health and social care	HSC DMO3: Ethics in health and social care
HSC DMO3: Ethics in health and social care	HSC DMO3: Ethics in health and care	HSC DMO5: Learning disability
HSC DMO4: Family issues in health and social care	HSC DMO6: Medication in health and social care	HSC DMO6: Medication in health and social care
HSC DMO5: Learning disability	HSC DMO9: Pharmacology	HSC DMO7: Models and systems of health care
HSC DMO6: Medication in health and social care	HSC DMO10: Physiology of aging	HSC DMO8: Partnership working in health and social care
HSC DMO8: Partnership working in health and social care	HSC DMO12: Sociology of health and illness	HSC DMO10: Physiology of aging
HSC DMO11: Promoting positive behaviour	HSC DMO14: Technology in health and social care	HSC DMO11: Promoting positive behaviour
HSC DMO12: Sociology of health and illness		HSC DMO12: Sociology of health and illness
HSC DMO13: Support care within fostering and adoption services		HSC DMO14: Technology in health and social care
HSC DMO14: Technology in health and social care		HSC DMO15: Voluntary organisations
HSC DMO15: Voluntary organisations		

Unit layout

For each unit the following material has been provided:

Unit title	Provides a clear, concise explanation of the content of the unit.
Unit number	The unique number assigned by us.
Unit reference	The unique reference number given to each unit at qualification approval by Ofqual.
Unit level	Denotes the level of the unit within the framework.
Unit aim	Provides a brief outline of the unit content.
Learning outcome	A statement of what a learner will know, understand or be able to do, as a result of a process of learning.
Assessment criteria	A description of the requirements a learner must achieve to demonstrate that a learning outcome has been met.
Additional information	This box identifies the assessment strategy relevant to the unit. When required, this will include specific guidance relating to the assessment of the unit and information to support the learner to achieve.
Assessment grading criteria	This table shows what the learner must do to achieve each grading criterion. Learners must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved
Delivery guidance	Contains guidance around the breadth and depth of delivery for each unit. This is not an exhaustive list as additional areas can be covered to support teaching and learning. This guidance must be referred to in the delivery of each unit.
Tutor hints, tips and teaching aids	Contains tutor hints, tips and teaching aids for each 'Diploma Mandatory' unit.

How to sign off a unit

Knowledge learning outcomes

The **evidence record** in the 'Assessment Grading Criteria' table must be completed in order to achieve the unit.

		Assessment grading criteria	Assessment of learning	Evidence record
B2	2.3.	Explain how to support others in promoting equality and rights.	Explanation must demonstrate a range of ways that others can be supported to promote equality and rights.	

Skills learning outcomes

The 'Skills Learning Outcomes Evidence Record' must be completed in order to achieve the unit.

Learning Outcome	Assessment Criteria		Evidence Record
7. Be able to design a health education campaign.	7.1.	Choose a public health issue.	
	7.2.	Create a health education campaign.	
	7.3.	Present own health education campaign.	

The following units contain skills learning outcomes:

- HSC CM5: Infection prevention and control in health and social care
- HSC CM9: Reflective practice
- HSC DM3: Anatomy and physiology for health and social care
- HSC CMO8: Health education.

Simulation is permitted for the assessment of practical skills learning outcomes in the following units:

- HSC CM5: Infection prevention and control in health and social care
- HSC DM3: Anatomy and physiology for health and social care.

The skills learning outcomes in the following units do not need to be demonstrated in a real work environment:

- HSC CM9: Reflective practice
- HSC CMO8: Health education.

Unit sign off

The Unit Submission Form (see **Section 8: Unit submission form**) must be completed for every unit achieved.

HSC CM1: Equality, diversity and rights in health and social care



Unit reference	K/507/1406		Unit level	3
Unit hours	Guided learning	60	Non-guided learning	11
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of equality, diversity and rights in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand equality, diversity and rights in health and social care.	1.1. Define the terms: equality diversity inclusion discrimination.
	1.2. Explain how rights are promoted in health and social care services.
	1.3. Discuss ethical dilemmas that may arise when balancing individual rights and duty of care.
1.3. Discuss ethical dilemmas that may arise when balancing individual rights and duty of care.	2.1. Explain how to promote equality and support diversity.
	2.2. Describe how to challenge those not working inclusively in a way that promotes change.
	2.3. Explain how to support others in promoting equality and rights.
3. Understand legislation and codes of practice in relation to inclusive practice in health and social care settings.	3.1. Summarise legislation and codes of practice relating to equality, diversity, inclusion and discrimination.
4. Understand the role of the health and social care practitioner in relation to inclusive practice.	4.1. Evaluate the role of the health and social care practitioner in meeting individuals' needs through inclusive practice.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services. Others may refer to parents/carers, family, friends, colleagues, external partners and health and social care practitioners. Legislation: current legislation as relevant to Home Nation.

Unit HSC CM1: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Define the terms: equality diversity inclusion discrimination.	Provide information to define each of the following terms: equality diversity inclusion discrimination.	
D2	3.1.	Summarise legislation and codes of practice relating to equality, diversity, inclusion and discrimination.	Information must relate to equality, diversity, inclusion and discrimination to summarise: current and relevant legislation more than one relevant code of practice.	

D3		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	1.2.	Explain how rights are promoted in health and social care services.	Explain how rights of individuals are promoted in health and social care services.	
C2	2.1.	Explain how to promote equality and support diversity.	Provide information to explain a range of ways that equality and diversity can be promoted in health and social care.	
C3		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	

B1	1.3.	Discuss ethical dilemmas that may arise when balancing individual rights and duty of care.	Discussion must focus on more than one ethical dilemma to demonstrate: understanding of ethical dilemmas conflicts that may arise when balancing individual rights and duty of care consideration from more than one perspective.	
B2	2.3.	Explain how to support others in promoting equality and rights.	Explanation must demonstrate a range of ways that others can be supported to promote equality and rights.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support view or discussion.	
A1	2.2.	Describe how to challenge those not working inclusively in a way that promotes change.	Provide detailed information to describe ways to effectively challenge practitioners to work inclusively.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of sources material should be used. Referencing should support discussion and analysis.	

A*1	4.1.	Evaluate the role of the health and social care practitioner in meeting individuals' needs through inclusive practice.	Evaluation of the practitioner's role in meeting individual needs through inclusive practice must demonstrate understanding of: inclusive practice practitioner's role/responsibility when supporting inclusive practice factors that enable inclusive practice challenges to inclusive practice. Valid judgements must be included to support the evaluation.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
Current legislation as relevant to Home Nation.				

Unit HSC CM1: Delivery Guidance

Learning Outcome 1

Rights are promoted: choice; risk; opportunity; respect; service provision to meet individual needs; inclusion: individuals at the centre of planning, support and review; valuing diversity; overcoming barriers; empowerment; access to comments and complaints procedures.

Ethical dilemmas: duty of care; confidentiality; managing own values; risk taking; rights versus responsibilities.

Learning Outcome 2

Promote equality and support diversity: person-centred practice; inclusive practice; understanding own beliefs and attitudes; knowledge of individuals' beliefs, cultures, values, needs, preferences; enabling choice; providing opportunities; access to services according to needs; challenging discrimination; duty of care.

Challenge: promote change, e.g. informed questioning, non-confrontational approach, effective communication; mentoring; modelling; training; reporting; whistleblowing.

Support others: communication; mentoring; modelling; peer observation; training; supervision; appraisal; reflective practice; continuing professional development.

Learning Outcome 3

Legislation and codes of practice: Care Act 2014, Health and Social Care Act 2012, The Equality Act 2010, Human Rights Act 1998, United Nations Convention on the Rights of the Child 1989, European Convention on Human Rights 1950, codes of practice relevant to sector, current legislation as relevant to Home Nation.

Learning Outcome 4

Role of health and social care practitioners: to ensure equality, inclusion, diversity; encourage independence; promotion of rights; person centred practice; empower individuals; challenge unfair or discriminatory practice; support; educate and mentor others; risk management; report and whistle blow; reflective practice; work to legislation; review and develop policies and procedures; organisational culture.

Unit HSC CM1: Tutor hints, tips and teaching aids

Scope:

equality, diversity and rights
legislation and codes of practice
inclusive practice and the role of the health and social care practitioner.

Tutor hints, tips and teaching aids

Begin this unit by considering the terms:

equality
diversity
inclusion
rights
discrimination.

This will enable assessment of learners' initial knowledge and understanding. Following this assessment the activity below could be introduced to encourage exploration.

Activity

In pairs learners:

provide a definition for each of the terms for a new dictionary
describe an example of good practice for each term
undertake small scale research to establish a sourced reference for each term.

Learners could now broadly research the legal framework and codes of practice relevant to the sectors. Learners may discuss as a group how the legislation and codes of practice inform the role of the practitioner.

To build from this, learners could then consider how to promote equality and support diversity. Learners could prepare a presentation for peers to explain how individual differences can affect people's beliefs, preferences and choices. Areas for discussion may include religious views, diet and nutritional requirements or sexual orientation. There are many other options.

Following the presentations small group work could focus upon how the health and social care practitioner can value each individual and show respect for their diverse needs, for example celebration of particular festivals and traditions, catering for individual diets, etc.

The following case study would consolidate and extend learning. Here promotion of rights and responsibilities is considered.

Case Study

You are a support worker at a residential home for adults with learning disabilities.

At the residents meeting two weeks ago, a rota for household chores such as cooking and cleaning was agreed. Despite the rota being drawn up with the agreement of all the residents, you soon become aware that not all are sticking to it. Raj, in particular, refuses to cook at his designated time, preferring one of the other residents to do it for him. Likewise, he often does not take his turn at washing up.

Moira has recently moved into the home. She is very shy and likes to please others, which has resulted in her taking responsibility for most of Raj's tasks. As time goes on, Moira is undertaking more and more of Raj's chores and as a result is beginning to feel resentful towards him. Graham, Moira's friend, decides to challenge Raj. Raj does not appreciate being confronted. He quickly becomes angry and threatens to hit Graham if he does not leave him alone.

1. Explain action to take.
2. Discuss why Raj's behaviour should be challenged.
3. Describe steps to be taken to prevent the incident reoccurring.

Now may be a suitable time to consider ethical dilemmas. The case study below will support learners to consider appropriate responses.

Case Study

Jo is 16 years old. She is a single parent to Mia, aged three months. Jo and Mia currently live with a foster carer. There are two other young single parents also living with the foster carer. Jo has been invited to a birthday celebration taking place 50 miles away from the foster carer's home. If Jo were to go to the birthday celebration, it would involve her spending an evening away. House rules clearly state that no overnight stays are allowed. Jo is desperate to see her friends and her foster carer would really like to give her a well-deserved break.

1. Identify the dilemma.
2. How do you think Jo is feeling?
3. What decision do you think the foster carer should make? Why?

Here the area of discrimination could be returned to. The next case study could be introduced to explore discriminatory practice and action required.

Case Study

It is visiting time and the hospital is very busy this evening. Mrs Ullswater does not have any visitors and she asks to have her screen closed. The health care assistant tells her to wait as she is too busy to attend to her needs, but returns to the nursing station and sits down. When Mrs Ullswater uses her buzzer to ask her to pull her screen around her bed, she is told to stop making a fuss and that it's no wonder

no-one comes to see her if she is always so grumpy. Only one side of her screen is pulled across. Mrs Ullswater expected her husband at visiting time and she quietly cries behind the screen, embarrassed that other patients and visitors can both see and hear her.

At the end of visiting time, people are being encouraged to leave. Mr Ullswater has just arrived. He explains why he is late to the member of staff at reception, but agrees to leave after being told Mrs Ullswater has asked to have her screens around her, and must want some rest. Mr Ullswater is disappointed but leaves happily when the member of staff agrees to give his wife the card and chocolates he has brought in. He explains that he cannot come now for three days because of his shift pattern at work, but the member of staff begins to take a call and ignores Mr Ullswater as he leaves quietly.

Professor Smith is staying in the adjacent ward and has asked if his daughter can read to him as he finds it comforting and relaxing, even though it is after visiting time. Professor Smith's daughter is a local radio presenter and she is welcomed onto the ward and offered a cup of tea. Professor Smith will be leaving first thing in the morning but he regularly receives visitors after the arranged hospital times as he is a friend of Dr Gutkcha.

1. Do you think any discrimination was taking place?
2. What action would you take? Why?

A tutor led discussion could focus on how to challenge others not working inclusively in a way that promotes change. Role play activities based on scenarios could be used to support learners to practise skills discussed in order to challenge discriminatory practice in a positive way.

Now learners could consider further how to support others in promoting equality and rights. They could produce fact sheets in relation to promotion of equality and rights as part of an induction resource for new practitioners in a service.

To conclude this unit, further means of supporting others could be considered through small group work. Here, training, the role of mentoring, etc. could be explored. Outcomes should be fed back to the whole group.

Throughout this unit, visual and audio resources would aid learning. Either could be used alongside or instead of the case studies to inform activities.



HSC CM2: Human growth and development

Unit reference	M/507/1407	Unit level	3
Unit hours	Guided learning	60	Non-guided learning 11
Unit aim	The aim of this unit is to provide the learner with knowledge and understanding of human growth and development through the lifespan.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand the key elements of development across human lifespan.	1.1. Identify the life stages of human development.
	1.2. Describe social, emotional, cognitive and physical developments within each life stage.
2. Understand theories of human growth and development.	2.1. Describe theories of human growth and development.
3. Understand significant life events within each stage of human development.	3.1. Explain significant life events that can occur within each stage of human development.
	3.2. Analyse the impact that significant life events have on individuals .

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services.

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Identify the life stages of human development.	Provide information to identify the life stages of human development.	
D2		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	

C1	1.2.	Describe social, emotional, cognitive and physical developments within each life stage.	Refer to the life stages identified for D1 to describe developments that may take place during each stage, in relation to: social development emotional development cognitive development physical development.	
C2		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	
B1	2.1.	Describe theories of human growth and development.	Information must focus on human growth and development to describe more than one relevant theory which may include: cognitive theory psychosocial theory humanist theory social learning theory.	

B2		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support description.	
A1	3.1.	Explain significant life events that can occur within each stage of human development.	Refer to the life stages identified for D1 to provide a detailed explanation of more than one significant life event that may take place at each stage.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of sources material should be used. Referencing supports analysis.	

A*1	3.2.	Analyse the impact that significant life events have on individuals.	Provide detailed information to analyse the impact that significant life events may have on individuals. Information must be given from more than one perspective to support the analysis.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	

Unit HSC CM2: Delivery Guidance

Learning outcome 1

Stages: infancy, childhood, adolescence, early, middle, late adulthood.

Developments:

social: social skills, relationships, independence, cultural, interaction

emotional: bonding and attachment, emotional security, self-image, self-esteem

cognitive: language, memory, reasoning and thinking, problem solving skills, abstract and creative thinking

physical: gross and fine motors skills, puberty, sexual maturity.

Learning outcome 2

Theories:

cognitive - Piaget, Kohlberg, Vygotsky

psychosocial - Erikson

humanist - Maslow

learning/conditioning, e.g. Skinner

social learning, e.g. Bandura.

Learning outcome 3

Significant life events:

infancy: separation, nursery, feeding, toilet-training

childhood: school, siblings, illness, blended family, moving home

adolescence: puberty, relationships, exams, leaving home

early, middle, late adulthood: employment, redundancy, relationships, parenthood, marriage, divorce, loss of parents, loss of life partner, retirement, leisure time, age related medical conditions.

Impact: perspective; life changing; relationships; adapting; stress and emotional reactions; ability to cope; self-esteem; behaviour; isolation; opportunities; dependence; resolution; reflection.

Unit HSC CM2: Tutor hints, tips and teaching aids

Scope:

life stages of human development
theories of human growth and development
significant life events and potential impacts.

Tutor hints, tips and teaching aids

Begin by providing an overview of development from conception through to birth. Following on, learners, in small groups, could examine child development from birth to five years. Each group could focus research on a different area of development and illustrate outcomes by producing a display.

Each area of development through the life stages may now be explored holistically. Learners could consider developments that typically occur across all areas during infancy, childhood, adolescence, early, middle and late adulthood. Each group could look at a different life stage and produce a presentation to share findings.

Before moving on to theories in relation to human growth and development, it may be useful to introduce the nature/nurture debate. Through tutor led discussion, factors that influence growth and development from a biological and environmental perspective could be explored.

Now theories could be reviewed. The delivery guidance for this unit identifies relevant theories, and these have been listed here however you may wish to expand upon these.

Cognitive - Piaget, Kohlberg, Vygotsky.

Psychosocial – Erikson.

Humanist – Maslow.

Learning/Conditioning – Skinner.

Social Learning – Bandura.

Delivery could now turn to significant life events. The following case studies will encourage learners to appreciate the impact of significant life events on human growth and development. The case studies could be reviewed in small groups where each focuses on a different life stage.

Case Study

Alsi is two and a half years of age and will be starting nursery soon. Alsi has always been cared for by her mother and other members of her extended family.

1. How may starting nursery affect Alsi's holistic development?
2. What preparation can be undertaken to support transition for Alsi?

Case Study

Will is fourteen years old. He has recently moved into foster care whilst his mum recovers from a serious operation. Will is an intelligent person and has been studying hard for his upcoming exams. However his recent school report does not read well, and Will has been fighting with peers. The teachers are concerned with Will's anti-social behaviour.

1. At fourteen years old, Will is experiencing the changes of puberty. How can puberty affect human growth and development?
2. For Will, the challenge of puberty is exacerbated by confusing and overwhelming personal change. Describe this transition for Will and how it might affect his holistic development.

Case Study

Maria is four months pregnant. She has not yet been to see a midwife. Maria has been feeling increasingly tired and lethargic. Her work colleagues are concerned about her health as she often misses meals and seems to be uncharacteristically withdrawn.

1. What advice would you offer Maria? Give reasons for your answers.

Case study

Maureen is seventy-six years old. She has been recently widowed. Maureen spent most days with her husband Jim, as they ran a local newsagent together. Maureen has not been able to work since Jim died, and is finding it more and more difficult to cope. The business is now up for sale, and Maureen is considering moving into sheltered accommodation.

1. Identify the changes Maureen is experiencing.
2. Maureen is obviously finding it difficult to cope with the loss of Jim. How do you think she could be supported during this challenging time?

Learners could then research the impact of a significant event within a specific life stage. Encourage learners to choose potential events across different life stages and present and share their findings with peers.

To conclude this unit, a guest speaker could be invited to talk about the impact of a significant life event; for example, a medical condition or specific life stage. Learners could prepare questions in advance.



HSC CM3: Safeguarding in health and social care

Unit reference	T/507/1408		Unit level	3
Unit hours	Guided learning	60	Non-guided learning	13
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of safeguarding in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand safeguarding.	1.1. Explain what is meant by 'safeguarding'.
	1.2. Explain how safeguarding: keeps individuals safe values individuals needs protects individuals.
	1.3. Explain how health and social care practitioners can take steps to safeguard themselves.
2. Understand how to safeguard individuals in relation to legislation , policies and procedures.	2.1. Summarise current legislation in relation to safeguarding.
	2.2. Describe the relationship between legislation, policy and procedure.
	2.3. Identify policies and procedures in relation to safeguarding.
3. Understand factors that may contribute to an individual being vulnerable to harm or abuse.	3.1. Explain factors that may contribute to an individual being vulnerable to harm or abuse.

4. Know signs, symptoms, indicators and behaviours that may cause concern.	4.1. Describe signs, symptoms, indicators and behaviours that may cause concern relating to: neglect self-neglect physical abuse emotional abuse sexual abuse domestic abuse financial abuse institutional abuse bullying.
5. Understand the lines of reporting and responsibility in relation to the safeguarding, protection and welfare of individuals.	5.1. Describe the lines of reporting and responsibility in relation to safeguarding protection and welfare.
	5.2. Explain the boundaries of confidentiality in relation to the safeguarding, protection and welfare of individuals.
6. Understand the role and responsibilities of the health and social care practitioner in relation to safeguarding individuals.	6.1. Evaluate the role and responsibilities of the health and social care practitioner in relation to safeguarding individuals.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services. Legislation: current legislation as relevant to Home Nation.

Unit HSC CM3: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Explain what is meant by 'safeguarding'.	The explanation of safeguarding must: • show accurate understanding of the meaning of safeguarding • relate safeguarding to the context of health and social care.	
D2	2.1.	Summarise current legislation in relation to safeguarding.	Provide a summary of current legislation in relation to safeguarding such as: • Health and Social Care Act 2012 • Care Act 2014 • other relevant legislation.	
D3	2.2.	Describe the relationship between legislation, policy and procedure.	The description must provide evidence of understanding of the relationship between legislation, policy and procedure.	

D4	2.3.	Identify policies and procedures in relation to safeguarding.	Knowledge of policies and procedures relating to safeguarding must be shown. Policies and procedures identified must be shown as relevant in the context of safeguarding and not generic to health and social care.	
D5		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	4.1.	Describe signs, symptoms, indicators and behaviours that may cause concern.	Select five (5) of the types of abuse. For each type of abuse, a correct description of the signs, symptoms, indicators and behaviours which may cause concern must be given.	
C2	5.1.	Describe the lines of reporting and responsibility in relation to safeguarding protection and welfare.	More than one aspect of lines of reporting and responsibility must be considered in the description.	

C3		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes.	
B1	3.1.	Explain factors that may contribute to an individual being vulnerable to harm or abuse.	More than one factor must be explained. The explanation must demonstrate: an understanding of relevant factors the contribution of these factors to an individual becoming vulnerable to harm or abuse.	
B2	1.3.	Explain how health and social care practitioners can take steps to safeguard themselves.	Provide a detailed explanation of more than one way that health and social care practitioners can safeguard themselves; each way must be clearly different and show understanding of key issues relevant to own safeguarding.	
B3	1.2.	Explain the role of safeguarding.	A detailed explanation of the role of safeguarding must demonstrate an analytical approach to the safety, needs and protection of individuals.	
B4		Show evidence of reading or use of sources.	Use of reading or use of sources should be shown through a range of relevant referencing.	

		Referencing supports discussion.	Referencing should be used appropriately to support view or discussion.	
A1	5.2.	Explain the boundaries of confidentiality in relation to the safeguarding, protection and welfare of individuals.	The boundaries of confidentiality must be explained in depth to show: understanding of the boundaries of confidentiality the application of the boundaries of confidentiality to safeguarding, protection and welfare.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of sources material should be used.	

A*1	6.1.	Evaluate the role and responsibilities of the health and social care practitioner in relation to safeguarding individuals.	Evaluate to address the role and responsibilities of the health and social care practitioner from more than one perspective to include: working with the requirements of current legislation (D1) following policies, procedures and lines of reporting (D3, B1) maintaining own role in relation to others (B2, A1) the extent of roles and responsibilities in relation to safeguarding individuals.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
Current legislation as relevant to Home Nation.				

N.B. If a case of actual abuse highlighted in the media is used to support the evidence in the assessment, learners should remember that the focus of the assessment must remain on the criteria rather than the specific contents of the case.

Unit HSC CM3: Delivery Guidance

Learning Outcome 1

Safeguarding: central to high-quality health and social care service provision; protection of people's health; wellbeing and human rights; freedom from harm and abuse.

Practitioners can take steps to safeguard themselves: work within policies and procedures; balance of power; duty of care; support personal care; physical contact; whistleblow; use of technology; photography; confidentiality; record keeping.

Learning Outcome 2

Legislation, policies and procedures

Adults: Care Act 2014, Health and Social Care Act 2012, Equality Act 2010, Mental Capacity Act 2005, No Secrets (2000), Human Rights Act 1998, Data Protection Act 1998, Public Interest Disclosure Act 1998, local multi-agency Safeguarding Adults policy and procedures, the role of the Local Safeguarding Adults Boards, Safeguarding Adult Principles, related policies and procedures.

Children and young people: Working Together to Safeguard Children (2013), Equality Act 2010, Children Acts 1989, 2004 and Sexual Offences Act 2003, Human Rights Act 1998, Data Protection Act 1998, Public Interest Disclosure Act 1998, UN Convention on the Rights of the Child 1992; the role of the Local Safeguarding Children Boards, related policies and procedures, current legislation as relevant to Home Nation.

The relationship between legislation, policy and procedure: duty of care; protocols; guidance; key aspects of service delivery; current practice; safety; consistency; continuity; public confidence; accountability.

Learning Outcome 3

Factors: age; mental health; physical health; substance abuse; disability; cognitive impairment; looked after children; youth offenders; domestic violence; isolation; internet; social media.

Learning Outcome 4

Lines of reporting and responsibility: adhering to policies and procedures; assessment of needs; care planning; risk assessments; reports from other agencies; safeguarding plans; records of meetings and outcomes; confidentiality.

Learning Outcome 6

Roles and responsibilities: duty of care; inclusive practice; person centred practice; empowerment; monitoring; observation; reporting; recording; whistleblowing; partnership working; confidentiality.

Unit HSC CM3: Tutor hints, tips and teaching aids

Scope:

safeguarding
legislation, policy and procedure
factors contributing to vulnerability, harm and abuse
signs, symptoms, indicators and behaviours of potential harm or abuse
roles and responsibilities of the health and social care practitioner in relation to safeguarding, protection and welfare.

Tutor hints, tips and teaching aids

The content within this unit links to unit HSC DM2: Protection of Children, Young People and Adults in Health and Social Care. You may wish to consider this in your delivery planning.

Safeguarding is a sensitive area. Learners should be monitored throughout teaching and learning.

Introduce and explore the concept of 'safeguarding'. Learners may benefit from taking part in a whole group discussion to agree a definition of 'safeguarding'. The outcomes of this discussion could then be examined through small group work, where specific aspects of safeguarding are considered, including how safeguarding promotes safety, protection and values individuals. Learners should be encouraged to feed back their findings and share conclusions with peers. This could then lead on to the following activities.

Activity

In small groups, learners identify roles and responsibilities of the practitioner in relation to safeguarding - again with a focus on the promotion of safety, protection and valuing individuals. It may be helpful for learners to refer to job descriptions and person specifications here.

Now would be a useful time to introduce legislation, policy and procedure in relation to safeguarding.

Activity

In pairs, learners research relevant legislation and then match related policies and procedures of health and social care settings to each piece of legislation. To support this activity, sample policies and procedures can be made available.

This activity could then be used to facilitate a whole group discussion to revisit the relationship between legislation, policy and procedure.

A tutor led discussion could then be undertaken to identify how health and social care practitioners can and must take steps to safeguard themselves. Links could be made back throughout to relevant policies and procedures. Scenarios highlighting good and poor practice could be used to reinforce learning.

Next, time could be spent examining the term 'vulnerability'. Independently, learners could be asked to provide a definition of the term. Following this, case studies could be used to allow learners to explore the concept further.

Case Study

Florence is seventy-nine years old, and has recently moved in to a residential care home. She has lived independently for fifty years raising her two sons. Florence has been diagnosed with Parkinson's disease. Florence is finding the diagnosis difficult to come to terms with and often refuses to join other residents for meals and activities in the community lounge, preferring to stay in her room.

1. Do you think Florence is vulnerable?
2. Identify Florence's needs.
3. Consider how the residential care home can support Florence.

Case study

Alex is 17 years old and has been admitted to hospital following a serious fall at his home. He has recently been diagnosed with epilepsy and needs to undergo a series of tests in order to find the best treatment for him. Alex is studying for his A Levels. The series of tests Alex requires will seriously impact on his examination cycle, which means his plans for university may need to be reviewed. Alex is very distressed and wants to go home.

1. Do you think Alex is vulnerable?
2. Identify Alex's needs.
3. Consider how Alex can be supported.

Following the case studies, learners could research a range of factors which can contribute to increased vulnerability of individuals. Findings could be presented to peers.

To build upon learners' understanding of vulnerability, signs, symptoms, indicators and behaviours which may cause concern can be introduced. To begin with, learners could be asked to explain what abuse means to them. The learner definitions could then be compared to a sector definition.

Next learners could be encouraged to identify categories of harm and abuse. The matching activity below would engage learners to promote understanding of the range of signs, symptoms, indicators and behaviours which may relate to each of the categories.

Activity

Learners consider and match cards displaying a variety of signs, symptoms, indicators and behaviours to each category of abuse.

This activity will spark valuable discussion and debate which should be capitalised on. The crossover of signs, symptoms, indicators and behaviours between categories should be emphasised. Questions could be posed around the signs, symptoms, indicators and behaviours of emotional abuse, in order to highlight that all types of abuse have an emotional component. Child Safeguarding Practice Reviews and Safeguarding Adults Reviews could be introduced here.

To follow on from this, it would be logical to focus on lines of reporting and responsibility in relation to safeguarding, protection and welfare. Links could be made back to the earlier activities involving the review of legislation, policy and procedure as well as job descriptions and person specifications. Outcomes of these activities could be extended where further links are explored in relation to the responsibilities of the health and social care practitioner. Recognising the boundaries of confidentiality must be a recurring key theme throughout the delivery of this topic.

To consolidate learning, a scenario outlining a typical day of a health and social care practitioner can be presented. Learners could then work in small groups to discuss how the health and social care practitioner must work to ensure the safety of both individuals and themselves throughout the day, providing a clear rationale for their reasoning. Practice dilemmas could also be posed for exploration.

To support and inspire learners, a guest speaker could be invited to share how they safeguard individuals within a health and social care setting. This will enthuse learners by recognising that they, as a practitioner, can contribute to safeguarding in a positive way.

HSC CM4: Communication in health and social care



Unit reference	J/507/1431	Unit level	3
Unit hours	Guided learning	58	Non-guided learning 10
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of communication in health and social care.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand communication channels in health and social care settings.	1.1. Explain the use of communication in health and social care settings.
	1.2. Explain the impact of communication on service delivery outcomes.
2. Understand how to support communication.	2.1. Outline theories of communication.
	2.2. Describe communication and language needs and preferences of individuals .
	2.3. Explain factors that influence communication and interactions.
	2.4. Explain how barriers to communication can be overcome.
	2.5. Explain how to communicate to meet the needs of others .
	2.6. Explain how to access additional support or services to enable individuals to communicate effectively.
3. Understand legislation , policies, procedures and codes of practice relating to information management.	3.1. Explain the meaning of the term confidentiality.
	3.2. Summarise legislation, policies, procedures and codes of practice relating to the management of information.
	3.3. Explain the potential tension between maintaining confidentiality and the need to disclose information.

4. Understand how to work in line with legislation, policies, procedures and codes of practice relating to information management.	4.1. Describe how to ensure the security of data when accessing and storing records.
	4.2. Describe how to ensure the security of data when sharing information.
	4.3. Explain how to maintain records.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services. Others may refer to parents/carers, family, friends, colleagues, external partners and health and social care practitioners. Legislation: current legislation as relevant to Home Nation.

HSC CM4: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Explain the use of communication in health and social care settings.	Provide information to explain: types of communication used in health and social care settings a range of people who need to communicate between each other different reasons for communicating in health and social care settings.	
D2	2.1.	Outline theories of communication.	Outline more than one relevant theory of communication.	
D3	3.1.	Explain the meaning of the term confidentiality.	Provide information that defines the term 'confidentiality' that: shows accurate understanding of the term relates to the context of health and social care.	

D4	3.2.	Summarise legislation, policies, procedures and codes of practice relating to the management of information.	Information must focus on management of information and summarise: relevant legislation more than one relevant policy more than one relevant procedure more than one relevant code of practice.	
D5		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	2.2. 2.5.	Describe communication and language needs and preferences of individuals. Explain how to communicate to meet the needs of others.	Information must focus on effective communication to show: a range of language needs that individuals may have a range of preferences that individuals may have how to communicate to meet the needs of others.	

C2	4.1.	Describe how to ensure the security of data when accessing and storing records.	Information must show understanding of how security of data can be maintained when: storing records accessing records sharing information.	
	4.2.	Describe how to ensure the security of data when sharing information.		
C3	4.3.	Explain how to maintain records.	Links to C2. Provide an explanation to demonstrate how records must be maintained.	
C4		Show evidence of reading or use of sources with referencing relevant to the explanations.	Use of referencing should show evidence of reading or use of sources.	
		Good use of vocabulary and grammar.	Vocabulary and grammar should be appropriate and accurate for purpose.	

B1	2.3.	Explain factors that influence communication and interactions.	Explain how to communicate to meet the needs of others and consider:	
	2.4.	Explain how barriers to communication can be overcome.	the factors which influence communication and interactions between others barriers to effective communication and how these can be overcome.	
B2	2.6.	Explain how to access additional support or services to enable individuals to communicate effectively.	Explanation must show knowledge and understanding of: a range of additional support services how to access additional support services support that the services offer to enable individuals to communicate effectively.	
B3		Show evidence of reading or use of sources.	Use of reading or use of sources should be shown through a range of relevant referencing.	
		Referencing supports discussion.	Referencing should be used appropriately to support explanation.	

A1	3.3.	Explain the potential tension between maintaining confidentiality and the need to disclose information.	Explanation must focus on confidentiality to demonstrate detailed understanding of: the need to maintain confidentiality the potential tension between maintaining confidentiality and disclosing information the need to disclose information.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and evaluation.	Wider background reading should be evident or a wide range of source material should be used.	

A*1	1.2.	Explain the impact of communication on service delivery outcomes.	Provide a detailed explanation of the impact of effective and ineffective communication in relation to: individuals, family members, carers practitioners and colleagues the organisation partnerships with other agencies/services.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
Current legislation as relevant to Home Nation.				

Unit HSC CM4: Delivery Guidance

Learning Outcome 1

Use of communication: communication between individuals and others; inform; guide; offer reassurance; express feelings and/or concerns; form/build relationships; socialise; ask questions; promote inclusion; show respect; empower; build self-esteem; enable choice; interact; support; team-working; partnership working; communication methods, e.g. verbal, non-verbal, written, electronic; communication aids; advocacy.

Impact of communication: effective versus ineffective communication; service delivery; meeting needs; efficiency; collaborative care; isolation; outcomes; resources.

Learning Outcome 2

Theories of communication:

Argyle's stages of the communication cycle

Tuckman (1965) stages of group interaction.

Communication and language needs and preferences: speech and language services; interpreting service; translation service; advocacy services; support groups; ICT; aids; adaptations; augmentative approaches; Makaton; objects of reference; picture exchange communication system.

Factors: language; dialect; jargon; terminology; acronyms; environmental; attitudes; anxiety; confidence; power balance; type of relationships; sensory ability; health; medical conditions; learning disabilities; age ranges; alcohol or drugs; professional priorities.

Barriers:

sensory e.g. sight, hearing

cognitive e.g. dementia, disability

language skills e.g. first language, aphasia, dysphasia, speech disorder

environmental e.g. noise, high arousal, privacy

social e.g. culture, interpersonal skills, proximity.

Additional support: speech and language therapists; translation and interpretation services; advocacy services; specialist equipment; support from others.

Learning Outcome 3

Legislation, policies, procedures and codes of practice: Care Act 2014, Health and Social Care Act 2012, Data Protection Act 1998, Human Rights Act 1998, Common Law Duty of Confidentiality, Caldicott Guardian, codes of practice relevant to sector, related policies/procedures, current legislation as relevant to Home Nation.

Potential tension: duty of care; consent; 'need to know'; policy, procedure and protocols.

Learning Outcome 4

Security of data: policy; procedures; protocols; storage; verify identification; passwords; 'need to know'.

Sharing information: clarification on sharing; 'need to know'; environment; transmission.

Maintain records: recording information; clarity; factual; sign, date; using agreed formats; recording documents; storing information.

Unit HSC CM4: Tutor hints, tips and teaching aids

Scope:

supporting communication
channels of communication
information management.

Tutor hints, tips and teaching aids

This unit could begin with a whole group discussion focusing on how we communicate. Within this discussion the importance of verbal and non-verbal approaches could be emphasised as well as the significance of body language and how body language impacts on others.

Learners could then be asked to reflect on how they communicate in different social contexts. The activity below would support this.

Activity

Independently, learners consider the way they use language to communicate:

with family
with work colleagues
with friends
with young children
with strangers
at an interview.

Learners then feedback to each other.

The activity could be drawn to a close through discussion. Conclude that as we grow more familiar with others, we become more confident in our interactions.

This is a useful activity which could lead delivery naturally on to theoretical perspectives. Tutor led discussion could focus on theoretical perspectives such as Argyle's Communication Cycle and Tuckman's Stages of Group Interaction. Following discussion, learners could explore the theories, and consolidate their knowledge through the use of role play activities, both one- to-one, and within groups. The role play activities could be based upon scenarios and recorded to support review and analysis.

Next the role of communication could be contextualised to the health and social care sector. Reasons for communication within and between services could be examined. The 'newspaper article' below may be useful for initiating discussion.

Activity

Newspaper article

Poor communication leaves elderly gentleman at risk at care home.

Giles Crawford, aged eighty-six, missed an appointment with his consultant after a care assistant failed to record the date and time of the scheduled appointment in his care plan. Mr Crawford's daughter, Ola, reported her concerns to the Daily Record last night after visiting her father at the care home. She issued this statement to our correspondent: 'He (Mr Crawford) had almost run out of medication. This lack of attention to very basic needs had left my father at risk, I am so disappointed'.

1. Discuss the impact of poor communication in relation to meeting Mr Crawford's needs.
2. Evaluate Ola's concerns. Consider the failings and action required to prevent a re-occurrence.

The scenarios below could also be used to reinforce the roles and responsibilities of the health and social care practitioner in relation to communication. Learners could work through these in small groups.

Activity

For each scenario, learners select the appropriate form of communication and then outline the skills necessary to manage effective communication. Learners are to give reasons for their choices.

Scenario 1

Kevin is in hospital recovering from minor surgery on his foot. His partner visits often and has been supporting Kevin with his personal care needs. Due to work commitments, Kevin's partner has not visited all day today but at 6pm he arrives promptly. He is enraged to find that Kevin has not yet been assisted to wash as staff assumed their support is not required. Kevin's partner goes to find a nurse in charge in order to complain.

Scenario 2

Sylvia lives with her daughter's family; however, she is going to stay in respite for one month while the family have a well-deserved break. Sylvia's daughter acknowledges that she needs this break, but feels very upset at the prospect of leaving Sylvia at the nursing home. She has made an appointment to speak to the carer.

Scenario 3

The health care assistant is concerned about a baby's general well-being, following a routine six-week development check at the Health Centre. The baby's nappy was heavily soiled and his clothes were ill-fitting and appeared unwashed. In addition, while at the clinic the baby was offered formula feed which had clearly not been safely stored. The health care assistant needs to share her concerns in line with procedure.

Tutor led discussion could clarify points and support the learners as they draw conclusions.

Now may be a useful time to explore the range of individual communication needs, factors which influence communication, barriers to communication and strategies to overcome these barriers. Visual and audio materials of interactions would be useful resources here. Simple case studies could also be used for group work. One example is included below.

Case Study

Saida, aged fourteen, has a hearing impairment. She will be attending the young carers' group.

1. Identify barriers to communication.
2. Problem solve how to overcome the identified barriers.
3. Explore sources of support for Saida and how each can be accessed.

Following the group work, learners could each undertake further research around these areas. Peer presentations, followed by question and answer sessions, could then take place.

If possible a guest speaker; for example, a representative from a local or national organisation, could be invited to talk about communication needs, specific barriers to communication and how barriers are overcome.

Relevant legislation in relation to information management could now be researched, where links are made to policies, procedures and codes of practice. Reviewing practices of record keeping and sharing of information, including responses to professional dilemmas, will support the exploration of confidentiality within a health and social care context.

To conclude this unit, learners could be asked to consider and reflect on how policies, procedures and codes of practice are implemented in their placements (if appropriate).

HSC CM5: Infection prevention and control in health and social care

Unit reference	L/507/1432		Unit level	3
Unit hours	Guided learning	58	Non-guided learning	14
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of infection prevention and control in health and social care. The unit provides the learner with the skills required to minimise the spread of infection.			

Learning outcomes The learner will:	Assessment criteria The learner can:
Simulation is permitted for the assessment of the skills learning outcome in this unit.	
1. Understand types of biological organisms that cause disease.	1.1. Describe types of microbiological organisms that cause disease.
2. Understand the features of vector borne disease.	2.1. Explain the features of vector borne disease.
3. Understand transmission of disease.	3.1. Describe how pathogenic micro-organisms are transmitted.
	3.2. Explain why individuals may be more vulnerable to infection.
	3.3. Describe the body's defence mechanisms against infection.
	3.4. Explain how to break the chain of infection.
4. Understand methods of micro-organism control.	4.1. Explain methods of micro-organism control: sterilisation disinfection pasteurisation sanitation asepsis.

5. Understand precautions to be taken to reduce the spread of infection in a health or social care setting.	5.1. Explain the importance of personal hygiene and attire in relation to infection control.
	5.2. Explain the correct hand washing technique.
	5.3. Explain the use of personal protective equipment.
	5.4. Explain the process of safe waste disposal for: body fluids linen sharps and equipment.
6. Be able to minimise the spread of infection.	6.1. Use the correct hand washing technique.
	6.2. Use personal protective equipment.
	6.3. Dispose of waste safely.
7. Understand how infectious disease can be controlled and treated by medication.	7.1. Evaluate the use of drugs to control and treat infectious disease.
	7.2. Explain how antimicrobial resistance occurs.
8. Understand the requirements of RIDDOR and COSHH in relation to infection prevention and control.	8.1. Explain the requirements of RIDDOR in relation to infection prevention and control.
	8.2. Explain the requirements of COSHH in relation to infection prevention and control.
9. Understand the role and responsibilities of the health and social care practitioner in relation to infection prevention and control.	9.1. Analyse the role and responsibilities of the health and social care practitioner in relation to infection prevention and control.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services.

Unit HSC CM5: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Describe types of microbiological organisms that cause disease.	The description must: demonstrate understanding of microbiological organisms relate to the microbiological organisms that cause disease.	
D2	2.1.	Explain the features of vector borne disease.	The explanation of the features must: demonstrate understanding of vector borne disease show knowledge of modes of transmission by known vectors.	

D3	3.1.	Describe how pathogenic micro-organisms are transmitted.	The description must: demonstrate an understanding of pathogenic micro-organisms show knowledge of the modes of transmission appropriate to pathogenic micro-biological organisms.	
D4	3.2.	Explain why individuals may be more vulnerable to infection.	The explanation must provide more than one reason why individuals may be more vulnerable to infection.	
D5	3.3.	Describe the body's defence mechanisms against infection.	The description must show understanding of different defence mechanisms related to: physical barriers to infection the immune system.	
D6		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	

C1	3.4.	Explain how to break the chain of infection.	The explanation must demonstrate understanding of the chain of infection. Reference to commonly accepted methods or strategies should be used to explain how to break the chain of infection.	
C2	4.1.	Explain methods of micro-organism control.	More than one method of micro-organism control must be explained. The explanation of the methods selected must demonstrate understanding of micro-organism control.	
C3	5.1.	Explain the importance of personal hygiene and attire in relation to infection control.	The explanation must show an understanding of the importance of personal hygiene and attire in relation to infection control. Relevant examples of personal hygiene and attire may be given to support the explanation.	
C4	5.2.	Explain the correct hand washing technique.	The explanation should include reasons for each element of the procedure.	
	5.3.	Explain the use of personal protective equipment.	The explanation should include the key issues that relate to the use of personal protective equipment.	

C5	5.4.	Explain the process of safe waste disposal.	An explanation of safe waste disposal must be undertaken in relation to: body fluids linen sharps and equipment. For each area of waste disposal understanding of the relevant methods of waste disposal must be demonstrated.	
C6		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes.	
B1	8.1.	Explain the requirements of RIDDOR in relation to infection prevention and control.	Provide a detailed explanation of the requirements for RIDDOR in relation to infection prevention and control in accordance with current regulations.	
B2	8.2.	Explain the requirements of COSHH in relation to infection prevention and control.	Provide a detailed explanation of the requirements of COSHH in relation to infection prevention and control in accordance with current regulations.	

			Relevant examples of substances hazardous to health in a health or social care setting may be given to support the explanation.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support view or discussion.	
A1	7.2.	Explain how antimicrobial resistance occurs.	Provide a detailed explanation which: demonstrates understanding of antimicrobial resistance gives reasons why antimicrobial resistance may occur.	
A2	7.1.	Evaluate the use of drugs to control and treat infectious disease.	Evaluation must consider the use of drugs to control and treat infectious disease taking account of different views and perspectives. Provide examples of types of drugs used to treat infectious diseases to support the evaluation.	
A3		Show evidence of wider background reading or use of sources. Referencing supports discussion and evaluation.	Wider background reading should be evident or a wide range of source material should be used.	

A*1	9.1.	Analyse the role and responsibilities of the health and social care practitioner in relation to infection prevention and control.	A detailed analysis of the role and responsibilities of the health and social care practitioner in relation to infection prevention and control should consider a range of relevant issues such as: following policies, procedures and lines of reporting own role and responsibilities in relation to other involved practitioner groups. The analysis may include the consequences of non-maintenance of roles and responsibilities.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	

Unit HSC CM5: Skills Learning Outcomes Evidence Record

The table below should be used to record the learner's evidence for skills learning outcomes. The skills learning outcomes are not part of the assessment of learning and will not be graded; however, evidence must be provided to show that the learner has completed these skills.

Learning Outcome	Assessment Criteria		Evidence Record
6. Be able to minimise the spread of infection.	6.1.	Use the correct hand washing technique.	
	6.2.	Use personal protective equipment.	
	6.3.	Dispose of waste safely.	

Unit HSC CM5: Delivery guidance

Learning Outcome 1

Types of microbiological organisms:

Bacteria: structure, infectivity, life cycle e.g.: tuberculosis, salmonella, staphylococcus, body flora.

Viruses: structure, size, life cycle, e.g.: influenza, measles, mumps, HIV/AIDS.

Fungi: structure, life cycle, infectivity; e.g.: athlete's foot, candida.

Protozoa: structure, life cycle, e.g.: plasmodium, schistosomiasis, parasites.

Learning Outcome 2

Vector borne disease: mosquitoes (malaria); body lice (typhus); ticks (Lyme disease); rabies vector species.

Learning outcome 3

Transmitted: direct/indirect spread, inhalation, inoculation, ingestion, reservoirs, fomites, carriers.

Vulnerable to infection: compromised immune status; procedurally induced tissue damage.

Defense mechanisms: skin; cilia acids and enzymes; immune response; role of white blood cells; inflammatory response; body temperature.

Chain of infection: controls; six links – causative agent, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.

Learning outcomes 5 and 6

Personal hygiene and attire: hair, nails, jewellery, badges, uniform, sleeves, ties, cleanliness.

Hand washing technique: refer to World Health Organization guidelines.

Use of personal protective equipment: legislation, policy and procedures; types; selection; maintenance; removal; disposal.

Process of safe waste disposal: legislation, policy and procedures; responsibilities; clinical/non-clinical; colour codes; used linen; soiled linen; sharps containers; re-sheathing; disposal of personal protective equipment; Health and Safety Executive regulations.

Learning outcome 7

Drugs: anti-viral, antibiotics, anti-fungal, anti-parasitic.

Antimicrobial resistance: consider past and current case studies, e.g. MRSA; drug resistance; over prescribing; non-compliance of patients; infection prevention and control practices; mutation of microorganisms, e.g. influenza strains.

Learning outcome 8

Requirements of RIDDOR: responsibilities; reporting requirements; record keeping; risk assessment; procedures; training.

Requirements of COSHH: risk assessment; training; monitoring; health surveillance; emergency plans; substances hazardous to health.

Learning outcome 9

Roles and responsibilities of health and social care practitioners: applying policies and procedures; reporting problems; maintaining own knowledge and skills.

Unit HSC CM5: Tutor hints, tips and teaching aids

Scope:

biological organisms which cause disease
transmission of disease
methods of micro-organism control
ways to reduce the spread of infection in health and social care settings
skills required to minimise the spread of infection
controlling infectious diseases through medication
RIDDOR and COSHH requirements
roles and responsibilities of the health and social care practitioner regarding infection prevention and control.

Tutor hints, tips and teaching aids

To introduce this unit, learners could be asked to reflect on what they already know about the prevention and control of infection. Learners could be encouraged to consider how they prevent infection in their daily life or in a work setting, i.e. hand washing. Class discussions could then be facilitated regarding what an infection is, and health and safety issues and hazards relating to infection prevention and control. This could be explored by watching a video about infection prevention and control within a health and social care setting and asking the learners to write down (or discuss) potential risks and hazards.

Following on from initial class discussions, learners could investigate the types of microbiological organisms that cause disease, as well as vector borne diseases. Videos, pictures, and microscopic slides may be particularly useful in exploring and understanding the types of microbiological organisms. After their investigations, learners could create a presentation including the types, structures, life cycle, and reproduction of microbiological organisms as well as features of vector borne diseases. If resources allow, learners could also perform a scientific experiment to further explore micro-organisms.

After learners have gained an understanding of microbiological organisms, the transmission of pathogenic microorganisms can now be explored. Case studies about current infectious diseases could be used when exploring pathogenic microorganisms. It may be useful for learners to create a chart containing the routes of transmission of pathogenic micro-organisms and examples of pathogenic infections within each. For example, a route of transmission would be inhalation and an example pathogenic infection could be pneumonia.

To reinforce the topic, learners could also be asked to create a poster for health and social care settings which focuses on an infectious disease, how it is transmitted and ways to prevent infection.

Tutor led discussions and case studies could be used to explore why individuals, - especially those within health and social care settings, may be more vulnerable to infection. This can lead to a discussion around the body's defence mechanisms against infection. Pictures, microscopic slides and video resources may be useful in learning about the immune system and the body's defence mechanisms.

Learners could draw a diagram of the model of the chain of infection including explanations or examples of each link. Alternatively, learners could be split into small groups and assigned a link in the chain. After performing relevant research, the groups could then arrange themselves in a circle around the room as a representation of the chain model and give a brief summary of their findings. Learners could then discuss ways to break the chain of infection in their small groups followed by a whole class discussion.

Following this, the use of medication in controlling and treating infectious diseases could be introduced and explored through videos, case studies and tutor led discussions. Past or current case studies and video resources could be used to examine how antimicrobial resistance occurs. Learners could be asked to research past cases of antimicrobial resistance.

Furthering learning around breaking the chain of infection, individually, or in groups, learners could be asked to research methods of micro-organism control, including sterilization, disinfection, pasteurization, sanitation and asepsis. Learners could then create a fact sheet or brochure, to share with the class, which explains one or all of these methods. To connect knowledge to practice, learners could be asked to discuss the use of these methods in health and social care settings within their fact sheets or brochures.

After exploring micro-organism control, a class discussion could be initiated around the importance of personal hygiene and attire in health and social care settings. Examples of appropriate and inappropriate work attire could be shown through pictures or videos. Following this, stations could be set up to allow the learners to further explore the precautions to take to reduce the spread of infection in health and social care settings.

Hygiene and Infection Prevention and Control Stations

The classroom could be set up in stations to encompass hand washing, personal protective equipment (PPE), and waste disposal. Learners could be divided into groups or pairs. This activity could be introduced with a tutor led discussion and demonstration of the correct hand washing technique, the use of PPE and safe waste disposal. Selecting, cleaning, maintaining and disposing of PPE, where necessary, could be covered and/or demonstrated. Some of the methods of micro-organism control could also be reinforced and demonstrated here. Links may be made to relevant and current legislation, policies and procedures.

After discussions and tutor demonstrations, allow the learners to move through the stations demonstrating infection prevention practices and techniques. A range of PPE, such as gloves, face shields, goggles, gowns, aprons, scrubs, and head covers could be available for the learners to demonstrate their uses, removal and/or disposal.

To reinforce knowledge and skills, learners could be asked to imagine that they are working in an area of high contamination, i.e. an Ebola treatment centre. Learners can create a PPE poster or, if resources allow, a short video for a chosen piece of equipment describing or showing how to apply/remove PPE correctly.

Following on from the demonstration stations and PPE activity, learners could identify potential hazardous substances and risks of infection in health and social care settings, building on the discussion during the introduction of the unit. A classroom discussion around the importance of record keeping, reporting and risk assessments could then be held. Learners may need to have an understanding of the term 'risks' before holding the discussion.

Learners could then be asked to research the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and the Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to infection prevention and control. Learners could present their findings in small groups or to the class. Links to other relevant and current legislation, policies and procedures may be made as learners are discussing and researching these regulations.

Learners could then be given case studies or scenarios which include incidents reportable under RIDDOR. Based on the scenario, the learners can work in pairs or small groups to discuss what records should be kept regarding the scenario and complete a report on the incident.

In relation to COSHH, learners could also be given another set of case studies or scenarios which include instances of potentially hazardous substances in the workplace. Learners could be asked to carry out a risk assessment based on the scenarios or within their work placement setting.

The roles and responsibilities of the health and social care practitioner in relation to infection prevention and control should naturally be covered throughout the unit. Case studies could be used to spark class or group discussions. Learners could also be asked to reflect on their experiences during work placement.

Guest speaker

To reinforce learning and conclude the unit, a health and social care practitioner could be invited to speak to the class about their roles and responsibilities. Learners could be asked to prepare a list of questions for the guest speaker relating to infection prevention and control and health and safety within health and social care settings.

HSC CM6: Psychological perspectives in health and social care



Unit reference	R/507/1433		Unit level	3
Unit hours	Guided learning	54	Non-guided learning	12
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of psychological perspectives in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand psychology within health and social care.	1.1. Describe the role of psychology within health and social care.
	1.2. Describe types of psychologists and the roles of each within health and social care settings.
2. Understand the nature versus nurture debate.	2.1. Describe the concepts of nature and nurture in relation to human development and behaviour.
	2.2. Explain the nature versus nurture debate.
3. Understand psychological theories relating to health and social care.	3.1. Describe psychological theories.
	3.2. Explain the impact of psychological theory on health and social care practice.
	3.3. Compare and contrast approaches to health and social care practice based on psychological theory.
4. Understand psychological approaches in relation to a mental health condition.	4.1. Discuss psychological approaches in the management of an identified mental health condition.
	4.2. Analyse a psychological approach in relation to an identified mental health condition.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.

Unit HSC CM6: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Describe the role of psychology within health and social care.	Provide a description of the role of psychology within health and social care. The description must include how psychology contributes to health and social care.	
D2	1.2.	Describe types of psychologists and the roles of each within health and social care settings.	Describe more than one type of psychologist. Appropriate types of psychologists must be described. The roles of the psychologists described must be relevant to health and social care settings.	
D3	2.1.	Describe the concepts of nature and nurture in relation to human development and behaviour.	Provide a description of the concepts of nature and nurture. The description must show understanding of: the concepts of nature and nurture the relationship to human development and behaviour.	

D4		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	2.2.	Explain the nature versus nurture debate.	Explain: the principles of nature and nurture in relation to human development reasons why nature and nurture is debated.	
C2	3.1.	Describe psychological theories.	Provide a description of more than one type of psychological theory, which may include: behaviourist theory cognitive theory social learning theory other relevant theories.	

C3		Show evidence of reading or use of sources with referencing relevant to the summary and description. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	
B1	3.2.	Explain the impact of psychological theory on health and social care practice.	The explanation must demonstrate an accurate understanding of the impacts of psychological theory on health and social care practice. Relevant theoretical links to practice may be made to support the explanation.	
B2	3.3.	Compare and contrast approaches to health and social care practice based on psychological theory.	Compare and contrast approaches to health and social care practice based on the psychological theories described in C2. The approaches should be examined in detail with similarities and differences shown. Links to C2.	

B3		Show evidence of reading or use of sources. Referencing supports explanation.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support explanation.	
A1	4.1.	Discuss psychological approaches in the management of an identified mental health condition.	More than one psychological approach to management must be discussed. Discussion must identify the mental health condition and include: different approaches considered from more than one theoretical perspective an account of how the approaches inform interventions for an identified mental health condition.	
A2		Show evidence of wider background reading or use of sources. Referencing supports explanation.	Wider background reading should be evident or a wide range of sources material should be used. Referencing should support discussion.	

A*1	4.2.	Analyse a psychological approach in relation to an identified mental health condition.	Analyse one approach to an identified mental health condition. The analysis must: demonstrate the relevance of the psychological approach include relevant theoretical links which support the analysis provide evidence-based outcomes of the approach in relation to the identified mental health condition. Links to B2 and A1.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the analysis. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	

Unit HSC CM6: Delivery guidance

Learning Outcome 1

Role of psychology: understanding mind and behaviour of self and others; promoting health and well-being; relationships; interaction; communication.

Types of psychologists: clinical psychologist, counselling psychologist, health psychologist.

Learning Outcome 2

Nature: genetic; inherited characteristics.

Nurture: environmental influences.

Debate: extent to which nature or nurture is responsible for an individual's development and behaviour; reasons why nature and nurture is debated.

Learning Outcome 3

Psychological theories:

behaviourist: Pavlov, Skinner

psychodynamic: Freud, Erikson

cognitive: Piaget, Kelly, Gestalt

social learning: Bandura

humanistic: Rogers, Maslow

biological: Gesell, Selye, Tooby and Cosmides.

attachment: Bowlby

Impact of psychological theory: understanding and interpretation of behaviour; person-centred practice; research and evidence-based practice; therapeutic relationships; appropriate interventions; awareness; perception; problem-solving; coping strategies.

Approaches to health and social care practice based on psychological theory:

behaviourist: behaviour shaping, behaviour modification techniques, managing challenging behaviour.

psychodynamic: psychodynamic counselling; therapies for emotional/behavioural/relationship problems, play, art and drama therapies.

cognitive: Cognitive Behaviour Therapy; cognitive training and cognitive rehabilitation.

social learning: modelling, observational learning.

attachment: managing transitions.

humanistic: individual needs; co-operative/person-centred approaches; motivation.

biological: biological explanations for behaviour, effects of drugs,

biological investigations, e.g. neuroimaging; blood chemistry,

medical treatments, e.g. medication, brain stimulation.

Learning Outcome 4

Mental health conditions: addiction; phobias; eating disorders; mood disorders.

Unit HSC CM6: Tutor hints, tips and teaching aids

Scope:

role of psychology in health and social care
nature versus nurture debate
psychological theories and approaches
use of psychological approaches in the management of mental health conditions

Tutor hints, tips and teaching aids

This unit could begin with a whole group discussion to establish the meaning of the term 'psychology'. Small group work focusing on characteristics unique to human behaviour could then be introduced.

Activity

Identify a range of emotions as a whole group.

Distribute pictures of expressions and written situations on laminated cards. In small groups, ask learners to match each emotional response to the situations identified. For example, the emotional response 'disappointment' could be matched with 'not receiving a letter'.

End this activity by facilitating a whole group discussion to explore what makes people react in the ways that they do. The following activity would support this further.

Activity

Ask learners to picture in their head a person they know well. Ask them to consider and identify one aspect of the person's behaviour which they find difficult to understand. Ask them to analyse why the person may behave or respond in this way.

Now would be a good time to introduce the nature/nurture debate. If you have already delivered unit CM3: Safeguarding in Health and Social Care, the nature/nurture debate would have been explored; therefore, take this opportunity to recap the learning. Relevant theories could be reviewed through tutor led discussion; for example, compare Gesell's Maturation Theory to Bandura's Social Learning Theory. The following questions could be posed to inform small group work.

Activity

1. How can nature/nurture impact upon our behaviour as individuals? Encourage learners to reflect.
2. How can nurturing aid professional development of practitioners in the health and social care sector?
3. Prompt learners to consider the role of mentoring, undertaking qualifications, etc.

Next, the types of psychologists and their roles within health and social care could be explored. The following activity may be useful.

Activity

Set up a lotto style game where learners match each psychologist type to a relevant role descriptor.

Assign each learner a psychologist type to research further. Learners then collate and present their findings to the group. If possible, it would be interesting to invite a psychologist as a guest speaker to discuss their responsibilities.

Delivery could then focus on a range of psychological theories which could include, but are not limited to, behaviourist, psychodynamic, cognitive, attachment and humanistic theories. Social learning and biological theory have already been introduced but may be revisited. Learners could research the theories and relevant theorists, then create a display providing a description of each. As part of the display, a timeline could also be produced to show developments within each perspective.

Learners have considered aspects of theory when exploring nature and nurture. Build on this by exploring the impact of psychological theory within the health and social care sector. It could be timely here to review approaches to practice based on theory.

To consolidate learning, the application of psychological approaches to mental health conditions could be explored. Learners could be introduced to a range of mental health conditions and then undertake independent research. It may be helpful to focus their research using the brief below.

Research brief

1. Select and provide a brief overview of a range of mental health conditions.
2. Describe psychological approaches used in the management of one mental health condition.
3. Discuss psychologists' roles and responsibilities in relation to each of the psychological approaches.
4. Review mental health support services available across health and social care provision.

Learners could present their findings to each other and seek feedback. They could then undertake an analysis of the feedback received.

To conclude this unit the nature/nurture debate could be revisited and applied to the question:

1. Why do people view and respond to situations differently?

HSC CM7: Sociological perspectives in health and social care



Unit reference	Y/507/1434		Unit level	3
Unit hours	Guided learning	54	Non-guided learning	12
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of sociological perspectives in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand sociological perspectives in relation to health and social care.	1.1. Summarise the sociological approach to the study of human behaviour.
	1.2. Describe sociological perspectives.
	1.3. Describe in relation to health and social care: social realism social constructionism labelling theory.
	1.4. Describe the biomedical, social and ecological models of health and well-being.
2. Understand the social patterns and trends of health and illness in the population.	2.1. Explain the social classes recognised in own Home Nation.
	2.2. Explain patterns of health across social classes.
	2.3. Explain how demographic data is used in planning health and social care services.
	2.4. Explain sociological explanations for the patterning of mortality and morbidity rates in the demographic groups: gender age ethnicity area of residence.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.2.	Describe sociological perspectives.	Provide a description that shows understanding of sociological perspectives in relation to health and social care.	
D2	1.1.	Summarise the sociological approach to the study of human behaviour.	The summary should give the main concepts related to sociological approaches in a concise way.	
D3		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	

C1	1.4.	Describe the biomedical, social and ecological models of health and well-being.	The description must demonstrate an understanding of each of the biomedical, social and ecological models of health and well-being in relation to health and social care.	
C2	2.1.	Explain the social classes recognised in own Home Nation.	The explanation must: show understanding of the notion of social classes relate to the social classes recognised in own Home Nation.	
C3		Show evidence of reading or use of sources with referencing relevant to the explanation. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes.	
B1	1.3.	Describe in relation to health and social care: social realism social constructionism labelling theory	The description must demonstrate understanding of social realism, social constructionism and labelling theory in the context of health and social care. Relevant examples from health and social care practice may be used to support the description.	

B2	2.2.	Explain patterns of health across social classes.	Provide a detailed explanation of patterns of health across social classes to include consideration of patterns and trends such as: health inequalities cultural influences other relevant factors.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support views or discussion.	
A1	2.3.	Explain how demographic data is used in planning health and social care services.	The explanation must: include knowledge of different types of demographic data demonstrate understanding of the use of more than one type of demographic data take an analytical approach to the use of the demographic data in planning health and social care services.	

A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and explanation.	Wider background reading should be evident or a wide range of source material should be used.	
A*1	2.4.	Explain sociological explanations for the patterning of mortality and morbidity rates in the demographic groups: gender age ethnicity area of residence.	A detailed explanation which must: demonstrate understanding of mortality and morbidity rates provide more than one relevant sociological explanation for the patterning of mortality and morbidity rates in relation to more than one demographic group include a conclusion to support the perspectives used in the explanation.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the explanations. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	

Unit HSC CM7: Delivery Guidance

Learning Outcome 1:

Sociological approaches could be introduced by exploring the following:

social cohesion norms and values; culture and sub-cultures; social institutions; social roles and status.

Sociological perspectives may include:

- Functionalism
- Symbolic Interactionism
- Marxism
- Feminism.

Biomedical, social and ecological models of health and wellbeing:

- Biomedical: physical health; free of disease.
- Social model and ecological models of health: influences on health.

Learning Outcome 2:

Patterns and trends of health and illness: health inequalities; artefact, natural and social selection; cultural; deprivation; material or structural explanations; sick role.

Social Classes: definition, common three stratum model, i.e. upper, middle, lower classes, Great British Class survey (2011) - seven class groups: elite, established middle class, technical middle class, new affluent workers, traditional working class, emergent service workers, precariat.

Demographic data which could be used in planning health and social care services: census data; analysis of population size and structure in relation to determinants, e.g. fertility, mortality, migration.

Social patterning of mortality and morbidity rates: social determinants.

Gender/age: mortality and morbidity rates of men versus women; under representation in health statistics; access to health services; gender differences in cause of death; age specific mortality rates: specified groups, e.g. infant, maternal, under-five mortality rates.

Ethnicity/area of residence: poor data availability; differences between mortality causes, e.g. higher rate of still birth and neonatal deaths; impact of poverty, migration and racism; culture; family structure breakdown (anomic); access to health systems and services.

Unit HSC CM7: Tutor hints, tips and teaching aids

Scope:

- sociological approaches and perspectives
- models of health and well-being
- social patterns and trends of health.

Tutor hints, tips and teaching aids

Sociology is likely to be a new area for most learners. Therefore it may be useful to establish learners' current knowledge and understanding. The following question could be posed to the group:

1. What does society mean to you?

Once learners have an awareness of the term 'society', they could be asked to consider different family units and functions associated with belonging to a family. Other social institutions could also be explored, for example: residential care homes, hospitals, etc. Tutor led discussion should then summarise and extend learning by exploring the concepts of 'structure', 'social diversity' and 'socialisation'.

Through further discussion, wider influences in relation to how we live could then be reviewed. Influences could include: how society functions and how we behave as well as links between expectations, roles and responsibilities. The discussion could be concluded through highlighting how these factors can change over time in relation to needs. To reinforce learner understanding, it may be useful to introduce Bronfenbrenner, and focus an activity around his ecological systems theory of development and perceived positions or status within society.

Activity

Learners could consider Bronfenbrenner's model in order to explore factors and influences that impact upon development. Learners could then produce a poster to illustrate their conclusions.

Demographics have an impact on health and social care practice and provision. Understanding this will help learners to recognise the different needs of individuals and communities within society. The following two activities could be used to introduce demographics.

Activity

In small groups, learners undertake research to explore the demographics of a large city. Each group could focus their work around a different city and answer the following questions:

1. Describe the demographics of the city.
2. What services does the community need?
3. Who is likely to access the health and social care services?

Learners may wish to produce a display to illustrate their answers. This will support them to envisage the 'community'.

Activity

Local research undertaken at a local GP surgery concluded that there were marked differences in access to health and social care services in relation to:

age
gender
social class
ethnicity.

Discuss why. Give reasons for your thoughts.

In small groups, learners could now discuss and identify trends in relation to access of health and social care services. Each group should feedback, share and compare outcomes with peers.

Next, sociological perspectives could be researched. The following activity will provide learners with an insight into different approaches and an opportunity to summarise the main ideas embedded within each.

Activity

In small groups, learners research different perspectives and how these are applied, then produce and deliver a PowerPoint presentation. Perspectives may include:

Functionalism
Symbolic Interactionism
Conflict Theory
Marxism
Feminism.

The presentations could then be followed with discussions around stigma to consider social realism, social constructivism and labelling theory. Stereotyping could be explored using media articles as case studies which learners review and discuss.

To engage learners further, a guest speaker could be invited to address a specific issue, for example a representative from the local council to discuss migration.

Concepts of 'health' and 'ill health' could then be debated and the biomedical, social and ecological models of health introduced. The activity below would support this.

Activity

In small groups, learners research the biomedical, social and ecological models of health. Learners then undertake a comparison of the underpinning principles to inform a critique.

To conclude the unit, patterns of health across social classes could be revisited. Demographics, approaches to health promotion, mortality and morbidity rates could be further explored. Areas of deprivation as identified by region in Government statistical data could be used as case studies to explore equality, health related issues, service provision and policy.

HSC CM8: Working in health and social care



Unit reference	D/507/1435		Unit level	3
Unit hours	Guided learning	58	Non-guided learning	10
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of working in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand legislation , policies and procedures in relation to health and social care.	1.1. Describe the relationship between legislation, policies and procedures.
	1.2. Summarise legislation in relation to health and social care.
	1.3. Analyse how legislation informs policies and procedures in health and social care provision.
2. Understand the requirements of professional standards and codes of practice.	2.1. Explain reasons for professional standards and codes of practice within the health and social care sector.
	2.2. Summarise requirements of professional standards and codes of practice.
3. Understand the functions of health and social care provision and factors which influence service delivery.	3.1. Explain the functions of national and local health and social care provision.
	3.2. Describe factors that influence national and local service delivery.
4. Understand the roles and responsibilities of practitioners within health and social care.	4.1. Explain the roles and responsibilities of health and social care practitioners.
	4.2. Describe different working relationships in health and social care settings.
	4.3. Explain the need for health and social care practitioners to adhere to the boundaries of their own job role.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Legislation: current legislation as relevant to Home Nation.

Unit HSC CM8: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Describe the relationship between legislation, policies and procedures.	The description must provide evidence of understanding: the differences between legislation, policies and procedures the relationship between legislation, policies and procedures. The description may include how one influences the other.	
D2	1.2.	Summarise legislation in relation to health and social care.	Provide a summary of current legislation in relation to health and social care.	

D3		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	4.1.	Explain the roles and responsibilities of health and social care practitioners.	The explanation must show an understanding of the roles and responsibilities of health and social care practitioners. More than one of the possible roles and responsibilities must be considered in the explanation.	
C2	4.2.	Describe different working relationships in health and social care settings.	The description must show an understanding of different working relationships in the health and social care setting. More than one working relationship in the health and social care setting must be considered.	

C3	4.3.	Explain the need for health and social care practitioners to adhere to the boundaries of their own job role.	The need for boundaries must be explained in depth. The explanation must demonstrate: an understanding of more than one boundary the importance of adhering to boundaries within their job role.	
C4		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes.	

B1	1.3.	Analyse how legislation informs policies and procedures in health and social care provision.	Analysis must show an understanding of legislation and policies and procedures in health and social care provision. Analysis must demonstrate understanding of ways that legislation informs policies and procedures in health and social care provision. Examples may be given to support evidence of understanding. Links to D1.	
B2	2.1.	Explain reasons for professional standards and codes of practice within the health and social care sector.	Provide an explanation of the reasons why professional standards and codes of practice are in place within the health and social care sector. The explanation must demonstrate understanding of the differences between professional standards and codes of practice.	

B3	2.2.	Summarise requirements of professional standards and codes of practice.	Give a summary of the requirements for both professional standards and codes of practice to include: regulations public expectations other requirements.	
B4		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support view or discussion.	
A1	3.2.	Describe factors that influence national and local service delivery.	The description should: differentiate between national and local service delivery of health and social care describe factors that influence both national and local service delivery of health and social care. Examples should be given to support evidence of understanding.	

A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of source material should be used.	
A*1	3.1.	Explain the functions of national and local health and social care provision.	Provide an explanation of functions of national and local health and social care provision. A detailed explanation must include: understanding of the functions of national health and social care provision understanding of the functions of local health and social care provision functions which are common to both national and local health and social care provision.	

A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
Current legislation as relevant to Home Nation.				

Unit HSC CM8: Delivery guidance

Learning Outcome 1

The relationship between legislation, policy and procedure: duty of care; protocols; guidance; key aspects of service delivery; current practice; safety; consistency; continuity; public confidence; accountability.

Legislation: Care Act 2014, Health and Social Care Act 2012, Equality Act 2010, Health and Social Care Act 2008 (Regulated Activities), Regulations 2014, Care Quality Commission (Registration) Regulations 2009, Human Rights Act 1998, Data Protection Act 1998, Children's Act 1989, 2004, Health and Safety at Work Act 1974, inspectorate regulations, current legislation as relevant to Home Nation.

Learning Outcome 2

Reasons: competence; safeguarding; risk assessment; ability.

Professional standards and codes of practice: codes of practice relevant to sector; policies/procedures of work setting; regulation; accountability; public expectations; trust; confidence.

Learning Outcome 3

Functions: long-term/short-term/respite; residential care; community care; rehabilitation; delivery approaches; specific service provision to meet needs; funding; roles/responsibilities; partnership working; lines of reporting.

Factors: resources; needs led; accessibility; demand; location; liaison with individuals, practitioners, colleagues, parents/carers; partnerships; person centred practice; service autonomy; community.

Learning Outcome 4

Roles and responsibilities: policies/procedures/agreed ways of working; duty of care; safeguarding; risk management; partnership working; person centred practice; care planning; recording; reporting; responsibilities as outlined in job description/person specification; ongoing continuing professional development; reflective practice.

Working relationships: the individual, manager, practitioner, colleagues, team, external agencies, internal partners, families, parents/carers.

Boundaries: job description; policies and procedures; professionalism; sphere of competence; organisational culture and priorities; conflicts of interest.

Unit HSC CM8: Tutor hints, tips and teaching aids

Scope:

- health and social care service provision and delivery
- relationship between legislation, policies and procedures
- professional standards and codes of practice
- roles and responsibilities of health and social care practitioners.

Tutor hints, tips and teaching aids

The content of this unit underpins the Certificate and Extended Diploma, and may therefore be a useful starting point for delivery.

To introduce the unit, a tutor led discussion focusing on the health and social care needs of individuals could take place. Outcomes from this discussion could then be extended through the activity below.

Activity

In small groups, learners explore the needs of individuals across identified life stages'; for example, the needs of infants, children, adolescents and adults including those in young, middle or late adulthood. Learners then make links to services likely to be accessed in response to the identified needs. Each group feeds back their findings, allowing services common to all life stages to be highlighted.

Following this, in pairs learners research services in depth to include functions of, and factors, which influence delivery across local and national provision, where each pair reviews different services. Outcomes should be shared with and presented to the whole group.

Legislation, policies and procedures across health and social care provision could then be reviewed. A useful activity to demonstrate the relationship between legislation, policies and procedures, as well as provide an overview of all, is outlined on the next page.

Activity

Learners work in pairs to identify legislation relevant to the health and social care sector. Learners share legislation identified with the whole group and record the legislation titles on A5 cards.

Select learners to stand around the room holding a card with a legislation title.

Distribute to remaining learners pre-prepared A5 cards identifying a policy or procedure.

Ask learners with a policy card to join the learner holding the related legislation.

Ask learners with a procedure card to join the learners holding the related policy.

Undoubtedly, learners will find it difficult to match procedures to just one policy, or indeed one policy to one piece of legislation. Therefore ask the learners with the policy and procedure cards to form a small cluster group with any legislation they feel they belong to. Extend this activity by introducing professional standards and codes of practice.

Now would be a good time to turn to the roles and responsibilities of the health and social care practitioner.

Activity

Learners research a range of job roles. It would be helpful to obtain job descriptions and person specifications for the roles. In small groups, learners identify work activities, skills and attributes of specific health and social care practitioners. Encourage each group to review different health and social care practitioner roles. When completed, learners match their identified work activities, skills and attributes for each practitioner to the related part of the relevant job description or person specification. All groups feedback findings, and any gaps or omissions can be considered through tutor led discussion. Again, links could be made to relevant legislation, policies and procedures where the need for practitioners to adhere to the boundaries of their own job role can be reinforced. Through undertaking this activity the range of different working relationships would be explored.

The case studies on the next page could be used to consolidate the roles and responsibilities of health and social care practitioners in context.

Case Study 1

George has recently moved from his own home into a nursing home. This move has become necessary following a fall, as George is now unable to care for himself. George requires support with dressing, washing and eating, all of which he finds difficult. George often takes his meals in his room, preferring to eat alone. He misses his daughter and his grandchildren. They are unable to visit him as often as they used to, as the nursing home is 12 miles away. George used to be very active and played indoor bowls at the local Community Centre. However, since his fall he is afraid to join in any of the activities at the nursing home, and is often bored and unhappy. The nursing home is very expensive, and George worries about how he is going to be able to afford the fees if he needs to stay much longer.

1. Discuss the impact of changes associated with ageing on George.
2. Consider why promoting independence is important.
3. Explain how George's needs can be met.

Case Study 2

Yasmin is seven years old, and is recovering from a major operation in hospital. To minimise cross infection, Yasmin is being cared for in isolation and barrier nursing is being practised. A magician has been booked to entertain the children in the play room. Yasmin is unable to attend this event with the other children. When you explain why she cannot go to the play room, Yasmin becomes very upset.

1. Explain how Yasmin's needs can be met.

To conclude this unit, practitioners across the health and social care sectors; for example, a nurse, social worker, or physiotherapist could be invited as guest speakers to present and discuss their roles and responsibilities.

HSC CM9: Reflective practice

Unit reference	H/507/1436	Unit level	3
Unit hours	Guided learning	44	Non-guided learning 22
Unit aim	The aim of this unit is to provide the learner with knowledge, understanding and skills in relation to reflective practice.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand professional development.	1.1. Identify standards relating to professional development in health and social care.
	1.2. Explain 'Continuing Professional Development'.
2. Understand the role of reflective practice in professional development.	2.1. Discuss theoretical perspectives on reflection in relation to professional development.
	2.2. Explain how reflective practice supports the professional development of the health and social care practitioner.
	2.3. Analyse how reflective practice supports positive outcomes for: individuals / parents / carers staff team other professionals.
3. Understand how the health and social care practitioner's own values, beliefs and experiences can influence delivery of care.	3.1. Analyse how the health and social care practitioner's own values, beliefs and experiences can influence delivery of care.
4. Understand how to identify learning needs and plan for professional development in health and social care.	4.1. Identify: sources of support for learning and development professional development opportunities.
	4.2. Discuss methods for identifying and planning for professional development needs.

5. Be able to reflect upon and plan for own personal development.	5.1. Reflect upon own learning using a model of reflection.
	5.2. Use outcomes from reflection to assess and plan for own development.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s): person(s) accessing services.

Unit HSC CM9: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Identify standards relating to professional development in health and social care.	Outline current standards that underpin professional development in health and social care. Examples of recognised standards may be provided.	
D2	1.2.	Explain 'Continuing Professional Development'.	Provide an explanation that shows understanding of Continuing Professional Development in relation to health and social care.	
D3	4.1.	Identify: - sources of support for learning and development - professional development opportunities.	Provide information to accurately identify: - sources of support for learning and development - professional development opportunities.	

D4		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the explanation. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	2.2.	Explain how reflective practice supports the professional development of the health and social care practitioner.	Provide an explanation to show: understanding of reflective practice how reflective practice supports the professional development of the health and social care practitioner.	
C2		Show evidence of reading or use of sources with referencing relevant to the explanation. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	

B1	2.1.	Discuss theoretical perspectives on reflection in relation to professional development.	Discussion must focus on reflective practice to demonstrate understanding of more than one relevant theoretical perspective. How theoretical perspectives on reflection support professional development.	
B2	4.2.	Discuss methods for identifying and planning for professional development needs.	Discussion must focus on professional development and demonstrate understanding of: the importance of professional development a range of methods used to identify professional development needs a range of methods used to plan for professional development.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support the views or discussion.	

A1	2.3.	Analyse how reflective practice supports positive outcomes.	Analysis must accurately demonstrate how reflective practice supports positive outcomes for: individuals/parents/carers staff team other professionals. Information must be given from more than one perspective to support the analysis.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and explanation.	Wider background reading should be evident or a wide range of source material should be used. Referencing supports analysis.	
A*1	3.1.	Analyse how the health and social care practitioner's own values, beliefs and experiences can influence delivery of care.	Analysis must include an appraisal of the health and social care practitioner's role to demonstrate: understanding of personal values and beliefs how personal values and beliefs and experiences can influence practice in delivering care consideration from more than one perspective.	

A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the explanations. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
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Unit HSC CM9: Skills Learning Outcomes Evidence Record

The table below should be used to record the learner's evidence for skills learning outcomes. The skills learning outcomes are not part of the assessment of learning and will not be graded; however, evidence must be provided to show that the learner has completed these skills.

Learning Outcome	Assessment Criteria		Evidence Record
5. Be able to reflect upon and plan for own personal development.	5.1	Reflect upon own learning using a model of reflection.	
	5.2	Use outcomes from reflection to assess and plan for own development.	

Unit HSC CM9: Delivery Guidance

Learning Outcome 1

Standards: Care Act 2014, Health and Social Care Act 2012, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, inspectorate regulations, related policies/procedures, codes of practice relevant to sector, current legislation as relevant to Home Nation.

Continuing professional development: on-going learning; staying up to date with sector developments; research; action setting; reviewing; informing; life-long learning.

Learning Outcome 2

Theoretical perspectives:

Kolb's Experiential Learning Cycle

Honey and Mumford's learning styles

Gibb's Reflective Cycle

Schon: Reflection in action; Reflection on action.

Reflective practice supports professional development/positive outcomes: ongoing review of practice and outcomes; analysis; action plan; alternative approaches/strategies; identification and planning for learning needs; increased personal and professional confidence/self-awareness; viewing from different perspectives; synthesising ideas; link theory to practice; reflective practitioner; life-long learning.

Learning Outcome 3

Values, beliefs and experiences: own identity; belief systems; personal and professional; attitudes and behaviour; impact upon practice; awareness of need to acknowledge; respect and value individual differences.

Learning Outcome 4

Sources of support: formal support; informal support; appraisal; supervision; feedback; mentoring; shadowing; independent study; research; placement; volunteering; peer observations; external agencies.

Professional development opportunities: training courses; research; reading publications; professional discussions; shadowing; media; self-evaluation.

Methods for identifying and planning for professional development: feedback, review knowledge, understanding and skills against relevant standards, establish development needs; link to career aspirations, understand own learning style; SMART goal setting, ongoing evaluation, maintain records, develop own personal development plan.

Learning Outcome 5

Learning: learning from course delivery, placement experience, volunteering, other employment; development opportunities undertaken; personal experiences; establish development needs.

Unit HSC CM9: Tutor hints, tips and teaching aids

Scope:

standards relating to professional development
reflective practice
personal and professional development.

Tutor hints, tips and teaching aids

Delivery of this unit should run throughout the course to embed knowledge, understanding and skills.

The content within this unit links to that of unit HSC DM5: Personal and Professional Development. You may wish to consider this in your delivery planning.

Professional development and the concept of the 'reflective practitioner' are integral to health and social care practice. To begin with, learners could research standards relating to professional development in health and social care by considering legislation, codes of practice as well as policies and procedures that they have previously explored.

Asking learners to consider what they understand by the terms 'reflective practitioner' and 'lifelong learning', would also provide a good introduction. To extend this, case studies could be utilised to explore reflective practice.

Case study

Kayleigh is nineteen years old and works as a health care assistant. She has just had her first appraisal meeting. One of her planned objectives is to attend a training session on dementia.

Explain the benefits of undertaking training for:

Kayleigh
individuals
others
the service.

Case study

Matt is a deputy manager of a children's home. He has attended a series of workshops around care planning. Whilst Matt values the learning, he does not share any of the outcomes with his colleagues or make any effort to bring new ideas to the service.

1. Would you describe Matt as a reflective practitioner? Give reasons for your conclusion.

Learners could now be introduced to theoretical perspectives on reflection in relation to professional development. Time could be spent discussing the cycle of reflection. It is important to ensure that learners fully understand what is meant by the term 'continuing professional development'.

Learners must recognise how practitioners' own values, beliefs and experiences can impact upon practice and delivery of care. It would be helpful to have a tutor led discussion to assess how values, beliefs and experiences can potentially lead to behaviour which undermines equality and diversity. The discussion could consider, for example stereotyping, making assumptions, labelling, prejudice, etc.

The following activity will extend this learning, and allow for consideration of appropriate actions to take in response to initial reactions to a situation.

Activity

Ask learners to close their eyes and listen. Explain that they are going to hear two accounts that represent the thoughts of two individuals in response to a scenario.

Scenario

Rhiann and Shaun have just moved to the area with their two children. Both children have learning difficulties and have experienced an unsettled school life due to moving house three times in the last year.

Response 1: Headteacher

'This is going to hold all the children back. It will affect the teaching and learning environment. How much are the staff and additional resources going to cost? I bet they won't stay at the school long anyway. This is just what I need at the busiest time of year.'

Response 2: Parent

'Oh, those children need a safe and secure environment where they can feel valued and nurtured. It will be lovely to welcome them to the community - and the parents too, of course. Let's hope the family stays then the children will be able to put down roots.'

Ask learners to explore the responses. What values, beliefs and experiences could be informing the headteacher and parents' reactions?

Explain that the headteacher's initial thoughts, as reflected in her response, did not affect how she managed the situation. Distribute this diary extract from the school:

Diary extract: Headteacher

'Meeting Rhiann and Shaun with their children on Friday 12th at 08.45 - must make sure I have report from previous school and that all external partnerships are notified before this - can anyone attend? - this would help reassure parents - what about networking groups in area to help...can a parent governor be available/contactable?

Need to make sure Ms Collins (SENCO) is around, and that she has all information re: individual learning plans to hand. Ben and Jude have already been prepared re: newcomers to class - meeting with them again Wednesday - must make sure that Ms Collins can attend or will need to re-arrange. Teaching assistants briefed - budgets and terms of reference completed already - confirmed attendance for Friday. Cancel 10 a.m. meeting with Deputy Head, as will need to take time to welcome/induct etc. One last thing - check all specialist resources are available and that Ben, Jude and the teaching assistants are fully competent. Full staff meeting Wednesday evening to check all in place'.

Ask learners to summarise the differences between the initial personal reflections of the headteacher in Response 1 and the actual action taken. Make links to policy and procedure.

Now distribute this diary extract of action taken from Response 2, the parent's response.

Diary extract parent

'The new children are starting today - need to just check that my children will not be held back by sitting with the others...decided to speak to the Head. Head reassured me that the school follows inclusive approach (not sure what that means, but she sounded pretty serious so must be OK) and that the curriculum is child-centred. She said that the children are valued, and the teaching and learning environment encourages all to reach their full potential. What we should be doing now of course is welcoming them into our community - can you arrange a parent/school meeting soon and invite them, as you are so good at that? I want to be involved - must get on with arranging an event...the Head really appreciated my thoughts.'

Again ask learners to compare the diary extract to the initial personal reflections of the parent in Response 2.

Summarise outcomes of the activity. When summarising, emphasise how the Headteacher has been able to reflect on any initial anxieties and work within professional boundaries.

Delivery could now focus on the range of support, learning and professional development opportunities available to health and social care practitioners.

Activity

In pairs, learners research the range of support, learning and professional development opportunities available across the sector, and then share their findings. Each pair may choose to focus upon a specific job role. After feedback, the fact that everyone learns in different ways could be highlighted.

Learners could then be asked to consider, from the learning and professional development opportunities they have identified, which would meet the needs of an individual with a visual, auditory or kinaesthetic learning style.

This exercise could also be used to reinforce the importance of capitalising on all learning activities undertaken, and incorporating new knowledge into practice. This would lead naturally into a tutor led discussion around methods of identifying, planning and, finally, recording learning and development activities.

To conclude the unit, learners could reflect on their own learning to date. Models of reflection have already been introduced; therefore, learners could now use a model to assess and plan for their own development. The plans could be revisited during tutorials.

HSC DM1: Empowerment in health and social care



Unit reference	K/507/1437		Unit level	3
Unit hours	Guided learning	53	Non-guided learning	14
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of empowerment in health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand empowerment of individuals in health and social care.	1.1. Explain the importance of empowering individuals.
	1.2. Explain how legislation and standards inform practice when empowering individuals.
	1.3. Analyse how factors affect the empowerment of individuals.
	1.4. Discuss strategies used to empower individuals.
2. Understand risk management when empowering individuals in health and social care settings.	2.1. Describe risks involved when empowering individuals.
	2.2. Explain tensions when balancing the rights of the individual against the health and social care practitioner's duty of care.
	2.3. Explain how to manage risks when empowering individuals.
3. Understand the roles and responsibilities of the health and social care practitioner when empowering individuals.	3.1. Critically evaluate the roles and responsibilities of the health and social care practitioner when empowering individuals.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Individual(s) refers to person(s) accessing services.

Unit HSC DM1: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Explain the importance of empowering individuals.	The explanation must demonstrate: an understanding of empowerment the importance of empowering individuals.	
D2	1.4.	Discuss strategies used to empower individuals.	The discussion must provide more than one appropriate strategy used to empower individuals. Relevant examples of the use of strategies from health and social care may be given to support the discussion.	

D3		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	1.2.	Explain how legislation and standards inform practice when empowering individuals.	The explanation should demonstrate an understanding of both legislation and standards in relation to empowerment and of the differences and purposes of legislation and standards. The explanation should show how legislation and standards inform practice when empowering individuals. Relevant examples may be included to support the explanation.	

C2	2.1.	Describe risks involved when empowering individuals.	The description should demonstrate an understanding of risks which may occur when empowering individuals in health and social care. More than one risk should be described. Links to B2.	
C3		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purposes.	

B1	2.2.	Explain tensions when balancing the rights of the individual against the health and social care practitioner's duty of care.	The detailed explanation should show an accurate understanding of both: the rights of the individual the health and social care practitioner's duty of care. The detailed explanation should demonstrate an understanding of tensions that may occur when balancing the rights of the individual against the practitioner's duty of care. More than one tension may be linked to a particular situation arising within the explanation.	
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B2	2.3.	Explain how to manage risks when empowering individuals.	The explanation should demonstrate an understanding of: the possible risks when empowering individuals ways to manage the possible risks when empowering individuals in health and social care. More than one approach to managing risks must be considered. Examples may be given to demonstrate understanding of how to manage risks. Links to C2.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support view or discussion.	

A1	1.3.	Analyse how factors affect the empowerment of individuals.	Identify relevant factors that affect the empowerment of individuals. An analysis should balance the effects of the identified factors and show the consequences of the effects of the identified factors on the empowerment of individuals. Examples may be given to support the analysis.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and evaluation.	Wider background reading should be evident or a wide range of source material should be used.	
A*1	3.1.	Critically evaluate the roles and responsibilities of the health and social care practitioner when empowering individuals.	Provide reasoned opinions or judgements from more than one perspective to demonstrate the roles and responsibilities of the health and social care practitioner when empowering individuals. Learners will need to be able to demonstrate the barriers and challenges that may be faced and consider how effectively practitioners empower individuals	

A*2		Show evidence of a range of background reading or use of sources used selectively.	An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
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Unit HSC DM1: Delivery Guidance

Learning Outcome 1

Importance of empowering: gain control of own life; fulfilment of capacity; self-reliance; participation in decisions; dignity; respect; sense of belonging/contribution; self-esteem; self-confidence; health and well-being.

Legislation and standards: Care Act 2014, Health and Social Care Act 2012, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Personal Care at Home Act 2010, Equality Act 2010, Health Act 2009, Putting People First 2007 (Personalisation Agenda), Mental Health Act 2007, Children Act (1989, 2004), Data Protection Act 1998, sector skills standards, current legislation as relevant to Home Nation.

Factors: discrimination; communication; resources; health and safety; risk; needs; resistance.

Strategies: person centred practice; communication; inclusion; decision making; recognition of abilities/preference/choices; information sharing; complaints procedures; access to relevant services; advocacy; self-directed support; budget allocation.

Learning Outcome 2

Risks: choices; well-being; safety; security; duty of care; lack of shared understanding.

Tensions: identified risks versus individual wishes; expectations versus resources; safe-guarding.

Manage risks: legislation, policies and procedures; health and safety; risk assessments; care planning; safeguarding; whistleblowing; partnership working.

Learning Outcome 3

Roles and Responsibilities: policies/procedures; agreed ways of working; person centred practice; promoting participation; communication; consultation; collaboration; observation; monitoring; review; risk management; care planning; resourcing; training.

Unit HSC DM1: Tutor hints, tips and teaching aids

Scope:

legislation and standards in relation to empowerment
factors and strategies which impact empowerment
roles and responsibilities of the health and social care practitioner in relation to empowerment.

Tutor hints, tips and teaching aids

Learners may be unfamiliar with the term 'empowerment'; therefore, a useful way to start this unit would be through tutor led discussion. The meaning of empowerment as well as the importance of empowering individuals could be explored. The activity below would facilitate this discussion.

Activity

Revisit the different types of services across health and social care provision. In pairs, learners provide examples of how individuals accessing each service are empowered. For example in a residential care home, a practitioner must empower an individual through promoting independence, respecting dignity, assessment, a review of need, etc. Each pair could consider a different service.

Here, links could be made to the legal framework, as well as relevant standards governing practice. In particular, the limits and boundaries of the role of the health and social care practitioner could be examined. In small groups, learners could explore a specific piece of legislation or standard in relation to requirements of empowering individuals.

The following case study could be used to focus small group work and examine why practitioners might fail to empower individuals.

Case study

Tomas is twenty years old. He lives in a residential home with four other young adults. Tomas and his housemates have learning difficulties. Freeda works as a support worker at the house. Freeda has a responsibility to follow the care plans for Tomas and his housemates. However, Freeda does not always follow Tomas' care plan, as she has assumed that he doesn't understand what he is entitled to.

1. Do you think Freeda empowers Tomas?
2. How could Freeda support Tomas in order to empower him in the future?

Following feedback, further small group work could be undertaken to explore a range of factors that could affect the empowerment of individuals.

Outcomes here could lead on naturally to the need for personalisation and person-centred ways of working. Further whole group discussions could cover challenges and risks when empowering an individual as well as barriers and strategies to overcome them.

The following activity could be used to link learning and explore in depth strategies to empower.

Activity

Read the scenario:

Hollie is twenty-five years old and has mental health problems. Last year she moved into a supported housing project with the aim of developing life skills for independent living. Hollie has made excellent progress to date. She has made new friends, works as a volunteer at the local charity shop and attends college on a part-time basis. In light of her progress, plans are being developed to support transition to her own flat. Hollie is delighted.

Hollie's parents have always been anxious about her move to independent living. They are concerned about her ability to cope. They are used to making decisions on Hollie's behalf, and are anxious that moving into independent living may not be the right one for their daughter. They want her to move back to the family home to live with them. Hollie doesn't want this, but has confided to you that she feels unable to stand up to her parents.

1. Identify Hollie's needs.
2. Summarise Hollie's parents' perspective.
3. Outline the role and responsibilities of the health and social care practitioner in responding to the needs of Hollie and her parents?
4. Produce a care plan to empower Hollie. Consider strategies to empower and manage risks.
5. Discuss the benefits of implementing strategies to empower Hollie for her future well-being.
6. Describe sources of support for both Hollie and her parents.

To conclude this unit, learners could be asked to research and obtain information from local and national organisations in relation to empowerment of individuals. Practices in relation to self-directed support, rehabilitation, reablement and advocacy, could be used as areas to focus learners. A well-being event could be held where information collated is shared.

HSC DM2: Protection of children, young people and adults in health and social care



Unit reference	M/507/1438	Unit level	3
Unit hours	Guided learning	47	Non-guided learning 15
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of protecting children, young people and adults in health and social care.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand legislation , policies and procedures in relation to safeguarding and protection.	1.1. Explain protection in relation to safeguarding.
	1.2. Summarise legislation, policies and procedures in relation to the safeguarding and protection of: children and young people adults.
2. Understand how to respond to suspected harm or abuse.	2.1. Explain actions to take if harm or abuse is suspected and/or disclosed for: children and young people adults.
	2.2. Analyse the roles of agencies when responding to suspected harm or abuse of: children and young people adults.
	2.3. Explain the responsibilities of the health and social care practitioner in relation to whistleblowing.
3. Understand how to access additional support and information in relation to safeguarding and protection.	3.1. Explain sources of support and information in relation to safeguarding and protection of: • children and young people • adults.
	3.2. Describe how to access support and information in relation to safeguarding and protection.

4. Understand the purpose of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews .	4.1. Explain why Child Safeguarding Practice Reviews and Safeguarding Adults Reviews are required.
	4.2. Analyse how outcomes of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform practice.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.
Guidance for developing assessment arrangements for the unit:	
Unit guidance – provided by us	Legislation: current legislation as relevant to Home Nation.

Unit HSC DM2: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Explain protection in relation to safeguarding.	Provide information to explain protection in relation to safeguarding.	
D2	2.3.	Explain the responsibilities of the health and social care practitioner in relation to whistleblowing.	Information must explain the responsibilities of the health and social care practitioner in relation to whistleblowing.	
D3	3.2.	Describe how to access support and information in relation to safeguarding and protection.	Information must focus on safeguarding and protection to show understanding of a range of ways that relevant support and information can be accessed.	

D4		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references. Learners must include an accurate reference list (bibliography) at the end of assessment task.	
C1	3.1.	Explain sources of support and information in relation to safeguarding and protection of: • children and young people • adults.	Identify sources of support and information Explain how these sources support children, young people and adults. More than one source should be considered.	
C2	1.2.	Summarise legislation, policies and procedures in relation to the safeguarding and protection of: • children and young people • adults.	Information must focus on safeguarding and protection of adults, children and young people to summarise: • relevant current legislation • more than one relevant policy • more than one relevant procedure.	

C3		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	
B1	2.1.	Explain actions to take if harm or abuse is suspected and/or disclosed for: • children and young people • adults.	Explanation must demonstrate an understanding of the relevant actions to take when abuse is suspected and/or disclosed in relation to: • children and young people • adults.	
B2	4.1.	Explain why Child Safeguarding Practice Reviews and Safeguarding Adults Reviews are required.	Explain why Child Safeguarding Practice Reviews and Safeguarding Adults Reviews reviews are required. Examples of when Child Safeguarding Practice Reviews and Safeguarding Adults Reviews are required and carried out may support the explanation.	
B3		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support explanation.	

A1	4.2.	Analyse how outcomes of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform practice.	Provide a detailed analysis of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews to demonstrate understanding of: • Child Safeguarding Practice Reviews and Safeguarding Adults Reviews • how outcomes of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform practice • practice that relates to safeguarding. Information must be given from more than one perspective to support the analysis.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of sources material should be used. Referencing supports analysis.	

A*1	2.2.	Analyse the roles of agencies when responding to suspected harm or abuse of: • children and young people • adults.	Analysis must include an appraisal of the roles of more than one agency in responding to suspected harm or abuse concerning: • children and young people • adults. The discussion must include the sequence of key stages of procedure of each agency analysed.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
Current legislation as relevant to Home Nation.				

Unit HSC DM2: Delivery Guidance

Learning Outcome 1

Protection: detecting and preventing harm and abuse.

Legislation, policies and procedures:

Children and young people: Children and Families Act 2014, Working Together to Safeguard Children (2013), The Children and Social Work Act 2017, The Protection of Freedoms Act 2012, Equality Act 2010, Children Acts 1989 & 2004, Sexual Offences Act 2003, Human Rights Act 1998, Data Protection Act 1998, Public Interest Disclosure Act 1998, The United Nations Convention on the Rights of the Child 1989, the role of the Local Safeguarding Children Boards, Safe Recruitment, related policies and procedures, current legislation as relevant to Home Nation.

Adults: Care Act 2014, No Secrets (2000), Health and Social Care Act 2012, Domestic Violence Crime and Victims Act 2004 & 2012, Domestic Abuse Act 2021, The Protection of Freedoms Act 2012, Equality Act 2010, Forced Marriage Act 2007, Mental Capacity Act 2005, Human Rights Act 1998, Data Protection Act 1998, Public Interest Disclosure Act 1998, local multi-agency Safeguarding Adults policy and procedures, the role of the Local Safeguarding Adults Boards, Safeguarding Adult Principles, Safe Recruitment, related policies and procedures, current legislation as relevant to Home Nation.

Learning Outcome 2

Actions to take: adherence to policies and procedures; roles and responsibilities; maintain safety, lines of reporting; recording; preservation of evidence; boundaries of confidentiality; listening; reassurance; non-judgmental.

Roles: working together; assessment of need; monitoring; reporting; action; policy development; legal roles; training; supervision.

Responsibilities: reporting concerns of practice; reporting to external body in response to no action being taken.

Learning Outcome 3

Sources of support: policies and procedures; manager; colleagues; inspectorate; local authority; police; training.

Learning Outcome 4

Child Safeguarding Practice Reviews and Safeguarding Adults Reviews: undertaken following death or injury where abuse or neglect is suspected; lessons learnt; action planning.

Unit HSC DM2: Tutor hints, tips and teaching aids

Scope:

- protection
- legislation, policy and procedures
- responding to suspected harm and abuse
- sources of information and support
- Child Safeguarding Practice Reviews and Safeguarding Adults Reviews.

Tutor hints, tips and teaching aids

The content within this unit builds upon that of unit HSC CM3: Safeguarding in Health and Social Care; therefore, it will be useful to refer back to previous learning.

Protection is a sensitive area; learners should be monitored throughout teaching and learning.

The unit could be introduced by facilitating understanding of safeguarding in the context of protection. Learners could compare the terms 'safeguarding' and 'protection'. After these key terms have been discussed, learners could recap on legislation and the importance to practice of following related policies and procedures. It may be a good idea to refer back to sample policies, procedures, job descriptions and person specifications.

To build on this understanding, current issues in relation to safeguarding and protection could be examined. Videos and media reviews as well as inspection reports would be useful resources here.

Through the use of case studies, learners could explore how suspected and disclosed harm or abuse must be responded to. Below are a series of case studies which could focus small group work.

Case Study 1

Zoe is twelve years old, and attends a weekly, term-time only residential school for children and young people with emotional and behavioural disorders. You are Zoe's keyworker.

Although challenging at times, Zoe is generally happy at school and particularly enjoys her time at the residential unit.

Over the last two weeks, Zoe has appeared subdued. You notice she is also displaying inappropriate sexual behaviours. Zoe appears to become more anxious as the week goes on.

As the end of term approaches, and Zoe is due to return home for the summer holidays, she becomes increasingly distressed. Eventually she discloses that she is being sexually abused. She asks you to promise that you will not tell anyone.

1. Describe action you will take.
2. Explain your responsibilities.

Case Study 2

Marianne is forty-four years old. Marianne has motor neurone disease, and is wheelchair bound. Marianne's care routine is very demanding, and due to the progressive nature of her disease, she has become depressed.

Marianne lives with Cynthia, her forty-two year old sister. Cynthia is also Marianne's main carer. Cynthia is a single parent and works full time. Cynthia's job is at risk; the company she works for is currently going through a restructure and she could be facing redundancy. Understandably Cynthia is concerned about finances. Also she loves her job and does not want to lose it.

You are Cynthia's friend. You have noticed that she has become very agitated and does not seem to be coping well. The house which is usually spotless, has become increasingly untidy and cluttered. You notice that Marianne has also had numerous injuries. In fact over the last month she has had a broken finger and a bruised wrist. You ask Cynthia how she is, she insists that she is fine and refuses all offers of help. Concerned, you contact social services.

1. Explain how Cynthia can be supported.
2. Explain how Marianne can be supported.

Role play activities may also be useful here to reinforce understanding. Learners could be briefed and assume responsibility for a particular role. Below is a scenario which could be used.

Scenario

Mary has recently moved into a residential care home. Mary is diabetic. She has been prescribed medication and advised to follow a low sugar diet. Mary often refuses to take her medication and insists on eating sugary food. Staff have tried to encourage Mary to take her medication and adhere to her low sugar diet, but to no avail. Staff are concerned for Mary's wellbeing, and have liaised with the manager regarding appropriate action to take. The manager has called a meeting with Mary, her daughter and her keyworker.

For the role play introduce the activity on the next page.

Activity

One learner could be Mary, one could be Mary's daughter, one the Manager and finally, one the keyworker. The meeting the manager has called could be acted out, allowing learners to explore appropriate roles and responsibilities. Consider different perspectives and agree action to take. It may be helpful to record the role play and review with learners. Accessible sources of support and information in relation to safeguarding and protection could also be considered.

From the case studies and role play activities, the roles of other agencies and partnership working will naturally be explored. Sources of information and support could also be reviewed.

To conclude the unit, introduce Child Safeguarding Practice Reviews and Safeguarding Adults Reviews. In small groups, learners could research a serious case review and provide a summary for their peers. It would be useful if each group researched a different serious case review. They could then consider the following:

How has the serious case review influenced legislation in relation to safeguarding, protection and welfare?

What is meant by the term whistleblowing?

HSC DM3: Anatomy and physiology for health and social care

Unit reference	T/507/1439		Unit level	3
Unit hours	Guided learning	48	Non-guided learning	10
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of anatomy and physiology of the human body. The unit also provides the learner with the skills required to obtain and record physiological measurements.			

Learning outcomes The learner will:	Assessment criteria The learner can:
Simulation is permitted for the assessment of the skills learning outcome in this unit.	
1. Understand the structure and functions of the organ systems of the human body.	1.1. Describe the structures and functions of the organ systems of the human body.
	1.2. Explain the relationship between the structure and function of the organ systems.
	1.3. Explain the relationships between the organ systems in maintaining healthy body functions.
2. Understand homeostasis in the human body.	2.1. Explain the process of homeostasis in the human body.
	2.2. Explain how homeostasis maintains the healthy functioning of the human body.
	2.3. Examine the relationship between the nervous system and the endocrine system in gaining homeostatic control.
3. Understand factors which may affect changes in physiological measurements.	3.1. Explain factors which may affect changes in physiological measurements.

4. Understand how to obtain, record and report physiological measurements.	4.1. Explain how to gain consent prior to obtaining physiological measurements.
	4.2. Describe how to use equipment for measuring: temperature blood pressure pulse respiratory rate oxygen saturation.
	4.3. Explain the reasons for accurate and timely recording of physiological measurements.
	4.4. Explain how to report physiological measurements that may be a cause for concern.
5. Be able to obtain and record physiological measurements.	5.1. Apply standard precautions for infection prevention and control.
	5.2. Use equipment accurately to obtain physiological measurements.
	5.3. Record physiological measurements accurately.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.

Unit HSC DM3: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Describe the structures and functions of the organ systems of the human body.	Describe the structures and functions of three (3) organ systems of the human body.	
D2	1.2.	Explain the relationship between the structure and function of the organ systems.	Explanation must show the relationship between the structure and function of two (2) of the organ systems described in D1.	
D3	4.1.	Explain how to gain consent prior to obtaining physiological measurements.	Provide information to explain how consent to obtain physiological measurements can be gained by health and social care practitioners.	
D4		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	

C1	1.3.	Explain the relationships between the organ systems in maintaining healthy body functions.	Explanation must show understanding of: connection between the organ systems how the connection of organ systems maintains healthy body functions.	
C2	4.2.	Describe how to use equipment for measuring: temperature blood pressure pulse respiratory rate oxygen saturation.	Describe the correct use of equipment to accurately measure: temperature blood pressure pulse respiratory rate oxygen saturation.	
C3	4.3.	Explain the reasons for accurate and timely recording of physiological measurements.	Information must focus on recording physiological measurements and explain: Four (4) reasons for accurate and timely recording.	

C4		Show evidence of reading or use of sources with referencing relevant to the explanation. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be accurate and appropriate for purpose.	
B1	2.1.	Explain the process of homeostasis in the human body.	Explanation must show understanding of the process of homeostasis in the human body	
B2	2.2.	Explain how homeostasis maintains the healthy functioning of the human body.	Use an example to explain how homeostasis maintains healthy bodily function.	
B3	4.4.	Explain how to report physiological measurements that may be a cause for concern.	Explanation must show understanding of: accurately reporting physiological measurements that may be cause for concern reporting responsibilities in health care.	
B4		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support explanation.	

A1	3.1.	Explain factors which may affect changes in physiological measurements.	Provide information to explain how stress may affect changes in physiological measurements.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and explanation.	Wider background reading should be evident or a wide range of source material should be used. Referencing should support discussion or explanation.	
A*1	2.3.	Examine the relationship between the nervous system and the endocrine system in gaining homeostatic control.	Detailed examination must show an accurate understanding of: the nervous system the endocrine system the relationship between the nervous system and the endocrine system how the relationship between systems maintains homeostasis.	

A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the explanations. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
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Unit HSC DM3: Skills Learning Outcomes Evidence Record

The table below should be used to record the learner's evidence for skills learning outcomes. The skills learning outcomes are not part of the assessment of learning and will not be graded; however, evidence must be provided to show that the learner has completed these skills.

Learning Outcome	Assessment Criteria		Evidence Record
5. Be able to obtain and record physiological measurements.	5.1.	Apply standard precautions for infection prevention and control.	
	5.2.	Use equipment accurately to obtain physiological measurements.	
	5.3.	Record physiological measurements accurately.	

Unit HSC DM3: Delivery guidance

Learning outcome 1

Understand the structure and functions of the organ systems of the human body

1.1 Structures and functions of the organ systems of the human body

Skeletal system

- structure and function of the skeletal system
- bone:
 - compact and cancellous
 - classification (long, short, flat, irregular, sesamoid).
- bones:
 - axial and appendicular skeleton
- axial:
 - skull
 - vertebral column
 - ribs
 - sternum
- appendicular:
 - clavicle
 - scapula
 - humerus
 - ulna
 - radius
 - carpals
 - metacarpals
 - phalanges
 - pelvis
 - femur
 - patella
 - tibia
 - fibula
- vertebral column:
 - cervical
 - thoracic
 - lumbar
 - sacrum
 - coccyx
- characteristics of a long bone:
 - cartilage
 - epiphyseal line
 - medullary cavity
 - periosteum

- types of joints:
 - fibrous
 - cartilaginous
 - synovial
- types of synovial joints:
 - ball and socket
 - hinge
 - pivot
 - saddle
 - condyloid
 - gliding
- characteristics of a synovial joint:
 - synovial capsule
 - synovial membrane
 - synovial fluid
 - joint cavity
 - articular or hyaline cartilage.
 - ligaments and tendons
- functions:
 - support
 - protection
 - attachment of muscles
 - storage of calcium
 - production of blood cells.

Cardio-vascular system

- structure and function of the cardio-vascular system
- blood vessels:
 - arteries and arterioles
 - venules and veins
 - capillaries
- heart structure:
 - superior vena cava
 - right atrium
 - tricuspid valve
 - right ventricle
 - pulmonary arterial valve
 - pulmonary artery
 - pulmonary vein
 - left atrium
 - bicuspid valve
 - left ventricle
 - aortic semi-lunar valve
 - aorta
- circulatory pathways:
 - systemic
 - pulmonary
- blood pressure:
 - systolic
 - diastolic

- normal ranges

- structure and function of blood:
 - plasma
 - red blood cells
 - white blood cells
 - platelets.

Respiratory system

- structure and function of the respiratory system; passage of air through the respiratory system
 - mouth/nose
 - pharynx
 - epiglottis
 - larynx
 - trachea
 - bronchi
 - bronchioles
 - alveoli
 - lungs
 - muscles of respiration (diaphragm, intercostals)
- gaseous exchange/diffusion:
 - removal of waste products
 - control of ventilation (breathing rate, respiratory centres of the brain)
- cellular respiration.

Muscular system

- structure and function of the muscular system
- muscle types and characteristics of each:
 - smooth/visceral
 - cardiac
 - skeletal
- major muscles of the body:
 - deltoids
 - latissimus dorsi
 - pectorals
 - biceps
 - triceps
 - rectus abdominus
 - obliques
 - gluteus maximus
 - quadriceps
 - hamstrings
 - gastrocnemius
 - soleus
- muscle action (contraction):
 - sarcomeres
 - actin
 - myosin
- roles of muscles:

- agonist
- antagonist
- fixator
- synergist
- antagonistic pairs:
 - flexion
 - extension
- muscle fibre types –characteristics of each type:
 - type 1
 - type 2 (A and B).

Endocrine system:

- the endocrine system and hormonal control
- the location and function of the hypothalamus and pituitary gland
- the function of key glands for hormone production:
 - pituitary (somatotrophin, prolactin, LH, follicle stimulating hormone, oxytocin, anti-diuretic hormone)
 - thyroid (thyroxine, calcitonin)
 - ovaries (oestrogen, progesterone)
 - pancreas (insulin, glucagon)
 - adrenal gland (adrenaline)
 - testes (testosterone).

Nervous system

- structure of the central nervous system (CNS):
 - brain
 - spinal cord
 - co-ordination of voluntary/involuntary activities
- structure and function of the peripheral nervous system:
 - somatic
 - autonomic (sympathetic, parasympathetic)
- neurons:
 - types of neuron (motor, sensory)
 - structure of a neuron (cell body, dendrites, axons, myelin sheath, axon terminals)
- mechanisms of transmission of an impulse:
 - somatic, sensory and motor nerve pathways
 - spinal reflex arc
 - synaptic transmission.

Digestive system

- structure and function of alimentary canal:
 - mouth (salivary glands)
 - pharynx
 - oesophagus
 - stomach
 - pancreas
 - liver and gall bladder
 - small intestine

- colon
- rectum
- anus
- peristalsis
- mechanical digestion
- chemical digestion:
 - absorption
- role of enzymes in the digestive process:
 - amylase
 - protease
 - lipase
- elimination of waste products.

Excretory/Urinary system

- structure and function of the excretory/urinary system:
 - kidneys (including nephrons)
 - ureters
 - bladder
 - urethra
- reabsorption
- elimination of waste products.

Immune/lymphatic system

- structure and function of the immune/lymphatic system:
- components of lymph system:
 - vessels
 - lymph nodes
 - lymph
- location of major lymph nodes:
 - neck
 - armpits
 - groin
- lymph organs:
 - spleen
 - thymus
 - tonsils
- lymphocytes:
 - T cells
 - B cells
 - phagocytes
- immune system and response:
 - pathogens
 - antigens
 - antibodies.

Integumentary system

- structure and function of the integumentary system:
- layers of the skin:
 - epidermis
 - dermis
 - subcutaneous
- structural components of the dermis:
 - collagen
 - elastic fibres
 - mechanoreceptors
 - thermoreceptors
 - hair follicles
 - sweat glands
 - sebaceous glands
 - apocrine glands
 - lymph and blood vessels
- functions of the skin:
 - protection
 - temperature regulation
 - sensation
 - excretion
 - vitamin D synthesis.

Reproductive system

- structure and function of the male and female reproductive systems:
- female:
 - ovaries
 - fallopian tubes
 - uterus
 - cervix
 - vagina
 - ovulatory cycle
- male:
 - testes
 - vas deferens
 - seminal vesicles
 - scrotum
 - prostate gland
 - urethra
 - penis.

1.2 Relationship between the structure and function of the organ systems

Levels of organisation and contribution of structure to function:

- cells:
 - basic building blocks of all tissues
- organelles:
 - microscopic components of cells
- tissues:
 - collection of cells that have a similar function
- organs:
 - collection of tissues that form a similar function
- organ systems:
 - two or more organs working together for a specific function.

1.3 Relationships between the organ systems in maintaining healthy body functions

- How organ systems work together in maintaining healthy body functions:
 - skeletal system has a relationship with the muscular and nervous systems.
 - cardiovascular system has a relationship with respiratory system, digestive system, excretory system and endocrine system
 - respiratory system has a relationship with the cardiovascular system, endocrine system and digestive system
 - muscular system has a relationship with skeletal system, nervous system and digestive system
 - endocrine system has a relationship with digestive system and cardiovascular system
 - nervous system has a relationship with all body systems in order to control and coordinate body parts and processes
 - digestive system has a relationship with endocrine, cardiovascular and muscular systems
 - excretory/urinary systems has a relationship with digestive and cardiovascular systems
 - Integumentary system has a relationship with excretory, nervous and cardiovascular systems
 - reproductive system has a relationship with the endocrine, nervous, muscular and cardiovascular systems.

Learning outcome 2

Understand homeostasis in the human body

2.1 Process of homeostasis in the human body

- definition of homeostasis
- autonomic process
- role of positive and negative feedback as a mechanism of regulation response to internal and external environment.

2.2 How homeostasis maintains the healthy functioning of the human body

- thermoregulation – maintains core body temperature:
 - sweating
 - shivering
 - role of body hair
 - hypo/hyperthermia
- osmoregulation:
 - role of kidneys
 - role of Antidiuretic Hormone (ADH)
- glucoregulation:
 - pancreas
 - insulin
 - liver
 - glucagon
- blood pressure
 - baroreceptors - monitor arterial blood pressure, resistance to blood flow (vasodilation or vasoconstriction)
 - chemoreceptors – monitor oxygen, carbon dioxide and hydrogen ions, endocrine regulation
 - failure of homeostatic balance.

2.3 Relationship between the nervous system and the endocrine system in gaining homeostatic control

- pituitary gland
- hormonal regulation
- hypothalamus functions.

Learning outcome 3

Understand factors which may affect changes in physiological measurements

3.1 Factors which may affect changes in physiological measurements

- Physiological measurements:
 - respiratory rate
 - pulse
 - blood pressure
 - oxygen saturation
 - temperature.
 - Body Mass Index (BMI).
- Factors:
 - biological sex
 - age (life stages)
 - hormone levels (testosterone, oestrogen)
 - diet
 - levels of activity (high, low)
 - ill health (short, long-term illness)
 - stress (fight or flight mechanism)
 - medication (statins, beta-blockers, paracetamol, inhalers, prednisolone).

Learning outcome 4

Understand how to obtain, record and report physiological measurements

4.1 How to gain consent prior to obtaining physiological measurements

- Types of consent:
 - voluntary
 - informed
 - capacity.
- Awareness of the importance of gaining consent prior to obtaining physiological measurements:
 - professional approach
 - explanation of procedure
 - right to say no
 - measurement feedback.

4.2 How to use equipment for measuring

- temperature – thermometer:
 - oral
 - ear
 - underarm
 - forehead
 - rectal
- blood pressure - sphygmomanometer:
 - manual
 - automatic
- pulse – watch and pulse oximetry
- respiratory rate – watch and stethoscope
- oxygen saturation – pulse oximetry.

4.3 Reasons for accurate and timely recording of physiological measurements

- policies and procedures
- safeguarding
- monitoring
- changes in health
- care plan
- assists diagnosis.

4.4 How to report physiological measurements that may be a cause for concern

- know measurements that are within normal range, in order to recognise causes for concern
- follow relevant policies and procedures
- inform appropriate person
 - manager
 - doctor
 - senior nurse
 - supervisor
- complete and maintain records
- confidentiality.

Learning Outcome 5

Be able to obtain and record physiological measurements.

Obtain and record physiological measurements:

- gain consent
- inform individual
- individuals' ability to give consent
- health and safety
- Personal Protective Equipment
- washing hands
- check equipment condition
- follow and monitor prescribed sequence and times
- accurate use of equipment
- record data and check for abnormalities and trends
- reporting systems.

Unit HSC DM3: Tutor hints, tips and teaching aids

Scope:

cells, tissues, organs, and organ systems
structures and functions of the organ systems within the human body
Homeostasis within the human body
physiological measurements.

Tutor hints, tips and teaching aids

To introduce the unit, the relationship between structure and function could be explored through a class discussion, as this will provide a foundation for learning around the organs and organ systems. These concepts will be explored further when covering cells, tissues and organs/systems.

The connection between cells, tissues, organs and organ systems could now be discussed. The types of tissues found in the human body and their functions may also be introduced here. Learners could examine diagrams, pictures, and microscopic slides of the various tissue types. A matching activity, such as the one described below, could reinforce this discussion.

Activity

Provide the learners with pictures of cells, tissues, organs, and organ systems. In groups or pairs, the learners match the pictures together to form a complete set. For example, the heart consists of cardiac muscle cells and cardiac muscle tissue and functions within the circulatory system. Remind the learners that organs, such as the heart, contain various types of cells and tissues, and that some organs function within different organ systems.

Following this, the cell structures and functions could be covered in more depth. This would be a good opportunity for learners to further examine histology slides or pictures of cells. In groups or individually, learners could construct a model or label a diagram of a human cell including parts such as: cell membrane, nucleus, cytoplasm, mitochondria, endoplasmic reticulum, the golgi apparatus, lysosomes, lytic enzymes, ribosomes, etc.

Learners could now explore the structure and functions of the organs and organ systems of the human body and the relationship between them. Models and pictures are particularly useful when exploring the organs. It is important to reinforce that the organs can function in more than one system. Learners could create an organisational chart which includes the organ systems, main organs and their main functions. Dynamic learning materials such as those within a Virtual Learning Environment (VLE) and resources obtained from local health promotion services may be helpful teaching tools.

To expand upon learning, an investigative activity may be undertaken. The learners could research the organ systems and create diagrams or posters of the organs and the organ systems. Learners could label the organs/systems and describe their functions. Alternatively, the learners could also be put into groups and assigned an organ system to investigate. The groups could then prepare a presentation or poster to share with the class.

Videos, animations, illustrations, and diagrams could all be useful tools in studying the organ systems. For example, showing videos or animations of the heart and the circulatory system may be helpful in understanding the functions of the heart, the heartbeat, and blood circulation.

Building on the organ systems, homeostasis within the human body can be explored. To introduce this concept, the learners could be asked to reflect on their knowledge of homeostasis in their learning journal, providing related terminology for guidance. Learners could be asked to share and a discussion facilitated from this.

Learners could be divided into small groups to investigate the processes of homeostasis and how homeostasis maintains healthy body functions. Learner groups could be assigned to positive or negative feedback mechanisms and related areas of control including blood glucose, osmoregulation, thermoregulation, blood PH, respiratory rates, etc. The opportunity can be taken here to expand on the understanding of the functions of the nervous system and the endocrine system and how they work together to maintain homeostasis.

Case studies relating to homeostatic imbalances could be useful in understanding healthy body functions and the importance of homeostasis.

Learners may now be introduced to physiological measurements including temperature, blood pressure, pulse, respiratory rate and oxygen saturation. To introduce this topic, learners could be asked to consider times when their own breathing rate, blood pressure, pulse, etc. has been affected by an external event. For example, heart rate may rise when learners are faced with sitting an exam (stress). This could lead into a discussion around how other factors (such as gender, age, activity levels, and emotions) affect changes in physiology and physiological measurements. Case studies may be useful in exploring changes in physiological measurements (i.e. fit versus an unfit heart in relation to pulse).

Case Study

Joaquin is twenty-five years old. He works in the city and rides his bike to work after taking the train. He enjoys running and swimming. He exercises at least three times a week. He sometimes competes in triathlons in his free time. He often makes time to prepare healthy meals. Joaquin's weight is within his ideal body weight range. During his last GP check-up, his resting heart rate was 65 beats per minute.

John is also twenty-five years old. He works in the city and commutes to work by train and walking. He often works late and does not always have time to exercise or prepare healthy meals. He sometimes exercises twice a week. Due to his inactive lifestyle, John's weight is higher than his ideal body weight range. During his last GP check-up, his resting heart rate was 81 beats per minute.

In relation to this information, why is Joaquin's resting heart rate lower than John's?

In relation to this information, what factors affect the heart rate of these two adults?

In relation to obtaining physiological measurements, it may be useful to hold a class or group discussion to explore the following questions, guiding learners to consider policies, procedures, and infection prevention and control.

Why should someone ensure their own competence before undertaking measurements on others?

Why is it important to ask an individual for permission to take their measurements?

What are the reasons for preparing the measurement equipment?

Why should measurements be accurately recorded soon after they have been taken?

To conclude this discussion, ask learners to share and facilitate a whole class discussion, perhaps through an online student forum or module.

Case studies could then be used to explore causes for concerns in physiological measurements (i.e.: high or low blood pressure, high heart rate, fluctuations during pregnancy, irregular measurements accompanied by other symptoms) and procedures for reporting measurements that are a cause for concern.

Following this, correct procedures for taking physiological measurements may be demonstrated to the learners. Common units of physiological measurements and ways to record measurements (tables, charts, graphs) may be explored before undertaking the following activity.

Measurement Stations

The classroom could be set up in stations to encompass areas and equipment for measuring temperature, blood pressure, pulse, respiratory rate and oxygen saturation. In pairs, the learners move through each station taking each other's physiological measurements.

The learners could also take their own measurements outside of class time. Learners could be asked to keep a log/diary for a week (or other set period of time) detailing their own physiological measurements, such as heart rate and temperature. Learners could take and record measurements at various times of the day (upon waking, just before going to sleep) and after rest or activity. The learners could then be asked to create charts or graphs of their own measurements so as to show possible fluctuations in measurements throughout different times of the day.

HSC DM4: Research skills for health and social care



Unit reference	K/507/1440		Unit level	3
Unit hours	Guided learning	64	Non-guided learning	57
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of research skills required for health and social care.			

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand research approaches and methodologies	1.1. Describe research approaches.
	1.2. Describe research methodologies.
	1.3. Explain how research approaches and methodologies are used for different purposes.
2. Understand ethical implications associated with undertaking research in health and social care.	2.1. Describe ethical issues to be considered when planning and carrying out research.
	2.2. Explain reasons for considering ethical issues when designing and carrying out research.
	2.3. Describe the role of the research ethics committee.
3. Understand how to plan a research project.	3.1. Describe the key stages in a research project.
	3.2. Agree a research topic.
	3.3. Identify aims of research project.
	3.4. Develop a research question.
	3.5. Review literature relevant to the chosen topic.
	3.6. Devise a research proposal.
	3.7. Produce a rationale for chosen research methodology.
4. Understand how to carry out a research project.	4.1. Carry out a research project.

5. Understand how to analyse data in relation to the research question.	5.1. Compare and contrast different methods of analysing data.
	5.2. Analyse the data from own research.
	5.3. Draw conclusions on the analysis of the data.
	5.4. Make recommendations for health and social care provision.
6. Understand how to present research findings.	6.1. Explain the elements of a research report.
	6.2. Present findings of research.
7. Understand how to reflect on the research undertaken.	7.1. Discuss strengths and weaknesses in the research methodologies used.
	7.2. Discuss ways the research process could be improved.
	7.3. Reflect on own learning.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.

Unit HSC DM4: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Describe research approaches.	Provide information to describe more than one:	
	1.2.	Describe research methodologies.	research approach research method.	
D2	1.3.	Explain how research approaches and methodologies are used for different purposes.	Explanation must show understanding of the use and purpose of the research approaches and research methods described for D1.	
D3	3.1.	Describe the key stages in a research project.	Provide information to describe key stages involved in carrying out a research project.	
D4	6.1.	Explain the elements of a research report.	Provide information to explain key elements of a research report.	

D5		Show evidence of reading and use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	3.2. 3.3. 3.4. 3.6. 3.7.	Agree a research topic. Identify aims of research project. Develop a research question. Devise a research proposal Produce a rationale for chosen research methodology.	Present a research project plan on an agreed topic, to include: a detailed research question a detailed research proposal aims of the research topic a rationale for chosen research methodology.	
C2	3.5.	Review literature relevant to the chosen topic.	Refer to the chosen research topic to produce a review of a range of relevant literature.	

C3	2.1.	Describe ethical issues to be considered when planning and carrying out research.	Information must focus on ethical issues considered when planning and carrying out research to show understanding of:	
	2.2.	Explain reasons for considering ethical issues when designing and carrying out research.	more than one ethical issue a range of reasons for considering ethical issues.	
C4	2.3.	Describe the role of the research ethics committee.	Understanding of the role of the research ethics committee must be shown in the description.	
C5		Show evidence of reading or use of sources with referencing relevant to the explanations.	Show evidence of reading and use of sources with referencing relevant to the discussion or summary.	
		Good use of vocabulary and grammar.	Good use of vocabulary and grammar.	
B1	4.1.	Carry out research project.	Provide detailed evidence of key stages involved in carrying out own research project.	

B2	5.1.	Compare and contrast different methods of analysing data.	Provide information to consider the similarities and differences between: quantitative data qualitative data. Examples may be included to support the comparison.	
B3	5.2.	Analyse the data from own research.	Refer to own research project to accurately present:	
	6.2.	Present findings of research.	analysis of data produced findings from research.	
B4		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing supports analysis, evaluation or comparison.	

A1	5.3.	Draw conclusions on the analysis of the data.	Refer to own research project to accurately discuss:	
	5.4.	Make recommendations for health and social care provision.	a range of conclusions that can be drawn from the data analysis a range of recommendations for health and social care provision.	
A2		Show evidence of wider background reading and use of sources.	Show evidence of wider background reading and use of sources: referencing supports analysis or evaluation.	
A*1	7.1.	Discuss strengths and weaknesses in the research methodologies used.	Information must include an appraisal of the research process to reflect on:	
	7.2.	Discuss ways the research process could be improved.	benefits and limitations of the methodologies used ways that the research process could be improved	
	7.3.	Reflect on own learning.	own learning as a result of carrying out the research project.	
A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	

Unit HSC DM4: Delivery Guidance

Learning Outcome 1:

Approaches and methodologies:

exploratory, e.g. case studies, observations, reviews of previous studies and data

descriptive, e.g. identify and classify the elements or characteristics of the subject, largely qualitative

analytical, e.g. locating and identifying the different factors (or variables) involved

predictive, e.g. speculate on future possibilities based on close analysis of available evidence.

qualitative (deductive / inductive approaches, discourse analysis, narrative analysis, grounded theory),

quantitative (variable analysis, frequency distribution, tendency, average), experimental, correlation, action research, etc.

Learning Outcome 2

Ethical issues: informed consent; privacy and confidentiality; be objective; data protection; deception; conflict of interests; sensitivity of subject matter and data; safeguarding; health and safety; participant background.

Ethics committee: promotes ethical practice by safeguarding the rights and welfare of those who are participating in research.

Learning Outcome 3:

Key stages: propose a topic; devise a research question/hypothesis; literature review; project design; selection of appropriate methodology (consider internal/external validity and reliability; consistency of data) choosing measurement tools; instrument design; carry out research; data collection; data analysis; reporting results; discussion; conclusion; recommendations.

Learning Outcomes 4, 5, 6, and 7:

The research project should:

- follow a research proposal
- select a health or social care related topic
- include a literature review of the topic and justify topic choice
- identify and justify research approach and methodology to be used
- consider ethical factors relevant to the topic and research approach
- use a data collection tool identified in the proposal to collect data
- consider the reliability of the collection method
- analyse the data and consider the validity of the findings;
- arrive at a conclusion and recommendations for further study
- be presented in report format.
- include an evaluation of the research process used.

Elements of a research report: title, terms of reference or hypothesis and aims; abstract; introduction; literature review; methodology; results; discussion; conclusion; recommendations; references and bibliography.

Unit HSC DM4: Tutor hints, tips and teaching aids

Scope:

research approaches and methodologies
ethical issues in regards to planning and carrying out research
planning and carrying out a research project
analysing research data
drawing conclusions and making recommendations from research data
presentation of and reflection on research findings.

Tutor hints, tips and teaching aids

This unit will be mostly learner-directed, as the learner will carry out a research project. Tutor led instruction is recommended to occur before and throughout the course of the project. To introduce the unit, learners could be asked to reflect on research projects that they have carried out in the past considering approaches used. Learners could create a table of various research approaches and methodologies, and their purposes within the health and social care sector. Small group discussions could be held around which approaches and methods would be appropriate for different research purposes. Learners could be given a list of approaches and methods as a prompt.

A tutor led discussion could then be facilitated around how research aids in the advancement of the health and social care field, including ways that research is used to evaluate and improve practice and provision. Ways in which research influences policy development could also be discussed. In small groups, learners could be given case studies involving research and research outcomes. Each group could make recommendations for practice based on the research outcomes given. Relevant connections between research and practice could be made throughout the course of the unit.

Before moving onto the research project, learners can explore the ethical issues and considerations involved in undertaking research. Learners may need to be introduced to the concept of ethics. Links to other units, legislation, policies and procedures can be made, including, but not limited to issues around informed consent, data protection, confidentiality, safeguarding, conflicts of interest, and objectivity. Case studies may be useful in exploring ethical issues in relation to conducting research. The following activity can be used to reinforce learning around ethics and to introduce the role of the research ethics committee.

Ethics Committee Group Activity

This activity can be introduced through a tutor led discussion around the research ethics committee. After this, learners could be put into small groups. Each group will act as an imaginary research ethics committee. Provide the groups with case studies, scenarios, or research applications/proposals relating to conducting research involving individuals within health and social care. The learners will review the scenario, discuss the involvement of the research participants, and decide whether the research is ethical. The groups should be encouraged to discuss and/or debate their views and opinions and come to a group conclusion. Depending on scenarios used, ethics could be a sensitive issue; therefore, learner discussions should be monitored throughout this activity. Learners could then share their scenarios and conclusions with the class.

Following on from this, learners could be introduced to the key stages in a research project as well as the elements of a research report. Examples of research reports could be used to show how a report is laid out.

Methods for analysing data could also be discussed prior to the learners carrying out their research. Following tutor discussions, learners could create a chart containing the various methods of analysing data. This may be an opportune time to facilitate a class discussion around validity and reliability of research data.

Learners could then investigate and choose a research topic. Learners could be encouraged to consider health and social care topics, or career areas that are of interest to them. Tutors and learners may wish to agree a research topic and question together. It is recommended that learners seek tutor approval before continuing with their research proposal. Research aims can also be considered while agreeing a topic and question. Learners could be given guidance around devising a research proposal, and providing a rationale for the methodology to be used in the project. Allowing learners the opportunity to view and investigate health and social care research reports may enable them to explore these aspects of research.

After learners have developed their research topic, they may begin their literature review. Discussions could be facilitated around the types of sources which can be used, and the importance of referencing sources used. They could be directed to web resources, the library, journals, databases and other relevant resources during their research. It may be useful to invite a librarian to speak to the class about resources found in the library. If placement allows and with caution, the learner may consider incorporating their placement into their research (e.g. staff questionnaire, etc.).

Guest speakers, specifically those who have been involved in conducting research, could be invited to speak to learners.

Research Project

Learners can now carry out their research project with guidance and monitoring from the tutor. It may be helpful for learners to provide regular progress reports, or to hold tutor-learner meetings during the course of the research project to allow for feedback to be given. It may be helpful to meet with learners, not only during the course of their research, but also after their research has concluded so they can be given guidance around making recommendations for health and social care provision. As previously stated, it may be useful to relate learning around research projects to practice throughout the unit.

After the research project has been completed, learners can now analyse their data, draw conclusions from the data collected and make recommendations for practice. Learners could then be given time to present their research findings to the class.

After presentations, learners could reflect on the strengths and weaknesses in the research methodologies used. The reflection could include ways that the research process could be improved. They could also reflect on the knowledge and skills gained while carrying out the research project.

HSC DM5: Personal and professional development



Unit reference	M/507/1441	Unit level	3
Unit hours	Guided learning	43	Non-guided learning 36
Unit aim	The aim of this unit is to provide learners with knowledge, understanding and skills in relation to personal and professional development.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand progression opportunities within the health and social care sector.	1.1. Research job roles within health and social care provision.
	1.2. Research opportunities for further study in relation to the health and social care sector.
2. Understand how to reflect on own personal development.	2.1. Produce a learning journal.
3. Understand how to create, implement and review own personal development plan.	3.1. Explain factors to consider when planning for personal development.
	3.2. Develop a Curriculum Vitae.
	3.3. Create own personal development plan.
	3.4. Implement own personal development plan.
	3.5. Review own personal development plan.
4. Understand the need for continuing professional development in the health and social care sector.	4.1. Critically evaluate the need for continuing professional development in the health and social care sector.

Additional information about the unit:	
Additional unit assessment requirements provided with the unit	This unit must be assessed in line with the Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles.

Unit HSC DM5: Assessment grading criteria

The table below shows what the learner must do to achieve each grading criterion. The learner must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment grading criteria	Assessment of learning	Evidence record
D1	1.1.	Research job roles within health and social care provision.	Provide information to identify a range of job roles within health and social care.	
D2	1.2.	Research opportunities for further study in relation to the health and social care sector.	Provide information to show a range of opportunities for further study in relation to health and social care.	
D3		Show evidence of reading or use of sources. Include an accurate reference list (bibliography).	There should be evidence of learners' reading or use of sources. Learners must use a minimum of 2 traceable references to support the discussion. Learners must include an accurate reference list (bibliography) at the end of the assessment task.	
C1	3.1.	Explain factors to consider when planning for personal development.	Information must explain more than one factor for consideration when planning for personal development.	

C2	3.2.	Develop a Curriculum Vitae.	Produce a Curriculum Vitae to include: qualifications personal and professional experience skills and interests.	
C3		Show evidence of reading or use of sources with referencing relevant to the explanations. Good use of vocabulary and grammar.	Use of referencing should show evidence of reading or use of sources. Vocabulary and grammar should be appropriate and accurate for purpose.	
B1	3.3.	Create own personal development plan.	Produce a personal development plan which may include: evidenced based planning identifying learning needs links to career aspirations SMART goal setting other relevant information.	

B2	3.4.	Implement own personal development plan.	Provide information to discuss the implementation of the personal development plan produced for B1, which may include: following agreed actions short/medium/long term goals. Links to B1.	
B3	2.1.	Produce a learning journal.	Produce a comprehensive learning journal, which may include: review of knowledge reflection feedback application of knowledge to practice and practice to knowledge.	
B4		Show evidence of reading or use of sources. Referencing supports discussion.	Use of reading or use of sources should be shown through a range of relevant referencing. Referencing should be used appropriately to support discussion.	

A1	3.5.	Review own personal development plan.	Provide detailed information to review the effectiveness of the personal development plan, which may include: reviewing achievement evaluating outcomes prioritising next steps.	
A2		Show evidence of wider background reading or use of sources. Referencing supports discussion and analysis.	Wider background reading should be evident or a wide range of source material should be used.	
A*1	4.1.	Critically evaluate the need for continuing professional development in the health and social care sector.	The critical evaluation must include an appraisal of continuous professional development in the health and social care sector to include: the need for up-to-date knowledge and practice continuous improvement in provision outcomes reflective practice regulatory requirements. Note: 'to include' means that all aspects must be covered in the assessment – ensure all aspects here must be included.	

A*2		Show evidence of a range of background reading or use of sources used selectively.	Learners should show the ability to consider or explore relevant issues which contribute to the evaluation. An extensive range of background reading or use of sources should be used selectively and cited appropriately.	
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Unit HSC DM5: Delivery Guidance

Learning Outcome 1

Job roles: health care assistant, care assistant, senior care worker, support worker, personal assistant, social worker, community support, outreach worker, occupational therapist, activities worker or co-ordinator, advocacy, administration/office staff, ancillary staff, nurse.

Further study: qualification requirements; courses; higher education; further education; job descriptions; training; Continuing Professional Development.

Learning Outcome 2

Learning journal: review of knowledge; understanding and skills; individual learning plans; placement progress/reports; volunteering/other employment; feedback; development opportunities undertaken; personal experiences; application of knowledge to practice and practice to knowledge; professional practice skills; link to reflective models.

Learning Outcome 3

Factors: availability; impact; needs based; cost; access; relevance; value; context; frequency; application; accreditation; funding.

Curriculum Vitae: professional resumé of personal and professional experiences, qualifications, skills, interests.

Personal development plan: reflection; evidenced-based planning; currency of knowledge/skills; learning needs; agree aspects of plan; career aspirations; prioritise goals; short/medium/long term goals; SMART goal setting; work with others; implementation and ongoing review of outcomes; maintain records.

Learning Outcome 4

Need for continuing professional development: up-to-date knowledge and practice; continuous improvement in provision and outcomes; codes of practice; regulatory requirements; personal and professional growth; reflective practitioner; application of learning; life-long learning.

Unit HSC DM5: Tutor hints, tips and teaching aids

Scope:

progression opportunities
reflective practice and personal development
Continuing Professional Development.

Tutor hints, tips and teaching aids

Delivery of this unit should run throughout the course to embed knowledge, understanding and skills.

The content within this unit builds upon that of unit HSC CM9: Reflective Practice; therefore, it will be useful to refer back to previous learning.

Completion of the learning journal

Learners will benefit from completing a learning journal and opportunities should be provided for them to do this.

Learning from each unit could be reflected upon in the learning journal. Learners could make a diary entry at the beginning of delivery to identify what they already know about the topic area to be covered, what they are looking forward to learning and what they perceive their greatest challenges to be. Following completion of the unit, a second diary entry could be completed to reflect on what has been learned. Challenges should be revisited.

Outcomes from placement experience may also be included. The **Placement Handbook – a Guide for Learners** must be completed during placement and will support the production of the learning journal.

Evidence of skills development should also be included as appropriate; for example, first aid qualification attainment, further work or voluntary experience. Current issues should also be explored and logged.

Completion of the learning journal will not only support progression, it will also aid the development, review and implementation of a personal development plan.

To begin this unit, a career event could be organised to which employers and past learners are invited. Past learners could talk about their own personal journeys to date. The employers could conduct 'mock interviews' with learners, then provide constructive feedback. In addition, placement mentors could discuss competencies required in the workplace.

Next, it may be helpful to revisit the diverse range of roles within the health and social care sectors.

Activity

At first, job roles could be explored as a group. To consolidate learning, the discussions could be followed up with small group research to inform the production of factsheets; for example, 'Your Guide to Working in the Health Sector'. Within the factsheets, progression routes could be identified to include training, learning and development needs.

Next, learners could be supported to produce their own Curriculum Vitae (CV). Below is a template for your use or adaptation.

Name	
Address	
Tel. no.	
Email address	

Personal Profile

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Employment History

Dates	Job Title	Employer	Main Duties/Areas of Responsibility/Achievements

Education

Dates	Name of School/College	Subjects studied/Qualifications

Hobbies and Interests

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References

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To revisit the practical skills of reflection and professional development, the learners could answer the following.

1. What does the CV tell you about your learning needs?
2. What does the CV tell you about your study interests?

The activity below could be used to provide learners with the opportunity of further researching a job role of interest to them. This will inform planning and target setting for their own progression.

Activity

Learners could access a job description for a role of interest to them and:

list the qualifications and attributes required for the role.

consider own professional development needs in relation to the role.

make links to the selected job role and legislation, policy, procedure, professional standards and codes of practice.

Please note that this activity can be returned to, and updated, at various stages throughout the programme. For example, following placement, learners may find that they are able to reflect on newly acquired skills.

Completion of a strengths, weaknesses, opportunities and threats (SWOT) analysis will support the activity above by enabling learners to assess their own knowledge and understanding in relation to their chosen role. A template is provided below.

Strengths	Weaknesses
Opportunities	Threats

Learners could be encouraged to share their SWOT analysis with others to obtain feedback and a different perspective. Following this, they could examine their weaknesses and identify opportunities available in order to transfer these to strengths. Identified threats could also be considered, whereby strategies to help overcome these are agreed.

Learners should now be ready to complete their Personal Development Plan where clear targets and action plans are set. Throughout the course, the Personal Development Plan must be implemented and reviewed.

Perhaps conclude this unit with a series of tutorials to cover progression opportunities, application to Higher Education, employment and interview techniques.

Section 4: Resources and Further Reading

The following resources may be useful for delivery and accessing relevant information:

Organisation	Website
Acas	www.acas.org.uk
Action on Elder Abuse	elderabuse.org.uk/
Action on Hearing Loss	www.actiononhearingloss.org.uk
Age UK	www.ageuk.org.uk
Alzheimer's Society	www.alzheimers.org.uk
Ann Craft Trust	www.anncrafttrust.org
British Association for Adoption and Fostering	https://corambaaf.org.uk
British Sign Language	www.britishsignlanguage.com
Care Knowledge	www.careknowledge.com
Care Quality Commission	www.cqc.org.uk
Carers UK	www.carersuk.org
Centers for Disease Control and Prevention	www.cdc.gov
Children and Young People Now	www.cypnow.co.uk
Citizen's Advice Bureau	www.citizensadvice.org.uk
Community Care	www.communitycare.co.uk
Cruse Bereavement Care	www.cruse.org.uk
Dementia UK	www.dementiauk.org
Department of Health	www.dh.gov.uk
Disabled Living Foundation	www.dlf.org.uk
Equality and Human Rights Commission	www.equalityhumanrights.com
Families Leading Planning UK	www.familiesleadingplanning.co.uk
Foundation for people with learning disabilities	www.learningdisabilities.org.uk
General Medical Council	www.gmc-uk.org
GOV.UK	www.gov.uk
Health and Safety Executive	www.hse.gov.uk
Health Education England	hee.nhs.uk/
Health Protection Agency	www.hpa.org.uk
In Control	www.in-control.org.uk
Mencap	www.mencap.org.uk
Mind	www.mind.org.uk
National Careers Service	nationalcareersservice.direct.gov.uk
National Children's Bureau	www.ncb.org.uk
National Health Service	www.nhs.uk
National Institute for Health and Care Excellence	www.nice.org.uk

National Society for the Prevention of Cruelty to Children	www.nspcc.org.uk
Nursing and Midwifery Council	www.nmc-uk.org
Nursing Times	www.nursingtimes.net
Office for National Statistics	www.ons.gov.uk
Office for Standards in Education, Children's Services and Schools	www.gov.uk/government/organisations/ofsted
Patient.co.uk	www.patient.co.uk
UK Health Security Agency and Office for Health Improvement and Disparities	https://www.gov.uk/government/organisations/uk-health-security-agency
Respond	www.respond.org.uk
Rethink Mental Illness	www.rethink.org
Royal College of Nursing	www.rcn.org.uk
Royal National Institute of Blind People	www.rnib.org.uk
Skills for Care	www.skillsforcare.org.uk
Skills for Health	www.skillsforhealth.org.uk
Skills for Justice	www.sfjuk.com
Social Care Information and Learning Services	www.scils.co.uk
Social Care Institute for Excellence	www.scie.org.uk
Stress Management Society	www.stress.org.uk
The Fostering Network	www.thefosteringnetwork.org.uk
The Guardian	www.theguardian.com
The Makaton Charity	www.makaton.org
The National Council for Palliative Care	www.professionalpalliativehub.com
The Royal Society for Public Health	www.rsph.org.uk/
The Tavistock and Portman	tavistockandportman.nhs.uk
World Health Organization	www.who.int

Section 5: Assessment and quality assurance information

Recommended assessment methods

A recommended range of assessment methods has been identified, which may be used for the units in these qualifications. This gives the opportunity for different learning styles and individual needs of learners to be taken into account.

If you are proposing to use an assessment method that is not included within the recommended list you should contact your Customer Quality Advisor with full details of your proposed method. It will need formal approval from us before it can be used.

Please refer to the notes relating to **Expert Witness testimony** and **simulation** which follow this table.

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
A	Direct observation of learner by assessor by an assessor who meets the relevant Sector Skills Council's or other assessment strategy/principles and includes inference of knowledge from this direct observation of practice	Yes	Yes
B	Professional discussion	Yes	Yes
C	Expert Witness evidence* when directed by the Sector Skills Council or other assessment strategy/principles	Yes	Yes
D	Learner's own work products	Yes	Yes
E	Learner log or reflective diary	Yes	Yes
F	Activity plan or planned activity	Yes	Yes
G	Observation of children, young people or adults by the learner	Yes	Yes
H	Portfolio of evidence may include simulation**	Yes	Yes
I	Recognition of prior learning	Yes	Yes
J	Reflection on own practice in real work environment	Yes	Yes

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
K	Written and pictorial information	No	Yes
L	Scenario or case study	No	Yes
M	Task set by us (for knowledge learning outcomes)	No	Yes
N	Oral questions and answers	Yes	Yes

- * **Expert Witness testimony** should be used in line with the relevant assessment strategy/principles. This method must be used with professional discretion, and only selected when observation would not be appropriate. Those providing an expert witness testimony must be lead practitioners with experience of making judgements around competence. The circumstances that may allow for an expert witness testimony include:
- when assessment may cause distress to an individual, such as supporting a child with a specific need
 - a rarely occurring situation, such as dealing with an accident or illness
 - confidential situations, such as Safeguarding Strategy meetings, where it would be inappropriate for an assessor to observe the learner's performance.
- ** **Simulation.** A learner's Portfolio of Evidence may only include simulation of skills where simulation is permitted by the relevant assessment strategy/principles.

Assessment strategies and principles relevant to this qualification

The units we offer have been developed in line with the specific **assessment strategies or principles** of different Sector Skills Councils (SSCs) or by us where there is no SSC lead.

Centres need to ensure that individuals undertaking assessor or quality assurer roles within the Centre conform to the SSC or assessment requirements for the unit they are assessing or quality assuring.

Level 3 Extended Diploma in Health and Social Care Assessment Strategy and Principles

The key requirements of the assessment strategy or principles that relate to all units in this qualification are **summarised** below. Individual unit assessment guidance must also be referred to.

For knowledge learning outcomes

Assessors will need to be both occupationally knowledgeable and qualified to make assessment decisions.

Internal Quality Assurers will need to be both occupationally knowledgeable and qualified to make quality assurance decisions.

For competency/skills learning outcomes

The skills learning outcomes, while linked to competence in the sector, are applied to learners' knowledge and understanding. Therefore they do not require assessment in a real work environment.

Assessors will need to be both occupationally knowledgeable and qualified to make assessment decisions.

Internal Quality Assurers will need to be both occupationally knowledgeable and qualified to make quality assurance decisions.

Staffing requirements

Centres delivering any of NCFE's qualifications must:

- have a sufficient number of appropriately qualified/experienced Assessors to assess the volume of learners they intend to register
- have a sufficient number of appropriately qualified/experienced Internal Quality Assurers to internally quality assure the anticipated number of Assessors and learners
- ensure that all staff involved in assessment and internal quality assurance are provided with appropriate training and undertake meaningful and relevant continuing professional development
- implement effective internal quality assurance systems and processes to ensure all assessment decisions are reliable, valid, authentic, sufficient and current. This should include standardisation to ensure consistency of assessment
- provide all staff involved in the assessment process with sufficient time and resources to carry out their roles effectively.

Assessors and Internal Quality Assurance

Staff involved in the Assessment and Internal Quality Assurance of these qualifications must be able to demonstrate that they have (or are working towards) the relevant occupational knowledge and/or occupational competence, at the same level or higher as the units being assessed and internal quality assured. This may be gained through experience and/or qualifications.

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Section 6: Records of grades achieved

Record of grades achieved for the Level 3 Award, Certificate and Extended Diploma in Health and Social Care

Level 3 Award in Health and Social Care

Grades achieved			A*		A		B		C		D		Points / unit	Points / grade
Unit ref.	Description of unit	No. of Incs	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points		
K/507/1406	HSC CM1: Equality, diversity and rights in health and social care	2	5	10	4	8	3	6	2	4	1	2		
M/507/1407	HSC CM2: Human Growth and Development	2	5	10	4	8	3	6	2	4	1	2		
T/507/1408	HSC CM3: Safeguarding in health and social care	2	5	10	4	8	3	6	2	4	1	2		
													Award Points:	
													Award Grade:	

Level 3 Certificate in Health and Social Care

Grades achieved			A*		A		B		C		D		Points / unit	Points grade
Unit Ref.	Description of unit	No. of incs	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points		
J/507/1431	HSC CM4: Communication in health and social care	2	5	10	4	8	3	6	2	4	1	2		
L/507/1432	HSC CM5: Infection prevention and control in health and social care	2	5	10	4	8	3	6	2	4	1	2		
R/507/1433	HSC CM6: Psychological Perspectives in health and social care	2	5	10	4	8	3	6	2	4	1	2		
Y/507/1434	HSC CM7: Sociological Perspectives in health and social care	2	5	10	4	8	3	6	2	4	1	2		
D/507/1435	HSC CM8: Working in health and social care	2	5	10	4	8	3	6	2	4	1	2		
H/507/1436	HSC CM9: Reflective practice	2	5	10	4	8	3	6	2	4	1	2		
Certificate Extended Assessment		5	5	25	4	20	3	15	2	10	1	5		
											Award Points			
											+ Certificate Points			
											= Total Certificate Points			
											= Certificate Grade			
									+ Placement Hours Completed (75 Hours) []					

Level 3 Extended Diploma in Health and Social Care

Grades achieved			A*		A		B		C		D		Points / unit	Points / grade
Unit Ref.	Description of unit	No. of incs	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points	Grade value	Points		
K/507/1437	HSC DM1: Empowerment in health and social care	4	5	20	4	16	3	12	2	8	1	4		
M/507/1438	HSC DM2: Protection of children, young people and adults in health and social care	4	5	20	4	16	3	12	2	8	1	4		
T/507/1439	HSC DM3: Anatomy and physiology in health and social care	4	5	20	4	16	3	12	2	8	1	4		
K/507/1440	HSC DM4: Research skills for health and social care	6	5	30	4	24	3	18	2	12	1	6		
M/507/1441	HSC DM5: Personal and professional development	4	5	20	4	16	3	12	2	8	1	4		
Extended Diploma Extended Assessment		7	5	35	4	28	3	21	2	14	1	7		

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Level 3 Extended Diploma in Health and Social Care

No. of increments x grade value = points for unit assessment or external assessment

The incremental weighting of each internal assessment is based on the average total hours to achieve the unit.

The incremental weighting of each external assessment is based on the average total hours to achieve the External Assessments.

Grade value: A* value '5' to D value '1'**To achieve the Level 3 Extended Diploma in Diploma in Health and Social Care learners must achieve the required external assessments, the internal assessments and must complete the minimum requirement of 175 placement hours*.**

* The required placement hours do not contribute to the overall qualification grade; however, they are a mandatory element of these qualifications. In ticking the boxes in the Records of Grades Achieved grid, you will be confirming the completion of your learner's placement hours.

Points / grade calculator

Level 3 Award in Health and Social Care

Points score	Grade	UCAS Tariff points
26 - 30	A*	28
21 - 25	A	24
16 - 20	B	20
11 - 15	C	16
6 - 10	D	12

Level 3 Certificate in Health and Social Care

Points score	Grade	UCAS Tariff points
96 - 115	A*	84
76 - 95	A	72
57 - 75	B	60
40 - 56	C	48
23 - 39	D	36

Level 3 Extended Diploma in Diploma in Health and Social Care

Points score	Grade	UCAS Tariff points
278 - 330	A*	168
225 - 277	A	144
172 - 224	B	120
119 - 171	C	96
66 - 118	D	72

Section 7: Documents

Useful documents

A link to useful documents can be found on the secure website which may assist with the delivery of this qualification, including guidance around requirements for assessment and internal quality assurance.

Mandatory documents

The completion of an 'Evidence Record' and 'Record of Assessment Cycle' form is **mandatory**. We have devised these templates for your convenience; however, you may design your own forms which comply with the content of the templates.

Evidence Record
Record of Assessment Cycle
Unit Submission Form

We have also provided notes to guide you when completing these forms:

Completing the Evidence Record
Completing the Record of Assessment Cycle

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Section 8: Unit submission form

Unit submission form

Level 3 Award, Certificate and Extended Diploma in Health and Social Care

You must complete this form and attach it to your assessment on submission. The unit assessment will not be accepted without this form.

Learner

Name:

PIN:

Site/Centre no.

Learner declaration

Unit –

I declare that this is my own work and I understand that any grades are provisional until internal moderation has taken place.

Learner Signature:

Date:

Comments: Refer to Assessment of learning

Signatures

Tutor

Date

Internal Quality Assurer Signature:
(if chosen for sample)

Date

REF: L3ExtDipHSCUS0415V

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**** To continue to improve our levels of customer service, telephone calls may be recorded for training and quality purposes.***

Qualification title and reference numbers:

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