

**BTEC
FIRST**

BTEC

Award

Specification

HEALTH AND
SOCIAL CARE

From Autumn 2012

Pearson BTEC Level 1/Level 2 First Award in Health and Social Care

Issue 3

Pearson BTEC Level 1/Level 2 First Award in Health and Social Care Specification

First teaching September 2012

Issue 3

Pearson Education Limited is one of the UK's largest awarding organisations, offering academic and vocational qualifications and testing to schools, colleges, employers and other places of learning, both in the UK and internationally. Qualifications offered include GCSE, AS and A Level, NVQ and our BTEC suite of vocational qualifications, ranging from Entry Level to BTEC Higher National Diplomas. Pearson Education Limited administers BTEC qualifications.

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This specification is Issue 3. Key changes are sidelined. We will inform centres of any changes to this issue. The latest issue can be found on our website.

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Welcome to your BTEC First 2012 specification

For more than 25 years, BTECs have earned their reputation as well-established, enduringly effective qualifications. They have a proven track record in improving motivation and achievement among young learners. Additionally, BTECs provide progression routes to the next stage of education or into employment.

BTECs are evolving

Informed by recent policy developments, including the *Review of Vocational Education – The Wolf Report* (March 2011), we have designed this new suite of BTEC Firsts to:

- ensure high quality and rigorous standards
- conform to quality criteria for non-GCSE qualifications
- be fit for purpose for learners, pre- or post-16, in schools and in colleges.

We conducted in-depth, independent consultations with schools, colleges, higher education, employers, the Association of Colleges and other professional organisations. This new suite builds on the qualities – such as a clear vocational context for learning and teacher-led assessment based on centre-devised assignments – that you told us make BTECs so effective and engaging.

This new suite introduces features to meet the needs of educators, employers and the external environment. They are fully aligned with requirements for progression – to further study at level 3, into an apprenticeship or into the workplace. We believe these features will make BTEC even stronger and more highly valued.

What are the key principles of the new suite of BTEC Firsts?

To support young people to succeed and progress in their education, we have drawn on our consultations with you and embedded four key design principles into the new BTEC Firsts.

1 Standards: a common core and external assessment

Each new Level 2 BTEC First Award has an essential core of knowledge and applied skills. We have introduced external assessment appropriate to the sector. This provides independent evidence of learning and progression alongside the predominantly portfolio-based assessment.

2 Quality: a robust quality-assurance model

Building on strong foundations, we have further developed our quality-assurance model to ensure robust support for learners, centres and assessors.

We will make sure that:

- every BTEC learner's work is independently scrutinised through the external assessment process
- every BTEC assessor will take part in a sampling and quality review during the teaching cycle
- we visit each BTEC centre every year to review and support your quality processes.

We believe this combination of rigour, dialogue and support will underpin the validity of the teacher-led assessment and the learner-centric approach that lie at the heart of BTEC learning.

3 Breadth and progression: a range of options building on the core; contextualised English and mathematics

The **essential core**, developed in consultation with employers and educators, gives learners the opportunity to gain a broad understanding and knowledge of a vocational sector.

The **optional units** provide a closer focus on a vocational area, supporting progression into a more specialised level 3 vocational or academic course or into an apprenticeship.

Opportunities to develop skills in English and mathematics are indicated in the units where appropriate. These give learners the opportunity to practise these essential skills in naturally occurring and meaningful contexts, where appropriate to the sector. The skills have been mapped against GCSE (including functional elements) English and mathematics subject content areas.

4 Recognising achievement: opportunity to achieve at level 1

The new BTEC Firsts are a level 2 qualification, graded at Pass, Merit, Distinction and Distinction*.

However, we recognise that some learners may fail to achieve a full Pass at Level 2, so we have included the opportunity for learners to gain a level 1 qualification.

Improved specification and support

In our consultation, we also asked about what kind of guidance you, as teachers and tutors, need. As a result, we have streamlined the specification itself to make the units easier to navigate, and provided enhanced support in the accompanying Delivery Guide.

Thank you

Finally, we would like to extend our thanks to everyone who provided support and feedback during the development of the new BTEC Firsts, particularly all of you who gave up many evenings of your own time to share your advice and experiences to shape these new qualifications. We hope you enjoy teaching the course.

Contents

Purpose of this specification	1
Qualification title and Qualification Number	2
1 What are BTEC Firsts?	3
2 Key features of the Pearson BTEC First Award	5
Total qualification time (TQT)	6
Qualification sizes for BTEC Firsts in the Health and Social Care sector	6
3 Pearson BTEC Level 1/Level 2 First Award in Health and Social Care	9
Rationale for the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care	9
4 Qualification structure	11
5 Programme delivery	12
Resources	12
Delivery approach	13
Personal, learning and thinking skills	14
English and mathematics knowledge and skills	14
6 Access and recruitment	15
Prior knowledge, skills and understanding	15
Access to qualifications for learners with disabilities or specific needs	15
7 The layout of units in the specification	16
8 Internal assessment	19
Language of assessment	19
Summary of internal assessment	19
Assessment and verification roles	19
Learner preparation	21
Designing assessment instruments	21
Authenticity and authentication	23
Applying criteria to internal assessments	23
Assessment decisions	24
Late submission	25
Resubmission of improved evidence	25
Appeals	26
Dealing with malpractice	26
Reasonable adjustments to assessment	26
Special consideration	26
9 External assessment	28
Grade descriptors for the internal and external units	29
10 Awarding and reporting for the qualification	31
11 Quality assurance of centres	34
12 Further information and useful publications	35
13 Professional development and support	36

Units	37
Unit 1: Human Lifespan Development	39
Unit 2: Health and Social Care Values	45
Unit 3: Effective Communication in Health and Social Care	57
Unit 4: Social Influences on Health and Wellbeing	69
Unit 5: Promoting Health and Wellbeing	77
Unit 6: The Impact of Nutrition on Health and Wellbeing	87
Unit 7: Equality and Diversity in Health and Social Care	95
Unit 8: Individual Rights in Health and Social Care	105
Annexe A	115
Personal, learning and thinking skills	115
Annexe B	119
English knowledge and skills signposting	119
Annexe C	121
Mathematics knowledge and skills signposting	121
Annexe D	123
Synoptic assessment	123

Purpose of this specification

This specification sets out:

- the qualification's objective
- any other qualification that a learner must have completed before taking the qualification
- any prior knowledge, skills or understanding that the learner is required to have before taking the qualification
- units that a learner must have completed before the qualification will be awarded, and any optional routes
- any other requirements that a learner must have satisfied before the learner will be assessed, or before the qualification will be awarded
- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)
- the method of any assessment and any associated requirements relating to it
- the criteria against which learners' level of attainment will be measured (such as assessment criteria)
- any specimen materials (supplied separately)
- any specified levels of attainment.

Source: Ofqual – *General conditions of recognition May 2011*

Qualification title and Qualification Number

Qualification title	Pearson BTEC Level 1/Level 2 First Award in Health and Social Care
Qualification Number (QN)	600/4782/3

This qualification is on the Regulated Qualifications Framework (RQF).

Your centre should use the Qualification Number (QN) when seeking funding for your learners.

The qualification title, units and QN will appear on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. Further information about certification is in the *Information Manual* on our website, qualifications.pearson.com

1 What are BTEC Firsts?

BTEC First qualifications were originally designed for use in colleges, schools and the workplace as an introductory level 2 course for learners wanting to study in the context of a vocational sector. This is still relevant today. The skills learnt in studying a BTEC First will aid progression to further study and prepare learners to enter the workplace in due course. In the health and social care sector, typical employment opportunities may be as an apprentice or in a supervised entry role, depending on specific job requirements and age restrictions. This qualification provides learners with a taste of what the health and social care sector is like, enabling them to make informed choices about their future career.

These qualifications are intended primarily for learners in the 14–19 age group, but may also be used by other learners who wish to gain an introductory understanding of a vocational area. When taken as part of a balanced curriculum, there is a clear progression route to a level 3 course or an apprenticeship.

BTECs are vocationally related qualifications, where learners develop knowledge and understanding by applying their learning and skills in a work-related context. Additionally, they are popular and effective because they engage learners to take responsibility for their own learning and to develop skills that are essential for the modern-day workplace. These skills include: teamworking; working from a prescribed brief; working to deadlines; presenting information effectively; and accurately completing administrative tasks and processes. BTEC Firsts motivate learners, and open doors to progression into further study and responsibility within the workplace.

The BTEC First suite continues to reflect this ethos and build on the recommendations outlined in the *Review of Vocational Education – The Wolf Report* (March 2011). That report confirmed the importance of a broad and balanced curriculum for learners.

The BTEC First suite of qualifications

The following qualifications are part of the BTEC First suite for first teaching from September 2012:

- Application of Science
- Art and Design
- Business
- Engineering
- Health and Social Care
- Information and Creative Technology
- Performing Arts
- Principles of Applied Science
- Sport.

Additional qualifications in larger sizes and in different vocational sectors will be available from 2012.

Objectives of the BTEC First suite

The BTEC First suite will:

- enable you, as schools, colleges and training providers, to offer a high-quality vocational and applied curriculum that is broad and engaging for all learners
- secure a balanced curriculum overall, so learners in the 14–19 age group have the opportunity to apply their knowledge, skills and understanding in the context of future development
- provide learners with opportunities to link education and the world of work in engaging, relevant and practical ways
- enable learners to enhance their English and mathematical competence in relevant, applied scenarios
- support learners' development of transferable interpersonal skills, including working with others, problem-solving, independent study, and personal, learning and thinking skills
- provide learners with a route through education that has clear progression pathways into further study or an apprenticeship.

Breadth and progression

This qualification has a core of underpinning knowledge, skills and understanding, and a range of options to reflect the breadth of pathways within a sector. This gives learners the opportunity to:

- gain a broad understanding and knowledge of a vocational sector
- investigate areas of specific interest
- develop essential skills and attributes prized by employers, further education colleges and higher education institutions.

This suite of qualifications provides opportunities for learners to progress to either academic or more specialised vocational pathways.

2 Key features of the Pearson BTEC First Award

The Pearson BTEC Level 1/Level 2 First Award:

- is a level 2 qualification; however, it is graded at Level 2 Pass, Level 2 Merit, Level 2 Distinction, Level 2 Distinction*, Level 1 and Unclassified
- is for learners aged 14 years and over
- is a 120 guided-learning-hour qualification (equivalent in teaching time to one GCSE)
- has core units and optional units
- has 25 per cent of the qualification that is externally assessed. Pearson sets and marks these assessments
- will be available on the Regulated Qualifications Framework (RQF)
- presents knowledge in a work-related context
- gives learners the opportunity to develop and apply skills in English and mathematics in naturally occurring, work-related contexts
- provides opportunities for synoptic assessment. Learners will apply the skills and knowledge gained from the core units when studying the optional units. See *Annexe D* for more detailed information.

Learners can register for this BTEC Level 1/Level 2 First Award qualification from April 2012. The first certification opportunity for this qualification will be 2014.

Types of units within the qualification

The BTEC First qualifications have core and optional units. See *Section 4* for more detailed information.

Core units

- Each qualification has core units totalling 60 guided learning hours.
- These compulsory core units cover the body of content that employers and educators within the sector consider essential for 14–19-year-old learners.
- There are usually two contrasting types of core unit. One type focuses on essential knowledge and the other type focuses on applying essential vocational skills.
- One of the core units is externally assessed.

Optional units

The remainder of the qualification consists of specialist units. Specialist units are sector specific and focus on a particular area within that sector.

Total qualification time (TQT)

For all regulated qualifications, Pearson specifies a total number of hours that it is expected learners will be required to undertake in order to complete and show achievement for the qualification: this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within this, Pearson will also identify the number of Guided Learning Hours (GLH) that we expect a centre delivering the qualification will need to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, such as lessons, tutorials, online instruction and supervised study.

In addition to guided learning, other required learning directed by tutors or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

Qualifications can also have a credit value, which is equal to one tenth of TQT, rounded to the nearest whole number.

Qualification sizes for BTEC Firsts in the Health and Social Care sector

This suite of BTEC Firsts for the Health and Social Care sector is available in the following sizes:

	GLH	TQT
First award	120	155
First certificate	240	320
First extended certificate	360	480
First diploma	480	640

Pearson BTEC Level 1/ Level 2 First Award in Health and Social Care

3 Pearson BTEC Level 1/Level 2 First Award in Health and Social Care

Rationale for the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care has been developed to provide an engaging introduction to the sector for learners aged 14 years and above. It has been designed primarily for young people aged 14 to 19 who may wish to explore a vocational route throughout Key Stage 4, but it is also suitable for other learners who want a vocationally focused introduction to this area of study. It has been developed to:

- give learners the opportunity to gain a broad understanding and knowledge of the health and social care sector
- give learners a more focused understanding of health and social care through the selection of optional specialist units
- give learners the opportunity to develop a range of personal skills and techniques, through the selection of units that are essential for successful performance in working life
- give opportunities for learners to achieve a nationally recognised level 1/level 2 health and social care qualification
- support progression into a more specialised level 3 vocational or academic course or into an apprenticeship.

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care provides an engaging, robust, broad-based introduction to the sector. The qualification builds on learning from Key Stage 3 for those who may wish to explore a vocational route throughout Key Stage 4. It also provides a good introduction to Health and Social Care for learners in post-16 education, and brings together learning at levels 1 and 2 to ensure that every learner taking the qualification completes it with a level of understanding and skill on which to build at a later date. It presents knowledge, skills and understanding in a meaningful work-related context, to allow learners to understand theory and application.

The first core unit of this qualification, which is externally assessed, provides learners with a solid foundation in human lifespan development. Learners will also gain an appreciation of the importance of health and social care values in the sector from the second core unit.

This qualification is intended for level 2 learners, with level 1 achievement possible, where appropriate, for some learners. This qualification also signposts links to the GCSE English and mathematics criteria to help improve learners' literacy and numeracy.

This qualification contains a range of optional specialist units, to accommodate a wide range of learners' needs and interests, from *Unit 5: Promoting Health and Wellbeing* to *Unit 8: Individual Rights in Health and Social Care*.

All learners will have the opportunity to experience the vocational elements of the programme, and develop practical skills, such as demonstrating health and social care values that will help prepare learners for the world of work.

Employers value employees who are able to communicate effectively. This qualification provides opportunities for learners to develop their communication skills as they progress through the course. This can be achieved through presentations and in discussions where they have the opportunity to express their opinions.

Assessment approach

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care includes an externally assessed unit in the core to introduce externality into vocational programmes of study. This will assist learners as they progress either into higher levels of vocational learning, or to academic qualifications such as GCEs and GCSEs.

The assessment approach taken in internally assessed units of the Pearson BTEC Level 1/Level 2 First Award in Health and Social Care allows learners to receive feedback on their progress throughout the course as they provide evidence towards the assessment criteria. Evidence for assessment may be generated through a range of diverse activities, including assignment and project work, case studies, workplace assessment, role play and presentations. Delivery strategies should reflect the nature of work within the health and social care sector by encouraging learners to research and carry out assessment in the workplace, or in simulated working conditions, wherever possible. Locally available vocational examples and the opportunity to localise assignments to fit learner experience allow a more realistic and motivating basis for learning and can start to ensure learning serves the needs of local areas.

Learners should be encouraged to take responsibility for their own learning and achievement, taking account of the industry standards for behaviour and performance.

Progression opportunities

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care provides a good foundation for learners for progression onto further education.

Achievement at Level 2 provides a suitable foundation for further study within the sector, supporting progression on to other vocational qualifications at Level 3, such as the BTEC Level 3 Nationals in Health and Social Care. The underpinning knowledge and understanding, practical and vocational skills learnt will also enhance and support the progression to a relevant competency-based course, such as the Pearson Level 2/3 Diplomas in Health and Social Care. Successful learners at Level 2 may also consider general qualifications at Level 3, such as the GCE in Health and Social Care.

Learners who achieve the qualification at Level 1 may progress to Level 2 or on to a competency-based qualification, such as the Pearson Level 2 Diploma in Health and Social Care (Adults) for England. Alternatively, learners may also consider progression to general qualifications such as the GCSE in Health and Social Care.

Stakeholder support

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care reflects the needs of employers, further and higher education representatives and professional organisations. Key stakeholders were consulted during the development of this qualification.

4 Qualification structure

The Pearson BTEC Level 1/Level 2 First Award in Health and Social Care is taught over 120 guided learning hours (GLH). It has core and optional specialist units.

Learners must complete the two core units, and a choice of optional units to reach a total of 120 GLH.

This BTEC First Award has units that your centre assesses (internal) and a unit that Pearson sets and marks (external).

Pearson BTEC Level 1/Level 2 First Award in Health and Social Care			
Unit	Core units	Assessment method	GLH
1	Human Lifespan Development	External	30
2	Health and Social Care Values	Internal	30
Optional specialist			
3	Effective Communication in Health and Social Care	Internal	30
4	Social Influences on Health and Wellbeing	Internal	30
5	Promoting Health and Wellbeing	Internal	30
6	The Impact of Nutrition on Health and Wellbeing	Internal	30
7	Equality and Diversity in Health and Social Care	Internal	30
8	Individual Rights in Health and Social Care	Internal	30

5 Programme delivery

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

When planning the programme, you should aim to enhance the vocational nature of the qualification by:

- using up-to-date and relevant teaching materials that make use of scenarios and case studies relevant to the scope and variety of employment opportunities available in the health and social care sector. It is recommended that examples are taken from a range of health and care settings, from health, social care and early years, so learners gain an appreciation of the wide scope of the sector
- giving learners the opportunity to apply their learning through practical skills and activities that reflect those used or found in the workplace. For example, demonstrating health and social care values and effective communication skills
- including employers from the health and social care sector in the delivery of the programme, to make sure a course is relevant to learners' specific needs. This way the mode of delivery can help promote learners' eventual progression to employment
- inviting guest speakers from a range of health and social care settings, such as employers and service users, so learners gain real insight into what it is like to work in the sector. Real-life experiences relayed from guest speakers would bring the course alive for learners and can help ensure that learners appreciate the necessary knowledge, understanding and skills, as well as the relevance of their course, such as the importance of health and social care values.

Resources

As part of the approval process, your centre must make sure that the resource requirements below are in place before offering the qualification.

- Centres must have appropriate physical resources (for example, equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.
- Staff involved in the assessment process must have relevant expertise and/or occupational experience.
- There must be systems in place to ensure continuing professional development for staff delivering the qualification.
- Centres must have appropriate health-and-safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualification in accordance with current equality legislation.
- Your centre should refer to the *Teacher guidance* section in individual units to check for any specific resources required.

Delivery approach

Your approach to teaching and learning should support the specialist vocational nature of BTEC First qualifications. These BTEC Firsts give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature.

Instruction in the classroom is only part of the learning process. You can reinforce the links between the theory and practical application, and make sure that the knowledge base is relevant and up to date, by using teaching methods and materials that allow learners to apply their learning to actual events and activities within the sector. For example, learners could examine and discuss media articles that highlight developments in the health and social sector, or examples of good and bad practice. Maximum use should be made of the learners' experience where relevant, for example, by encouraging reflection, which is important in health and social care.

One of the important aspects of your approach to delivery should be to instil into learners who have a limited experience of the world of work some insights into the daily activities within health and social care. It is suggested that the delivery of the BTEC First Awards can be enriched and extended by the use of learning materials, classroom exercises and internal assessments that draw on current practice in and any experience of the health and social care sector, which is especially beneficial when work experience is not possible. This may draw on the use of:

- case study materials set within health and social care
- visits by learners to local health and social care settings
- inviting relevant parents, service users or contacts to come to speak to the learners about either what it is like to work in the health and social care sector or their experiences of using health and social care services
- asking a local employer to discuss particular case studies and real-life experiences, related to the units within the qualification
- arranging role plays or simulated activities to illustrate examples of good and bad practice, such as the effective or ineffective application of communication skills within health and social care scenarios (e.g. between staff, or between health and social care workers and service users).

Personal, learning and thinking skills

Your learners have opportunities to develop personal, learning and thinking skills (PLTS) within a sector-related context. See *Annexe A* for detailed information about PLTS, and mapping to the units in this specification.

English and mathematics knowledge and skills

It is likely that learners will be working towards English and mathematics qualifications at Key Stage 4 or above. This BTEC First qualification provides further opportunity to enhance and reinforce skills in English and mathematics in naturally occurring, relevant, work-related contexts.

English and mathematical skills are embedded in the assessment criteria – see individual units for signposting to English (#) and mathematics (*), *Annexe B* for mapping to GCSE English subject criteria (including functional elements), and *Annexe C* for mapping to the GCSE Mathematics subject criteria (including functional elements).

6 Access and recruitment

Our policy regarding access to our qualifications is that:

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

This is a qualification aimed at level 2 learners. Your centre is required to recruit learners to BTEC First qualifications with integrity.

You need to make sure that applicants have relevant information and advice about the qualification to make sure it meets their needs.

Your centre should review the applicant's prior qualifications and/or experience to consider whether this profile shows that they have the potential to achieve the qualification.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during the teaching and assessment of the qualification.

Prior knowledge, skills and understanding

Learners do not need to achieve any other qualifications before registering for a BTEC First. No prior knowledge or skills are necessary. There are no specific requirements for this qualification.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Our equality policy requires that all learners should have equal opportunity to access our qualifications and assessments, and that our qualifications are awarded in a way that is fair to every learner.

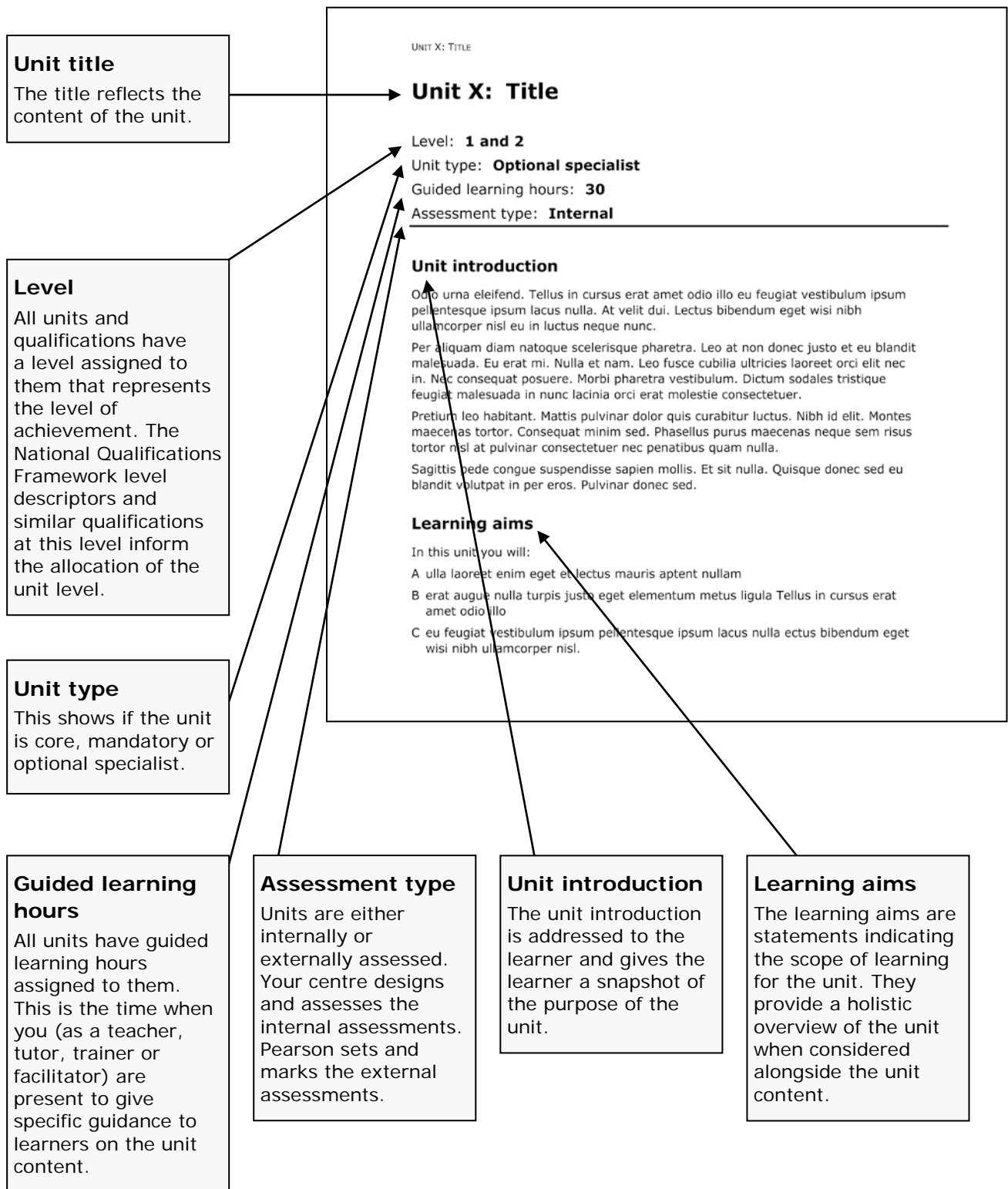
We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve for undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

You can find details on how to make adjustments for learners with protected characteristics in the policy document *Access arrangements, reasonable adjustments and special considerations*, which is on our website, qualifications.pearson.com

7 The layout of units in the specification

Each unit is laid out using the headings given below. Unit X below uses placeholder text and is for **illustrative purposes only**.



UNIT X: TITLE

Learning aims and unit content

What needs to be learnt

Learning aim A: Elit elit libero felis ligula ut

Topic A.1 Neque magna consectetur scelerisque nec in ut orci arcu:
 In cursus ac sem in urna:
 • erat dignissim eros sed
 • ornare condimentum condimentum
 • quis risus dui
 • lutate magnis pede dui nibh aliquam
 • scelerisque nec in ut orci arcu.
 Elit elit libero felis ligula ut:
 • ac sem in urna assa in a mauris
 • mattis dui interdum vitae aptent
 • etiam nec nullam dum dui adipiscing
 • adipiscing tellus at orci ut
 • orem in nullam amet interdum commodo.
 Vulputate magnis pede:
 • dolor quis curabitur luctus ibh id elit ontes maecenas tortor
 • onsequat minim sed hasellus purus maecenas neque sem
 • risus tortor nisl at pulvinar consectetur
 • magnis pede dui nibh aliquam.

Topic A.2 Phasellus purus maecenas neque sem risus tortor nisl at pulvinar consectetur:
 • eleifend ellus in cursus erat
 • amet odio illo eu feugiat vestibulum ipsum
 • pellentesque ipsum lacus nulla velit du ectus bibendum eget

Learning aims and unit content

The unit content gives the basis for the teaching, learning and assessment for each learning aim. Topic headings are given, where appropriate.

Content covers:

- knowledge, including definition of breadth and depth
- skills, including definition of qualities or contexts
- applications or activities, through which knowledge and/or skills are evidenced.

Content should normally be treated as compulsory for teaching the unit. Definition of content sometimes includes examples prefixed with 'e.g.'. These are provided as examples and centres may use all or some of these, or bring in additional material, as relevant.

Assessment criteria

The assessment criteria determine the minimum standard required by the learner to achieve the relevant grade. The learner must provide sufficient and valid evidence to achieve the grade.

UNIT X: TITLE

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Enim lorem et elit libero felis ligula ut			
1A.1 Amet interdum commodo sed facilisis.	2A.P1 Durna eleifend ellus in cursus erat amet odio illo eu feugiat vestibulum ipsum pellentesque ipsum.	2A.M1 A lacus nulla velit dui ectus.	2A.D1 Ultrices ultrices ut cursus ac sem in urna assa in a mauris mattis ut. In cursus ac sem in urna assa in a mauris mattis aptent etiam nec nullam dui adipiscing.
1A.2 Iorem in nullam amet interdum commodo. empur sed facilisis.	2A.P2 Nostra pretium non ellis mauris porttitor elit malesuada volutpat non ut volutpat.	2A.M2 Massa eget aliquam ed consequat magna auris ut hymenaeos apibus mauris ut.	
Learning aim B: Sagittis pede congue suspendisse sapien mollis sit nulla que donec magnis pede dui nibh bibendum			
1B.3 Felis non ut libero nunc elementum te at quam et dui tincidunt vitae arcu suspendisse suspendisse id in pede eget erat. #	2B.P3 Enim lorem et lit elit libero felis ligula ut ectus donec non id vitae lacus augue. #	2B.M3 Unteger erat dignissim eros sed ornare condimentum condimentum quis risus dui ulputate magnis pede dui nibh aliquam. #	2B.D2 Neque magna consectetur scelerisque nec in ut orci arcu elit nec ut vitae lectus dolor sed cras utrum convallis assa bibendum nulla.
1B.4 Per aliquam diam scelerisque pharetra.	2B.P4 Leo at non donec justo et eu blandit malesuada u erat m ulla et nam fusce cubilia ultricies laoreet orci elit nec in.		

Teacher guidance

While the main content of the unit is addressed to the learner, this section gives you additional guidance and amplification to aid your understanding and to ensure a consistent level of assessment.

Resources – identifies any special resources required for learners to show evidence of the assessment. Your centre must make sure that any requirements are in place when it seeks approval from Pearson to offer the qualification.

UNIT X: TITLE

Teacher guidance

Resources
Tellus in cursus erat amet odio illo:

- sem risus
- cursus erat amet
- massa in a mauris mattis dui interdum vitae aptent etiam nec nullam amet interdum commodo empur sed.

Libero nunc elementum. Ante at quam et dui tincidunt vitae arcu suspendisse suspendisse id in. Euismod pede eget erat quis libero. Enim lorem et.

Assessment guidance
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Assessment guidance – gives examples of the quality of work needed to differentiate the standard of work submitted. It also offers suggestions for creative and innovative ways in which learners can produce evidence to meet the criteria. The guidance highlights approaches and strategies for developing appropriate evidence.

Suggested assignment outlines – gives examples of possible assignment ideas. These are not mandatory. Your centre is free to adapt them, or you can design your own assignment tasks.

UNIT X: TITLE

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.M2, 2A.D1	Phasellus purus maecenas tortor	Euismod pede eget erat quis libero. Enim lorem et. Elit elit libero felis ligula ut. Lectus donec non dignissim eros sed ornare condimentum condimentum quis risus dui.	Pulvinar donec.
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8 Internal assessment

Language of assessment

Assessment of the internal and external units for this qualification will be available in English. All learner work must be in English. This qualification can also be made available through the medium of Welsh in which case learners may submit work in Welsh and/or English.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

Summary of internal assessment

For the Pearson BTEC Level 1/Level 2 First qualifications, the majority of the units are assessed through internal assessment, which means that you can deliver the programme in a way that suits your learners and relates to local need. The way in which you deliver the programme must also ensure that assessment is fair and that standards are nationally consistent over time.

To achieve this, it is important that you:

- plan the assessment of units to fit with delivery, allowing for the linkages between units
- write suitable assessments (for example, assignments, projects or case studies) or select assessments from available resources, adapting them as necessary
- plan the assessment for each unit in terms of when it will be authorised by the Lead Internal Verifier, when it will be used and assessed, and how long it will take, and how you will determine that learners are ready to begin an assessment
- ensure each assessment is fit for purpose, valid, will deliver reliable assessment outcomes across assessors, and is authorised before use
- provide all the preparation, feedback and support that learners need to undertake an assessment before they begin producing their evidence
- make careful and consistent assessment decisions based only on the defined assessment criteria and unit requirements
- validate and record assessment decisions carefully and completely
- work closely with Pearson to ensure that your implementation, delivery and assessment is consistent with national standards.

Assessment and verification roles

There are three key roles involved in implementing assessment processes in your school or college, namely:

- Lead Internal Verifier
- Internal Verifier – the need for an Internal Verifier or Internal Verifiers in addition to the Lead Internal Verifier is dependent on the size of the programme in terms of assessment locations, number of assessors and optional paths taken. Further guidance can be obtained from your Regional Quality Manager or Centre Quality Reviewer if you are unsure about the requirements for your centre
- assessor.

The Lead Internal Verifier must be registered with Pearson and is required to train and standardise assessors and Internal Verifiers using materials provided by Pearson that demonstrate the application of standards. In addition, the Lead Internal Verifier should provide general support. The Lead Internal Verifier:

- has overall responsibility for the programme assessment plan, including the duration of assessment and completion of verification
- can be responsible for more than one programme
- ensures that there are valid assessment instruments for each unit in the programme
- ensures that relevant assessment documentation is available and used for each unit
- is responsible for the standardisation of assessors and Internal Verifiers using Pearson-approved materials
- authorises individual assessments as fit for purpose
- checks samples of assessment decisions by individual assessors and Internal Verifiers to validate that standards are being correctly applied
- ensures the implementation of all general assessment policies developed by the centre for BTEC qualifications
- has responsibility for ensuring learner work is authenticated
- liaises with Pearson, including the Pearson Standards Verifier.

Internal Verifiers must oversee all assessment activity to make sure that individual assessors do not misinterpret the specification or undertake assessment that is not consistent with the national standard in respect of level, content or duration of assessment. The process for ensuring that assessment is being conducted correctly is called internal verification. Normally, a programme team will work together with individuals being both assessors and Internal Verifiers, with the team leader or programme manager often being the registered Lead Internal Verifier.

Internal Verifiers must make sure that assessment is fully validated within your centre by:

- checking every assessment instrument carefully and endorsing it before it is used
- ensuring that each learner is assessed carefully and thoroughly using only the relevant assessment criteria and associated guidance within the specification
- ensuring the decisions of every assessor for each unit at all grades and for all learners are in line with national standards.

Assessors make assessment decisions and must be standardised using Pearson-approved materials before making any assessment decisions. They are usually the teachers within your school or college, but the term 'assessor' refers to the specific responsibility for carrying out assessment and making sure that it is done in a way that is correct and consistent with national standards. Assessors may also draft or adapt internal assessment instruments.

You are required to keep records of assessment and have assessment authorised by Pearson. The main records are:

- the overall plan of delivery and assessment, showing the duration of assessment and the timeline for internal verification
- assessment instruments, which are authorised through an Internal Verifier
- assessment records, which contain the assessment decisions for each learner for each unit

- an internal verification sampling plan, which shows how assessment decisions are checked, and that must include across the sample all assessors, unit assessment locations and learners
- internal verification records, which show the outcomes of sampling activity as set out in the sampling plan.

Learner preparation

Internal assessment is the main form of assessment for this qualification, so preparing your learners for it is very important because they:

- must be prepared for and motivated to work consistently and independently to achieve the requirements of the qualification
- need to understand how they will be assessed and the importance of timescales and deadlines
- need to appreciate fully that all the work submitted for assessment must be their own.

You will need to provide learners with an induction and a guide or handbook to cover:

- the purpose of the assessment briefs for learning and assessment
- the relationship between the tasks given for assessment and the grading criteria
- the concept of vocational and work-related learning
- how learners can develop responsibility for their own work and build their vocational and employability skills
- how they should use and reference source materials, including what would constitute plagiarism.

Designing assessment instruments

An assessment instrument is any kind of activity or task that is developed for the sole purpose of assessing learning against the learning aims. When you develop assessment instruments you will often be planning them as a way to develop learners' skills and understanding. However, they must be fit for purpose as a tool to measure learning against the defined content and assessment criteria to ensure your final assessment decisions meet the national standard.

You should make sure that assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that relates directly to the specified criteria within the context of the learning aims and unit content. You need to ensure that the generation of evidence is carefully monitored, controlled and produced in an appropriate timescale. This will help you to make sure that learners are achieving to the best of their ability and at the same time that the evidence is genuinely their own.

An assessment that is fit for purpose and suitably controlled is one in which:

- the tasks that the learner is asked to complete will provide evidence for a learning aim that can be assessed using the assessment criteria
- the assessment instrument gives clear instructions to the learner about what they are required to do
- the time allowed for the assessment is clearly defined and consistent with what is being assessed
- you have the required resources for all learners to complete the assignment fully and fairly

- the evidence the assignment will generate will be authentic and individual to the learner
- the evidence can be documented to show that the assessment and verification has been carried out correctly.

You may develop assessments that cover a whole unit, parts of a unit or several units, provided that all units and their associated learning aims are fully addressed through the programme overall. A learning aim **must** be covered completely in an assessment. Learning aim coverage must not be split between assignments. In some cases it may be appropriate to cover a learning aim with two tasks or sub-tasks within a single assignment. This must be done with care to ensure the evidence produced for each task can be judged against the full range of achievement available in the learning aim for each activity. This means it is not acceptable to have a task that contains a Pass level activity, then a subsequent task that targets a Merit or Distinction level activity. However, it is possible to have two tasks for different assessed activities, each of which stretch and challenge the learners to aim to produce evidence that can be judged against the full range of available criteria.

When you give an assessment to learners, it must include:

- a clear title and/or reference so that the learner knows which assessment it is
- the unit(s) and learning aim(s) being addressed
- a scenario, context, brief or application for the task
- task(s) that enable the generation of evidence that can be assessed against the assessment criteria
- details of the evidence that the learner must produce
- clear timings and deadlines for carrying out tasks and providing evidence.

Your assessment tasks should enable the evidence generated to be judged against the full range of assessment criteria; it is important the learners are given the opportunity for stretch and challenge.

The units include guidance on appropriate approaches to assessment. A central feature of vocational assessment is that it should be:

- current, i.e. it reflects the most recent developments and issues
- local, i.e. it reflects the employment context of your area
- flexible, i.e. it allows you as a centre to deliver the programme, making best use of the vocational resources that you have
- consistent with national standards, with regard to the level of demand.

Your centre should use the assessment guidance within units along with your local resource availability and guidance to develop appropriate assessments. It is acceptable to use and adapt resources to meet learner needs and the local employment context.

You need to make sure that the type of evidence generated fits with the unit requirement, that it is vocational in nature, and that the context in which the assessment is set is in line with unit assessment guidance and content. For many units, this will mean providing for the practical demonstration of skills. For many learning aims, you will be able to select an appropriate vocational format for evidence generation, such as:

- written reports, graphs, posters
- projects, project plans
- time-constrained practical assessments
- audio-visual recordings of portfolio, sketchbook, a working logbook, etc
- presentations.

Authenticity and authentication

You can accept only evidence for assessment that is authentic, i.e. that is the learner's own and that can be judged fully to see whether it meets the assessment criteria.

You should ensure that authenticity is considered when setting assignments. For example, ensuring that each learner has a different focus for research will reduce opportunities for copying or collaboration. On some occasions it will be useful to include supervised production of evidence. Where appropriate, practical activities or performance observed by the assessor should be included.

Learners must authenticate the evidence that they provide for assessment. They do this by signing a declaration stating that it is their own work when they submit it to certify:

- the evidence submitted for this assignment is the learner's own
- the learner has clearly referenced any sources used in the work
- they understand that false declaration is a form of malpractice.

Your assessors should assess only learner evidence that is authentic. If they find through the assessment process that some or all of the evidence is not authentic, they need to take appropriate action, including invoking malpractice policies as required.

It is important that all evidence can be validated through verification. This means that it must be capable of being reassessed in full by another person. When you are using practical and performance evidence, you need to think about how supporting evidence can be captured through using, for example, videos, recordings, photographs, handouts, task sheets, etc. This should be submitted as part of the learner's evidence.

The authentication of learner evidence is the responsibility of your centre. If during external sampling a Pearson Standards Verifier raises concerns about the authenticity of evidence, your centre will be required to investigate further. Depending on the outcomes, penalties may be applied. At the end of this section, you can find an example of a template that can be used to record the declaration of learners in relation to the authenticity of the evidence presented for assessment.

Applying criteria to internal assessments

Each unit and learning aim has specified assessment criteria. Your centre should use these criteria for assessing the quality of the evidence provided. This determines the grade awarded.

Unless specifically indicated by the assessment guidance, assessment criteria are not a set of sequential activities but a way of making a judgement. For example, if a Level 2 Pass specifies a 'description' and a Merit an 'analysis', these do not require two different activities but rather one activity through which some learners will provide only description evidence and others will also provide analysis evidence. The assessment criteria are hierarchical. A learner can achieve a Merit only if they provide sufficient evidence for the Level 2 Pass and Merit criteria. Similarly, a learner can achieve a Distinction only if they give sufficient evidence for the Level 2 Pass, Merit and Distinction criteria.

A final unit grade is awarded after all opportunities for achievement are given.

A learner must achieve all the assessment criteria for that grade. Therefore:

- to achieve a Level 2 Distinction a learner must have satisfied all the Distinction criteria in a way that encompasses all the Level 2 Pass, Merit and Distinction criteria, providing evidence of performance of outstanding depth, quality or application
- to achieve a Level 2 Merit a learner must have satisfied all the Merit criteria in a way that encompasses all the Level 2 Pass and Merit criteria, providing performance of enhanced depth or quality
- to achieve a Level 2 Pass a learner must have satisfied all the Level 2 Pass criteria, showing breadth of coverage of the required unit content and having relevant knowledge, understanding and skills
- a learner can be awarded a Level 1 if the Level 1 criteria are fully met. A Level 1 criterion is not achieved through failure to meet the Level 2 Pass criteria.

A learner who does not achieve all the assessment criteria at Level 1 has not passed the unit and should be given a grade of U (Unclassified).

A learner must achieve all the defined learning aims to pass the internally assessed units. There is no compensation within the unit.

Assessment decisions

Final assessment is the culmination of the learning and assessment process. Learners should be given a full opportunity to show how they have achieved the learning aims covered by a final assessment. This is achieved by ensuring that learners have received all necessary learning, preparation and feedback on their performance and then confirming that they understand the requirements of an assessment, before any assessed activities begin.

There will then be a clear assessment outcome based on the defined assessment criteria. Your assessment plan will set a clear timeline for assessment decisions to be reached. Once an assessment has begun, learners must not be given feedback on progress towards criteria. After the final assignment is submitted, an assessment decision must be given.

An assessment decision:

- must be made with reference to the assessment criteria
- should record how it has been reached, indicating how or where criteria have been achieved
- may indicate why attainment against criteria has not been demonstrated
- must not provide feedback on how to improve evidence to meet higher criteria.

Your Internal Verifiers and assessors must work together to ensure that assessment decisions are reached promptly and validated before they are given to the learner.

Late submission

You should encourage learners to understand the importance of deadlines and of handing work in on time. For assessment purposes it is important that learners are assessed fairly and consistently according to the assessment plan that the Lead Internal Verifier has authorised and that some learners are not advantaged by having additional time to complete assignments. You are not required to accept for assessment work that was not completed by the date in the assessment plan.

Learners may be given authorised extensions for legitimate reasons, such as illness at the time of submission. If you accept a late completion by a learner, the evidence should be assessed normally, unless it is judged to not meet the requirements for authenticity. It is not appropriate, however, to give automatic downgrades on assessment decisions as 'punishment' for late submission.

Resubmission of improved evidence

Once an assessment decision is given to a learner, it is final in all cases except where the Lead Internal Verifier approves **one** opportunity to resubmit improved evidence.

The criteria used to authorise a resubmission opportunity are always:

- initial deadlines or agreed extensions have been met
- the tutor considers that the learner will be able to provide improved evidence without further guidance
- the evidence submitted for assessment has been authenticated by the learner and the assessor
- the original assessment can remain valid
- the original evidence can be extended and re-authenticated.

Your centre will need to provide a specific resubmission opportunity that is authorised by the Lead Internal Verifier. Any resubmission opportunity must have a deadline that is within 10 working days of the assessment decision being given to the learner, and within the same academic year. You should make arrangements for resubmitting the evidence for assessment in such a way that it does not adversely affect other assessments and does not give the learner an unfair advantage over other learners.

You need to consider how the further assessment opportunity ensures that assessment remains fit for purpose and in line with the original requirements; for example, you may opt for learners to improve their evidence under supervised conditions, even if this was not necessary for the original assessment, to ensure that plagiarism cannot take place. How you provide opportunities to improve and resubmit evidence for assessment needs to be fair to all learners. Care must be taken when setting assignments and at the point of final assessment to ensure that the original evidence for assessment can remain valid and can be extended. The learner must not have further guidance and support in producing further evidence. The Standards Verifier will want to include evidence that has been resubmitted as part of the sample they will review.

Appeals

Your centre must have a policy for dealing with appeals from learners. These appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. The first step in such a policy would be a consideration of the evidence by a Lead Internal Verifier or other member of the programme team. The assessment plan should allow time for potential appeals after assessment decisions have been given to learners.

If there is an appeal by a learner you must document the appeal and its resolution.

Dealing with malpractice

Your centre must have a policy for dealing with potential malpractice by learners. Your policy must follow the Pearson Assessment Malpractice policy. You must report serious malpractice to Pearson, particularly if any units have been subject to quality assurance or certification.

Reasonable adjustments to assessment

You are able to make adjustments to assessments to take account of the needs of individual learners in line with Pearson's Reasonable Adjustments and Special Considerations policy. In most instances this can be achieved simply by application of the policy, for example to extend time or adjust the format of evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable.

Special consideration

You must operate special consideration in line with Pearson's Reasonable Adjustments and Special Considerations policy. You can provide special consideration only in the time given for evidence to be provided or for the format of the assessment if it is equally valid. You may not substitute alternative forms of evidence to that required in a unit, or omit the application of any assessment criteria to judge attainment. Pearson can consider applications for special consideration in line with the policy.

(Exemplar for centres)

Learner Assessment Submission and Declaration

This sheet must be completed by the learner and provided for work submitted for assessment.

Learner name:		Assessor name:	
Date issued:	Completion date:	Submitted on:	
Qualification:			
Assessment reference and title:			

Please list the evidence submitted for each task. Indicate the page numbers where the evidence can be found or describe the nature of the evidence (e.g. video, illustration).

Task ref.	Evidence submitted	Page numbers or description
Comments for note by the assessor:		

<p>Learner declaration</p> <p>I certify that the work submitted for this assignment is my own. I have clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice.</p> <p>Learner signature: _____ Date: _____</p>

9 External assessment

Externally assessed units have the same grades as internally assessed units:

- Level 2 – Pass, Merit, Distinction
- Level 1
- Unclassified.

The table below shows the type of external assessment and assessment availability for this qualification.

Unit 1: Human Lifespan Development	
Type of external assessment	This unit is assessed externally using a paper-based exam marked by Pearson. The assessment must be taken by the learner under examination conditions.
Length of assessment	The external assessment will be 1 hour.
No. of marks	50
Assessment availability	January and June
First assessment availability	January 2014

Your centre needs to make sure that learners are:

- fully prepared to sit the external assessment
- entered for assessments at appropriate times, with due regard for resit opportunities as necessary.

Sample assessment materials will be available to help centres prepare learners for assessment. Specific arrangements for external assessment are available before the start of each academic year on our website qualifications.pearson.com.

Grade descriptors for the internal and external units

Internal units

Each internally assessed unit has specific assessment criteria that your centre must use to judge learner work in order to arrive at a grading decision for the unit as a whole. For internally assessed units, the assessor judges the evidence that the learner has presented to determine whether it meets all the relevant criteria, and then awards a grade at the appropriate level.

The criteria are arrived at with reference to the following grading domains:

- applying knowledge and understanding in vocational and realistic contexts, with reference to relevant concepts and processes, to achieve tasks, produce outcomes and review the success of outcomes
- developing and applying practical and technical skills, acting with increasing independence to select and apply skills through processes and with effective use of resources to achieve, explain and review the success of intended outcomes
- developing generic skills for work through management of self, working in a team, the use of a variety of relevant communication and presentation skills, and the development of critical thinking skills relevant to vocational contexts.

External units

The externally assessed units are assessed using a marks-based scheme. For each external assessment, grade boundaries, based on learner performance, will be set by the awarding organisation.

The following criteria are used in the setting and awarding of the external unit.

Level 2 Pass

Learners will be able to recall and apply knowledge of aspects of human growth and development across life stages in familiar everyday situations such as family life. They will have a sound understanding of key definitions, how human growth and development takes place, with reference to different life stages, and factors that affect growth and development. They will be able to interpret information related to health and social care case studies, in order to select and apply knowledge of aspects of human growth and development at different life stages. They will be able to define terms and communicate how aspects of human growth and development occur, selecting appropriate actions in more simple and familiar contexts. They will be able to relate knowledge of human growth and development to realistic situations in health and social care, and make some comment on valid applications and impact. They will be able to relate aspects of human growth and development to the factors that affect it, with some appreciation of positive and negative impacts.

Level 2 Distinction

Learners will be able to synthesise knowledge of aspects of human growth and development across life stages, bringing together understanding of what is meant by each form of development, and how these interrelate. They will be able to assess how aspects of human growth and development are impacted by life events, applying knowledge to sometimes complex contexts involving case studies related to health and social care. They will show depth of knowledge and development of understanding of how human growth and development takes place in different situations. They will draw on understanding of the factors that impact development, and be able to make effective judgements of positive and negative impact based on analysis of given information. They will be able to explore and evaluate the potential effects of life events on human growth and development during different life stages, and the way these events can be managed, drawing on appropriate concepts.

10 Awarding and reporting for the qualification

The awarding and certification of this qualification will comply with the requirements of the Office of Qualifications and Examinations Regulation (Ofqual).

Calculation of the qualification grade

This qualification is a level 2 qualification, and the certification may show a grade of Level 2 Pass, Level 2 Merit, Level 2 Distinction or Level 2 Distinction*. If these are not achieved, a Level 1 or Unclassified grade may be awarded.

Each individual unit will be awarded a grade of Level 2 Pass, Merit or Distinction, Level 1 or Unclassified. Distinction* is not available at unit level.

Award of Distinction* (D*)

D* is an aggregated grade for the qualification based on the learner's overall performance. In order to achieve this grade, learners will have to demonstrate a strong performance across the qualification as a whole.

To achieve a level 2 qualification learners must:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome)
- have sufficient points across the core units, i.e. 24 points
- achieve the minimum number of points at a grade threshold from the permitted combination. See the Calculation of qualification grade table.

Learners who do not achieve a Level 2 may be entitled to achieve a Level 1 where they:

- complete and report an outcome for all units within the permitted combination (NB Unclassified is a permitted unit outcome)
- have sufficient points across the core units, i.e. 12 points
- achieve the minimum number of points for a Level 1. See the Calculation of qualification grade table.

Points available for unit size and grades

The table below shows the **number of points scored per 10 guided learning hours** at each grade.

Points per grade per 10 guided learning hours				
Unclassified	Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
0	2	4	6	8

Pearson will automatically calculate the qualification grade for your learners when your learner unit grades are submitted. Learners will be awarded qualification grades for achieving the sufficient number of points within the ranges shown in the Calculation of qualification grade table.

Example:

A learner achieves a Level 2 Pass grade for a unit. The unit size is 30 guided learning hours (GLH). Therefore they gain 12 points for that unit, i.e. 4 points for each 10 GLH, therefore 12 points for 30 GLH.

Calculation of qualification grade

Award (120 GLH)	
Grade	Minimum points required
U	0
Level 1	24
Level 2 Pass	48
Level 2 Merit	66
Level 2 Distinction	84
Level 2 Distinction*	90

The tables below give examples of how the overall grade is determined.

Unit numbering is for illustrative purposes only.

Example 1: Achievement of an Award with a Level 2 Merit grade

		GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	Core unit	30	3	Level 2 Merit	6	18
Unit 2	Core unit	30	3	Level 2 Pass	4	12
Unit 3	Optional unit	30	3	Level 2 Merit	6	18
Unit 4	Optional unit	30	3	Level 2 Merit	6	18
	Qualification grade totals	120	12	Level 2 Merit		66

The learner has more than sufficient points across the core units to be considered for a Level 2.

The learner has sufficient points for a Level 2 Merit grade.

Example 2: Achievement of an Award with a Level 2 Pass grade

		GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	Core unit	30	3	Level 2 Merit	6	18
Unit 2	Core unit	30	3	Level 1	2	6
Unit 3	Optional unit	30	3	Level 2 Merit	6	18
Unit 4	Optional unit	30	3	Level 1	2	6
	Qualification grade totals	120	12	Level 2 Pass		48

The learner has sufficient points across the core units to be considered for a Level 2.

The learner has sufficient points for a Level 2 Pass grade.

Example 3: Achievement of an Award at Level 1 but a Level 2 Pass grade points total

		GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	Core unit	30	3	Level 1	2	6
Unit 2	Core unit	30	3	Level 1	2	6
Unit 3	Optional unit	30	3	Level 2 Merit	6	18
Unit 4	Optional unit	30	3	Level 2 Merit	6	18
	Qualification grade totals	120	12	Level 1		48

The learner has not achieved sufficient points across the core units to achieve a Level 2 but has sufficient points to be considered for a Level 1.

Although the learner has gained enough points overall for a Level 2, they will get a Level 1 qualification as they did not achieve sufficient points across the core units.

Example 4: The learner has not achieved sufficient points in the core units to gain a Level 2 or Level 1 qualification

		GLH	Weighting (GLH/10)	Grade	Grade points	Points per unit (weighting × grade points)
Unit 1	Core unit	30	3	Unclassified	0	0
Unit 2	Core unit	30	3	Level 1	2	6
Unit 3	Optional unit	30	3	Level 2 Merit	6	18
Unit 4	Optional unit	30	3	Level 2 Merit	6	18
	Qualification grade totals	120	12	Unclassified		42

The learner has not achieved sufficient points across the core units to achieve a Level 2 or Level 1.

Although the learner has gained enough points overall for a Level 1, they will receive an Unclassified grade as they did not achieve sufficient points across the core units.

11 Quality assurance of centres

Pearson will produce on an annual basis the *BTEC Quality Assurance Handbook*, which will contain detailed guidance the quality processes required to underpin robust assessment and internal verification.

The key principles of quality assurance are that:

- a centre delivering BTEC programmes must be an approved centre, and must have approval for the programmes or groups of programmes that it is delivering
- the centre agrees, as part of gaining approval, to abide by specific terms and conditions around the effective delivery and quality assurance of assessment; it must abide by these conditions throughout the period of delivery
- Pearson makes available to approved centres a range of materials and opportunities, through online standardisation, intended to exemplify the processes required for effective assessment, and examples of effective standards. Approved centres must use the materials and services to ensure that all staff delivering BTEC qualifications keep up to date with the guidance on assessment
- an approved centre must follow agreed protocols for standardisation of assessors and verifiers, for the planning, monitoring and recording of assessment processes, and for dealing with special circumstances, appeals and malpractice.

The approach of quality-assured assessment is through a partnership between an approved centre and Pearson. We will make sure that each centre follows best practice and employs appropriate technology to support quality-assurance processes, where practicable. We work to support centres and seek to make sure that our quality-assurance processes do not place undue bureaucratic processes on centres.

We monitor and support centres in the effective operation of assessment and quality assurance. The methods we use to do this for BTEC First programmes include:

- making sure that all centres complete appropriate declarations at the time of approval
- undertaking approval visits to centres
- making sure that centres have effective teams of assessors and verifiers who are trained to undertake assessment
- assessment sampling and verification, through requested samples of assessments, completed assessed learner work and associated documentation
- an overarching review and assessment of a centre's strategy for assessing and quality assuring its BTEC programmes.

An approved centre must make certification claims only when authorised by us and strictly in accordance with requirements for reporting.

Centres that do not fully address and maintain rigorous approaches to quality assurance cannot seek certification for individual programmes or for all BTEC First programmes. Centres that do not comply with remedial action plans may have their approval to deliver qualifications removed.

12 Further information and useful publications

For further information about the qualification featured in this specification, or other Pearson qualifications, please call Customer Services on 0844 576 0026 (calls may be monitored for quality and training purposes) or visit our website qualifications.pearson.com.

Related information and publications include:

- *Equality Policy*
- *Information Manual* (updated annually)
- *Access arrangements, reasonable adjustments and special considerations*
- *Quality Assurance Handbook* (updated annually).
 - Publications on the quality assurance of BTEC qualifications are on our website at qualifications.pearson.com

Additional documentation

Additional materials include:

- Sample Assessment Material (for the external unit)
- a guide to *Getting Started with BTEC*
- guides to our support for planning, delivery and assessment (including sample assignment briefs).

Visit www.btec.co.uk/2012 for more information.

Additional resources

If you need to source further learning and teaching material to support planning and delivery for your learners, there is a wide range of BTEC resources available to you.

Any publisher can seek endorsement for their resources, and, if they are successful, we will list their BTEC resources on our website qualifications.pearson.com

13 Professional development and support

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

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

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building functional skills into your programme
- building in effective and efficient quality-assurance systems.

The national programme of training we offer is on our website at qualifications.pearson.com. You can request customised training through the website or you can contact one of our advisors in the Training from Pearson team via Customer Services to discuss your training needs.

BTEC training and support for the lifetime of the qualification

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. In addition, we have designed our new network events programme to allow you to share your experiences, ideas and best practice with other BTEC colleagues in your region. Sign up to the training you need at: www.btec.co.uk/training

Regional support: our team of Curriculum Development Managers and Curriculum Support Consultants, based around the country, are responsible for providing advice and support in centres. They can help you with planning and curriculum developments. Call **0844 576 0027** to contact the curriculum team for your centre.

Your BTEC Support team

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there is someone in our BTEC Support team to help you whenever – and however – you need, with:

- Welcome Packs for new BTEC centres: if you are delivering BTEC for the first time, we will send you a sector-specific Welcome Pack designed to help you get started with the new Pearson BTEC Level 1/Level 2 First Award
- Subject Advisors: find out more about our subject advisor team – immediate, reliable support from a fellow subject expert – at: qualifications.pearson.com/subjectadvisors
- BTEC Hotline: call the BTEC Hotline on 0844 576 0026 with your query

Units

Unit 1: Human Lifespan Development

Level: **1 and 2**

Unit type: **Core**

Guided learning hours: **30**

Assessment type: **External**

Introduction

How do people grow and develop throughout their lives? How can factors such as lifestyle choices, relationships and life events affect your growth and development?

This unit provides you with the opportunity to explore how we grow and develop throughout our lives and to investigate the factors that affect this growth and development. You will go on to consider how these factors are interrelated.

There are four distinct aspects to human growth and development, usually classified as physical, intellectual, emotional and social development. These four aspects are closely related to each other, and a change in one can affect some, or all, of the other areas.

Life events have an impact on how we grow and develop. People experience many different types of life events; some are expected and some are unexpected. Being able to manage and handle these events is an important skill in health and social care professions. In this unit you will explore the impact of these life events and the types of support available to help people manage them. Understanding and recognising the impact of these major life events is an important part of a number of roles in the health and social care sector.

In this unit, you will gain an understanding of lifespan development, which is essential when working in health and social care, as you will be able to appreciate the care needs of individuals at different life stages. This understanding is required for a wide range of health and social care roles including nursing, social work, occupational therapy, physiotherapy and dieticians.

Learning aims

In this unit you will:

- A explore human growth and development across life stages
- B investigate factors that affect human growth and development and how they are interrelated.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Explore human growth and development across life stages</p> <p>Topic A.1 The different life stages people pass through during the life course</p> <ul style="list-style-type: none"> ● infancy (0–2 years) ● early childhood (3–8 years) ● adolescence (9–18 years) ● early adulthood (19–45 years) ● middle adulthood (46–65 years) ● later adulthood (65+). <p>Topic A.2 Key aspects of human growth and development at each life stage</p> <p>Physical development – physical growth and physiological change across the life stages:</p> <ul style="list-style-type: none"> ● infancy and early childhood – development of gross motor skills and fine motor skills <ul style="list-style-type: none"> ○ definition, common examples of each and activities that promote their development, the differences between fine and gross motor skills ● adolescence – the main physical changes in puberty <ul style="list-style-type: none"> ○ sexual maturity, growth spurt, primary and secondary sexual characteristics ● early adulthood – physical maturity ● middle adulthood – menopause (description and main effects), ageing process (hair loss, greying hair, loss of muscle tone) ● later adulthood – ageing process <ul style="list-style-type: none"> ○ hair loss, greying hair, loss of muscle tone, loss of strength, loss of mobility, loss of fine motor skills, sensory loss. <p>Intellectual/cognitive development across the life stages – developing thinking and language skills and common activities that promote them:</p> <ul style="list-style-type: none"> ● rapid learning in the early years (language, moral development) ● learning and developing new skills including abstract and creative thinking, problem solving ● memory and recall, effects of old age on memory. <p>Emotional development across the life stages – developing feelings about self and others:</p> <ul style="list-style-type: none"> ● bonding and attachment ● security ● self-image (definition, common reasons for positive and negative self-image) ● self-esteem (definition, common reasons for positive and negative self-esteem) ● contentment. <p>Social development across the life stages – forming relationships:</p> <ul style="list-style-type: none"> ● friendship and friendship groupings ● the formation of relationships with others ● independence (activities and events that promote independence, including performing tasks and activities for self, entering employment, learning to drive).

What needs to be learnt**Learning aim B: Investigate factors that affect human growth and development and how they are interrelated****Topic B.1 Physical factors that affect human growth and development**

How the following physical factors can affect human growth and development:

- genetic inheritance (inherited characteristics, disabilities)
- lifestyle choices (diet, exercise, alcohol, smoking, drugs)
- illness and disease (general effects on growth and development).

Topic B.2 Social, cultural and emotional factors that affect human growth and development

How the following social, cultural and emotional factors can affect human growth and development:

- influence of play (solitary play/social play)
- culture (effects of religion and spirituality, community influences)
- gender (inequality of employment opportunity and pay, social inequality, expectations)
- influence of role models
- influence of social isolation.

Topic B.3 Economic factors that affect human growth and development

How the following economic factors can affect human growth and development:

- income/wealth (effects of level of income)
- occupation (type, status, security of income)
- employment/unemployment/not in education, employment or training (effect on income, social and emotional effects).

Topic B.4 Physical environment factors that affect human growth and development

How the following physical environmental factors affect human growth and development:

- housing conditions (effects of poor living conditions)
- pollution (effects on health).

Topic B.5 Psychological factors that affect human growth and development

How the following psychological factors can affect human growth and development:

- relationships with family members including unconditional acceptance
- growing up in care
- friendship patterns and relationship with partner/s (effects on emotional and social development)
- stress (effects on physical, intellectual, emotional and social development of individual experiencing stress).

continued

What needs to be learnt

Topic B.6 The expected life events that can affect human growth and development and the positive and negative effects of the events on growth and development:

- starting, being in and leaving education
- moving house/location
- entering and being in employment
- living with a partner/marriage/civil ceremony
- parenthood
- retirement.

Topic B.7 The unexpected life events that can affect human growth and development and the effects of the events on personal growth and development and that of others:

- death of a partner, relative or friend
- accidents and injury, ill health
- exclusion, dropping out of education
- imprisonment
- promotion/redundancy/unemployment.

Topic B.8 Understanding how to manage the changes caused by life events:

- types of support (formal, informal, emotional, physical)
- support offered by people (family, friends, partners, professional carers, including district nurse and social care worker)
- support offered by community groups, voluntary and faith-based organisations
- managing expectations.

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is assessed externally using a paper-based exam marked by Pearson.

Examination format

The learner will complete a 60-minute examination worth 50 marks. The paper will consist of **two** structured questions, each with sub-sections. They will be based on background information provided in the examination.

The examination consists of a variety of question types including objective questions, short-answer questions and one extended writing opportunity.

The learner will need to demonstrate and apply their knowledge and understanding.

Unit 2: Health and Social Care Values

Level: **1 and 2**

Unit type: **Core**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

What is good practice in health and social care? What ensures that good practice is applied to support individuals who use health and social care services? Health and social care values underpin good practice within the sector.

These care values apply to all areas of health and social care work. In this unit you will gain an understanding of how these care values are applied in health and social care settings, and their importance to work in the sector. You will apply these values in practice. Through this activity you will develop skills that will be of use in all careers in the health and social care sector. The values described in this unit may be applied to daily life, and to a variety of careers outside the health and social care sector.

You will also investigate methods used to empower individual users of health and social care services. This is important in health and social care, as it enables individuals to take control of their own care, and helps them to ensure that their specific needs are met. These methods include adapting activities and environments to meet individual needs, promoting choice, and using individuals' preferred methods of communication. You will also investigate the importance of taking individual circumstances into account when planning care, as well as the potential difficulties involved in doing this.

This unit will enable you to understand the high standards expected in health and social care in order to safeguard the wellbeing of individuals who use health and social care services.

Learning aims

In this unit you will:

- A explore the care values that underpin current practice in health and social care
- B investigate ways of empowering individuals who use health and social care services.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Explore the care values that underpin current practice in health and social care</p>
<p>Topic A.1: Defining and demonstrating care values</p> <p>Awareness of the values, how they are applied in care settings to support users of services, and the impact of effective and ineffective application of these values in health and social care. Learners must be able to demonstrate the practical application of the care values in selected health and social care contexts.</p> <p>Confidentiality:</p> <ul style="list-style-type: none"> ● when dealing with records and other information concerning individuals who use services ● rules of confidentiality, e.g. safe storage of records, not discussing one individual with another, not sharing written information without permission. <p>Dignity:</p> <ul style="list-style-type: none"> ● preserving the dignity of individuals through appropriate actions. <p>Respect for the individual:</p> <ul style="list-style-type: none"> ● non-discriminatory and non-judgemental approach to practice ● carer's responsibility for the care and wellbeing of individuals ● using appropriate terms when addressing individuals, complying with an individual's cultural and religious requirements – not using terms that are offensive to individuals and groups ● using inclusive language to promote positive relationships in health and social care, e.g. demonstrating interest in others, demonstrating respect for difference. <p>Safeguarding and duty of care:</p> <ul style="list-style-type: none"> ● ensuring the physical and emotional safety of individuals, including the avoidance of negligence ● current and relevant codes of practice ● professional practice. <p>A person-centred approach to care delivery:</p> <ul style="list-style-type: none"> ● placing the individual at the centre of the plan, involving the individual's needs and preferences at the centre of the care plan and involving the individual in decisions about their care.

What needs to be learnt**Learning aim B: Investigate ways of empowering individuals who use health and social care services**

Learners must be able to show an understanding of the application of methods used to empower individuals, using relevant examples from selected care settings, e.g. care home, day centre, hospital, health centre.

Topic B.1 Empowering individuals by:

- adapting activities and environments to meet specific needs and enable full participation by individuals – this should include physical, intellectual, emotional and social needs
- taking account of an individual's rights, preferences, needs, likes and dislikes, the importance of taking individual circumstances into account when planning care
- difficulties in taking individual circumstances into account when planning care that will empower an individual, e.g. availability of resources, effects on other service users, physical limitations
- a willingness to work with others in partnership, including professionals, other workers within a setting, and families
- promoting choice, recognising the right of an individual to make choices
- use of preferred methods of communication, e.g. first language where English is an additional language, British Sign Language, Makaton
- reasons for supporting individuals, e.g. promoting independence, promoting individuality, promoting overall wellbeing
- promoting autonomy, building trust, encouraging feedback, right to advocacy
- use of positive working practices, e.g. needs-led assessment, valuing diversity, recognition of the rights of the individual, incorporation of risk assessment in the care plan.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the care values that underpin current practice in health and social care			
1A.1 Identify how care values are used to support users of services. #	2A.P1 Describe how care values support users of services, using relevant examples. #	2A.M1 Discuss the importance of the values that underpin current practice in health and social care, with reference to selected examples. #	2A.D1 Assess the potential impact on the individual of effective and ineffective application of the care values in health and social care practice, with reference to selected examples.
1A.2 Demonstrate the use of care values in a selected health and social care context.	2A.P2 Demonstrate the use of care values in selected health and social care contexts.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate ways of empowering individuals who use health and social care services			
1B.3 Identify ways in which care workers can empower individuals.	2B.P3 Describe ways in which care workers can empower individuals, using relevant examples from health and social care.	2B.M2 Discuss the extent to which individual circumstances can be taken into account when planning care that will empower them, using relevant examples from health and social care.	2B.D2 Assess the potential difficulties in taking individual circumstances into account when planning care that will empower an individual, making suggestions for improvement.
1B.4 Describe how an individual's circumstances can be used to create a care plan that empowers the individual.	2B.P4 Explain why it is important to take individual circumstances into account when planning care that will empower an individual, using relevant examples from health and social care.		

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within two specific health and social care settings, and explore the application of care values and the importance of considering individual circumstances when planning care for individuals. The suggested assignment outlines for the unit illustrate one way of linking assignments to the learners' demonstration of care values. This will help learners appreciate the vocational relevance of the unit.

Learners could either choose the setting they are most interested in, or it can be set for them. Alternatively, learners could examine the application of care values in different settings in less detail to gain a broader perspective. It is recommended that a variety of assessment methods are employed when assessing this unit to engage and motivate learners.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. Alternatively, learners could present their work for this unit as an information pack to be used as part of the induction process for new employees within the sector, such as healthcare or social care assistants.

Learning aim A

For 2A.P1, learners will be able to describe the care values listed in the unit content that support users of services. This will include reference to at least one relevant example for each of the care values listed in the unit content. Using these examples, learners will be able to illustrate how these care values are applied within health and social care.

To achieve 2A.M1, learners will extend this to a discussion of the importance of these values to current practice. Learners must provide at least one example for each of the key values, such as confidentiality, and its importance within health and social care in ensuring that personal and sensitive information is shared only on a 'need-to-know' basis. These examples could be instances of good or bad practice.

To achieve 2A.D1, learners are required to assess the potential impact of effective and ineffective application of care values on individual service users. Learners should use examples of good and bad practice that cover all the care values listed in the unit content. These examples can be taken from one or more health and social care settings. This could be achieved with the aid of case studies. Case studies can be provided by the teacher or selected by the learner with teacher approval. However, case studies must enable learners to apply their knowledge in a vocational context and facilitate assessment of the impact of effective and ineffective application of the care values on the individual service user.

To achieve 1A.1, learners are expected to be able to identify how care values (listed in the unit content) support service users.

To achieve 2A.P2, learners will need to have the opportunity to demonstrate the values required to work in the health and social care sector. This could be achieved via a period of work experience, or through simulated role play. For 2A.P2, learners must demonstrate all the care values in at least two health and social care contexts with different service user groups. Depending on the placement or role play scenario, learners may only have the appropriate opportunity to demonstrate safeguarding and not duty of care in addition, which is acceptable. Learners could demonstrate the care values in a range of contexts, including a health centre, day centre, a nursery, hospital ward. For 1A.2, learners are required to demonstrate all the values in one health and social care context and will not be expected to apply care values to more than one context.

Learning aim B

For 2B.P3, learners could base their work on case studies of service users in health and social care to describe ways of empowering individuals and explain the importance of considering individual circumstances when planning care (2B.P4). Using the same case studies, learners could discuss the extent an individual's circumstances (for example abilities, preferences, likes/dislikes) can be taken into account and assess the potential difficulties of doing so (2B.M2). These could include effects on resources, the rights of other individuals within the setting, time management and issues connected with the number of individuals.

To achieve 2B.D2, learners must be able to suggest improvements to the individual's care, considering their individual circumstance and the potential difficulties of doing so. To enable learners to achieve 2B.D2, it is necessary that any provided case study is not an example of excellent practice. It is recommended that the case study has instances both of good and bad practice, to allow learners the opportunity to recognise both.

For 1B.3, learners are asked to identify ways in which care workers can empower individuals. For example, adapting activities and environments can enable individuals to fully participate in whatever is occurring. Learners should be able to identify at least three different ways of empowering individuals.

For 1B.4, learners need to describe how an individual's circumstances can be taken into account to create a care plan to empower them.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P2, 2A.P2	Demonstrating Care Values in Health and Social Care	<p>You are volunteering at two different health and social care settings. Each of the managers of the two settings has asked you to carry out an activity with the two groups of service users. They have asked that you consider particular care values during the activity as below.</p> <p>1) While you are working with older individuals in a day care setting to carry out an arts and crafts activity, you have been asked to demonstrate the following care values:</p> <ul style="list-style-type: none"> • preserving dignity (e.g. through setting the activity within their ability) • showing respect for individuals (e.g. using appropriate terms when addressing individuals) • safeguarding/duty of care (e.g. physical and emotional safety, appropriate use of equipment) • taking a person-centred approach (e.g. considering their likes/dislikes, giving choice about participation in activity). 	<p>Evidence could include: digital recording, photographs, signed witness testimonies, written or verbal summary/log of activity.</p> <p>Signed observation records of practical demonstration of health and social care values in real or simulated scenarios.</p>

Criteria covered	Assignment	Scenario	Assessment evidence
		<p>2) While you are working with young adults with learning disabilities in a residential setting to plan a day trip, you have been asked to demonstrate the following care values:</p> <ul style="list-style-type: none"> ● maintaining confidentiality (e.g. not disclosing shared personal information) ● preserving dignity (e.g. enabling them to have input in choosing activities) ● showing respect (e.g. not pre-judging an individual's contribution, use of inclusive language) ● safeguarding/duty of care (e.g. physical and emotional safety, following safe working practices during planning, not being over-familiar) ● taking a person-centred approach (e.g. involving individuals in planning, asking their opinions). 	

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P1, 2A.P1, 2A.M1, 2A.D1	The Importance of Care Values in Health and Social Care	<p>Your managers have asked you to submit a short reflective account on your use of care values, during the two activities above. In this account, you need to:</p> <ul style="list-style-type: none"> ● describe how the care values you exhibited support those older individuals and young adults ● discuss how important these values are to the two groups of service users ● assess the potential impact of the effective and ineffective application of care values on an individual from each of the two groups. 	Written account/IT-produced report/presentation slides.

Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	Empowering Service Users in Health and Social Care	<p>At the end of your volunteer placements, the manager of one of the settings has asked you to reflect on the experience and make suggestions on how to take individual circumstances into account when planning empowering care. She has asked you to put a report together to present your findings to the team.</p> <p>Looking at either the day-care setting or residential setting, in your report describe ways in which care workers could empower individuals in that setting, using relevant examples. In your report you should also explain why it is important to take individual circumstances into account when planning care for that group of service users. Additionally, you should discuss the extent to which this can be achieved, and assess the potential difficulties of doing so.</p>	Written report.

Unit 3: Effective Communication in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Are you aiming for a career in health or social care? If so, how good are your communication skills? Communication skills are vital for those who choose to work in health and social care. Clear communication is important to enable service users to understand and agree to the care they are receiving. Good communication between care professionals allows them to perform their roles effectively, work cooperatively with colleagues and build supportive relationships with service users.

If you have ever used health or social care services, you will have noticed the number of times staff communicate with each other and with service users.

This unit will allow you to investigate the different forms of communication and how they are used effectively in health and social care. You will look at the importance of using clear speech, body language that shows that you want to help people, and active listening skills that show you are interested in what people are saying. This unit will also provide information about alternative forms of communication such as Braille, British Sign Language and Makaton.

In this unit, you will also investigate the difficulties some people experience in accessing health and social care, owing to barriers of communication. You will learn how these can be overcome, so that people can access health and social care services.

This unit will help you to explore the communication skills needed to interact with individuals who use health and social care services. You will put these skills into practice in real-life or simulated situations, in both one-to-one and group interactions. This will ensure that you develop a range of communication skills and are able to adapt them for a range of different service users and groups.

Learning aims

In this unit you will:

- A investigate different forms of communication
- B investigate barriers to communication in health and social care
- C communicate effectively in health and social care.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Investigate different forms of communication</p> <p>Learners must be able to show how different methods of communication can be applied to service users with different communication needs in health and social care contexts. They must know how communication methods and skills can improve communication with service users.</p> <p>Topic A.1: Effective communication</p> <p>Verbal communication:</p> <ul style="list-style-type: none"> • clear speech – pronouncing words correctly, sounding the ends of words • selection of appropriate language, e.g. use of formal and informal language, use or avoidance of slang and regional words as appropriate, avoidance of jargon, including unnecessary use of technical terms and acronyms • age-appropriate language • pace, tone and pitch • non-discriminatory use of language • active listening skills. <p>Non-verbal communication:</p> <ul style="list-style-type: none"> • posture – positive, non defensive, e.g. not folding arms • facial expressions, matching the conversation, not smiling inappropriately • eye contact (positive use of eye contact) • appropriate use of touch and personal space – responding to the individual • gestures – understanding of cultural norms with regard to gestures, what is acceptable and unacceptable, not causing offence • non-threatening use of body language • personal space, e.g. cultural variations, individuals with mental illness, individual preferences. <p>Topic A.2: Alternative forms of communication</p> <p>Use of forms of communication for differing needs, including: visually impaired, hearing impaired and learning disabilities e.g. Braille and Braille software, British Sign Language, finger spelling, text messaging, interpreters for speech, translators for written word/documents, objects of reference, communication passports, bliss symbols, Makaton, technological aids, use of pictures to aid communication, use of advocates.</p>

What needs to be learnt**Learning aim B: Investigate barriers to communication in health and social care****Topic B.1: Barriers to communication and how to overcome them**

Barriers and their effects:

- environmental barriers, e.g. lighting, seating, external noise, lack of space
- physical barriers, e.g. sensory deprivation, physical and mental illness
- language barriers, e.g. English as an additional language, speech difficulties, slang, acronyms, colloquialisms, jargon
- social isolation, e.g. lack of confidence; following intimidation, abuse or trauma
- effects of barriers on individuals, e.g. reduced access to health and social care services, poor quality of delivery of health and social care, distress, increased social issues, increased ill health.

Overcoming barriers by use of:

- preferred method of communication
- preferred language
- adaptations to the physical environment – changes to seating, lighting, soundproofing of rooms/windows
- effective non-verbal communication – positive posture, facial expressions, appropriate gestures.

Benefits to individuals when barriers are removed, for example:

- increased access to health and social care
- improved quality of health and social care delivery
- reduction of emotional distress
- increased involvement in interactions
- raised levels of self-esteem
- reduced frustration.

Learning aim C: Communicate effectively in health and social care

Learners must be able to select and demonstrate appropriate communication skills in health and social care settings.

Topic C.1: Communicating with groups and individuals by the use of:

- active listening
- body language
- facial expression
- eye contact
- use of appropriate language
- tone of voice
- pace of speech
- proximity
- clarifying, repeating.

Effectiveness of communication: reflecting on skills used, appropriateness of communication methods for different service users, recommendations for improvement.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate different forms of communication			
1A.1 Identify different forms of verbal and non-verbal communication.	2A.P1 Describe different forms of verbal and non-verbal communication.	2A.M1 Explain the advantages and disadvantages of different forms of communication used, with reference to a one-to-one and a group interaction.	2A.D1 Assess the effectiveness of different forms of communication for service users with different needs.
1A.2 Identify different forms of alternative communication for different needs, using examples from health and social care.	2A.P2 Describe different forms of alternative communication for different needs, using examples from health and social care.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Investigate barriers to communication in health and social care			
1B.3 Outline the barriers to communication in health and social care.	2B.P3 Describe the barriers to communication in health and social care and their effects on service users.	2B.M2 Explain how measures have been implemented to overcome barriers to communication, with reference to a selected case.	2B.D2 Evaluate the effectiveness of measures taken to remove barriers to communication, with reference to a selected case.
1B.4 Identify ways in which barriers to communication may be overcome for individuals with sensory loss.	2B.P4 Using examples, explain ways in which barriers to communication may be overcome and the benefits to service users of overcoming these barriers.		
Learning aim C: Communicate effectively in health and social care			
1C.5 Demonstrate communication skills through one interaction in health and social care, identifying the forms of communication used. #	2C.P5 Demonstrate communication skills through interactions in health and social care, describing their effects. #	2C.M3 Select and demonstrate communication skills through interactions in health and social care, explaining their effectiveness. #	2C.D3 Select and demonstrate communication skills through one-to-one and group interactions in health and social care, evaluating their effectiveness and making recommendations for improvement. #

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

The unit is internally assessed by the centre and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting and explore the use of communication skills within that setting. Alternatively, assignments could be set within different health and social care settings, to provide learners with the opportunity to communicate with different types of service user.

For learning aim A and learning aim B, the assessment could be based on case studies that could be designed to cover the requirements of the assessment criteria. This would enable learners to recognise the practical application of the skills included in the unit. Suitable case studies may be found in professional health and care magazines, television programmes, or other forms of media.

Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness testimonies should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods are employed when assessing this unit to allow learners to develop and utilise a range of communication skills.

Learning aims A and B

For 2A.P1, learners are expected to describe the forms of verbal and non-verbal communication skills, such as the use of non-discriminatory language and body language, which are used in health and social care. At 2A.P2, learners must describe the alternative forms of communication that can be used for those who are visually-impaired, hearing-impaired, or those with learning disabilities. Learners could use examples of the different forms of communication they have used in a particular health and social care setting, or of forms of communication used across different settings.

To achieve 2A.M1, learners must explain the advantages and disadvantages of different forms of communication used (e.g. non-verbal, verbal, alternative) referring to a one-to-one and group interaction in health and social care. The interactions could be between an employee and service user(s), or between staff members in health and social care. For 2A.D1, learners are required to consider at least five different forms of communication, and at least one of these must be an alternative form of communication. They are required to assess the effectiveness of different forms of communication for service users with different needs when communicating

in health and social care settings. Communication could be between service users, health and social care professionals or between a service user and a health and social care professional.

For 1A.1 and 1A.2, learners are required to identify different forms of verbal, non-verbal and alternative communication used in health and social care. This could be in the form of a poster or leaflet.

For 2B.P3, learners must describe four types of barriers to communication in health and social care (listed in the unit content) and the effects of these barriers on service users. Reference to case studies or actual cases in the media would be beneficial here. To achieve 2B.P4, learners are required to use examples to explain how each type of barrier can be overcome and explain the benefits to service users of overcoming these barriers. To achieve 2B.M2, learners should develop their response to explain how measures have been implemented in a health and social care setting to overcome barriers. Learners could build on evidence already presented or refer to a local case study, or to measures that have been implemented at a national level. To achieve 2B.D2, learners should then evaluate how successful the measures were in removing barriers.

For 1B.3, learners need to outline at least three different barriers to communication in health and social care and then identify ways of overcoming these barriers for individuals who have experienced visual and hearing loss (1B.4).

Learning aim C

For learning aim C, learners need to understand what is involved in effective communication and be able to reflect on their interactions.

Learners should be given opportunities, and time, to develop and practise communication and interpersonal skills in preparation for their assessed interactions. Recording interactions (to enable the reviewing process), and receiving feedback from peers and their teacher, will support them to improve their skills in preparation for assessment. For work-based interactions, learners should first discuss and agree these with their teacher and supervisor. Simulated role-plays set in health and social care settings are also acceptable.

Suggested examples include the following:

- learners are provided with a case study and, taking the role of care workers, discuss and plan the care for an individual
- selecting learners to play the 'role' of a disinterested care worker, giving them an insight into being on the receiving end of poor practice. It also helps them to see how self-esteem is inextricably linked with good communication practices
- learners are given a budget and asked to plan how they would spend the money in order to refurbish a care home, hospital day room or day centre for older people
- learners could take on the role of service users discussing the care they are receiving and how it is meeting their needs, or not.

It is recommended that teachers video the session if equipment is available. Alternatively, groups could be observed by peers who could provide feedback on the communication and interpersonal interaction skills used. Learners could produce a checklist for the observations as part of a class activity. Learners could produce notes in addition to the checklist, which could support them when producing their evidence for 2C.P5.

For 2C.M3, learners are required to select and apply communication skills in at least two different situations in health and social care. These could be one-to-one or group, formal or informal, with colleagues or service users. Learners are expected to explain the effectiveness of the skills they demonstrated. For 2C.D3 learners need to evaluate the effectiveness of their demonstrated communication skills in both one-to-one and group interactions within health and social care. As part of their evaluation, learners need to make recommendations for improving their use of communication skills.

To achieve 1C.5, learners are required to demonstrate communication skills either in a one-to-one or a group context within a health and social care setting, identifying the forms of communication they used.

It is essential that vocational scenarios included in assessment are written at a level that learners can identify with, for example volunteers or care assistants rather than heads of department.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	How to Communicate in Health and Social Care	<p>The manager in the nursing home where you work as a care assistant has received a complaint from one of the service users about the way staff communicate with her on a day-to-day basis. She feels her hearing difficulty is not considered and she does not always know what is about to happen to her when her carers come into her room. The manager has called a meeting to discuss how staff should be communicating in the setting and has asked you to design some materials about communicating in health and social care for current staff and anyone joining the team in future.</p> <p>Within the materials, you must include the following:</p> <ul style="list-style-type: none"> • a description of the different forms of verbal, non-verbal and alternative communication, using examples set within the nursing home • an explanation of advantages and disadvantages of different forms of communication used, referring to one-to-one and group interactions • an assessment of the effectiveness of different forms of communication for service users with different needs in the nursing home, such as those with hearing impairment. 	Information pack consisting of leaflets, posters, articles, presentation slides.

Criteria covered	Assignment	Scenario	Assessment evidence
		<p>Within the nursing home, there are many barriers to effective communication, for example, service users who have sensory deprivation, English as a second language and dementia. Your manager has asked you to include the following in your information pack:</p> <ul style="list-style-type: none"> • a description of the barriers to communication in the nursing home and the effects on service users • an explanation of how these barriers can be overcome and the benefits of doing so for the nursing home residents • a detailed explanation of how measures have been implemented to overcome barriers within the nursing home and an evaluation of the effectiveness of this. 	

Criteria covered	Assignment	Scenario	Assessment evidence
1C.5, 2C.P5, 2C.M3, 2C.D3	Communicating Effectively in Health and Social Care	<p>As a care worker, you need to communicate effectively with other staff in the nursing home and service users in formal and informal situations.</p> <p>Mrs Johnson is a delightful lady whom you are very fond of. She has been in your care for three years and is always grateful for the care you provide. Mrs Johnson's only living relative is a daughter who lives over 200 miles away so visits are few. Mrs Johnson has recently been diagnosed with renal disease and needs to go into hospital for tests. She is afraid of hospitals and you know she will be very distressed. As you have a good relationship with Mrs Johnson, your manager has asked you to deliver this news to her, then to her daughter, and report back the outcomes of the conversation.</p> <p>You will need to:</p> <ul style="list-style-type: none"> ● select and demonstrate communication skills in your conversations with Mrs Johnson in person, and her daughter over the telephone, informing them both of what is going to happen and why ● speak with your manager to let her know the outcomes of the conversation, describing the effects, evaluating the effectiveness of your communication skills and making recommendations about how you could have improved the way you interacted with them. 	<p>Signed observation records.</p> <p>Practical demonstration of communication skills within health and social care.</p> <p>Evidence could include signed witness testimonies, digital recordings, annotated photographs.</p>

Unit 4: Social Influences on Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

How do people develop their views about the difference between right and wrong? Why do people hold the beliefs and attitudes they do? How can an individual's relationships, income or education affect their health and wellbeing?

In this unit, you will explore how we learn acceptable behaviour from our parents, carers, grandparents and extended families (primary socialisation). You will also explore how we learn social rules from those in the wider community, for example teachers and work colleagues (secondary socialisation). You will explore how these different forms of socialisation affect our health and wellbeing.

Through exploring different types of social relationships, such as those within families and those between friends and work colleagues, you will develop an understanding of the effects these factors have on the health and wellbeing of individuals.

You will also investigate the impact of different social factors, such as income, education and social class on the health and wellbeing of individuals.

Understanding the impact of relationships and social factors on the health and wellbeing of individuals will have an impact on the types of care and support required by individuals, and allow health and social care professionals to plan and deliver care to meet the needs of service users.

Learning aims

In this unit you will:

- A explore the effects of socialisation on the health and wellbeing of individuals
- B understand the influences that relationships have on the health and wellbeing of individuals
- C investigate the effects of social factors on the health and wellbeing of individuals.

Learning aims and unit content

What needs to be learnt
Learning aim A: Explore the effects of socialisation on the health and wellbeing of individuals
<p>Learners must be aware of the differences between primary and secondary socialisation, the different agents involved in each, and the impact that these may have on the health and wellbeing of individuals.</p> <p>Topic A.1 Primary and secondary socialisation</p> <p>Primary socialisation:</p> <ul style="list-style-type: none">• agents, e.g. parents, siblings, carers• influence of agents on speech, beliefs and values. <p>Agents of secondary socialisation and their influence:</p> <ul style="list-style-type: none">• friends and peers• media, e.g. advertising, social networking, television, celebrity culture, music, newspapers/magazines• other agents, e.g. early years workers at nursery/playgroup, teachers, youth workers, representatives of religions, work colleagues, social workers. <p>Topic A.2 Effects of socialisation</p> <ul style="list-style-type: none">• Shaping of gender roles, e.g. expectations for male and female behaviour.• Shaping of attitudes, e.g. the development of tolerance/prejudice, shaping of moral choices, religious and secular beliefs, attitude to authority.• Development of social norms and values, e.g. views of right and wrong, manners and behaviour, use of language.• Influence on lifestyle choices, e.g. entering employment/not entering employment, career choices, use of illegal substances, marriage and long-term relationships, alternative lifestyles, religion, use and choice of medical care and treatment, smoking, alcohol consumption, participation in sport or exercise.

What needs to be learnt**Learning aim B: Understand the influences that relationships have on the health and wellbeing of individuals****Topic B.1 Influences of relationships on individuals**

The influences of different types of relationship on the health and wellbeing of individuals, including effects of changes in relationships, e.g. marriage, divorce, bereavement, leaving education.

Learners must be able to link the type of relationship to its possible influences on health and wellbeing.

- Different types of relationship:
 - family, e.g. extended, nuclear, reconstituted, single parent
 - working, e.g. teacher/student, colleagues, line managers
 - social, e.g. friends, fellow members of religious and secular groups
 - intimate and sexual relationships.
- Influences of relationships on individuals' health and wellbeing, e.g. self-esteem, levels of stress and anxiety, effects of dysfunction.

Learning aim C: Investigate the effects of social factors on the health and wellbeing of individuals**Topic C.1 How social factors influence health and wellbeing**

The influence of social factors on the health and wellbeing of individuals, including their health-related choices.

Learners must be able to link social factors and their influence on health choices and on the health and wellbeing of individuals.

- Social factors that influence health and wellbeing, e.g. income, education, occupation, social class, wealth, values and behaviours, family, peers, media, living conditions, gender, culture.
- Effects of social factors on health choices, e.g. diet, smoking, living accommodation, use of recreational drugs, alcohol consumption, participation in sport or exercise, seeking medical care.
- Effects of social factors on health and wellbeing, e.g. to self-esteem, levels of stress and anxiety, access to health and social care services, effect on physical health and wellbeing, long-term effects on health and wellbeing.

Assessment Criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the effects of socialisation on the health and wellbeing of individuals			
1A.1 Identify agents involved in the primary and secondary socialisation processes.	2A.P1 Explain the influence of agents of primary and secondary socialisation.	2A.M1 Explain the effects of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.	2A.D1 Evaluate the impact of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.
1A.2 Outline the main effects of socialisation on the health and wellbeing of individuals.	2A.P2 Describe the effects of socialisation on the health and wellbeing of individuals.		
Learning aim B: Understand the influences that relationships have on the health and wellbeing of individuals			
1B.3 Outline the different types of relationships that have an impact on the health and wellbeing of individuals.	2B.P3 Describe the influences that different types of relationships have on the health and wellbeing of individuals.	2B.M2 Explain the influences that different types of relationships have on the health and wellbeing of individuals.	2B.D2 Compare the potential positive and negative influences of different relationships on the health and wellbeing of individuals.

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim C: : Investigate the effects of social factors on the health and wellbeing of individuals			
1C.4 Identify the effects of social factors on the health choices of individuals.	2C.P4 Describe how social factors can affect the health and wellbeing of individuals.	2C.M3 Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples.	2C.D3 Evaluate the link between social factors and the health and wellbeing of individuals, and the impact on health and wellbeing, with reference to relevant examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or through several, smaller assignments. To gain an appreciation of the impact of social factors on health and wellbeing, it may be useful to invite a visiting speaker such as a youth worker, a health visitor or someone from a smoking cessation group. It will also be useful to look at demographics and the way that local differences may have an impact on health and diseases, particularly relating to social class, although learners do not need to have an in-depth understanding of local or national data.

This unit can be assessed in a variety of ways and could either focus on a case study approach or on how an understanding of social factors could be used to explore ways to combat health risks.

Evidence for this unit could either be written or be in the form of a presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification. It is recommended that a variety of assessment methods is used over the course of the qualification to engage and motivate learners.

Learning aim A

To achieve 2A.P1, learners are expected to explain the influence of the agents of primary and secondary socialisation, such as close family and the media.

To achieve 2A.P2, learners will be able to describe in depth the effects of socialisation on individuals' health and wellbeing. To achieve 2A.M1, learners are expected to be able to explain these effects, using either two detailed examples or a wider range of illustrative examples. As part of evaluating the impact of socialisation in 2A.D1, learners are expected to make a judgement about the importance of these factors, backing up their argument with at least three detailed examples. Learners may conclude whether primary or secondary socialisation was more influential on the individual studied, or which form of socialisation had a largely positive or negative effect.

For 1A.1, it is essential that learners can identify at least two agents each for primary and secondary socialisation.

To achieve 1A.2 learners are required to outline the main effects of socialisation on individuals' health and wellbeing, in terms of: shaping of gender roles, attitudes, the development of social norms and values, the influence on lifestyle choices.

Learning aim B

For 2B.P3, learners should be able to describe the influence of selected relationships, which will include the influence of changes in relationships. To achieve 2B.M2, learners will be able to explain using evidence (such as research from media articles, or summaries of scientific/health-related reports) and give reasons to support the point(s) they are making. In order to achieve 2B.D2, learners will be required to compare the negative and positive influences of relationships, clearly linking each to the subsequent effects on the individual's health and wellbeing.

For 1B.3, learners could create a family or relationship tree for their assignment, outlining the different types of relationship that can impact on an individual's health and wellbeing.

Learning aim C

For 2C.P4, learners will be expected to describe how factors such as income and education can affect the health and wellbeing of individuals. Learners must describe at least four factors and their effects on health and wellbeing. For 2C.M3, learners must explain the wider effects of these social factors on the overall health and wellbeing of individuals, which will be supported by a detailed example of the effects for each social factor. To achieve 2C.D3, learners will be able to evaluate the link between social factors and consider the impact on the individual's health and wellbeing. Learners should be encouraged to evaluate the overall impact on the health and wellbeing of individuals, in terms of the physical, intellectual, emotional and social wellbeing, rather than just their physical health or social wellbeing. For 2C.D3, responses will be a more comprehensive assessment of these four areas.

For 1C.4, learners need to identify the effects of at least four social factors, such as income, education, family and the media on individuals' health and wellbeing.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 1B.3, 1C.4, 2A.P1, 2AP.2, 2A.M1, 2A.D1, 2B.P3, 2B.M2, 2B.D2, 2C.P4, 2C.M3, 2C.D3	The Impact of Social Influences Today on Health and Wellbeing	<p>The staff at the local healthcare centre want to try to reduce the amount of preventable health problems. They have decided to raise awareness of the positive and negative effects of social influences on people's health and wellbeing.</p> <p>They have asked you to put together a series of leaflets featuring fictional characters. The leaflets are to be designed to show parents potential influences on their children as they grow up and the impact these will have on health and wellbeing. Your leaflets should highlight:</p> <ul style="list-style-type: none"> • the effects of primary and secondary socialisation and the ways that these could impact on values, attitudes, behaviour and lifestyle choices, and the ways that this could in turn affect health and wellbeing, with reference to relevant examples • the influences of different types of relationships and the potential positive and negative ways these can influence the health and wellbeing of individuals • the effect of a variety of different social factors and their link to overall health and wellbeing, with reference to relevant examples. 	<p>Leaflets.</p> <p>Written report, presentation slides, verbal presentation with presentation notes and signed observation records.</p>

Unit 5: Promoting Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

How can we improve the health and wellbeing of the nation? What are the benefits of doing so?

Being healthy can mean different things to different people. Many injuries and diseases can be prevented if people make healthy lifestyle choices and know how to reduce risks to their health.

Health promotion is the area of health that raises awareness of these issues, and educates people on how to be healthy. For example, this could involve promoting the use of screening and vaccination to prevent disease, or running campaigns designed to provide information about healthy lifestyle choices.

This unit explores some of the reasons why health-promotion activities are carried out, and the benefits of health-promotion work both for individuals and for the health and wellbeing of the nation as a whole. You will also explore the different forms of health-promotion activities that are used by health care workers.

This unit provides you with the opportunity to explore and research an area of health risk. You will then create materials for a health-promotion activity for a specified target group. There are many different health and wellbeing issues you might wish to investigate, and these are often related to the lifestyle choices people make.

Health-promotion activities are an important part of a number of roles in the health and social care sector, including health visitors, midwives, school nurses and GP practice nurses. Researching a selected health risk and designing related materials for a health-promotion activity will give you a valuable insight into this important aspect of health and social care work.

Learning aims

In this unit you will:

- A explore the purpose, types and benefits of health promotion
- B investigate how health risks can be addressed through health promotion.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Explore the purpose, types and benefits of health promotion</p> <p>Topic A.1 Health promotion</p> <p>What is health promotion?</p> <ul style="list-style-type: none"> • Provision of information and education both to individuals and to the nation, which will enable them to make positive lifestyle choices to improve their health and wellbeing. <p>Purpose and aims of health promotion</p> <ul style="list-style-type: none"> • purpose – promotion of healthy ideas and concepts to motivate people to change behaviour and adopt healthy lifestyle choices, designed to be proactive in tackling health-related challenges and issues • aims of health-promotion activities, e.g. raise health awareness, encourage safety and reduce accidents, reduce number of people smoking, encourage healthy eating habits, reduce alcohol intake. <p>Different types of health promotion and health-promotion activities</p> <ul style="list-style-type: none"> • health risk advice – raising awareness of health-related issues and educating individuals to enable them to make healthy lifestyle choices <ul style="list-style-type: none"> ◦ types of health risk advice, e.g. peer education, shock tactics, advice from health professionals, advice from police and fire service, testimonies from people personally affected by issues ◦ examples of advice, e.g. safe sexual practices, healthy eating plans, exercise plans, drug awareness, safe drinking, road safety, personal safety, travel health, skin cancer awareness. • health-promotion campaigns – local or national initiatives targeted at large audiences with the aim of raising awareness of health-related issues <ul style="list-style-type: none"> ◦ types of health-promotion campaigns, e.g. Department of Health national campaigns, national and local NHS campaigns, use of different forms of media • medical intervention – such as screening or vaccinations that are used to proactively reduce or eliminate disease <ul style="list-style-type: none"> ◦ types of medical intervention, e.g. childhood immunisations, vaccinations (Human Papilloma Virus (HPV), influenza, pneumonia), screening (cervical cancer, diabetes, breast cancer, bowel cancer). <p>Topic A.2 Benefits of health promotion to both the health and wellbeing of the individual and the nation</p> <p>Individual:</p> <ul style="list-style-type: none"> • increased understanding of health issues • increased responsibility for own health, e.g. understanding safe lifting, safe working practices • decreased risk of disease/injury • improved quality of life • increased life expectancy • change in personal behaviour practices and lifestyle choices, e.g. eating patterns, drinking patterns, level of exercise, hand-washing, smoking, drug taking, sexual practices, road safety, handling stress, use of sun protection, avoidance of exposure to UV rays. <p style="text-align: right;"><i>continued</i></p>

What needs to be learnt

Nation:

- reduced levels of illness and disease
- impact on crime levels, e.g. road safety, reduced crime related to recreational drugs, reduced alcohol-related violent crime
- increased uptake in vaccination and screening programmes
- address high-profile health and wellbeing concerns, e.g. smoking, drinking, STIs, obesity levels, road safety, heart health, mental health, use of recreational drugs
- reduced financial cost to the NHS and the government, e.g. for treatment related to obesity, smoking, alcohol use, reduced cost to police and prison service.

What needs to be learnt**Learning aim B: Investigate how health risks can be addressed through health promotion****Topic B.1: Targeting selected health risks**

Learners will select a health risk, and research its main effects on the health and wellbeing of individuals. They will consider how these effects can be addressed through health promotion and evaluate the different strategies that can be used to address the chosen health risk. They will also produce materials appropriate for the health-promotion activity, tailoring it for their target group.

- topics for health promotion and their associated effects on health, e.g. substance misuse, binge drinking, safe sex, healthy eating, smoking, road safety, handwashing, participation in sport and exercise
- research using different sources, e.g. websites, books, newspapers/magazines, leaflets, journals, DVDs and TV programmes, Department of Health, health professionals and service users
- gathering data to understand the health topic, e.g. statistics (national, local), case studies
- health-promotion materials, e.g. posters, leaflets, games, presentations, wall displays
- target groups, e.g. children, adolescents, employees, sports or social clubs, type of service user
- health-promotion materials appropriate to target group, e.g. language, images, activity, position of display, timing, ethics, form of media, how materials could be adapted for different target groups
- evaluation of strategy – appropriate methods for target group, success of existing campaigns.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the purpose, types and benefits of health promotion			
1A.1 State what is meant by health promotion, identifying the purpose and aim(s) of one health-promotion activity.	2A.P1 Describe health promotion and the purpose and aims of three different health-promotion activities.		
1A.2 Outline how health promotion is used to benefit individuals.	2A.P2 Describe how different types of health promotion are used to benefit the health and wellbeing of individuals and the nation.	2A.M1 Discuss how different types of health promotion are used to benefit the health and wellbeing of individuals and the nation, using selected examples. *	2A.D1 Analyse the benefits of different types of health promotion to individuals and the nation, using selected examples. *
Learning aim B: Investigate how health risks can be addressed through health promotion			
1B.3 Identify the main effects of the chosen health risk on individuals.	2B.P3 Describe the chosen health risk and its main effects on individuals, using research findings from different sources. #	2B.M2 Explain how the chosen health risk affects individuals and how these effects can be addressed through health promotion, using research findings from different types of sources. #	2B.D2 Evaluate the strategies used to address the chosen health risk, using research findings. #
1B.4 Produce materials for a health-promotion activity, with guidance. * #	2B.P4 Produce appropriate materials for a health-promotion activity, describing the health risk and health advice. * #	2B.M3 Produce materials for a health-promotion activity tailored to a target group, describing the health risk and health advice. * #	2B.D3 Make recommendations for how the health-promotion materials could be adapted for a different target group. * #

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Assignments for this unit can focus on one specific health risk, which learners can explore in depth, looking at both the health risk advice given and the form of medical intervention. The health risk can be set for the learner, or learners could be given the opportunity to research a health risk that they have a particular interest in finding out more about. Giving learners a choice will enable them to engage more with the assignment(s). Alternatively, learners could be set assignments with each learning aim focusing on a different health risk to give them a broader perspective and enable them to make comparisons between the two.

While assignments may focus on one or two specific health risks, they also need to make reference to a broader range of health risks and associated campaigns. This will allow learners to gain a broad and solid introduction to health promotion, which will support progression to level 3.

It is recommended that this unit is delivered and assessed in a practical way to engage and motivate learners. Guest speakers such as health visitors and service users would help learners appreciate the vocational relevance of this unit. Suitable assessment methods include class debates about health risks and benefits of health-promotion activities that target the risks. Evidence presented verbally should be recorded, and detailed observation records/witness statements completed and retained for internal and external verification. Learners could also create posters, leaflets, or other media such as video clips or digital recordings, as part of the health-promotion activity, using a form of media suitable for the target group.

Learning aim A

To achieve 2A.P1, learners are expected to describe what is meant by health promotion. Learners must select or be provided with three different examples of health-promotion activities. They should describe the purpose and aims of each activity. Learners should select varied examples of health-promotion activities that will allow them to demonstrate breadth of knowledge and understanding of the purposes and aims of those activities.

For 2A.P2, learners are expected to use details of actual health promotions, and consider not just the benefits to individuals of health-risk advice, health-promotion campaigns and medical interventions, but also the wider benefits to the nation as a whole. Learners have the opportunity to describe different health-promotion activities for one specific health risk that they have an interest in researching, or to look at health promotions for different health risks. Learners are required to describe different forms of health-promotion activity and could use either local or national

examples. To achieve 2A.M1, learners must use evidence to support their argument, such as from media articles and summaries of health reports. Learners must refer to the wider benefits of health promotion, such as economic and social benefits. To achieve 2A.D1, learners must analyse the benefits, by considering the various benefits of health promotion, as well as links between the benefits to individuals and the nation. Learners must refer either to a couple of in-depth examples, for example health-risk advice and medical intervention, or to a wider range of illustrative examples if they have looked at different health-promotion activities.

To achieve 1A.1, learners are expected to state what is meant by health promotion. Learners must select or be provided with one example of a health-promotion activity and identify its purpose and aim(s).

For 1A.2, learners are expected to outline how health promotion is used to benefit individuals. Responses will focus on how health promotion in general is used to benefit individuals (with an emphasis on the benefits to the individuals).

Learning aim B

This learning aim requires learners to either be provided with a health risk to research, or for them to choose a health risk to research. This could be the same health risk that formed the focus of learning aim A, which would enable learners to develop their understanding. To achieve 2B.P3, learners must be able to describe in detail the effects of the health risk, using research findings from at least two different sources (which could include the Department of Health, the NHS website, the Care Quality Commission, professional journals, national or local media, health professionals or individuals who have experienced the health risk). To achieve 2B.M2, learners must be able to explain the effects and how they can be addressed, using information from at least two different types of sources (e.g. internet, newspaper articles, journals, health reports, healthcare professionals and individuals, books). To achieve 2B.D2, learners must evaluate the strategies used to address the health risk, coming to a conclusion as to which strategy was most successful.

To achieve 2B.P4, learners are required to produce materials that describe the health risk and provide advice. This could be in the form of a leaflet, or learners could work together to create a display (with each learner producing individual evidence of the material(s) they produced as part of the display). It is essential that learners' promotional materials describe the health risk and advice. Learners are being assessed on their ability to use promotional materials as a vehicle for highlighting a particular health risk and providing appropriate health advice, and not for producing well-presented materials that fail to fulfil this purpose. To achieve 2B.M3, learners will choose a form of media suitable for their target group. It is essential that learners select a target group that is suitable in relation to the chosen health risk. Learners could put together a toolkit (working either individually or in a group) similar to the 'Healthy Schools Toolkit'. To achieve 2B.D3, learners must be able to recommend how the promotional materials could be adapted for a different target group. To have a more vocational emphasis, the materials could form part of a health-promotion activity, which could be real or simulated. Learners could then use this experience to inform their suggestions on how to adapt it for another target group.

It is important to note that while learners are expected to produce materials for a health-promotion activity, they do not have to participate in or run a health-promotion activity to achieve the assessment criteria.

To achieve 1B.3, learners will identify the main effects of the specified chosen health risk on individuals' physical, intellectual, emotional and social health, but there will be no evidence of independent research.

To achieve 1B.4, learners are required to produce materials for a health-promotion activity. This will be quite basic in nature, such as an A3 poster that will outline a health risk and give some advice.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Benefits of Health Promotion for Teenagers	<p>The local youth service has become concerned about the health of young people in the area. They have approached your health and social care department to see whether there should be a local health-promotion campaign.</p> <p>Produce an article or report on health risks faced by teenagers. This must include the following:</p> <ul style="list-style-type: none"> • an introduction describing what is meant by health promotion. You must include details of three different health risks that may affect teenagers and one health-promotion activity related to each health risk, describing the purpose and aims of each activity • an explanation of a chosen health risk and how it affects teenagers, and how these effects could be addressed through health promotion • an evaluation of the strategies used to address the chosen health risk • an analysis of the benefits of health promotion both to teenagers and to the nation, using selected examples 	<p>Written report/article.</p> <p>Presentation slides, verbal presentation with presentation notes and signed observation record.</p>

Criteria covered	Assignment	Scenario	Assessment evidence
		<p>The article or report could include reference to campaigns that are relevant to teenagers in your area or school/college, for example healthy eating to prevent obesity, drug awareness to educate young people about the dangers, or safe drinking to prevent illness or injury. In your report, you should include research from different types of sources.</p>	

Criteria covered	Assignment	Scenario	Assessment evidence
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.M3, 2B.D2, 2B.D3	Healthy Teens	<p>Following your successful report, the local youth service has decided to run a health-promotion campaign.</p> <p>You have been asked to produce some materials that could be included in a pack, which will be given out in youth clubs, libraries and medical centres, as part of the health-promotion campaign.</p> <p>You will need to research and collect existing information regarding the health risk. Once you have some relevant information regarding the health risk you can use this to produce materials for a health campaign. These materials need to describe the health risk and advice for teenagers.</p> <p>Present the information to your peers and recommend how the health-promotion materials could be adapted for a different target group.</p>	<p>An information pack containing: posters, leaflets, booklets, wall displays.</p> <p>Witness testimony.</p>

Unit 6: The Impact of Nutrition on Health and Wellbeing

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

Have you considered the effects of what you eat on your health and wellbeing?

This unit provides you with some answers and extends your understanding of how important a balanced diet is to your health.

In this unit you will explore what is meant by a balanced diet and its effects on the body, for example in raising immunity to infection and improving concentration. You will also explore what is meant by an unbalanced diet and how this may lead to various types of ill health. The knowledge and understanding you will gain in this unit is essential for a career in health and social care as it will help you support individuals to make the right choices to improve their health and wellbeing.

In this unit, you will explore the nutritional needs of individuals at different stages of their lives. You will also learn more about the specific diets that some individuals need, for example individuals with allergies or other particular dietary needs. This unit will also enable you to understand some of the personal preferences individuals may have with regard to their diet. You will apply this knowledge and understanding to create nutritional plans for individuals with special dietary needs, which will develop your nutritional planning skills.

This unit will help you to prepare for a career in health and social care. It will also contribute to your own health and wellbeing by supporting you in making your own nutritional choices.

Learning aims

In this unit you will:

A explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals

B understand the specific nutritional needs and preferences of individuals.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals</p>
<p>Topic A.1: Dietary intake and food groups</p> <p>Components of a balanced diet, including basic sources, function and effects of each:</p> <ul style="list-style-type: none"> ● Essential nutrients: <ul style="list-style-type: none"> ○ carbohydrates: simple (sugars), complex (starch and non-starch polysaccharides [fibre]) ○ proteins: animal and plant sources ○ fats and oils: animal fats, vegetable oils, fish oils ○ vitamins: A, B (complex), C, D, E and K ○ minerals: calcium, iron, sodium ○ water ● sources using five food groups (meat, fish and alternatives; fruit and vegetables; bread, other cereals and potatoes; milk and dairy foods; cakes and sweets) ● functions of food groups, e.g. growth, energy, maintaining body functions ● Recommended Daily Intakes (RDIs). <p>Topic A.2 Long-term effects of balanced and unbalanced diets</p> <p>Effects of a balanced diet, including:</p> <ul style="list-style-type: none"> ● raised immunity to infections ● greater energy levels, increased concentration ● faster healing of skin, tissues and mucus membranes. <p>Effects of an unbalanced diet, including:</p> <ul style="list-style-type: none"> ● malnutrition: <ul style="list-style-type: none"> ○ over-nutrition, including coronary heart disease, obesity, type 2 diabetes, stroke, weight gain ○ under nutrition, e.g. specific nutrient deficiencies, low concentration span, importance of varied diet for vegetarians/vegans ● vitamin deficiency <ul style="list-style-type: none"> ○ vitamin A, e.g. night blindness, impaired maintenance and repair of skin, mucus membranes, accelerated ageing ○ vitamin B, e.g. beriberi ○ vitamin C, e.g. scurvy ○ vitamin D, e.g. rickets, bone loss-osteoporosis, low blood calcium, brittle bones, impaired tooth formation ○ vitamin E, e.g. lethargy, apathy, muscle weakness ○ vitamin K, e.g. impaired blood clotting ● mineral deficiency, e.g. calcium (impaired bone and teeth formation), iron (anaemia) ● nutrient excess, e.g. tooth decay.

What needs to be learnt**Learning aim B: Understand the specific nutritional needs and preferences of individuals****Topic B.1 Factors influencing the diet of individuals and their associated dietary needs:**

- religion and culture, e.g. Hinduism, Judaism, Islam, Buddhism
- moral reasons, e.g. vegetarians, vegans
- environment, e.g. access to food and food storage, location, climate
- socio-economic factors, e.g. costs, income, trends, family, class, peer pressure, the media
- personal preferences
- illness, e.g. effects on appetite, effects on dietary requirements
- underlying health condition resulting in specific nutritional needs, e.g. allergies, lactose intolerance, Coeliac disease, Diabetes, Irritable Bowel Syndrome, Crohn's Disease.

Topic B.2 Nutritional variation during life stage development

Life stages:

- infancy 0–2 years: breastfeeding, formula feeding, weaning
- early childhood 3–8 years: to support growth and higher energy needs, avoidance of additives and sugar
- adolescence 9–18 years: to support growth and higher energy needs
- early to middle adulthood 19–65: activity levels, variations according to occupation and lifestyle, pregnancy, lactating mothers
- later adulthood 65+: activity levels, lifestyle, decrease in energy needs.

Topic B.3 Considerations for nutritional planning

Learners are expected to apply their knowledge and understanding of dietary intake, long-term effects of balanced and unbalanced diets, and specific nutritional needs and preferences to create nutritional plans for individuals.

Considerations for nutritional planning:

- factors influencing the diet of individuals and their associated dietary needs (as listed in Topic B.1)
- life stage of individual and associated nutritional requirements, e.g. infancy, early childhood, adolescence, early and middle adulthood, later adulthood.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals			
1A.1 Identify components of a balanced diet, giving examples of each.	2A.P1 Describe the components of a balanced diet and their functions, sources and effects.	2A.M1 Compare the effects of balanced and unbalanced diets on the health and wellbeing of two individuals.	2A.D1 Assess the long-term effects of a balanced and unbalanced diet on the health and wellbeing of individuals.
1A.2 Identify three effects of an unbalanced diet on the health and wellbeing of individuals.	2A.P2 Describe the effects of an unbalanced diet on the health and wellbeing of individuals, giving examples of their causes.		
Learning aim B: Understand the specific nutritional needs and preferences of individuals			
1B.3 Identify the specific dietary needs of an individual.	2B.P3 Describe the specific dietary needs of two individuals at different life stages.	2B.M2 Explain the factors influencing the dietary choices of two individuals with specific dietary needs at different life stages.	2B.D2 Discuss how factors influence the dietary choices of two individuals with specific dietary needs at different life stages.
1B.4 Create, with guidance, a nutritional plan for a selected individual. #	2B.P4 Create a nutritional plan for two individuals with different specific nutritional needs. #	2B.M3 Compare nutritional plans for two individuals with different nutritional needs.	

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

A holistic case study could be used linking all themes throughout the learning aims. This would encourage a holistic approach to the assessment of the unit, and support the learner to include evidence that potentially meets all the criteria. Achievement of the higher grades would be achieved by the learner providing more depth and detail to elements of the case study rather than completing additional tasks.

To engage and motivate learners, it is recommended that a variety of assessment methods are employed when assessing this unit. It is important for learners to appreciate that issues relating to nutrition (as with many other areas in health and social care) can be an emotive subject, and should be dealt with in a sensitive manner. In keeping with the ethical principles applied to health and social care, names should be changed and written permission for the use of information should be obtained where appropriate.

Learning aim A

The assessment for learning aim A could require learners to present information to individuals who attend a community centre in the learners' home area.

For 2A.P1, learners need to describe components of a balanced diet, for example carbohydrates, their functions, sources (e.g. bread, pasta) and their main effects. This could be evidenced in the form of a table in an instructional leaflet to help inform others about components and the importance of a balanced diet. Detailing the effects of an unbalanced diet, and giving examples of their causes within the leaflet, will enable learners to also achieve 2A.P2.

In order to achieve 2A.M1, learners would benefit from the provision of case studies by the centre, enabling them to compare the effects of balanced and unbalanced diets on the health and wellbeing of two individuals: one individual for each of the two types of diet. Assessment could also be in the form of a leaflet or booklet. This could be extended to include an assessment of the long-term effects of having a balanced or an unbalanced diet.

For 1A.1, learners are asked to identify components of a balanced diet and should give examples of each. This could be in the form of a leaflet or booklet that informs individuals about the components of balanced and unbalanced diets. When exploring an unbalanced diet, learners must identify three effects of an unbalanced diet on the health and wellbeing of individual (1A.2).

Learning aim B

The assessment of learning aim B could be based on case studies given to the learner, drawn from a professional health or social care magazine, YouTube, BBC Learning Zone Class Clips or current newspapers. Alternatively, learners could base the evidence on themselves and a member of their family. Both individuals should be at different life stages and have different nutritional requirements.

In keeping with the ethical principles applied to health and social care, written permission for the use of information obtained from family members should be submitted along with the learner's work. All names should be changed.

Learning aim B examines the specific nutritional needs and preferences of individuals. While the learner will need to describe the specific needs for two individuals to meet 2B.P3, they should develop this further for 2B.M2 by explaining which factors may need to be taken into account, for example access to food, budget, culture or religion. For 2B.D2, the discussion of these factors could include exploring the effects of these factors on two individuals with specific dietary needs. For example, how a limited budget for food can reduce the choice an individual has, how this could affect the choices they make, and how the individual could overcome any difficulties. It is essential that any case study provided by the centre to learners provides sufficient detail about factors affecting individuals' specific dietary needs.

To achieve 2B.P4, the learner must create a nutritional plan for two individuals with specific nutritional needs at different life stages, such as an infant and an adolescent (and this can follow on naturally from 2B.P3, having described their specific dietary needs). Learners will need to apply their knowledge and understanding of dietary intake, long-term effects of balanced and unbalanced diets, and the specific nutritional needs and preferences of the two individuals to create appropriate nutritional plans for the two individuals. 2B.M3 will involve extending this to comparing their different nutritional plans.

For 1B.3, learners are required to identify dietary needs of an individual, while for 1B.4, learners are required to create a nutritional plan for a given individual. Unlike at level 2, learners are not expected to create nutritional plans for individuals with different specific nutritional needs.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.3, 2B.P3, 2B.M2, 2B.D2	Impact of Balanced and Unbalanced Diets on Health and Wellbeing	<p>You are working in a GP practice alongside the Practice Nurse who has asked you to look into how two service users (a teenager and an older gentleman who has recently retired) can be supported to improve their diet. They have differing nutritional needs due to illness and allergies and the GP has referred them to the nurse for further advice and information regarding their diets. You have been asked to explore the service users' diets with them, putting together a booklet for their reference afterwards. Having first shown the booklet to the practice nurse and GP, you will then present the information to the service users. You should:</p> <ul style="list-style-type: none"> • describe to the service users components of a balanced diet and their functions and sources • explain and analyse the potential effects of healthy and unhealthy aspects of the service users' diets on their health and wellbeing • describe their specific dietary needs, discussing how factors influence their dietary choices, e.g. cost, convenience, religion or personal preferences. 	<p>Written booklet.</p> <p>Evidence could include: role play and signed observation records, digital recordings, annotated photographs.</p>

Criteria covered	Assignment	Scenario	Assessment evidence
1B.4, 2B.P4, 2B.M3	Nutritional Needs of Individuals	<p>The two service users you met with have asked you to create a nutritional plan for them, outlining their specific needs.</p> <p>Put together the nutritional plans as requested, and show them to the practice nurse and GP for approval, considering their different life stages and specific dietary needs.</p>	<p>Written nutritional plans.</p> <p>Evidence could include: presentation slides, written report.</p>

Unit 7: Equality and Diversity in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

We live in a multi-cultural society, with individuals with diverse needs. It is important that all individuals have equal access to health and social care services and that their diverse needs can be met.

In this unit you will explore the importance of non-discriminatory practice in health and social care by looking at what discriminatory and non-discriminatory practice look like in health and social care and the impact of both in relation to service users and those who work in the sector.

You will also explore how health and social care practices can promote equality and diversity, looking at ways of adapting services to meet individuals' diverse needs and the benefits to service users of doing so.

When working in health and social care you will meet people who look and sound different from you, and who have backgrounds completely different from yours. This unit will give you the chance to explore some of the diverse needs of service users that you might come across when working in the health and social care sector.

Learning aims

In this unit you will:

- A understand the importance of non-discriminatory practice in health and social care
- B explore how health and social care practices can promote equality and diversity.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Understand the importance of non-discriminatory practice in health and social care</p>
<p>Topic A.1 Discriminatory and non-discriminatory practice in health and social care</p> <ul style="list-style-type: none"> ● definition of non-discriminatory practice in health and social care: not treating individuals or groups less fairly than others, valuing diversity, adapting care to meet diverse needs ● examples of discrimination in health and social care, e.g. prejudice, stereotyping, labelling, refusal of medical treatment, offering inappropriate treatment or care, giving less time when caring for an individual than needed ● examples of non-discriminatory practice in health and social care, e.g. providing appropriate health and social care to meet the needs of individuals, adapting care to meet the diverse needs of different individuals, providing equality of access of health and social care services. <p>Topic A.2 Impact of discriminatory and non-discriminatory practice in health and social care</p> <ul style="list-style-type: none"> ● effects of discrimination on service users, including loss of self-esteem, stress, reluctance to seek support and treatment, impact on waiting times for different groups ● non-discriminatory practice meeting the diverse needs of individuals ● importance of meeting legal and workplace requirements, including adherence to current and relevant legislation, e.g. Equality Act (2010) ● importance of following workplace and national codes of practice on non-discriminatory practice, e.g. by relevant regulatory body (General Social Care Council, Care Council for Wales, Northern Ireland Social Care Council) ● how legislation and codes of practice support non-discriminatory practice in health and social care, e.g. how the legal framework protects carer and service user, enforcement of non-discriminatory practices, employer and employee responsibilities, desire to avoid litigation/deregistration, safeguarding.

What needs to be learnt**Learning aim B: Explore how health and social care practices can promote equality and diversity**

Learners must consider how the diverse needs of service users in health and social care may be affected by the factors listed below.

Topic B.1 Factors that may affect the care needs of individuals

- gender – acknowledgement of personal preferences, e.g. same sex wards
- sexual orientation – respect for sexual orientation
- gender reassignment – have choice of gender respected, use of correct forms of address
- age – use of appropriate language, appropriate forms of address
- disability, e.g. equality of access to services
- marriage and civil partnership, e.g. respect for service user's choice regarding involvement of partners or family in their care
- pregnancy and maternity, e.g. choice of birth plan, birthing partner, ante-natal care, breastfeeding
- race – equality of access to services regardless of ethnic or national origins
- religion and belief – different needs relating to beliefs and practices of individuals from a range of different religious and secular groups
 - religious groups, e.g. Christianity, Islam, Judaism, Hinduism, Buddhism – beliefs, festivals and holy days, food and diet, forms of worship, dress, symbols, health/medical beliefs
 - secular groups, e.g. humanism, atheism – respect for secular beliefs
- social class – equality of access to health and social care services regardless of social class
- family structure – impact of family structure on care needs, e.g. single parent, nuclear, extended, no family
- geographical location – equality of access to health and social care services, e.g. in rural areas, in urban areas.

Topic B.2 How adapting services to meet the diverse needs of service users promotes equality and diversity in health and social care

Learners must be able to relate how services can be adapted to meet the diverse needs of service users in health and social care, linking them to the categories in Topic B.1.

- adaptations to services to meet the diverse needs of service users in health and social care, e.g. access to services, provision of support, dietary requirements, provision of personal care, provision of prayer facilities, access to washing and toilet facilities, observing religious rituals, visiting arrangements, provision of person-centred approach, same-sex carers, provision of opportunity and places of worship, mixed wards, festivals and holy days, awareness of practices relating to dress/clothing, level of service provided, provision of suitable accommodation for couples, involving partners in care plans, entitlement to an independent advocate, use of appropriate language, use of appropriate forms of address, acknowledging personal preferences, respecting personal choices
- benefits to service users of adapting services, including being respected, treated equally, not discriminated against, maintaining dignity/privacy, feeling safe, improved quality of care, personalised care, accessibility of care.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Understand the importance of non-discriminatory practice in health and social care			
1A.1 Define non-discriminatory practice in health and social care, using two examples.	2A.P1 Describe non-discriminatory and discriminatory practice in health and social care, using examples.	2A.M1 Explain the importance of legislation and codes of practice in promoting non-discriminatory practice in health and social care, using examples.	2A.D1 Assess the impact of discriminatory practice for health and social care workers, with reference to selected examples.
1A.2 Identify how one code of practice or piece of legislation promotes non-discriminatory practice in health and social care.	2A.P2 Describe how codes of practice and legislation promote non-discriminatory practice in health and social care.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Explore how health and social care practices can promote equality and diversity			
1B.3 Identify the different needs of individuals in relation to health and social care provision.	2B.P3 Describe the different needs of service users in health and social care, with reference to examples.		
1B.4 Identify ways that health and social care provision can be adapted to meet the diverse needs of a selected individual.	2B.P4 Describe how health and social care provision can be adapted to meet the diverse needs of different individuals, with reference to examples.	2B.M2 Explain the benefits of adapting health and social care provision to meet the diverse needs of different individuals, with reference to two selected examples.	2B.D2 Assess the effectiveness of health and social care provision for different individuals with diverse needs, with reference to two selected examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

Class discussion is valuable for this unit and both individual experience and the media can be a useful source of material to promote thought and debate. Visits to relevant organisations or from guest speakers could help provide learners with a basis for their assignments and enable them to gain an understanding of the different needs of individuals in health and social care settings. Possible speakers could include service users with diverse needs discussing real-life experiences, local religious leaders, representatives from disability and carer groups, and health and social care workers.

The unit could be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, learners could produce a handbook or presentation/display informing others, such as service users, about equality and diversity in health and social care.

Learners' assignments must be based on examples from different health and social care settings. This will enable learners to demonstrate an understanding of the diverse needs of different types of service users. Assignments do not have to be presented in written format. Learners could, for example, give a verbal presentation. Evidence presented verbally should be recorded. Detailed observation records/witness statements should be completed and retained for internal and external verification.

Learning aim A

To achieve 2A.P1, learners will be expected to describe discriminatory and non-discriminatory practices, and give examples of non-discriminatory or discriminatory practices for three of the categories (listed in the unit content) to illustrate their understanding. To achieve 2A.P2, the learner will describe at least two codes of practice and will be able to describe the ways in which these promote non-discriminatory practice in health and social care. Learners will need access to current and relevant codes of practice, relevant to either social care or health practitioners. However, at level 2, learners are not expected to be familiar with the complex detail of codes of practice within health and social care.

To achieve 2A.M1, learners will need to extend this work to explain the importance of non-discriminatory practice to health and social care workers, with reference to at least two relevant examples. This must include reference to current and relevant legislation and codes of practice and how they promote non-discriminatory practice. These examples could be either instances of non-discriminatory practice, or discriminatory practices, highlighting the respective benefits or negative consequences.

To achieve 2A.D1, learners could use two examples to provide an assessment of the impact of discriminatory practice for health and social care workers.

To achieve 1A.1, learners must define non-discriminatory practice in health and social care using two examples. For 1A.2, learners must identify how one code of practice or legislative act promotes non-discriminatory practice. Level 1 learners are not expected to be familiar with the detail of health and social care codes of practice.

Learning aim B

To achieve 2B.P3, the learner will be expected to give a clear description of potential individual needs related to all the factors listed in the unit content (for example gender), using at least one example for each category of diverse needs. These examples should be from a range of health and social care settings so that learners can gain insight into the wide range of diverse needs of different types of service users.

To achieve 2B.P4, learners must go on to describe what health and social care staff/settings can do to adapt provision of services. The description will be illustrated with examples. Learners could either provide a brief example for each category or make reference to a couple of detailed examples.

To achieve 2B.M2, learners will explain the benefits of adapting health and social care provision to meet diverse needs, making reference to two individuals with different needs that must be taken into consideration.

To achieve 2B.D2, learners must extend this work to assess the effectiveness of health and social provision for individuals with diverse needs (as defined by the categories listed in the unit content), making a judgement as to whether it was appropriate and sufficient overall.

To achieve 1B.3, a learner will be expected to identify the different needs of service users and identify ways that health and social care provision can be adapted to meet the diverse needs of one specific individual (1B.4).

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1	Equality and Diversity in Health and Social Care	<p>You have been asked to help produce materials for an induction programme for new care assistants at Buttercup Care Home. Residents come from a wide cross-section of society.</p> <p>Produce a chapter for an induction handbook for staff to support them in understanding the importance of non-discriminatory practice and how codes of practice and legislation improve care practice in health and social care. In your handbook, you need to include the following, making reference to examples:</p> <ul style="list-style-type: none"> • a description of non-discriminatory and discriminatory practice • a description of how codes of practice and current and relevant legislation promote non-discriminatory practice, explaining their importance in promoting non-discriminatory practice • an assessment of the potential impact of discriminatory practice for health and social care workers. 	Chapter of induction handbook.

Criteria covered	Assignment	Scenario	Assessment method
1B.3, 1B.4, 2B.P3, 2B.P4, 2B.M2, 2B.D2	Meeting Diverse Needs of Service Users in Health and Social Care	<p>A couple of the new care assistants at the Buttercup Care Home have read the chapter of the handbook you produced. They ask you how health and social care provision can be adapted to meet the diverse needs of the residents they care for.</p> <p>You have been asked to present ideas to help the two new care assistants plan care for two service users. You will need to describe the service users' diverse needs and how service provision could be adapted to meet these needs.</p> <p>You have been asked to explain how your proposed ideas on adapting services will benefit the service users. You need to assess how effective these proposed changes are likely to be in meeting their diverse needs.</p>	<p>Role play scenario.</p> <p>Signed observation record.</p> <p>Presentation notes/slides.</p> <p>Evidence could include: signed witness testimonies, digital recordings.</p>

Unit 8: Individual Rights in Health and Social Care

Level: **1 and 2**

Unit type: **Optional specialist**

Guided learning hours: **30**

Assessment type: **Internal**

Unit introduction

What rights do you have as an individual? Do we all have the same rights? What rights do service users have? Do people in care have the same rights as you?

This unit investigates the rights of individuals using health and social care services, including the right to be respected, the right to be treated equally and fairly, and the right not to be discriminated against.

The unit also considers the responsibilities of employers and employees to uphold the rights of service users and how these responsibilities impact on the rights of individual users.

Recent improvements in legislation and codes of practice have informed health and social care practice to the benefit of service users. In this unit you will examine these improvements and how they affect the delivery of health and social care.

Through completing this unit, you will gain an insight into how the rights of individuals underpin all practice in health and social care.

Learning aims

In this unit you will:

- A investigate the rights of individuals using health and social care services
- B examine the responsibilities of employers and employees in upholding service users' rights in health and social care.

Learning aims and unit content

What needs to be learnt
<p>Learning aim A: Investigate the rights of individuals using health and social care services</p>
<p>Topic A.1 The rights of individuals using health and social care services</p> <ul style="list-style-type: none"> ● to be respected ● to be treated as an individual ● to be treated with dignity ● to be treated equally and not discriminated against ● to be allowed privacy and confidentiality ● to be allowed access to information about self ● to have account taken of own choices, e.g. to communicate in preferred method/language ● to be allowed independence ● to be safe ● to be able to take risks ● to be involved in own care ● current and relevant legislation and how it protects the rights of service users, e.g. Human Rights Act (1998), Equality Act (2010), Mental Health Act (1983). <p>Topic A.2 How care workers can uphold the rights of service users</p> <p>Learners must be able to give examples of how rights of service users can be upheld in health and social care settings, including the difficulties of doing so. Learners must also understand the associated benefits of upholding the rights of service users.</p> <ul style="list-style-type: none"> ● anti-discriminatory practices ● ensuring privacy during personal care ● offering person-centred approach ● showing empathy ● being honest.

What needs to be learnt**Learning Aim B: Examine the responsibilities of employers and employees in upholding service users' rights in health and social care**

Employers and employees have responsibilities that can impact on the rights of individual service users.

Topic B.1 Responsibilities of employers and employees in ensuring safety

Ways of ensuring safety:

- risk assessment (the application of risk assessment to a health and social care setting and its importance, taking into account the right to take acceptable risks)
- safeguarding (importance of preventing harm)
- other ways, e.g. control of substances harmful to health, use of protective equipment and infection control, reporting and recording accidents and incidents, complaints procedures, provision of toilets, washing facilities and drinking water, provision of first-aid facilities
- current and relevant legislation, e.g. the Health and Safety at Work Act 1974.

Topic B.2 Responsibilities of employers and employees in ensuring confidentiality:

- accurate recording and proper storage and retrieval of information (including electronic methods), written records, use of photographs, mobile phones and social media)
- disclosure
- importance of maintaining confidentiality, including to safeguard service users, to adhere to legal and workplace requirements, to respect the rights of service users
- instances when breaches of confidentiality are appropriate, including to safeguard other individual(s), to safeguard a service user, to report criminal activities
- current and relevant legislation, e.g. the Data Protection Act 1998, the Freedom of Information Act 2005.

Assessment criteria

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim A: Investigate the rights of individuals using health and social care services			
1A.1 Identify the individual rights of service users in health and social care.	2A.P1 Summarise the individual rights of service users in health and social care.	2A.M1 Explain ways in which service users' individual rights can be upheld in health and social care, using selected examples.	2A.D1 Assess the benefits and potential difficulties of upholding service users' rights in health and social care, using selected examples.
1A.2 Identify how current and relevant legislation protects the rights of service users, with reference to one example.	2A.P2 Describe how current and relevant legislation protects the rights of service users, using examples.		

Level 1	Level 2 Pass	Level 2 Merit	Level 2 Distinction
Learning aim B: Examine the responsibilities of employers and employees in upholding service users' rights in health and social care			
1B.2 Identify how an employee can plan to maximise the safety of service users.	2B.P2 Describe how an employee can plan to maximise the safety of service users.	2B.M2 Explain why risk assessment is important in health and social care.	2B.D2 Evaluate the importance of the use of risk assessments in health and social care, using selected examples.
1B.3 Identify how the right to confidentiality is protected in health and social care.	2B.P3 Describe how the right to confidentiality is protected in health and social care.	2B.M3 Explain why the right to confidentiality is protected in health and social care, using examples.	2B.D3 Justify occasions where there is a need for an employee to breach confidentiality, using examples.

*Opportunity to assess mathematical skills

#Opportunity to assess English skills

Teacher guidance

Resources

There are no special resources needed for this unit.

Assessment guidance

This unit is internally assessed by the centre, and externally verified by Pearson. Please read this guidance in conjunction with *Section 8 Internal assessment*.

When learners undertake assessments, they need to be aware that assessment criteria are hierarchical. For example, within a learning aim, the Level 2 Merit and Distinction criteria directly build on and encompass the expected learning of the Level 2 Pass criteria. Where there are examples of comparison, review, analysis, discussion or in-depth evaluation of selected examples, these must build on the breadth of understanding required through the definition of topics in the content section.

It is recommended that assignments for this unit involve looking at the practical ways in which health and social care settings approach individual rights and the current and relevant legislation that underpins these rights. Where possible, visiting speakers who work in health and social care could discuss their work. This will enable learners to apply theory to practice. Class debates, presentations and newspaper articles are all suitable forms of assessment for this unit.

This unit can be achieved either through one holistic assignment designed to assess all assessment criteria within a level, or by several, smaller assignments. For example, the assignment can be set within a specific health and social care setting and explore individual rights of service users within a particular health and social care setting. Alternatively, assignments could be set within different health and social care settings, to provide learners with the opportunity to examine individual rights of different types of service user.

Learning aim A

For 2A.P1, learners will be expected to summarise all the individual rights listed in the unit content, relating each one to health and social care. For 2A.P2, it is expected that learners will make reference to current and relevant legislation, such as the Equality Act (2010) and describe at least two ways in which the legislation protects individual rights of service users. Learners could apply individual rights to a particular group of service users, such as patients in a day care centre. For 2A.M1, learners must explain ways of upholding individual service users' rights, which may also be applied to a particular group, or groups, of service users. Learners can either explain three examples in detail, or use a wider range of illustrative examples from different settings to support their explanation. They will need to ensure that their answer refers to both the ways that this can be done in practice and also the current and relevant legislation that upholds these rights. To achieve 2A.D1, learners need to be able to assess the benefits and potential difficulties of upholding service users' rights. This could involve looking at case studies where there is a tension between upholding a service user's right and an employee's responsibilities, or when upholding one service user's rights would affect another service user.

To achieve 1A.1, learners will be required to identify at least five rights of service users in health and social care. This can be presented in various formats, from a poster to a presentation slide. To achieve 1A.2, learners will need to identify relevant legislation and use at least one example of the way that this legislation protects the rights of service users.

Learning aim B

This learning aim examines the responsibilities of both the employer and the employee and, specifically, their duty of care to service users in terms of their safety. It will focus on the ways that rights are upheld and the specific responsibilities health and social care settings have to safeguard the service user.

To achieve 2B.P2, it is expected that learners will be able to describe the main ways an employee within health and social care can plan to maximise the safety of service users, applying it to a particular health and social care setting.

To achieve 2B.M2, learners will make reference to health and safety legislation, for example the Health and Safety at Work Act 1974, and explain the importance of risk assessment. Responses will be directly related to a health and social care setting, rather than a general explanation of its importance. For example, this could focus on explaining the importance of risk assessing a day trip before taking residents out for the day.

To achieve 2B.D2, learners need to evaluate the importance of the use of risk assessments. They will be able to use examples to give precise and detailed information about the use of risk assessments and how these can be used to maximise the safety of service users. They will also be able to balance this with weaknesses such as the conflict with the service user's right to take risks. For example, horse riding is a risky activity but also a beneficial therapeutic activity that enables people to gain respect and improve confidence and mobility.

To achieve 2B.P3, learners are expected to describe how the right to confidentiality is protected in detail, applying it to health and social care. To achieve 2B.M3, learners will explain why the right to confidentiality is protected in health and social care, using examples, possibly from case studies or the media. Learners are expected to make reference to data protection legislation to support their answer. Reference to data protection legislation would be relevant to demonstrate the importance of record maintenance, keeping and storing information securely, and the right of service users to confidentiality. It would also show learners how legislation is applied to everyday situations. To achieve 2B.D3, learners will use examples to justify the occasions when confidentiality can be breached by staff, such as to safeguard others.

To achieve 1B.3, learners must identify the main ways an employee within health and social care can plan to maximise the safety of service users. Learners must give at least four practical ways that a service can do this.

To achieve 1B.4, learners need to identify how the right to confidentiality is protected in health and social care. This could be presented in the form of a poster, showing service users how their rights are protected.

Suggested assignment outlines

The table below shows a programme of suggested assignment outlines that cover the assessment criteria. This is guidance and it is recommended that centres either write their own assignments or adapt any assignments we provide to meet local needs and resources.

Criteria covered	Assignment	Scenario	Assessment evidence
1A.P1, 1A.2, 2A.P1, 2A.P2, 2A.M1, 2A.D1, 1B.2, 1B.3, 2B.P2, 2B.P3, 2B.M2, 2B.M3, 2B.D2, 2B.D3	Individual Rights in Health and Social Care	<p>You are about to engage in a work experience placement in a care setting. Due to recent media coverage on the ill-treatment of service users in a particular care centre, you want to find out about the rights of service users and the responsibilities of staff caring for them before you visit the setting.</p> <p>In order to prepare for the placement, you decide to put together a handbook for yourself covering the following:</p> <ul style="list-style-type: none"> • individual rights of service users including current and relevant legislation • responsibilities of care staff in dealing with service users • maintaining service user confidentiality. 	<p>Handbook (written or IT-produced).</p> <p>Evidence could include: presentation slides, written report, newspaper/magazine article.</p>

Criteria covered	Assignment	Scenario	Assessment evidence
		<p>When looking at the individual rights of service users, including the importance of current and relevant legislation, you must include the following:</p> <ul style="list-style-type: none"> ● a detailed summary of the individual rights of care service users, referring to current and relevant legislation where appropriate ● a detailed explanation, using three examples, of ways in which the rights of service users can be upheld in care centres ● an assessment of the benefits to service users of having their rights upheld and any difficulties this may create for care staff. 	

Criteria covered	Assignment	Scenario	Assessment evidence
		<p>When looking at the responsibilities of care staff in dealing with service users, you must include the following:</p> <ul style="list-style-type: none"> • a description of one example, from a particular care setting, of how an employee can plan to maximise the safety of care service users • an explanation of why the use of risk assessment is important for the wellbeing of service users in health and social care settings • an evaluation, using two examples, of why it is important to carry out risk assessments in care settings. <p>When looking at maintaining confidentiality, you must include the following:</p> <ul style="list-style-type: none"> • a description of how service user confidentiality is promoted in a particular care setting • an explanation of why the right to confidentiality is important in care settings • a justification of two examples, from a care setting, of where a breach of confidentiality could be justified. 	

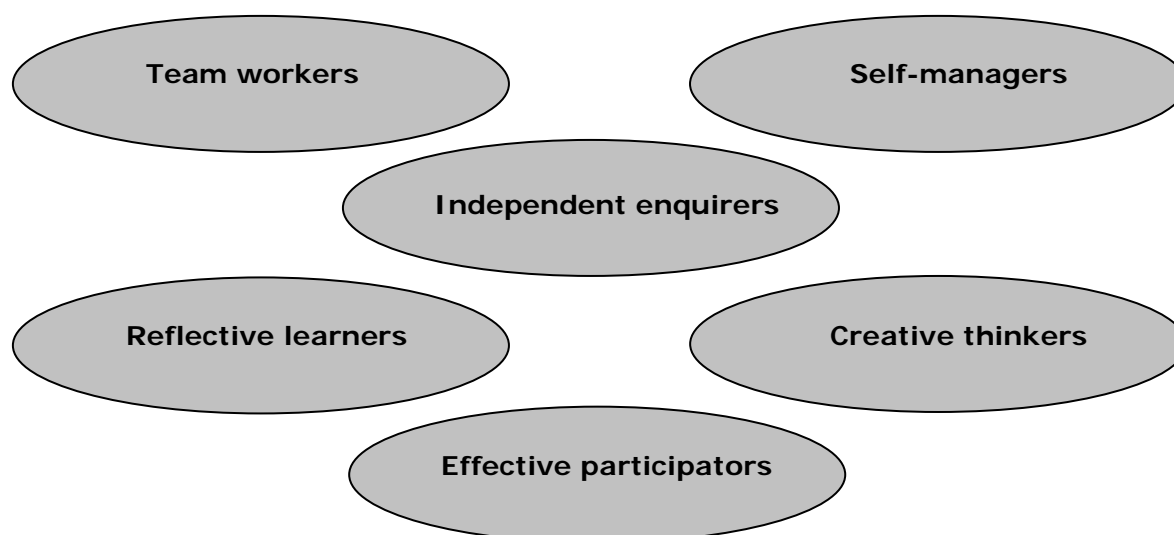
Annexe A

Personal, learning and thinking skills

A FRAMEWORK OF PERSONAL, LEARNING AND THINKING SKILLS 11–19 IN ENGLAND

The framework comprises six groups of skills that are essential to success in learning, life and work. In essence, the framework captures the essential skills of: managing self; managing relationships with others; and managing own learning, performance and work. It is these skills that will enable young people to enter work and adult life confident and capable.

The titles of the six groups of skills are set out below.



For each group, there is a focus statement that sums up the range of skills. This is followed by a set of outcome statements that are indicative of the skills, behaviours and personal qualities associated with each group.

Each group is distinctive and coherent. The groups are also interconnected. Young people are likely to encounter skills from several groups in any one learning experience. For example, an independent enquirer would set goals for their research with clear success criteria (reflective learner) and organise and manage their time and resources effectively to achieve these (self-manager). In order to acquire and develop fundamental concepts such as organising oneself, managing change, taking responsibility and perseverance, learners will need to apply skills from all six groups in a wide range of learning contexts.

The skills

Independent enquirers

Focus:

Young people process and evaluate information in their investigations, planning what to do and how to go about it. They take informed and well-reasoned decisions, recognising that others have different beliefs and attitudes.

Young people:

- identify questions to answer and problems to resolve
- plan and carry out research, appreciating the consequences of decisions
- explore issues, events or problems from different perspectives
- analyse and evaluate information, judging its relevance and value
- consider the influence of circumstances, beliefs and feelings on decisions and events
- support conclusions, using reasoned arguments and evidence.

Creative thinkers

Focus:

Young people think creatively by generating and exploring ideas, making original connections. They try different ways to tackle a problem, working with others to find imaginative solutions and outcomes that are of value.

Young people:

- generate ideas and explore possibilities
- ask questions to extend their thinking
- connect their own and others' ideas and experiences in inventive ways
- question their own and others' assumptions
- try out alternatives or new solutions and follow ideas through
- adapt ideas as circumstances change.

Reflective learners

Focus:

Young people evaluate their strengths and limitations, setting themselves realistic goals with criteria for success. They monitor their own performance and progress, inviting feedback from others and making changes to further their learning.

Young people:

- assess themselves and others, identifying opportunities and achievements
- set goals with success criteria for their development and work
- review progress, acting on the outcomes
- invite feedback and deal positively with praise, setbacks and criticism
- evaluate experiences and learning to inform future progress
- communicate their learning in relevant ways for different audiences.

Team workers

Focus:

Young people work confidently with others, adapting to different contexts and taking responsibility for their own part. They listen to and take account of different views. They form collaborative relationships, resolving issues to reach agreed outcomes.

Young people:

- collaborate with others to work towards common goals
- reach agreements, managing discussions to achieve results
- adapt behaviour to suit different roles and situations, including leadership roles
- show fairness and consideration to others
- take responsibility, showing confidence in themselves and their contribution
- provide constructive support and feedback to others.

Self-managers

Focus:

Young people organise themselves, showing personal responsibility, initiative, creativity and enterprise with a commitment to learning and self-improvement. They actively embrace change, responding positively to new priorities, coping with challenges and looking for opportunities.

Young people:

- seek out challenges or new responsibilities and show flexibility when priorities change
- work towards goals, showing initiative, commitment and perseverance
- organise time and resources, prioritising actions
- anticipate, take and manage risks
- deal with competing pressures, including personal and work-related demands
- respond positively to change, seeking advice and support when needed.

Effective participators

Focus:

Young people actively engage with issues that affect them and those around them. They play a full part in the life of their school, college, workplace or wider community by taking responsible action to bring improvements for others as well as themselves.

Young people:

- discuss issues of concern, seeking resolution where needed
- present a persuasive case for action
- propose practical ways forward, breaking these down into manageable steps
- identify improvements that would benefit others as well as themselves
- try to influence others, negotiating and balancing diverse views to reach workable solutions
- act as an advocate for views and beliefs that may differ from their own.

Summary of the PLTS coverage throughout the programme

This table shows where units support the development of personal, learning and thinking skills.

Key:

✓ indicates opportunities for development

a blank space indicates no opportunities for development

Unit	Personal, learning and thinking skills					
	Independent enquirers	Creative thinkers	Reflective learners	Team workers	Self-managers	Effective participators
1	✓					
2	✓	✓				
3	✓	✓		✓		
4	✓					
5	✓	✓			✓	✓
6	✓	✓				
7	✓	✓				
8	✓	✓				✓

Annexe B

English knowledge and skills signposting

This table shows where an assessment criterion in a BTEC First unit can provide an opportunity to practise a subject content area from the GCSE English subject criteria (including functional elements).

Unit number and title	Learning aim	Assessment criterion reference	Subject content area from the GCSE subject criteria (details of the content area can be found below)
Unit 1: Human Lifespan Development (External)	B	N/A	2, 3, 5, 15 (where learners practise extended writing questions)
Unit 2: Health and Social Care Values	A	1A.1, 2A.P1, 2A.M1	1, 4, 13
Unit 3: Effective Communication in Health and Social Care	C	1C.5, 2C.P5, 2C.M3, 2C.D3	2, 5, 9–12
Unit 4: Social Influences on Health and Wellbeing	N/A	N/A	N/A
Unit 5: Promoting Health and Wellbeing	B	2B.P3, 2B.M2, 2B.D2	3, 13
	B	1B.4, 2B.P4, 2B.M3, 2B.D3	2, 5, 15
Unit 6: The Impact of Nutrition on Health and Wellbeing	B	1B.4, 2B.P4	2, 5, 15
Unit 7: Equality and Diversity in Health and Social Care	N/A	N/A	N/A
Unit 8: Individual Rights in Health and Social Care	N/A	N/A	N/A

GCSE English subject content area

The topic areas below are drawn from the GCSE English subject criteria.

Learners should:

- 1 analyse spoken and written language, exploring impact and how it is achieved
- 2 express ideas and information clearly, precisely, accurately and appropriately in spoken and written communication
- 3 form independent views and challenge what is heard or read on the grounds of reason, evidence or argument
- 4 understand and use the conventions of written language, including grammar, spelling and punctuation
- 5 explore questions, solve problems and develop ideas
- 6 engage with and make fresh connections between ideas, texts and words
- 7 experiment with language to create effects to engage the audience
- 8 reflect and comment critically on their own and others' use of language.

In speaking and listening, learners should:

- 9 present and listen to information and ideas
- 10 respond appropriately to the questions and views of others
- 11 participate in a range of real-life contexts in and beyond the classroom, adapting talk to situation and audience and using standard English where appropriate
- 12 select and use a range of techniques and creative approaches to explore ideas, texts and issues in scripted and improvised work.

In reading, learners should:

- 13 understand how meaning is constructed through words, sentences and whole texts, recognising and responding to the effects of language variation
- 14 evaluate the ways in which texts may be interpreted differently according to the perspective of the reader.

In writing, learners should write accurately and fluently:

- 15 choosing content and adapting style and language to a wide range of forms, media, contexts, audiences and purposes
- 16 adapting form to a wide range of styles and genres.

Annexe C

Mathematics knowledge and skills signposting

This table shows where an assessment criterion in a BTEC First unit can provide an opportunity to practise a subject content area from the GCSE Mathematics subject criteria (including functional elements).

Unit number and title	Learning aim	Assessment criterion reference	Subject content area from the GCSE subject criteria (details of the content area can be found below)
Unit 1: Human Lifespan Development (External)	N/A	N/A	N/A
Unit 2: Health and Social Care Values	N/A	N/A	N/A
Unit 3: Effective Communication in Health and Social Care	N/A	N/A	N/A
Unit 4: Social Influences on Health and Wellbeing	N/A	N/A	N/A
Unit 5: Promoting Health and Wellbeing	A	2A.M1, 2A.D1	1–8, 12, 14–16, 21
	B	1B.4, 2B.P4, 2B.M3, 2B.D3	1–8, 12, 14–16, 21
Unit 6: The Impact of Nutrition on Health and Wellbeing	N/A	N/A	N/A
Unit 7: Equality and Diversity in Health and Social Care	N/A	N/A	N/A
Unit 8: Individual Rights in Health and Social Care	N/A	N/A	N/A

GCSE Mathematics subject content area

The topic areas below are drawn from the GCSE Mathematics subject criteria.

Learners should be able to:

- 1 understand number size and scale and the quantitative relationship between units
- 2 understand when and how to use estimation
- 3 carry out calculations involving $+$, $-$, \times , \div , either singly or in combination, decimals, fractions, percentages and positive whole number powers
- 4 understand and use number operations and the relationships between them, including inverse operations and the hierarchy of operations
- 5 provide answers to calculations to an appropriate degree of accuracy, including a given power of ten, number of decimal places and significant figures
- 6 understand and use the symbols $=$, $<$, $>$, \sim
- 7 understand and use direct proportion and simple ratios
- 8 calculate arithmetic means
- 9 understand and use common measures and simple compound measures such as speed
- 10 make sensible estimates of a range of measures in everyday settings and choose appropriate units for estimating or carrying out measurement
- 11 interpret scales on a range of measuring instruments, work out time intervals and recognise that measurements given to the nearest whole unit may be inaccurate by up to one half in either direction
- 12 plot and draw graphs (line graphs, bar charts, pie charts, scatter graphs, histograms) selecting appropriate scales for the axes
- 13 substitute numerical values into simple formulae and equations using appropriate units
- 14 translate information between graphical and numerical form
- 15 design and use data-collection sheets, including questionnaires, for grouped, discrete or continuous data, process, represent, interpret and discuss the data
- 16 extract and interpret information from charts, graphs and tables
- 17 understand the idea of probability
- 18 calculate area and perimeters of shapes made from triangles and rectangles
- 19 calculate volumes of right prisms and of shapes made from cubes and cuboids
- 20 use Pythagoras' theorem in 2-D
- 21 use calculators effectively and efficiently

In addition, level 2 learners should be able to:

- 22 interpret, order and calculate with numbers written in standard form
- 23 carry out calculations involving negative powers (only -1 for rate of change)
- 24 change the subject of an equation
- 25 understand and use inverse proportion
- 26 understand and use percentiles and deciles
- 27 use Pythagoras' theorem in 2-D and 3-D
- 28 use trigonometric ratios to solve 2-D and 3-D problems.

Annexe D

Synoptic assessment

Synoptic assessment in health and social care is embedded throughout the assessment criteria across the units of study. The core units provide the essential knowledge, understanding and skills required in health and social care, and underpin the content of the optional specialist units. Learners studying the Pearson BTEC Level 1/Level 2 First in Health and Social Care are able to demonstrate a number of synoptic approaches towards meeting the assessment criteria, this includes:

- showing links and holistic understanding/approaches to units of study from the specification, for example between *Unit 5: Promoting Health and Wellbeing* and *Unit 6: The Impact of Nutrition on Health and Wellbeing*, or between *Unit 7: Equality and Diversity in Health and Social Care* and *Unit 8: Individual Rights in Health and Social Care*
- being able to interrelate overarching concepts and issues, bringing together their health and social care knowledge
- drawing together and integrating knowledge, understanding and skills across different units, in order to develop an appreciation of how topics relate to one another, how each may contribute to different health and social care contexts/situations and to the world of health and social care
- making and applying connections to particular health and social care contexts or situations
- demonstrating their ability to use and apply a range of different methods and/or techniques, for example in *Unit 3: Effective Communication in Health and Social Care*
- being able to put forward different perspectives and/or explanations to support decisions they have made or evidence presented
- being able to suggest or apply different approaches to contexts, situations, or in the effective tackling of specific health and social care-related issues
- synthesising information gained from studying a number of different areas in health and social care
- applying knowledge, understanding and skills from across different units to a particular health and social care situation, issue or case study
- using specialist terminology where appropriate
- demonstrating use of transferable skills, for example within *Unit 2: Health and Social Care Values* and *Unit 3: Effective Communication in Health and Social Care*
- developing an appreciation and awareness of the use of different techniques, methods or approaches to investigate and/or address specific service user/individual needs, issues or situations
- demonstrating analytical and interpretation skills (of evidence and/or results) and the ability to formulate valid well-argued responses
- evaluating and justifying their decisions, choices and recommendations.

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