

**BTEC First Award**

**Health and Social Care**

**Handbook**



**Name:**

Admin number:

## Welcome to Health and Social Care!

We have a committed team that will support and work with you on this course to provide you with the best opportunities to achieve your best.

If you need any help you can contact:

Harriet Broughton [hgb@godalming.ac.uk](mailto:hgb@godalming.ac.uk)

Sarah Fassam [sef@godalming.ac.uk](mailto:sef@godalming.ac.uk)

**For your part we expect you to:**

* **Attend all lessons on time**
* **Complete all homework set**
* **Hand in work on time – deadlines are crucial to you being a successful student.**

Keep this handbook in a safe place as it has all the information you need throughout the year**!**

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# The BTEC First Award Course

This is a level 2 qualification akin to one GCSE.

With this qualification you can go on to study BTEC Extended Certificate in Health and Social Care (level 3) which would be equivalent to one A-level

## Course Structure

You will study 4 units during the year:

|  |  |  |
| --- | --- | --- |
| **Unit** | **Type** | **Proportion** |
| 1 - Human Lifespan Development | Exam in Jan | 25% |
| 2 - Health and Social Care Values | Assignments (Coursework) | 25% |
| 5 - Promoting Health and Wellbeing | Assignments (Coursework) | 25% |
| 6 - The Impact of Nutrition on Health and Wellbeing | Assignments (Coursework) | 25% |

# Grades

Grading is awarded at the end of the course and is dependent upon students work throughout the course. Work will be graded at level 2 Pass, Merit, and Distinction or, if a pass at level 2 is not achieved but the work submitted meets level 1 criteria, then a level 1 grade can be obtained. If work does not meet level 1 criteria then an unclassified grade will be awarded. Grades, as above, are awarded for each unit of work completed throughout the course and to enable students’ progress to be monitored.

The BTEC First Award is a Level 2 qualification and certification may show a grade of Level 2 Pass Merit or Distinction, Level 1 or Unclassified as above. However, an overall grade of Distinction\* can be achieved which is an aggregated grade for the qualification based on the student’s overall performance. In order to achieve this grade, the student will have to demonstrate a strong performance across the qualification as a whole.

Three units in the course are assessed internally through portfolio building. For each internally assessed piece of work, clear grading guidelines will be given in assignment briefs as to what is required to achieve a Level 2 Pass, Merit or Distinction grade or a level 1 grade.

# Points for grading

For each unit you get points for the grade you achieved as follows:

|  |  |
| --- | --- |
| **Grade** | **Points** |
| L1 | 6 |
| Pass | 12 |
| Merit | 18 |
| Distinction | 24 |

These points are added together at the end of the year to give you the **overall grade**:

|  |  |
| --- | --- |
| **Total points** | **Grade** |
| 24 | L1 |
| 48 | P |
| 66 | M |
| 84 | D |
| 90 | D\* |

# Coursework (assignments in unit 2, 5 and 6)

Before each assignment you will be taught about the unit content through group work, class activities and homework. At the end of each topic you will be set an assignment. **It is imperative that you complete all the work set as this will help you to achieve your best on the assignments.**

You will receive assignments throughout the year. If you are disorganised and do not complete the work to the highest standard by the deadline it may mean that for your next deadline you have other work due in for other teachers. **It is in your interest to complete the work as thoroughly as possible so you do not have to resubmit.**

**You will be expected to do a lot of independent research and study. This means you need to be self-disciplined, and organised to meet deadlines.**

It is also your responsibility to keep your work safe. If you miss a deadline because you have not saved your work correctly it will not be accepted as an excuse and you will fail that assignment.

When your teacher thinks you are ready you will be given the assignment. It will reflect tasks that you have been working on previously and you will be expected to work **independently** to complete it. You may use any of your classwork to help you.

Before you submit the assignment:

* Check that the work actually addresses the criteria accurately.
* Check; spelling, punctuation and grammar.
* Check your work is appropriately labelled with your name and sign the plagiarism declaration.

Once your work has been submitted it will be marked. If you have not been successful in achieving the criteria in the assignment you *may* be allowed ONE resubmission but this will depend on the following:

1. You handed the **first submission in on time**.
2. You will be able to achieve the criteria **without any further help**.
3. You **submit the resubmission within 10 working days.**
4. The **lead internal verifier** all the above with your teacher.

A spreadsheet of your marks will be shown to you regularly so you can monitor your progress and maintain good grades.

# Deadlines

Unit 2, 5 and 6 will be assessed through completing assignments.

Each assignment has it’s own final deadline – which will be shown on the front cover of the assignment.

To be successful it is very important that you meet these deadlines.

**If you miss a deadline you cannot achieve a grade for that work.**

Final work will be kept by the teacher.

If you have not submitted at pass level we cannot mark the merit and then distinction work so those criteria cannot be achieved.

## To keep work safe you need to do the following:

1. Set up a ‘BTEC Health and Social Care’ folder on your home drive on a college computer. This will mean you can access your work from college or home.

2. You can back up data on a USB stick, however do not rely on this as they can become corrupt.

3. If another student loses your work YOU will be held accountable so keep your work safe and secure at all times.

4. Do not delete any work until you finish the qualification.

# Plagiarism Policy

Plagiarism is the presentation of another person’s words or thoughts as if they were your own. This includes; work from another student, internet sources or work copied from text books. **This is an offence that the exam board take very seriously, and may lead to withdrawal from the course**. The college also has a strict disciplinary procedure that will be undertaken.

Remember – all assignments submitted must be written in your own words and include your own ideas and judgements.

If you are including someone else’s ideas or words it must be acknowledged using correct referencing procedures.

Unfortunately plagiarism has in the past resulted in students’ marks being lowered, which has in in turn prevented them from progressing onto the second year of the course.

### **Plagiarism and how to avoid it by referencing your work**

In order to have an accurate record of what you have researched and therefore an accurate reference, it is important that you write down the details of your sources as you study. When you use a new source, clearly record the following information for future reference.

When you reference a source for the first time, you must provide full bibliographic information (information about the source). This includes:

* author(s) initial(s) and surname(s)
* name of the article, book or journal
* editors (if applicable)
* publisher name and location
* year published

You should give exact page numbers if your reference is a direct quotation, a paraphrase, an idea, or is otherwise directly drawn from the source.

## Direct Quote and Paraphrasing

When paraphrasing, use the same referencing style and conventions as you would for direct quotes, but with the material from the source put into your own words, and the inverted commas omitted. Below is a comparative example of the direct quote versus paraphrasing.

**Direct quote and paraphrasing from a source**

The DfEE suggest that each year ‘some have estimated the cost to the country of poor literacy and numeracy skills to be as high as £10 billion’1.

**OR - paraphrase**

The effect of low levels of adult numeracy and literacy skills could be costing Britain around £10 billion each year1.

1Department for Education and Employment (DfEE), (2001) *Skills for life: The national strategy for improving adult literacy and numeracy skills*, Nottingham: DfEE Publications.

**Paraphrasing** and **summarizing** are very similar. Both involve taking ideas, words or phrases from a source and crafting them into new sentences within your writing. In addition, summarizing includes condensing the source material into just a few lines. Whether paraphrasing or summarizing, credit is always given to the author.

Below is a passage taken from Raymond S. Nickerson's "How We Know - and Sometimes Misjudge -What Others Know” *Psychological Bulletin* 125.6 (1999): p737.

“In order to communicate effectively with other people, one must have a reasonably accurate idea of what they do and do not know that is pertinent to the communication. Treating people as though they have knowledge that they do not have can result in miscommunication and perhaps embarrassment. On the other hand, a fundamental rule of conversation, at least according to a Gricean view, is that one generally does not convey to others information that one can assume they already have.”

**Here is an example of what would be considered plagiarism of this passage:**

For effective communication, it is necessary to have a fairly accurate idea of what our listeners know or do not know that is pertinent to the communication. If we assume that people know something they do not, then miscommunication and perhaps embarrassment may result (Nickerson, 1999).

The writer in this example has used too many of Nickerson's original words and phrases such as "effective communication," "accurate idea," "know or do not know," "pertinent," "miscommunication," and "embarrassment." Also note that the passage doesn't have an opening tag to indicate where use of the Nickerson's material begins. A citation at the end of a paragraph is not sufficient to indicate what is being credited to Nickerson.

**Here is an example that would be considered acceptable summarizing of this passage:**

Nickerson (1999) argues that clear communication hinges upon what an audience does and does not know. It is crucial to assume the audience has neither too much nor too little knowledge of the subject, or the communication may be inhibited by either confusion or offense (p. 737).

Notice that the writer both paraphrases Nickerson's ideas about effective communication and compresses them into two sentences. Like paraphrasing, summarizing passages is a tricky endeavour and takes lots of practice.

# What you will need for your lessons

1. A ring binder
2. Stationary
3. Calculator

# FAQs

## What happens if I miss a deadline?

You must make every effort to meet a deadline. If you cannot meet a deadline you must talk to your teacher or course leader **BEFORE** the work is due in, they will explain what happens next.

## Can I resubmit my work to improve on my grade?

You will be allowed one resubmission ***if*** you meet the criteria outlined on page 5. But no further guidance will be given and **it may mean that you will have several deadlines for different teachers in the same week**

## Can I achieve a merit in a unit if I achieve all the merit criteria but miss out on one pass?

No. you must achieve all pass and all merit criteria in order to gain a merit for the unit overall.

# Content for units

## Unit 1: Human Lifespan Development

**Learning aim A: Explore human growth and development across life stages**

**Topic A.1 The different life stages people pass through during the life course**

● 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+).

**Topic A.2 Key aspects of human growth and development at each life stage**

Physical development – physical growth and physiological change across the life stages:

● infancy and early childhood – development of gross motor skills and fine motor skills

o 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

o 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

o hair loss, greying hair, loss of muscle tone, loss of strength, loss of mobility, loss of fine motor skills, sensory loss.

Intellectual/cognitive development across the life stages – developing thinking and

language skills and common activities that promote them:

● 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.

Emotional development across the life stages – developing feelings about self

and others:

● 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.

Social development across the life stages – forming relationships:

● 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).

**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).

**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 organisation

● managing expectations.

## Unit 2 – Health and Social Care Values

**Topic A.1: Defining and demonstrating care values**

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.

**Confidentiality**:

● 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.

**Dignity**:

● preserving the dignity of individuals through appropriate actions.

**Respect for the individual**:

● 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.

**Safeguarding and duty of care:**

● ensuring the physical and emotional safety of individuals, including the avoidance of negligence

● current and relevant codes of practice

● professional practice.

**A person-centred approach to care delivery**:

● 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.

**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.

## Unit 5 – Promoting Health and Wellbeing

**Learning aim A: Explore the purpose, types and benefits of health promotion**

**Topic A.1 Health promotion**

What is health promotion?

● 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.

Purpose and aims of health promotion

● 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.

Different types of health promotion and health-promotion activities

● health risk advice – raising awareness of health-related issues and educating individuals to enable them to make healthy lifestyle choices

o 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

o 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

o 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

o types of medical intervention, e.g. childhood immunisations, vaccinations (Human Papilloma Virus (HPV), influenza, pneumonia), screening (cervical cancer, diabetes, breast cancer, bowel cancer).

**Topic A.2 Benefits of health promotion to both the health and wellbeing of the**

**individual and the nation**

Individual:

● 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.

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.

**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.

## Unit 6 – The Impact of Nutrition on Health and Wellbeing

**Learning aim A: Explore the effects of balanced and unbalanced diets on the health and wellbeing of individuals**

**Topic A.1: Dietary intake and food groups**

Components of a balanced diet, including basic sources, function and effects of each:

● Essential nutrients:

o carbohydrates: simple (sugars), complex (starch and non-starch polysaccharides [fibre])

o proteins: animal and plant sources

o fats and oils: animal fats, vegetable oils, fish oils

o vitamins: A, B (complex), C, D, E and K

o minerals: calcium, iron, sodium

o 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).

**Topic A.2 Long-term effects of balanced and unbalanced diets**

Effects of a balanced diet, including:

● raised immunity to infections

● greater energy levels, increased concentration

● faster healing of skin, tissues and mucus membranes.

Effects of an unbalanced diet, including:

● malnutrition:

o over-nutrition, including coronary heart disease, obesity, type 2 diabetes, stroke, weight gain

o under nutrition, e.g. specific nutrient deficiencies, low concentration span, importance of varied diet for vegetarians/vegans

● vitamin deficiency

o vitamin A, e.g. night blindness, impaired maintenance and repair of skin, mucus membranes, accelerated ageing

o vitamin B, e.g. beriberi

o vitamin C, e.g. scurvy

o vitamin D, e.g. rickets, bone loss-osteoporosis, low blood calcium, brittle bones, impaired tooth formation

o vitamin E, e.g. lethargy, apathy, muscle weakness

o 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.

**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.