



Pearson Level 3 Alternative Academic Qualification
BTEC National in

L3

Health and Social Care (Extended Certificate)

Specification

First teaching from September 2025

First certification from 2026

Issue 1

Qualification Number: 610/3964/0

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About Pearson

We are the world's leading learning company operating in countries all around the world. We provide content, assessment and digital services to learners, educational institutions, employers, governments and other partners globally. We are committed to helping equip learners with the skills they need to enhance their employability prospects and to succeed in the changing world of work. We believe that wherever learning flourishes so do people.

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Welcome

BTEC Nationals are widely recognised by higher education and industry as the vocational qualification of choice at Level 3. They provide students with meaningful and practical learning experiences across a range of career sectors to prepare them to progress to higher education as a route to graduate-level employment.

Recent data has shown that one in five adults of working age in the UK has a BTEC qualification. What's more, well over 90,000 BTEC students apply to UK universities every year and their BTEC Nationals are accepted by over 150 UK universities and other higher education institutions for relevant degree programmes either on their own or in combination with A Levels.

Why are BTECs so successful?

BTECs embody a fundamentally student-centred approach to the curriculum, with a flexible, unit-based structure and knowledge applied through a balanced combination of assignments and examinations. They enable the holistic development of the practical, interpersonal and thinking skills required to succeed in higher education and employment.

When creating these BTEC Nationals we focused on the skills and personal attributes needed to navigate the future, and have worked with many higher education providers, professional bodies, colleges and schools to ensure that their needs are met. Employers are looking for future employees with a thorough grounding in the latest industry requirements and work-ready skills such as critical thinking and problem solving. Higher education needs students who have experience of research, extended writing and meeting deadlines.

We have addressed these requirements by:

- Facilitating and guiding the development of transferable skills through the design and delivery of the qualifications, using a holistic and practical framework which is based on recent research into the most critical skills needed to navigate the future. This Transferable Skills framework has been used to embed transferable skills in the qualifications where they naturally occur and also to signpost opportunities for delivery and development as a part of the wider BTEC learning experience. See page 6 for further information.
- Supporting the delivery of Sustainability Education and Digital Skills development naturally through the content design of the qualifications. Mapping is provided for each qualification to identify where the opportunities for teaching and learning exist.
- Updating sector-specific content to ensure it is relevant and future-facing.

- Implementing a consistent approach to assessment with a balanced combination of internal and external assessments to better engage students, make the qualifications more accessible for them and more manageable for centres to deliver.

We are providing a wealth of support, both resources and people, to ensure that students and their teachers have the best possible experience during their course. See Section 5 for details of the support we offer.

This specification document should be used in conjunction *with Pearson BTEC Level 3 National Administrative Support Guide* which is available on our website.

A word to students

Today's BTEC Nationals will require commitment and hard work, as you would expect of the most respected applied learning qualification in the UK. You will have to complete a range of units, be organised, take some assessments that we will set and mark and undertake practical tasks and assignments. But you can feel proud to achieve a BTEC because, whatever your plans in life – whether you decide to study further, go on to work or an apprenticeship – your BTEC National will be your passport to success in the next stage of your life.

Good luck, and we hope you enjoy your course.

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1 Introduction

Why choose Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate)?

We've listened to feedback from all parts of the health and social care subject community, including higher education. We've used this opportunity of curriculum change to redesign qualifications so that they reflect the demands of a truly modern and evolving health and social care environment – qualifications that enable your students to apply themselves and give them the skills to succeed in their chosen pathway.

The Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate) allows students to engage in a broad investigation of various aspects of the health and social care sector. There are two mandatory examined units and one mandatory internally assessed unit. Students will select a further optional unit from the four available. The internally assessed units give students the opportunity to engage in applied knowledge and understanding tasks to develop their health and social care knowledge.

The qualification is designed to be taken alongside A Levels as part of a study programme and can link to learning in A Levels such as Psychology, Biology or English. It is intended for students that wish to progress into higher education as a pathway to employment.

Content warning

This specification contains themes and topics which will form part of the course of study for the Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate).

Please be aware that the themes and topics in *Unit 3: Principles of Health and Social Care Practice* and *Unit 6: Safe Environments in Health and Social Care* may contain mentions of upsetting or difficult topics which are related to the subject, including references to the following:

- Child protection and welfare
- Safeguarding
- Child abuse; physical abuse and injury, neglect, emotional abuse, sexual abuse, domestic abuse.

Total Qualification Time

For all regulated qualifications, Pearson specifies a total number of hours that it is estimated students will require to complete and show achievement for the qualification: this is the Total Qualification Time (TQT). Within TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve teachers and assessors in teaching, supervising and invigilating students. Guided learning includes the time required for students to complete external assessment under examination or supervised conditions.

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

BTEC Nationals have been designed around the number of hours of guided learning expected. Each unit in the qualification has a GLH value of 60, 90 or 120. There is then a total GLH value for the qualification.

Each qualification has a TQT value. This may vary within sectors and across the suite depending on the nature of the units in each qualification and the expected time for other required learning.

The following table shows the qualification in this sector and their GLH and TQT values.

Qualification title	Size and structure	Summary purpose
Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate)	360 GLH (474 TQT) Equivalent in size to one A Level. 4 units of which 3 are mandatory and 2 are external. Mandatory content (75%). External assessment (50%).	The Extended Certificate is for students who are interested in learning about the health and social care sector alongside other fields of study, with a view to progressing to a wide range of higher education courses, not necessarily in health and social care-related subjects. It is designed to be taken as part of a programme of study that includes A Levels.

Qualification and unit content

Pearson has developed the content of the new BTEC Nationals in collaboration with representatives from higher education and relevant professional bodies. In this way, we have ensured that content is up to date and that it includes the knowledge, understanding, skills and attributes required in the sector.

Centres should ensure that delivery of content is kept up to date. Some of the units within the specification may contain references to legislation, policies, regulations and organisations, which may not be applicable in the country you deliver this qualification in (if teaching outside of England), or which may have gone out-of-date during the lifespan of the specification. In these instances, it is possible to substitute such references with ones that are current and applicable in the country you deliver subject to confirmation by your Standards Verifier.

Assessment

Assessment is specifically designed to fit the purpose and objective of the qualification. It includes a range of assessment types and styles suited to vocational qualifications in the sector. There are three main forms of assessment that you need to be aware of: external, internal and synoptic.

Externally assessed units

Each external assessment for a BTEC National is linked to a specific unit. All of the units developed for external assessment are of 60, 90 or 120 GLH to allow students to demonstrate breadth and depth of achievement. Each assessment is taken under specified conditions, then marked by Pearson and a grade awarded. Students are permitted to resit the examination twice. This equates to three attempts in total: one inclusive of registration, the remaining two attempts as resits. If students resit an examined unit, the best grade achieved will count towards their overall qualification grade, not necessarily the most recent sitting. External assessments are available twice a year. For detailed information on the external assessments, please see the table in *Section 3*. For further information on preparing for external assessment, see *Pearson BTEC Level 3 National Administrative Support Guide*, which is available on our website.

Internally assessed units

Internally assessed units are assessed by a Pearson Set Assignment Brief (PSAB), which is set by Pearson, marked by you and subject to external standards verification. Before you assess you will need to become an approved centre, if you are not one already. You will need to prepare to assess using the guidance in *Pearson BTEC Level 3 National Administrative Support Guide*, which is available on our website. You will make grading decisions based on the requirements and supporting guidance given in the units. Where a student has not achieved their expected level of performance for an assignment, they may be eligible for one resubmission of improved evidence for each assignment submitted if authorised by the Lead Internal Verifier. To ensure any resubmissions are fairly and consistently implemented for all students, the Lead Internal Verifier can only authorise a resubmission if certain conditions are met. If the Lead Internal Verifier does authorise a resubmission, it must be completed within 15 working days of the student receiving the results of the assessment.

Feedback to students can only be given to clarify areas where they have not achieved expected levels of performance. Students cannot receive any specific guidance or instruction about how to improve work to meet assessment criteria or be given solutions to questions or problems in the tasks.

If a student has still not achieved the targeted pass criteria following the resubmission of improved evidence for an assignment, the Lead Internal Verifier may authorise, under exceptional circumstances, one retake opportunity to meet the required pass criteria. The retake can be of a task or subset of the Pearson Set Assignment Brief that is of evidence in a new or revised form. The deadline for submission of the retake must fall within the same academic year.

Synoptic assessment

Synoptic assessment requires students to demonstrate that they can identify and use effectively, in an integrated way, an appropriate selection of skills, techniques, concepts, theories and knowledge from across the whole sector as relevant to a key task. Synoptic links between units are flagged within the unit content. Please refer to *Unit 3: Principles of Health and Social Care Practice* for further details.

Language of assessment

Assessment of the internal and external units for these qualifications will be available in English. All student work must be in English. A student taking the qualifications may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

For information on reasonable adjustments see *Pearson BTEC Level 3 National Administrative Support Guide*, which is available on our website.

Grading for units and qualifications

Achievement in the qualification requires a demonstration of depth of study in each unit, assured acquisition of a range of practical skills required for progression to higher education, and successful development of transferable skills. Students achieving a qualification will have completed all units.

Units are assessed using a grading scale of Distinction (D), Merit (M), Pass (P), Near Pass (N) and Unclassified (U). The grade of Near Pass is used for externally assessed units only. All mandatory and optional units contribute proportionately to the overall qualification grade, for example a unit of 120 GLH will contribute double that of a 60 GLH unit.

BTEC National qualifications are graded using a scale of P to D*, **or** PP to D*D*, **or** PPP to D*D*D* depending on the size of the qualification. Please see *Section 6* for more details. The relationship between qualification grading scales and unit grades will be subject to regular review as part of Pearson's standards monitoring processes on the basis of student performance and in consultation with key users of the qualification.

UCAS tariff points

The BTEC Nationals attract UCAS points. Please go to the UCAS website for full details of the points allocated.

Preparing students for the future

Transferable skills

Recent future skills reports have highlighted the growing importance of transferable skills for students to succeed in their careers and lives in this fast-changing world.

Following research and consultation with FE educators and higher education institutions, Pearson has developed a Transferable Skills Framework to facilitate and guide the development of transferable skills through this qualification. The Framework has four broad skill areas, each with a cluster of skills as shown below:

1. **Managing Yourself:** (1) Taking personal responsibility; (2) Personal strengths and resilience; (3) Career orientation planning; (4) Personal goal setting
2. **Effective Learning:** (1) Managing own learning; (2) Continuous learning; (3) Secondary research skills (4) Primary research skills
3. **Interpersonal Skills:** (1) Written communications; (2) Verbal and non-verbal communications; (3) Teamwork; (4) Cultural and social intelligence
4. **Solving Problems:** (1) Critical thinking (2) Problem solving; (3) Creativity and innovation

Each transferable skill has a set of descriptors that outline what achievement of the skill looks like in practice. Each unit in the qualification will show whether a transferable skill has been:

1. fully embedded through the design of the teaching and learning content and assessment of the unit. Skills that are embedded are 'naturally occurring' in that they are inherent to the unit content and doesn't require extension activities to deliver.
2. signposted as an opportunity for delivery and development and would require extension activities to deliver.

Units will show a summary of the transferable skills that have been embedded or signposted and *Appendix 2* shows the descriptors for each skill across all the skill clusters.

More information on the framework, its design and relevance for learner progression is available in the *BTEC Transferable Skills Guide for Teachers*. Resources and guidance to support teachers in the delivery and development of these skills will be available in the Delivery Guide for this qualification and through our training offer.

Digital Skills

Digital skills are required in every industry as well as in everyday life and with the acceleration of automation and AI in industry it is critical for learners to understand how digital technologies are relevant and applied in the context of the sector they are studying.

With this in mind, we have used the Digital Skills Framework published by IFATE as a frame of reference to identify opportunities for the delivery and development of digital skills in this qualification.

This Digital Skills framework has five categories with specific digital characteristics that apply in varying extent across sectors:

1. **Problem Solving** – The use of digital tools to analyse and solve problems
2. **Digital Collaboration and Communication** – Using digital tools to communicate and share information with stakeholders
3. **Transacting Digitally** – Using digital tools to set up accounts and pay for goods/services
4. **Digital Security** – Identify threats and keep digital tools safe
5. **Handling Data Safely and Securely** – Follow correct procedures when handling personal and organisational data

Opportunities to develop these digital skills are identified where they are relevant and appropriate to a sector, meaning that:

- where they naturally occur
- where they add no assessment burden
- where they will enhance a student's skills and knowledge in the sector.

Appendix 3 shows a mapping of the teaching and learning content to the five categories of the framework to show where opportunities to develop these digital skills exists in this qualification.

Sustainability Education

To help learners develop sustainability skills, practices and mindset, we have designed content in this qualification, aligned to the [UNESCO Sustainable Development Goals](#) (17 SDGs), that are relevant and appropriate to the sector. The SDGs are the most common point of reference for content that addresses sustainability education and provides a useful and pragmatic way of presenting this content.

Sustainability knowledge and understanding may be included in the teaching and learning content but not directly assessed. Alternatively, it could be assessed – the approach chosen for each unit is based on the relevance of the sustainability skills, knowledge and understanding to the purpose and scope of the unit.

- *Appendix 4* shows a mapping of the teaching and learning content to the relevant SDGs to show where sustainability concepts have been included in this qualification.

2 Qualification purpose

Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate)

In this section you will find information on the purpose of this qualification and how its design meets that purpose through the qualification objective and structure. We publish a full 'Statement of Purpose' for each qualification on our website. These statements are designed to guide you and potential students to make the most appropriate choice of qualification at recruitment.

Who is this qualification for?

The Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate) is an Alternative Academic Qualification (AAQ) designed for post-16 students with an interest in health and social care and aiming to progress to higher education as a route to graduate level employment.

Equivalent to one A Level in size, it is suitable for students looking to develop their applied knowledge and skills in health and social care alongside two A Levels.

What will the student study as part of this qualification?

The qualification has been developed in consultation with higher education representatives to ensure students have the knowledge, understanding and skills they need to progress to, and thrive, in higher education.

The qualification has three mandatory units covering the following topics:

- **Human Lifespan and Development** – PIES and factors affecting growth and development, interventions and the different professionals providing care and treatment
- **Human Biology and Health** – Human body structure and systems, normal physiological functioning and the impact of common disorders
- **Health and Social Care Practice** – Core principles, values and legislation that underpin and influence health and social care, and the effect of social determinants on an individual health status

Students have a choice from four optional units covering the following topics:

- **Health, Social Policy and Wellbeing** – Public health policy and its influences, including health-related organisations/groups and a range of strategic factors
- **Promoting Health Education** – Health education, its purpose and use of different approaches and models to achieve positive health outcomes
- **Safe Environments in Health and Social Care** – Appropriate provisions in services relevant to different needs; governance relating to safe environments

- **Health Science** – Types of infections and their potential impact on a local, national and international scale.

What knowledge and skills will the student develop as part of this qualification and how might these be of use and value in further studies?

Students will develop the following knowledge and skills from the mandatory units:

- Professional values and skills expected of professionals, including communication and listening skills
- Organisational and critical thinking skills
- Cultural and social intelligence when working with individuals across the lifespan with different needs, alongside methods of managing challenging situations.

Students will develop the following knowledge and skills from the optional units:

- Interpersonal skills required when working with others, including compassion and empathy
- Responsibilities of professionals to be adaptable and innovative in delivering care
- Management of own time and learning
- Academic skills such as research.

Students will develop knowledge and skills throughout this qualification that are key to health and social care related degrees. Students have the potential to develop transferable and study skills becoming well-rounded individuals, better prepared for the demands of Higher Education.

Which subjects will complement this qualification?

The following subjects would be suitable to combine with this qualification:

- Psychology
- Biology
- English.

What further learning will this qualification lead to?

This qualification can lead to progression to the following degrees:

- BSC Nursing
- BSC Social Work
- BSC Subjects Allied to Health.

3 Structure

Qualification structure

Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate)

Students must complete three mandatory units and one optional unit.

See *Section 6* for rules on qualification awarding.

Mandatory units – students complete and achieve all units

Unit number	Unit title	GLH	Type	How assessed
1	Human Lifespan and Development	90	Mandatory	External
2	Human Biology and Health	90	Mandatory	External
3	Principles of Health and Social Care Practice	90	Mandatory	Internal

Optional units – students complete and achieve one unit

Unit number	Unit title	GLH	Type	How assessed
4	Health, Policy and Wellbeing	90	Optional	Internal
5	Promoting Health Education	90	Optional	Internal
6	Safe Environments in Health and Social Care	90	Optional	Internal
7	Health Science	90	Optional	Internal

External assessment

50% of the total qualification GLH is made up of external assessment. A summary is given below. See the unit content and sample assessment materials for more information.

Unit	Type	Availability
Unit 1: Human Lifespan and Development	An external examination set and marked by Pearson 80 marks	January and June First assessment May/June 2026
Unit 2: Human Biology and Health	An external examination set and marked by Pearson 80 marks	January and June First assessment May/June 2026

Synoptic assessment

The assessment of synoptic knowledge requires students to apply learning from one unit to the assessment in another unit. Within the assessment for *Unit 3: Principles of Health and Social Care Practice*, students will be assessed on underpinning knowledge, ideas and concepts from *Unit 1: Human Lifespan and Development* and *Unit 2: Human Biology and Health*. Synoptic links are flagged within the units.

There might be some further naturally occurring synoptic opportunities across the qualification where students can synthesise their learning. These will be outlined in the Delivery Guide to help with planning for your teaching.

4 Units

Understanding your units

The units in this specification set out our expectations of assessment in a way that helps you to prepare your students for assessment. The units help you to undertake assessment and quality assurance effectively.

Each unit in the specification is set out in a similar way. There are two types of unit format:

- Internally assessed units
- Externally assessed units.

This section explains how the units work. It is important that all teachers, assessors, internal verifiers and other staff responsible for the programme review this section.

Internally assessed units

Section	Explanation
Unit number	The number is in a sequence in the sector. Numbers may not be sequential for an individual qualification.
Unit title	This is the formal title that we always use and it appears on certificates.
Unit level	All units are Level 3 on the national framework.
Unit type	This confirms that the unit is internally assessed. See structure information in <i>Section 3</i> for full details.
GLH	Units may have a Guided Learning Hours (GLH) value of 120, 90 or 60. This indicates the numbers of hours of teaching, directed activity and assessment expected. It also shows the weighting of the unit in the final qualification grade.
Unit in brief	A brief formal statement on the content of the unit that is helpful in understanding its role in the qualification. You can use this in summary documents, brochures etc.
Unit introduction	This is designed with students in mind. It indicates why the unit is important, how learning is structured and how learning might be applied when progressing to employment or higher education.
Learning aims	These help to define the scope, style and depth of learning of the unit. You can see where students should be learning standard requirements ('understand') or where they should be actively researching ('investigate'). You can find out more about the verbs we use in learning aims in <i>Appendix 1</i> .

Section	Explanation
Summary of unit	This helps teachers to see the main content areas against the learning aims and the structure of the assessment at a glance.
Content	This sets out the required teaching content of the unit. Content is compulsory except where shown as 'e.g.'. Students should be asked to complete summative assessment only after the teaching content for the unit or learning aim(s) has been covered.
Assessment criteria	Each learning aim has Pass and Merit criteria. Each assignment has at least one Distinction criterion. A full glossary of terms used is given in <i>Appendix 1</i>. Distinction criteria represent outstanding performance in the unit. Some criteria require students to draw together learning from across the learning aims.
Transferable skills	This summarises the transferable skills present within this unit. The key helps to identify whether they are signposted but require additional assessment, embedded and achieved on completion or not present in this unit.
Essential information for Pearson Set Assignment Brief (PSAB)	This shows a brief summary of the activities required for the mandatory Pearson Set Assignment Brief. Centres must download and use the mandatory PSAB without alteration or contextualisation.
Further information for teachers and assessors	This gives you information to support the implementation of assessment. It is important that this is used carefully alongside the assessment criteria and PSAB.
Resource requirements	Any specific resource requirements that you need to be able to teach and assess are listed in this section. For more information on support resources, see the <i>Pearson BTEC Level 3 National Administrative Guide</i> .
Essential information for assessment decisions	This information gives guidance for each learning aim or assignment of the expectations for Pass, Merit and Distinction standard. This section contains examples and essential clarification.
Links to other units	This shows you the main relationship between units. This can help you to structure your programme and make best use of materials and resources.

Externally assessed units

Section	Explanation
Unit number	The number is in a sequence in the sector. Numbers may not be sequential for an individual qualification.
Unit title	This is the formal title that we always use and it appears on certificates.
Unit level	All units are Level 3 on the national framework.
Unit type	This confirms that the unit is externally assessed. See structure information in <i>Section 3</i> for full details.
GLH	Units may have a Guided Learning Hours (GLH) value of 120, 90 or 60. This indicates the numbers of hours of teaching, directed activity and assessment expected. It also shows the weighting of the unit in the final qualification grade.
Unit in brief	A brief formal statement on the content of the unit that is helpful in understanding its role in the qualification. You can use this in summary documents, brochures etc.
Unit introduction	This is designed with students in mind. It indicates why the unit is important, how learning is structured and how learning might be applied when progressing to employment or higher education.
Summary of assessment	This sets out the type of external assessment used and the way in which it is used to assess achievement.
Assessment outcomes	These show the hierarchy of knowledge, understanding, skills and behaviours that are assessed. Includes information on how this hierarchy relates to command terms in sample assessment materials (SAMs).
Content	For external units all content is obligatory. The depth of content is indicated in the assessment outcomes and sample assessment materials (SAMs). The content will be sampled through the external assessment over time, using the variety of questions shown.
Transferable skills	This summarises the transferable skills present within this unit. The key helps to identify whether they are signposted but require additional assessment, embedded and achieved on completion or not present in this unit.
Key terms typically used in assessment	These definitions will help you analyse requirements and prepare students for assessment.

Section	Explanation
Resources	Any specific resource requirements that you need to be able to teach and assess are listed in this section. For more information on support resources, see the <i>Pearson BTEC Level 3 National Administrative Guide</i> .
Links to other units	This shows you the main relationship between units. This can help you to structure your programme and make best use of materials and resources.

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Unit 1: Human Lifespan and Development

Level: 3

Unit type: External

Guided learning hours: 90

Unit in brief

Students examine physical, intellectual, emotional and social development across the human lifespan, the interaction between biological and social factors in health and well-being and how health care professionals provide effective care.

Unit introduction

Health and social care practitioners require an extensive knowledge base for working with people in all life stages.

In this unit you will develop your knowledge and understanding of patterns of human growth and development across different life stages and the concept of holistic development. You will study factors that may influence human growth, development and health; some of these are innate; some are impacted by lifestyle, environmental, socio-economic factors and many are a combination of all factors. You will study the impact of health inequalities, and how these affect the health of individuals.

The unit also explores the promotion, prevention and treatment provided by health and social care professionals and the roles and responsibilities of health and social care professionals when providing effective, holistic care across a range of health conditions.

This unit provides a comprehensive platform for understanding human growth and development and the professional responsibilities of a broad variety of health and social care professionals that is relevant for all students aiming to progress to a career in health and social care.

Summary of assessment

The unit will be assessed through one examination of 80 marks lasting 1 hour and 30 minutes.

Students will be assessed through multiple-choice, short- and long-answer questions.

The questions will assess knowledge and understanding of human growth and development through the life stages; application of knowledge of the factors affecting human growth and development across each life stage and making connections between lifestyle factors and health inequalities; and evaluation and analysis of health and social care workers and how they promote, prevent and treat health conditions at different life stages.

The assessment availability is twice a year in January and May/June.

The first assessment availability is May/June 2026.

Sample assessment materials will be available to help centres prepare students for assessment.

Assessment outcomes

- AO1** Demonstrate knowledge of physical, intellectual, emotional and social development across the human lifespan; factors affecting human growth and development, prevalent health conditions and the roles and responsibilities of individuals working in health and social care which underpin meeting the care and support needs of individuals.
- AO2** Demonstrate understanding of physical, intellectual, emotional and social development across the human lifespan; factors affecting human growth and development, prevalent health conditions and the roles and responsibilities of individuals working in health and social care which underpin meeting the care and support needs of individuals.
- AO3** Demonstrate application of knowledge and understanding of physical, intellectual, emotional and social development across the human lifespan; factors affecting human growth and development, prevalent health conditions and the roles and responsibilities of individuals working in health and social care which underpin meeting the care and support needs of individuals.
- AO4a** Analyse how factors, health inequalities and prevalent health conditions interrelate to affect physical, intellectual, emotional and social development across the human lifespan; and how the roles and responsibilities of those working in health and social care meet the needs of individuals.
- AO4b** Evaluate how factors, health inequalities and prevalent health conditions interrelate to affect physical, intellectual, emotional and social development across the human lifespan; and how the roles and responsibilities of those working in health and social care meet the needs of individuals.

[SP-CT]

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

A: Human growth and development through the life stages

A1 Physical, Intellectual, Emotional and Social development at each life stage.

Students will explore holistic development. They will understand the relationship of the different areas of development and the effect they have on each other.

A1.1 Infancy – (birth to 2 years):

- A1.1.1** physical: growth – height and weight; the development of gross motor skills: holding head up, sitting up, crawling, walking; the development of fine motor skills: using thumb and finger to pick up items; meeting milestones and expected development
- A1.1.2** intellectual: learning about environment through interaction with it; recognise familiar faces; communicating with others and starting to talk; manipulate objects
- A1.1.3** emotional: importance of bonding and attachment with primary care givers; theories of attachment Bowlby and Ainsworth
- A1.1.4** social: relationships with caregivers, start to interact with others.

A1.2 Early childhood (3 to 8 years):

- A1.2.1** physical: changes to growth, height and weight; gross motor skills – walk on tiptoe, hopping and skipping; fine motor skills, dress and undress self-undoing/doing up buttons/laces
- A1.2.2** intellectual: increase in vocabulary, talks in sentences; counting; increase in problem solving; knows basic information about self.
- A1.2.3** emotional: managing own emotions; understanding others' emotions, development of self
- A1.2.4** social: developing friendships with other children.

A1.3 Adolescence (9 to 18 years):

- A1.3.1** physical: the changes surrounding puberty – changes to primary and development of secondary sexual characteristics; hormonal changes
- A1.3.2** intellectual: abstract thinking; reasoning
- A1.3.3** emotional: developing own identity, and self-concept, including self-image and self-esteem; developing intimate relationships
- A1.3.4** social: friendships and the effects of peer pressure on social development; developing independence; peer influences on behaviour.

A1.4 Early adulthood (19 to 45 years):

- A1.4.1** physical: physical maturity: physical strength peaks, fertility, brain growth until early twenties; pregnancy and lactation occur; synaptic pruning
- A1.4.2** intellectual: new intellectual skills develop relating to further/higher education and work
- A1.4.3** emotional: long term intimate relationships; changes to self-concept including self-esteem and self-image related to lifestyle (work, family); bonding and attachment with own family/guardians.
- A1.4.4** social: independent from family, groups of friends.

A1.5 Middle adulthood (46 to 69):

- A1.5.1** physical: perimenopause and menopause to include: hot flushes, night sweats, cessation of menstruation and vaginal dryness; start of physical strength declining, vision and hearing loss, changes related to lifestyle factors to include weight gain, joint pain related to wear and tear
- A1.5.2** intellectual: improvement in verbal and reasoning skills from applied learning
- A1.5.3** emotional: re-evaluation of priorities; contributing to the next generation, sense of emptiness as children grow up; emotional factors relating to menopause including changes to mood and libido
- A1.5.4** social: relationships with peers at work; more social lifestyle with no children/early retirement/retirement; limited social life due to work pressures; changing roles – becoming a grandparent.

A1.6 Late adulthood (70 to 84 years):

- A1.6.1** physical: lung capacity reduces, arteries and heart muscle thicken, brain cells lose some functioning, falls from reduced mobility
- A1.6.2** intellectual: ability to learn new skills though may take longer, short term memory less easily recalled, wisdom and creativity remain
- A1.6.3** emotional: calmer, feeling alone, feel younger than age, feelings of frailty
- A1.6.4** social more opportunity for meeting friends due to retirement, meeting new people as taking on new activities; reduction in social circle of peers through this life stage.

A1.7 Later adulthood (85+ years):

- A1.7.1** physical: reduction in organ function, loss of bone density; ligaments and tendons lose elasticity leading to less flexibility and stiffness in movement; skin becomes thinner, less elastic and tears easily due to lack of collagen, elastin, and fat; chronic/long term health conditions more likely, further deterioration of vision and hearing
- A1.7.1** intellectual: potential for lapses in memory function; cognitive decline due to stroke or dementia; cognitive super-agers

UNIT 1: HUMAN LIFESPAN AND DEVELOPMENT

A1.7.2 emotional: improved emotional regulation; depression relating to loss (loss of peers; independence, skills; increased sense of own mortality, increased frailty

A1.7.3 social: significant reduction in social activity, increased support required to be able to meet friends and family outside of home environment; decrease in peer groups; disengagement theory; activity theory.

B: Factors affecting human growth and development across each life stage

Students will explore the different factors that can positively and negatively affect an individual's holistic growth and development.

B1 Genetic factors

B1.1 Genetic predisposition to health/ill health: to include cardiovascular disease, breast and prostate cancers.

B1.2 Genetic disorders: Huntington's disease, cystic fibrosis, sickle cell anaemia.

B2 Lifestyle factors

B2.1 Diet and weight management.

B2.2 Level of exercise

B2.3 Use or not of alcohol and tobacco.

B2.4 Quality of sleep.

B2.5 Oral health.

B2.6 Pregnancy: factors impacting on foetal development and premature birth including prenatal substance use/misuse, diet.

B3 Health inequalities

B3.1 Current NHS definition of health inequalities.

B3.2 Health inequalities to include:

B3.2.1 difference in life expectancy across different socioeconomic groups

B3.2.2 prevalence of mental health difficulties across socioeconomic groups/gender/race and ethnicity

B3.2.3 access to health services and difference of experience in healthcare – race and ethnicity, learning disabilities, gender

B3.2.4 discrimination.

B3.3 Environmental: exposure to pollution and unsafe housing conditions, asthma, tuberculosis, accidents.

B3.4 Economic: income and employment status, impact on health.

B3.5 Occupational related health: chronic obstructive pulmonary disorder (COPD), musculoskeletal problems, stress and anxiety, shift work.

C: Health and social care promotion, prevention and treatment at different life stages

C1 Prevalent health conditions

Students will explore the prevalence of the stated health conditions within the following life stages.

- C1.1** Infancy and early childhood: flu, chicken pox, ear infections, meningitis, conjunctivitis, speech development and problems, dental caries (tooth decay).
- C1.2** Adolescence: smoke/vape/take drugs and alcohol, sexual health
- C1.3** Early and middle adulthood: stress, depression and anxiety at work, accidents from risk-taking behaviour – acquired brain injury, life-changing injuries, inactivity/sedentary lifestyle.
- C1.4** Late and later (old age) adulthood: dementia, heart disease, oral health, injury from falls, weakened immune system and complications from influenza.
- C1.5** Obesity to be covered across the life stages.

C2 Health and social care promotion and prevention

Students will explore the purpose of health and social care promotion and prevention.

- C2.1** Vaccinations: purpose and role; herd immunity.
- C2.2** Age-related health checks and screening: newborn hearing screening; growth (height and weight) and developmental milestones (infants); hearing and eyesight checks (across all life stages); NHS health check (diabetes, hypertension, height/weight, blood pressure, blood test for cholesterol); early cancer screening (cervical, bowel, breast); dementia screening.
- C2.3** Mental health education.
- C2.4** Dental checks.
- C2.5** Health education for smoking, alcohol and drugs, sexual health.
- C2.6** Accident prevention.

C3 Health and social care professionals

For conditions covered in C1, students should be able to identify and outline the roles of the professionals involved in the care and treatment of an individual.

- C3.1** Nurses: mental health, adult, learning disability, children and young people (CYP) specialist community public health nurse – health visitor, children's practice nurse, school nurses (SN) and occupational health nursing (OHN).
- C3.2** Midwives.
- C3.3** Doctors: general practitioner, surgeon, psychiatrist.
- C3.4** Allied professions: physiotherapy, occupational therapy, speech therapist, radiographer, podiatry.
- C3.5** Dentist, dental hygienist.

C3.6 Social worker.

C3.7 Dietician.

C3.8 Care and support workers: domiciliary/residential.

C3.9 Psychologist, counsellor.

C3.10 Youth worker.

C3.11 Social prescriber.

C4 Personalised care and multi-disciplinary working

For professionals covered in C3, students should be able to identify and outline the multidisciplinary teams required to meet individual needs.

C4.1 Integrated Care Systems: multidisciplinary/multi-agency approach, a range of services working together with the service user to ensure a seamless approach to care.

C4.2 Person-centred approach to care, the need to give holistic care: assessment of needs, assessment of the whole person, Roper and Tierney – activities of daily living.

C4.3 Features of multidisciplinary team working:

C4.3.1 Shared decision making – service user at the heart of the process

C4.3.2 Different professionals working across a service – ways of working/ open communication/understanding each other's role

C4.3.3 Working with families and significant others.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL	IS – WC	SP – CT *
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI	

Table key

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
√	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Resources

[What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-are-health-inequalities)

[NHS England » What are healthcare inequalities? NHS England » Personalised care and support planning](#)

[Your baby's health and development reviews – NHS \(www.nhs.uk\)](https://www.nhs.uk/your-babys-health-and-development-reviews)

[NHS Health Check – NHS \(www.nhs.uk\)](https://www.nhs.uk/health-check)

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
Assess	Students give careful consideration to all the factors or events that apply and identify which are the most important or relevant; they make a judgement on the importance of something and come to a conclusion where needed.
Discuss	Students consider the different aspects in detail of an issue, situation, problem or argument and how they interrelate.
Explain	Students identify a point and give a linked justification/exemplification of that point. The answer must contain some linked reasoning.
Evaluate	Students consider various aspects of a subject's qualities in relation to its context such as: strengths or weaknesses, advantages or disadvantages. They come to a judgement supported by evidence which will often be in the form of a conclusion.
Give/State/Name	Students recall one or more pieces of information.
Identify	Students select some key information from a given stimulus/resource.

Unit 2: Human Biology and Health

Level: 3

Unit type: External

Guided learning hours: 90

Unit in brief

Students explore the organisation, structure and normal physiological functioning of the human body, and the effect on health of common disorders of the body systems.

Unit introduction

We all need to be aware of the structure of the human body and how the body systems work together for normal physiological functioning. This enables us to understand the effects of common disorders on the body and on health.

You will learn how the body is organised into cells, tissues, organs and organ systems and how healthy bodily function is achieved. You will start by developing your knowledge on cellular structure and function, the different tissue types, including where they are found in the body and how their structure supports their function. You will explore respiration and energy metabolism in the human body and the homeostatic mechanisms that work to maintain the internal environment of the body. You will then build on this knowledge to develop a more detailed knowledge of the structure and function of key body systems, such as the cardiovascular and respiratory systems and how the endocrine system controls and regulates processes throughout the body. You will move on to consider how normal physiological functioning may be interrupted by common disorders, such as coronary heart disease and diabetes, and how these disorders affect multiple body systems.

A clear understanding of human biology and health is essential when working in health and social care services. The individuals using these services may present with a range of disorders that affect their day-to-day life and the needs they have for care and support. This unit will provide foundational knowledge required in further study and careers in healthcare, for example nursing, midwifery and allied health professions, as well as social care roles, such as social work and care workers.

Summary of assessment

The unit will be assessed through one examination of 80 marks lasting 1 hour and 30 minutes.

Students will be assessed through multiple-choice, short- and long-answer questions.

The questions will assess knowledge and understanding of the structure, organisation and function of the human body and common disorders that affect it; application of knowledge on the structure and function of body systems to the primary and secondary effects of common disorders on those body systems; and connections between the primary and secondary effects of common disorders and how they affect interlinked body systems.

The assessment availability is twice a year in January and May/June.

The first assessment availability is May/June 2026.

Sample assessment materials will be available to help centres prepare students for assessment.

Assessment outcomes

- AO1** Demonstrate knowledge of the structure, organisation and function of the human body and common disorders that affect it.
- AO2** Demonstrate understanding of the structure, organisation and function of the human body and common disorders that affect it.
- AO3** Demonstrate application of knowledge and understanding of the structure and function of body systems to the primary and secondary effects of common disorders on those body systems.
- AO4** Make connections between the primary and secondary effects of common disorders and how they affect interlinked body systems.

[SP-CT]

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

A: Organisation of the human body

Students will know and understand the organisation of the human body.

A1 Cells

A1.1 The structure of animal cells and the function of the organelles to include:

- A1.1.1** membrane
- A1.1.2** nucleus
- A1.1.3** ribosomes
- A1.1.4** mitochondria.

A2 Tissues

A2.1 The structure, location in organs and organ systems, and function of the main tissue types:

- A2.1.1** epithelial (simple and compound)
- A2.1.2** connective (blood, cartilage, bone, areolar and adipose)
- A2.1.3** muscle (striated, non-striated, cardiac)
- A2.1.4** nervous (sensory and motor neurones, neuroglia).

A3 Energy in the body

Students are expected to develop an awareness of energy metabolism, cellular respiration and uses of energy in the body.

A3.1 Energy metabolism

The process of generating energy from nutrients:

- A3.1.1** catabolism – the breakdown of complex molecules into numerous simple ones
- A3.1.2** anabolism – the process of using the energy released by catabolism to synthesise complex molecules from numerous simple ones.

A3.2 Cellular respiration

Takes place in all living cells. The process by which cells derive energy from glucose through catabolism:

- A3.2.1** aerobic respiration – uses oxygen to derive energy
- A3.2.2** anaerobic respiration – does not use oxygen to derive energy.

A3.3 Uses of energy in the body:

- A3.3.1** cell division, growth and repair; passage of nerve impulses; contraction of muscle tissue; maintenance of homeostasis; anabolism

- A3.3.2** basal metabolic rate (BMR): the energy required when resting for basic life-sustaining functions like breathing, circulation, nutrient processing, and cell production.

A4 Homeostatic mechanisms

A4.1 Definition of homeostasis: 'The ability of the body to maintain a stable internal environment despite changes in external conditions.'

A4.2 The role of negative feedback in regulatory mechanisms, to include:

- A4.2.1** thermoregulation
- A4.2.2** blood glucose regulation
- A4.2.3** osmoregulation.

B: Body systems

Students will know and understand the structure and normal physiological functioning of the body systems and their organs.

B1 The cardiovascular system

B1.1 The structure and function of:

- B1.1.1** heart and cardiac cycle
- B1.1.2** blood vessels: arteries, veins, capillaries
- B1.1.3** blood: plasma, red blood cells, white blood cells, platelets.

B2 The respiratory system

B2.1 The structure and function of:

- B2.1.1** trachea
- B2.1.2** lungs, including the bronchi, bronchioles and alveoli.

B2.2 Ventilation including:

- B2.2.1** site and mechanism of gaseous exchange
- B2.2.2** action of the diaphragm, ribs and intercostal muscles.

B3 The nervous system

B3.1 The structure and function of:

- B3.1.1** central nervous system: comprised of brain and spinal cord. Receives, processes and transmits information
- B3.1.2** peripheral nervous system: comprised of nerves and ganglia outside of the brain and spinal cord. Relays information to and from the central nervous system
- B3.1.3** autonomic nervous system: comprised of parasympathetic and sympathetic systems. Regulates functions of the body, such as heart rate, breathing, digestion, and glandular secretion, to maintain homeostasis and respond to environmental stimuli.

B4 The endocrine and renal systems

B4.1 The role of the hypothalamus in controlling the endocrine system.

B4.2 The role of the endocrine system in the following processes:

B4.2.1 control and regulation of growth: the role of the thyroid, testes and ovaries, the action of growth stimulating hormone and the development of secondary sexual characteristics

B4.2.2 osmoregulation: the role of the pituitary gland and action of antidiuretic hormone and the role of the kidneys

B4.2.3 regulation of blood sugar: the role of the pancreas and the liver, including the action of insulin and glucagon

B4.2.4 'fight or flight' response: the role of the adrenal glands and the action of adrenalin

B4.2.5 regulation of blood pressure: the role of the adrenal glands and the action of aldosterone.

B5 The musculoskeletal system

B5.1 The role of the structures of the musculoskeletal system in providing support and structure to the body and enabling movement:

B5.1.1 ligaments

B5.1.2 tendons

B5.1.3 cartilage

B5.1.4 bone

B5.1.5 antagonistic pairs of muscles; synergist muscles; fixator muscles

B5.1.7 fibrous joints

B5.1.8 cartilaginous joints

B5.1.9 synovial joints.

B6 The function of further body systems

B6.1 The primary functions of additional body systems and how they link to other systems to include:

B6.1.1 immune system: role in fighting infection, including white blood cells, antibodies and antigens

B6.1.2 lymphatic system: role in managing fluid levels and the immune response

B6.1.3 reproductive system: role of the breasts, uterus, ovaries and vagina in anatomical females, and penis and testes in anatomical males

B6.1.4 digestive system: role of the alimentary canal – oesophagus, stomach, duodenum, ileum, colon, and the accessory organs – liver, pancreas, gallbladder and salivary glands, in the breakdown and absorption of food materials.

C: Disorders of the body and effect on body systems

Students will know and understand how disorders can affect various body systems, including the primary and secondary effects on those systems.

C1 The main disorders of the body systems

C1.1 Coronary heart disease:

- C1.1.1** causes – atherosclerosis, hypertension
- C1.1.2** primary effects – heart attack, angina, heart failure
- C1.1.3** secondary effects – shortness of breath, dizziness, nausea and vomiting
- C1.1.4** body systems – cardiovascular, respiratory and digestive.

C1.2 Stroke:

- C1.2.1** causes – blocked artery (ischaemic stroke) or burst blood vessel (haemorrhagic stroke)
- C1.2.2** primary effects – brain damage, bleeding and clotting in the brain
- C1.2.3** secondary effects – muscle weakness, lack of co-ordination, dysphasia, increased incidence of respiratory infections
- C1.2.4** body systems – cardiovascular, nervous and musculoskeletal.

C1.3 Chronic obstructive pulmonary disorder – emphysema and chronic bronchitis:

- C1.3.1** causes – chronic exposure to irritants e.g. smoking, leading to damage to the alveoli (emphysema) and persistent inflammation of the airways (chronic bronchitis)
- C1.3.2** primary effects – breathlessness, excess mucus production and persistent cough, frequent chest infections, persistent wheezing, increased heart rate
- C1.3.3** secondary effects – weight loss, muscle weakness and reduced mobility
- C1.3.4** body systems – respiratory, cardiovascular, digestive and musculoskeletal.

C1.4 Asthma:

- C1.4.1** causes – a combination of genetic and environmental factors leading to inflammation and narrowing of the airways
- C1.4.2** primary effects – shortness of breath, wheezing, a tight chest and coughing. In an asthma attack this becomes severe and constant leading to breathlessness, faster breathing and heartbeat, confusion, drowsiness and dizziness, fainting, blue lips and fingers.
- C1.4.3** secondary effects – anxiety and depression, pneumonia, delays in growth (children)
- C1.4.4** body systems – respiratory, cardiovascular.

C1.5 Diabetes – type 1 and type 2:

C1.5.1 causes –

- type 1: the body produces insufficient insulin, or none at all
- type 2: the body produces insufficient insulin and/or becomes insulin resistant

C1.5.2 primary effects – uncontrolled blood sugar levels leading to weight change, blurred vision, feeling thirsty, hunger, mood changes, tiredness, excessive urination, itching, thrush infections, cuts and wounds heal slowly

C1.5.3 secondary effects – heart disease and stroke, nerve damage, foot problems, vision loss, miscarriage and stillbirth, kidney problems, sexual problems

C1.5.4 body systems – endocrine, cardiovascular, nervous, immune, digestive, reproductive.

C1.6 Dementia – Alzheimer's disease and vascular dementia:

C1.6.1 causes –

- Alzheimer's disease: build-up of proteins within and around brain cells
- vascular dementia: reduced blood flow to the brain caused by narrowing of blood vessels, strokes and transient ischaemic attacks (TIAs)

C1.6.2 primary effects – disrupted cognitive function

C1.6.3 secondary effects – significant slowness of thought and confusion, memory loss, problems concentrating, severe personality changes, depression, incontinence, difficulties swallowing or coughing

C1.6.4 body systems – nervous system, cardiovascular system, respiratory system.

C1.7 Acquired brain injury – traumatic and non-traumatic:

C1.7.1 causes –

- traumatic: blow to the head or brain damage that occurs after birth
- non-traumatic: caused by e.g. infection, disease, lack of oxygen

C1.7.2 primary effects – concussion, unconsciousness and coma, amnesia, damage to blood vessels in the brain

C1.7.3 secondary effects – traumatic: headaches and dizziness, memory loss, fatigue, personality changes; both: delayed growth and development (in children), issues with balance and coordination, cognitive, sensory and physical impairments, irritability, sleep disturbance

C1.7.4 body systems – nervous, cardiovascular, respiratory, musculoskeletal.

C1.8 Cancer: breast, bowel and lung

Students should develop an awareness of the ways that an individual's genetics, lifestyle and exposure to carcinogens in lifestyle habits and the environment, can lead to cancer, as well as the primary and secondary effects of cancers on interlinked body systems.

C1.8.1 Breast cancer:

- C1.8.1.1** causes – an uncontrollable growth of abnormal cells, due to a combination of:
- genetic factors – cancer-risk genes
 - lifestyle factors – alcohol consumption; overweight and obesity
 - environmental factors – exposure to radiation and oestrogen
- C1.8.1.2** primary effects on the reproductive system:
- changes in size or shape of one or more breasts, discharge from nipples, swelling in armpits, dimpling on breast skin, change in the appearance of the nipple
- C1.8.1.3** secondary effects on interlinked body systems:
- metastasis (spreading to other parts of the body such as bones, lungs, liver and brain) leading to organ failure and death.

C1.8.2 Bowel cancer:

- C1.8.2.1** causes – an uncontrollable growth of abnormal cells, due to a combination of:
- genetic factors – cancer-risk genes
 - lifestyle factors – smoking; consumption of red and processed meat; alcohol consumption; overweight and obesity
 - pre-existing conditions – inflammatory bowel disease
- C1.8.2.2** primary effects on the digestive system
- changes in faeces, changes in occurrence of defaecating, bleeding from the anus/blood in stool, pain in the abdomen, bloating, weight loss
- C1.8.2.3** secondary effects on interlinked body systems
- effects on cardiovascular system: anaemia and persistent tiredness due to internal bleeding/bleeding from the anus
 - effects on musculoskeletal system: loss of bone and muscle mass
 - metastasis (spreading to other parts of the body such as liver and lungs) leading to organ failure and death.

C1.8.3 Lung cancer:

C1.8.3.1 causes –an uncontrollable growth of abnormal cells, due to a combination of:

- genetic factors – cancer-risk genes
- lifestyle factors – smoking cigarettes and tobacco use
- environmental factors – passive smoking; exposure to certain chemicals and substances which are used in several occupations and industries such as arsenic and asbestos

C1.8.3.2 primary effects on the respiratory system

- persistent cough, recurrent chest infections, coughing up blood, pain when breathing or coughing

C1.8.3.3 secondary effects on interlinked body systems

- effects on cardiovascular system: anaemia and persistent tiredness due to internal bleeding/coughing up blood. Increased risk of blood clots
- effects on digestive system: loss of appetite and weight loss
- effects on musculoskeletal system: loss of bone and muscle mass. metastasis (spreading to other parts of the body such brain, bones, liver and adrenal glands) leading to organ failure and death.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL	IS – WC	SP – CT *
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI	

Table key

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
√	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Key terms typically used in assessment

The following table shows the key terms that will be used consistently by Pearson in our assessments to ensure students are rewarded for demonstrating the necessary skills.

Please note: the list below will not necessarily be used in every paper/session and is provided for guidance only.

Command or term	Definition
Describe	Students provide an account of something or highlight several key features of a given topic. May also be used in relation to the stages of a process.
Discuss	Students consider the different aspects in detail of an issue, situation, problem or argument and how they interrelate.
Explain	Students identify a point and give a linked justification/exemplification of that point. The answer must contain some linked reasoning.
Evaluate	Students consider various aspects of a subject's qualities in relation to its context such as: strengths or weaknesses, advantages or disadvantages. They come to a judgement supported by evidence which will often be in the form of a conclusion.
Give/State/Name	Students recall one or more pieces of information.
Identify/Label	Students select some key information from a given stimulus/resource.

Unit 3: Principles of Health and Social Care Practice

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

Students focus on the principles that underpin meeting the care and support needs of individuals, which are the foundation of all services within health and social care.

Unit introduction

To meet individual needs, it is important that you have a good understanding of the principles behind providing excellent care and support. This unit introduces you to the core values expected of NHS and social care professionals which underpin professional standards, skills and attributes and how these should be applied in practice to meet the needs of individuals in health and social care environments.

In this unit, you will learn about the values, skills and principles of meeting care and support needs and how these should be applied in practice. You will look at some of the challenges and approaches that may arise when personalising care and how legislation, governance and regulation affect the provision of care and support to meet individuals' needs. You will also examine the different societal factors affecting the health outcomes of individuals and the strategies used in health and social care to overcome these.

This unit will be invaluable if you wish to progress to higher education, to degrees in areas such as health and social care management, social work and nursing.

Learning aims

In this unit you will:

- A** Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals
- B** Examine how organisation, legislation and guidance inform practice in health and social care
- C** Examine how social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals	A1 Values essential to health and social care practice A2 Person-centred care and approaches A3 Communication in health and social care A4 Confidentiality A5 Duty of care A6 Working with vulnerable children and adults at risk	Prepare materials on the challenges in providing person centred care, using effective communication and responding to safeguarding concerns.
B Examine how organisations, legislation and guidance inform practice in health and social care	B1 Organisations, legislation and guidance affecting health and social care services B2 Organisation of health and social care services B3 How health and social care services are organised to benefit the population B4 Using critical thinking skills to draw valid conclusions	Prepare materials on the effectiveness of interagency working when following the requirements of organisations, legislation and guidance
C Examine how social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice	C1 The effect of social determinants on individuals' health status C2 Improving health outcomes in practice C3 Potential barriers to improving health outcomes in practice	Prepare materials on the factors affecting the health of individuals and the importance of equality, diversity and inclusion in health and social care practice

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

Learning aim A: Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals [IS-WC]; [IS-V&NC]

A1 Values essential to health and social care practice

- NHS Core Values – working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives, everyone counts.
- Skills for Care Values – dignity and respect, learning and reflection, working together, commitment to quality care and support.
- The 6Cs – care, compassion, competence, communication, courage and commitment.

A2 Person-centred care and approaches

- All health and social care professionals work towards a standard of care to include: individuality, choice, independence, rights, privacy.
- Importance of people skills – empathy, patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills.
- Focus on needs-led care – supporting inclusive practices and enabling individuals to make choices and actively participate in planning their own care.
- The importance of empowering individuals with care/support needs, valuing their individuality, and respecting an individual's opinions and feelings.
- Care/support plans, electronic health records (EHR):
 - record of care and/or support that must be provided for an individual
 - required record in all health and social care environments
 - informed by an individual's preferences, needs, and values
 - individuals are involved in all aspects of planning and amending care plans/support plans
 - empowering the individual to report their changing needs
 - up-to-date records ensure information is shared between colleagues – shift changes, staff changes, and across multiple teams.
- Supporting individuals to raise concerns regarding the ongoing delivery of their care and using appropriate channels of support.

A3 Communication in health and social care

- Types of communication to include: verbal, non-verbal, written and digital (online tools).
- Importance of communication to provide person-centred care – providing accurate information, support privacy and dignity, use of listening skills, avoiding jargon, slang, and acronyms, provide empathy and emotional support.
- Demonstrate respect and patience – with individuals, their families, carers, friends, colleagues, and members of the multi-disciplinary team.
- The importance of effective communication with colleagues and other professionals:
 - to include collaboration, open communication, coordination of responsibilities, shared decision making, shared responsibilities for planning and problem solving.
- Adapting communication according to the needs of individuals – learning disabilities, dementia and hearing impairments.
- How good communication may impact on outcomes for individuals:
 - individuals are more likely to share important information
 - professionals can provide clear and understandable information to individuals and across teams
 - motivates people to follow their treatment plans
 - individuals are more likely to follow advice and guidance on living a healthy lifestyle
 - positively influencing a person's mental state and wellbeing.
- How poor communication may impact on outcomes for individuals:
 - increases in harm, length of stay, and resource use, as well as affecting staff morale
 - professionals involved in care may not have the most up-to-date information
 - too late to implement effective treatment or care if communication is delayed
 - records are not consistently complete and accurate
 - important issues may remain unresolved, until the point of urgency.
- Digital communication:
 - current ways digital tools are used to communicate in practice – to include at home monitoring, virtual wards, and video consultation/check ups
 - improves person-centred care – chose the types of digital communication that work well, for whom, where and when
 - benefits to professionals to include: time efficiency, enhances face to face engagement, opportunities to provide reassurance to individuals, develop and maintain relationships with individuals, may help to catch problems/changes early
 - benefits to individuals to include: increases access to services, professionals, health information and education, improves confidence in managing own health, improves independence and experience of service provision, ease of providing interpretation services
 - considerations of digital communication to include cost to individuals, ethical issues, safety of information shared (to include cybersecurity), digital literacy of staff and individuals.

A4 Confidentiality

- Importance of keeping person-identifiable or sensitive information confidential to include information stored on behalf on colleagues and individuals.
- Importance of sharing confidential information when it is needed for the safe and effective care of an individual.
- Sharing information and managing confidentiality – sharing should be necessary, proportionate, relevant, accurate, timely and secure.
- The importance of ensuring permission is acquired from an individual to share their records with family, friends or carers.
- Professionals must follow organisational policies and procedures to protect information to include when and how to share records, reporting concerns the recording, storing or sharing of records, whistleblowing where needed.
- Awareness of the consequences for breaching confidentiality to include disciplinary action and criminal charges.

A5 Duty of care

- Legal obligation of all health and social care professionals to protect the wellbeing of individuals in their care and prevent harm.
- Professionals must always act in the best interests of the individual, and their family/carers, using services.
- Individuals' records are up to date, accurate, and information shared with the relevant teams/professionals.
- Professionals must work to agreed national standards of care, to include those set by regulators
- Requirement that regulated professionals follow codes of conduct and codes of ethics set by the regulator – to include nurses and midwives, allied health professionals, social workers.
- Individuals are treated with dignity, compassion, and respect.
- individuals receive services which are appropriate to their individual circumstances and their age/stage in the human lifecycle.
- The importance of ensuring individuals are not deprived of their rights, are able to live as independently as possible and are allowed to make choices and take appropriate risks.
- Personal conduct at work and in personal lives must meet expected professional standards – reflect positively, confidentiality (to include personal and professional use of social media) and respect for individuals, carers/family, and colleagues.

- Managing dilemmas that may arise about duty of care:
 - follow policies and procedures to protect individuals, self and colleagues
 - mental capacity assessments – the meaning of capacity, the importance of supporting individuals to make independent, informed decisions about their care/support
 - positive risk taking – working with individuals to address the risks in relation to their needs, and the care and support given.
 - report any concerns about the wellbeing of individuals, working conditions, faulty equipment as soon as possible
 - report any incidents to line managers/shift leaders as soon as possible
 - use reporting procedures to disclose any concerns about abuse, neglect or unprofessional behaviour.

A6 Working with vulnerable children and adults at risk

- Vulnerabilities: Applying All Our Health (2022): defined being vulnerable as being in need of special care, support, or protection because of age, disability, risk of abuse or neglect.
- The importance of protecting an individual's right to live in safety, free from abuse and neglect.
- Working to prevent harm and reduce the risk of abuse or neglect to those with care and support needs.
- Safeguarding individuals in a way that supports them making choices and having control in how they choose to live their lives.
- All health and social care professionals must follow agreed policies and procedures that relate to the safeguarding of children and adults at risk.
- The importance of following organisational policies and procedures when documenting and reporting safeguarding concerns.
- Awareness of the roles and responsibilities of individuals and organisations to safeguard individuals of all ages.
- The importance of multi-agency working for vulnerable individuals.

Learning aim B: Examine how organisations, legislation and guidance inform practice in health and social care [SP-CT]

B1 Organisations, legislation and guidance affecting health and social care services

Students need to be aware that the organisations and legislation listed are subject to change and they should reference the most up-to-date versions in their assessments.

- Roles and responsibilities of key organisations:
 - organisations that govern overall practice – Department of Health and Social Care, NHS England
 - National Institute for Care Excellence (NICE)
 - Social Care Institute for Excellence (SCIE)
 - Care Quality Commission (CQC).
 - regulatory bodies and their Codes of Practice – Nursing and Midwifery Council, Social Work England, Health and Care Professions Council, General Medical Council
 - organisations that support practice and workforce development – Skills for Health, Skills for Care
 - Professional Standards Authority.
- Key legislation that informs practice and its purpose:
 - Health and Social Care Act 2008
 - Care Act 2014
 - General Data Protection Regulations (2018)
 - Freedom of Information Act (2000)
 - Safeguarding Vulnerable Groups Act 2006
 - Mental Health Act 2021, Mental Capacity Act 2005, Deprivation of Liberty Safeguards
 - Equality Act 2010
 - Human Rights Act 1998.

B2 Organisation of health and social care services

Students need an awareness of the function of different types of health and social care services.

- Primary care – general practice (GP), pharmacy, dentistry.
- Secondary care – urgent and emergency care – to include physical and mental health care, planned or elective care, emergency care.
- Tertiary care – highly specialist care – neurosurgery, transplants, secure forensic mental health services.
- Community health – sexual health clinics, smoking cessation clinics, health visitors.
- Social care – care homes (with/without nursing support), at home (domiciliary) care, rehabilitation services.
- Palliative and end-of-life care.

- Learning disabilities care.
- Virtual wards, virtual hospitals.

B3 How health and social care services are organised to benefit the population

Students will need to investigate integrated care systems in relation to the services listed above.

- Integrated care systems (ICSs):
 - partnerships of NHS organisations, social care services and local authorities
 - collective responsibility to plan services, improve outcomes, and reduce inequalities across a local area
 - responsibility for implementing and accelerating digital priorities – electronic patient records (EPRs), digital social care records, shared care records (ShCRs).
- Two components of ICSs:
 - Integrated Care Partnership (ICP) – statutory committees responsible for improving the care, health and wellbeing of the population in a local area; made up of representatives from NHS organisations, local authorities (social care and public health representatives), social care, voluntary, and community organisations; aim to develop a health and care strategy for the local area
 - Integrated Care Board (ICB) – statutory NHS organisation responsible for planning and funding most NHS services in a local area.
- Purpose of ICSs:
 - bring health and social care organisations together
 - make best use of collective resources so individuals receive appropriate care as quickly as possible
 - improve outcomes in population health and healthcare
 - reduce inequalities in outcomes, experience and access
 - support individuals with multiple needs, mental health issues, or long-term conditions to stay well and independent.

B4 Using critical thinking skills to draw valid conclusions

- Questioning relevance of information and challenging own biases.
- Breaking information into parts and identifying relationships and connections.
- Identifying strengths or weaknesses of information and why information is significant.
- Drawing conclusions supported by structured reasoning.

Learning aim C: Examine how social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice [IS – C&SI]

C1 The effect of social determinants on individuals' health status

- Health status of individuals determined by the following factors:
 - health status – the physical and mental health status of a person, group or population
 - access to care – timely, appropriate, easy to get to and use, available services meeting the choice and needs of an individual
 - quality and experience of care
 - behavioural risks to health – smoking rates, poor diet, physical inactivity, harmful alcohol consumption
 - wider determinants of health – quality of housing, income, education, access to green space, healthy food, the work individuals do.
- Social and environmental factors affecting health status and health outcomes:
 - socio-economic factors – to include income, the influence of deprivation
 - geography – differences in region, urban, or rural
 - individual characteristics including those protected in law, age, disability, neurodiversity, ethnicity, religion and belief, sex, sexual orientation, gender and gender identity, pregnancy and maternity, education, and economic status
 - socially excluded groups to include people experiencing homelessness, asylum seekers and refugees.
- The importance of recognising the role of intersectionality of social determinants and factors affecting health outcomes in determining an individual's health status.

C2 Improving health outcomes in practice

- Students need to understand equality, diversity and discrimination in relation to the approach of professionals in health and social care practice, and how inclusive practice may impact on health outcomes.
- Definition of equality, diversity and discrimination (direct and indirect).
- Importance of inclusion in practice to include using person centred approaches to record and act on the unique needs, choices and preferences of individuals.
- The importance of not making assumptions about needs and preferences based on preconceptions, or generalisations.
- Awareness of intersectionality and health outcomes – individual characteristics overlap, and may change across the lifespan of an individual.
- The importance of equality, diversity and inclusion for professionals in practice:
 - improved efficiency and effective running of services
 - increased levels productivity
 - improved innovation
 - reduction in absence

UNIT 3: PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

- impact of recruiting and retaining a diverse workforce – better understanding of different cultures, increases the representation of identities in the local community, and at all levels of employment
- demonstrate cultural competence – in accordance with expectations of regulators of health and social care (to include Care Quality Commission)
- the importance of continued learning and development to include remaining up to date with information about different cultures, their potential needs and preferences; use of language (different meanings, absence of health and social care vocabulary from global cultures).
- The importance of equality, diversity and inclusion for individuals using services
 - improved quality of care – needs and choices are more likely to be met
 - levels of satisfaction with care received
 - culturally sensitive/appropriate needs being met.

C3 Potential barriers to improving health outcomes in practice

- Students need to understand potential discrimination as it relates to health and social care practice and the experiences individuals of different ages may have in different settings.
- Recognition of common forms of discrimination, to include: unconscious bias, othering, labelling, prejudice and stereotyping.
- Professionals and individuals can be discriminated against based on multiple characteristics.
- Challenge discrimination in practice:
 - awareness of intersectionality – intersecting identities can lead to less favourable, or more favourable, treatment for some individuals compared to others
 - promote inclusion in information, images and resources
 - use organisational policy and procedure to report and challenge discriminatory practice
 - support individuals using health and social care services to report and challenge discrimination.
- The impact of pandemics on health outcomes:
 - vulnerability of groups across different geographies
 - differences in mortality rates across cultural groups
 - significant effect on some groups of people: disabled people, ethnic minority communities and care home residents, prisoners, homeless people
 - individuals less likely to have had contact with family/friends who understand and affirm their culture; little/no opportunity for contact with their culture/community outside their home
 - individuals more likely to have had contact with people who do not share their culture (inpatients, residents in care or nursing homes); to experience more life events that have cultural significance (end of life needs; loss of a significant other), received information in a language they didn't understand
 - the effect of reprioritisation and restriction on services – unmet needs, mental health issues, education gaps, loss of employment, financial insecurity.

Assessment criteria

Learning aim A: Understand principles of practice in health and social care which underpin meeting the care and support needs of individuals

Pass	Merit	Distinction
A.P1 Explain the values and skills necessary for professionals caring for two individuals with different needs. A.P2 Explain how effective communication can be used by professionals to build relationships with two individuals with different needs. A.P3 Explain the implications of a duty of care in health and social care practice.	A.M1 Assess the methods and strategies professionals might use when building relationships and establishing trust with two individuals with care and support needs. A.M2 Assess the importance of balancing individual rights and choices with a duty of care when providing care and support for individuals with different needs.	A.D1 Evaluate the methods and strategies used by professionals to overcome challenges in providing person-centred care that meets the needs of two individuals.

Learning aim B: Examine how organisations, legislation and guidance inform practice in health and social care

Pass	Merit	Distinction
B.P4 Explain the influence of organisations, legislation and guidance on practice within health and social care services. B.P5 Explain how different health and social care services work together to meet the care and support needs of two individuals with different needs.	B.M3 Analyse the impact of organisations, legislation and guidance on health and social care services working together to meet the needs of two individuals with different needs.	B.D2 Evaluate the effectiveness of health and social care services working together to meet the care and support needs of two individuals with different needs. [SP-CT]

Learning aim C: Examine how social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice

Pass	Merit	Distinction
C.P6 Explain the factors that may affect the health status of two individuals with different needs. C.P7 Explain the importance of equality, diversity and inclusion in practice to improve the health outcomes of two individuals with different care needs. [IS – C&SI]	C.M4 Analyse how working in an inclusive way in practice impacts on the factors and potential barriers that may affect the health outcomes of two individuals with different care needs.	C.D3 Evaluate the success of approaches to inclusive working practices on improving the health outcomes and overcoming potential barriers of two individuals with different needs.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL	IS – WC *	SP – CT ✓
MY – PS&R	EL – CL	IS – V&NC *	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI ✓	

Table key

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
✓	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Essential information for Pearson Set Assignment (PSAB)

Pearson sets the assignment for the assessment of this unit.

The PSAB will take 12 hours to complete.

The PSAB will be marked by centres and verified by Pearson.

The PSAB will be valid for the lifetime of this qualification.

Assessing the PSAB

You will make assessment decisions for the PSAB using the assessment criteria provided.

Section 1 gives information on PSABs and there is further information on our website.

Further information for teachers and assessors

Resource requirements

For this unit, students must have access to current national legislation/guidelines and organisational policies.

Essential information for assessment decisions

The assessment for this unit will draw on the knowledge and understanding students gained in *Unit 1: Human Lifespan and Development* where students examined how health care professionals provide effective holistic care, factors that may influence health and the impact of health inequalities, and how these affect the health of individuals.

The assessment for this unit will also draw on the knowledge and understanding students gained in *Unit 2: Human Biology and Health* when they examined common disorders and the potential effects on health.

Learning aim A

For distinction standard, students will use the given case studies to draw together their knowledge and understanding of the values and skills required of professionals to successfully provide person centred care, and how effective communication will support this to meet the care and support needs of two individuals. They will draw together their understanding of duty of care and the challenges this may sometimes present. Students will articulate arguments and views concisely to justify conclusions about the effectiveness of methods and strategies used by professionals to meet the care and support needs of the two individuals.

For merit standard, students will use the given case studies to consider the appropriateness and success of methods and strategies used by professionals to build positive relationships and trust with two individuals. This will include the skills and values professionals could demonstrate to establish trust, and a consideration of the approach to person centred care and how it is applied to the case studies. Students will also consider how effective communication is important to build positive relationships and trust with the two individuals. They will make reasoned judgements on the selection of methods of communication with the two individuals and will analyse the importance of these and the potential impact on the individuals.

For pass standard, students will use the given case studies to explain the values, skills and personal attributes required by professionals to meet the care and support needs of two individuals. This will include how professionals ensure person centred care and approaches are utilised for both individuals, and how this information is documented, stored and shared among the team providing care and support for the individuals.

Students will demonstrate knowledge and understanding of different strategies and techniques used by professionals to ensure communication is effective and will relate this to the consideration of the needs of the individuals in the case studies.

Students will demonstrate an understanding of what a duty of care is and the expectations on professionals to appropriately manage dilemmas in practice. Students will also show they understand how working with vulnerable adults and children may lead to the requirement to follow additional processes and procedures to meet the needs of individuals in the case studies.

Learning aim B

For distinction standard, students will draw on their knowledge and understanding to make suitable judgements on how effectively health and social care services work together to meet the specific needs of the two individuals in the given case studies. Students will justify the suitability of each health and social care organisation in providing the care and support needed to meet the individual's needs. They will make reasoned judgements about the impact of health and social care services working together, making links to the relevant organisations, legislation and guidance that inform and direct their service delivery, on working together to meet the specific needs of the two individuals in their chosen case studies. As part of their evaluation students must also consider the challenges that may arise through health and social care services working together to meet the needs of the two individuals under the governance and regulation of relevant organisations, legislation and guidance, and the degree to which the services navigate these challenges successfully, to reach reasoned and valid conclusions.

For merit standard, students will consider how relevant organisations, legislation, and guidance impact on the provision of care and support and this must be related to meeting the needs of the individuals in the case studies. Students must make clear and reasoned judgements on the benefits of health and social care services working together, under integrated care systems, to provide co-ordinated care and support for the two individuals. Students will carefully consider the impact of health and social care services working together on the two individuals and how this can help them overcome any individual challenges they face and meet their individual needs.

For pass standard, students will use the information in the case studies to explain how relevant organisations, legislation and guidance inform the provision of care and support in the sector for both individuals.

Students will draw on the information provided in the case study to explain the suitability of each health and social care services required to plan and provide care for the two individuals for each, and how services work together, under the conditions of legislation and guidance. They should show that they understand how support is needed from a range of health and social care services, and how packages of care and support require a range of professionals from different disciplines, to meet the care and support needs of both individuals.

Learning aim C

For distinction standard, students will select relevant information from the case studies to make reasoned judgements on how inclusive working practices have impacted on the health outcomes of two individuals. Students will draw together their understanding of the factors that may affect the health outcomes of the two individuals, and the strategies that can be used to overcome challenges faced by the two individuals. They must consider the advantages and disadvantages of the methods and strategies used by professionals and consider the impact of each on overcoming barriers and improving the health outcomes of the two individuals. Students will use detailed analysis and research to reach reasoned and valid conclusions on the impact of equality, diversity and discrimination and how inclusive working practices impact on the health outcomes of individuals.

For merit standard, students will draw on the information in the case studies to explore how the inclusive working practices of professionals might impact on the health outcomes for two individuals. Students will explore the impact of factors affecting the health status of both individuals and will select material from the provided case studies which allows them to explore the potential barriers that both individuals may face. This may include issues surrounding equality and diversity and the impact of discrimination for each of the individuals. Students must make reasoned, analytical judgements on the impact of working practices to overcome potential barriers and meet the needs of the two individuals.

For pass standard, students will consider the relevant factors affecting the health status of the two individuals, including the social and environmental factors that affect their health outcomes, and will explain the impact of these factors on both individuals giving relevant examples to support their answer.

Students will select material from the provided case studies which allows them to show an understanding of the importance of professionals promoting equality, diversity and inclusion in practice for each of the individuals to improve their health outcomes.

Students will consider the importance of promoting equality and diversity in health and social care and must use the case studies to give relevant examples of how professionals should promote equality and diversity, inclusion, and anti-discriminatory practices for the two individuals.

Links to other units

The assessment for this unit will draw on some of the underpinning knowledge and understanding covered in the following units:

Unit 1: Human Lifespan and Development

Unit 2: Human Biology and Health.

Unit 4: Health, Policy and Wellbeing

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

This unit explores the links between the origins of public health policy and current frameworks. Students will consider factors that may contribute to overall public health and corresponding practice in local health and social care settings, and the impact of social policy on the improvement of public health.

Unit introduction

Social policy is integral to the function of health and care services. In public health, social policy is specifically focused on policies that the government and other agencies representing the population determine are the vision for improving and maintaining the health of the nation.

In this unit you will be introduced to a range of legislation and policies related to public health and the impact these have on different populations. You will consider factors affecting health locally and nationally. You will explore different methods of promoting and protecting public health and you will develop an appreciation of the barriers to be overcome with promoting public health and ways of making people aware of public health issues. You will gain a greater understanding of how healthcare professionals and government agencies use public health initiatives to encourage individuals to change their behaviour in relation to their health. This will lead you on to appraising current social policy and how policy can aid in the promotion of health for the population.

On successful completion of this unit, students will have an insight into the origins of social policy documents which will enhance their ability to reflect upon social and public health factors which are fundamental within a career in healthcare and for future study.

Learning aims

In this unit you will:

- A** Understand the influence of social policy on public health
- B** Examine the factors affecting public health policy and the impact of addressing these factors to improve public health
- C** Examine the impact of social policy as a driver to improve outcomes in public health.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the influence of social policy on public health	A1 Origins and aims of social and public health policy A2 Factors that influence policy making in health and social care A3 Groups that influence public health policy	Students will undertake research into the implementation of one historic improvement to public health, and one national or international group, to compare their influences on current public health policy.
B Examine the factors affecting public health policy and the impact of addressing these factors to improve public health	B1 Social policy development B2 Factors affecting the development and implementation of social policy B3 Social policy and its relevance to public health B4 Measuring the effectiveness of public health policy	Students will investigate the effectiveness of public health policy.
C Examine the impact of social policy as a driver to improve outcomes in public health	C1 Impact of social policy on service provision C2 Partnership approaches towards promoting social policy development in public health	Students will undertake research into the ways in which health and social care organisations collaborate to promote social policy change.

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

Learning aim A: Understand the influence of social policy on public health

A1 The origins and aims of social and public health policy

- Define social policy:
 - purposes of social policy – any government action aimed at addressing social need, such as issues of employment, education, healthcare, housing and substance misuse
 - identify and reduce social and economic inequalities between groups and communities in society.
- Aims of public health policy:
 - identify and reduce social and economic inequalities
 - promote the health of the nation to include reducing the incidence of ill health
 - protect individuals, groups and communities from threats to health and wellbeing
 - empowering individuals to make healthy choices and live a healthier lifestyle
 - reduce health inequalities between groups and communities in society
 - addressing specific global and national health problems over a period of time
 - benefits of social policy locally, nationally and in the international context.
- Origins of post-1948 public health policy – contributors to improved public health:
 - focus on population health and the difference between groups and communities
 - access to free health care to reduce incidence of illness related unemployment
 - training of medical personnel to promote a standardised approach to diagnosis and treatment
 - introduction of an emergency health service
 - advances in birth control
 - antenatal testing for birth impairments
 - development of vaccination programmes
 - emphasis on health education and health promotion.

A2 Factors that influence policy making in health and social care

- The role of parliament and local government – Care Acts (2014, 2015), introduction of personalisation in social care.
- The effect of changes to government on social policy agendas due to:
 - ideological differences between political parties
 - lessons learnt from previous experience
 - the state of the economy and available resources including professional teams
 - prevalent health or social care issues.
- Changes to social policy agendas can include:
 - different ways of planning and implementing care
 - increased monitoring of health and social care teams
 - increased restrictions in the types of care available in statutory service.
- Identification of health needs, the health of the population.
- Scientific evidence base – statistics, research including epidemiological, regional and local reports, demographic data; how this data is used to monitor and respond to public health issues.
- Ethical issues including: promoting personal choice for users of services whilst implementing safeguarding principles and managing risks; maintaining confidentiality, whilst ensuring all relevant parties are fully informed; respecting individual beliefs and values, whilst managing finite resources; sustainability of resources; compliance with legislation and regulations.
- Recognition of prevalence of illness in some ethnic groups due to diet, deprivation, misunderstanding/mistrust of service provision, lack of recognition by professionals of variations in presentation of symptom in some ethnic groups, variations in effects of medication.

A3 Groups that influence social and public health policy

- Roles of national and international public health-related organisations that influence public health policy:
 - national groups, to include the National Institute for Health and Care Excellence (NICE), Care Quality Commission, NHS England, UK Health Security Agency (UKHSA), Faculty of Public Health
 - government and government agencies, to include Department of Health and Social Care (DHSC)
 - influence of pressure groups and campaigners on the political agenda to include ASH (Anti-Smoking group), Age UK, Cancer Research UK, Equality and Human Rights Commission
 - influence of charities and voluntary sector organisations on the political agenda, to include British Heart Foundation, British Deaf Association, Alzheimer's Society
 - international groups to include World Health Organization (WHO), United Nations (UN), Action for Global Health.

Learning Aim B: Examine the factors affecting public health policy and the impact of addressing these factors to improve public health [SP-CT]

B1 Social policy development

- Processes involved: identifying the issue, creation of policy, or amendments to existing policy (social and political process), policy implementation (what is written is turned into reality), policy evaluation/monitoring, critical analysis to help improve policy.
- Sourcing evidence-based practice/research supporting area of policy development.
- Support networks, pressure groups, campaigners that can promote policy issues.
- Potential impact of policy reform locally, nationally and internationally.

B2 Factors affecting the development and implementation of social policy

- Time taken to identify and highlight issue.
- How public opinion of home country and internationally can influence the success of government health and social care initiatives positively or negatively including:
 - public take-up of screening programmes, to include bowel and breast cancer, sexually transmitted infections)
 - vaccination programmes including for influenza, COVID-19, measles.
- Sources of influence:
 - social media; conspiracy theorists and 'experts'
 - publicised adverse effects of recommended treatments and vaccinations
 - community leaders
 - family
 - international response to ill health outbreaks, for example the differing responses to the recommended pandemic measures.
- Language; influence of international response to health issues and treatment including vaccination programmes on home country; correcting inaccurate information on social media sources.
- Potential outcomes for individuals, society of home country and internationally, including being able to meet individual needs.
- Impact on practice, including changes to processes and procedures – hygiene, health and safety, equality, diversity and meeting individual needs.
- Impact of technological change.
- Impact of economic conditions.

B3 Social policy and its relevance to public health

- Social policy related to specific factors including:
 - social factors including: socio-economic differences, gender, age, climate change, disaster, employment, disability, education, community services and new developments in medicine
 - health factors, COVID-19, obesity, smoking, substance abuse, exercise, emotional and mental health factors
 - difficulties experienced accessing public health services by different population groups, people with specific physical difficulties, learning difficulties, minority ethnic groups, age groups (children, adolescents, older age).

B4 Measuring the effectiveness of public health policy

- Definition and purpose of impact assessments.
- The role impact assessments play in informing local, national and international policy.
- Types of impact assessments, Health Impact Assessment (HIA), Environmental Health Impact Assessment (EHIA).
- Local impact assessments, to include Joint Strategic Needs Assessments, monitoring and reporting the effectiveness of local strategies and assessments.
- Global and national impact assessments, to include World Health Organization health impact assessment, Centre of Disease Control (CDC – America), UKHSA, Wales Health Impact Assessment Support Unit (WHIASU).
- Relevant sections of legislation relevant to public health policy:
 - Legislation used in home country; Health and Care Act 2022 (sections 1.6, 1.8. 1.11), Health and Social Care Act (2012 Explanatory Notes, Summary), The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (Overview).
- Applying critical thinking skills to measure effectiveness: selecting reliable information from multiple sources, assessing relevance, validity and bias; analysing and synthesising; understanding significance and drawing reasoned conclusions.

Learning Aim C: Examine the impact of social policy as a driver to improve outcomes in public health**C1 Impact of social policy on service provision**

- Significance of particular working practices on own practice, to include culture and values, professionalism and experience of healthcare practitioners.
- Significance of social policy in influencing national and global healthcare strategies.
- Implications and impact on partnership working in health and social care services, developing an integrated care model.

C2 Partnership approaches towards promoting social policy development in public health

- Key principles of collaborative working:
 - openness
 - trust and honesty
 - agreed shared goals and values
 - regular communication between partners.
- Global, national and local organisations, including World Health Organization (WHO), European Health Alliance, International Initiative for Mental Health Leadership, government, integrated care systems, health and care professionals.
- The importance of communication and collaborative working between different agencies in promoting social policy change, to include charities, businesses, communities, family groups.

Assessment criteria

Learning aim A: Understand the influence of social policy on public health

Pass	Merit	Distinction
A.P1 Compare differences between the implementation of public health aims of the post-1948 public health policy and current practice. A.P2 Discuss the influence of one national or one international group on current public health policy.	A.M1 Assess the benefits to individuals of current ways of implementing one post-1948 public health aim. A.M2 Analyse the influence of one national or international group on current public health policy.	A.D1 Evaluate the influence of post-1948 public health aims, and one national or international group, on current public health policy.

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

Pass	Merit	Distinction
B.P3 Explain how two different factors affecting the development and implementation of public health policy, can impact a specific group. B.P4 Discuss the effects of monitoring the effectiveness of public health policy, on the health and wellbeing of a specific group.	B.M3 Assess the benefits of public health policy to the same group, with reference to one method used to measure effectiveness of the policy	B.D2 Evaluate the effectiveness of public health policy for the same group, with reference to one method of measurement used. [SP-CT]

Learning aim C: Examine the impact of social policy as a driver to improve outcomes in public health

Pass	Merit	Distinction
C.P5 Explain the potential impact on users of services when health and social care organisations work as partners to provide care. C.P6 Explain the significance of partnership approaches in promoting social policy change.	C.M4 Assess the importance of collaborative working between different health and social care organisations in promoting social policy change.	C.D4 Analyse the ways in which health and social care organisations work collaboratively to promote social policy change.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL	IS – WC	SP – CT ✓
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI	

Table key

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
✓	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Essential information for Pearson Set Assignment (PSAB)

Pearson sets the assignment for the assessment of this unit.

The PSAB will take approximately 15 hours to complete.

The PSAB will be marked by centres and verified by Pearson.

The PSAB will be valid for the lifetime of this qualification.

Assessing the PSAB

You will make assessment decisions for the PSAB using the assessment criteria provided.

Section 1 gives information on PSABs and there is further information on our website.

Further information for teachers and assessors

Resource requirements

For this unit, students must have access to:

- relevant internet searches
- relevant sections of current legislation, regulations and code of practice
- case studies.

Essential information for assessment decisions

Learning aim A

Students should base all work for Learning Aim A on the same public health policy. Students will select one national or international group on which to base their work, selected from the list provided in the assignment brief.

For distinction standard, students' evidence should lead to a methodical and concise conclusion that considers how successful post-1948 public health aims have been in addressing health and social care issues. Strengths and weaknesses of the aims should be considered, and an overall judgement reached, that is underpinned with sound reasoning.

Students will then focus in more detail on a selected influencing group (either national or international), taking a non-biased approach, considering strengths and weaknesses in detail and discussing alternative approaches where relevant; for example, how could the selected group have approached the health issues to achieve a more positive conclusion, giving examples of alternative approaches linked to areas of weakness. The selected group must be currently active, and evidence of research must be included.

For merit standard, students must assess the impact of one post-1948 public health aims, on current practice, and evidence must clearly show how public health provision developed post-1948.

Students will present a detailed analysis that considers in detail how one national or international group, has influenced one public health policy. Students should include graphical data to illustrate the points made. Data should be accurate, current, relevant and explained; sources consulted should be referenced within the evidence presented.

For pass standard, students will identify the relevant differences between the main aims of post-1948 public health policy and current public health policy. They will compare the similarities, differences, advantages and disadvantages of each set of aims. Examples should be included, to illustrate points made. Students could base their work on either health or social care.

Students will discuss different aspects of historic and current public health aims and the extent to which they are important. Examples should be included to illustrate points, together with graphical data, which is accurate, current, relevant and explained. Balanced discussion considering alternative views is required to meet the pass criterion.

Students will also discuss the influence of either one national or international group on the same public health policy. The group must be operating currently and can be linked to either health or social care.

Learning aim B

Students should base work for Learning Aim B on a specific group, from the options provided in the assignment brief.

For distinction standard, students will give a clear and logical analysis presented as the result of a methodical and detailed examination of the impact of public health policy on factors affecting a selected group of individuals.

Students must examine how effective public health policy is, in improving the health of a specific group of individuals. Students must break down the policy into its different characteristics, to examine how it effectively meets the diverse need of the specific group selected. Students must use secondary sources of evidence to reach valid and supported conclusions for the effectiveness of the public health policy for at least three selected factors, illustrated by two examples of benefits for each. Within this, students must refer to one method of measuring effectiveness of public health policy to demonstrate their understanding of the links between public health policy, its development and implementation, and the effects it has on outcomes for individuals.

For merit standard, students must consider, in detail, the benefits of public health policy for a selected group of individuals. Students will have considered two factors and the impact of these on the development and implementation of public health policy and must now make judgements on how this policy affects the outcomes of the selected group; with reference to one aspect of measurement used to assess effectiveness.

Students must use secondary sources of evidence to examine how accurate the data produced is in highlighting issues, and how these issues are dealt with, giving two examples. Each factor must be defined, and students will assess how they affect the selected group.

The work must include a reasoned judgement that considers the benefit of public health policy in relation to two factors, and the contributions made towards monitoring the impact of the policy using a selected method of measurement.

For pass standard, students will provide a detailed explanation of the different aspects of the selected public health policy and provide a balanced examination of its purpose.

Student's evidence should also include a discussion of how monitoring the selected public health policy can impact the health and wellbeing of their chosen specific group. The discussion should relate to two different factors, giving two examples of potential effects on individuals, for each factor.

Learning aim C

For distinction, students will provide a detailed examination of the ways in which two different organisations work in partnership to promote social policy change. Students must break down information to interpret key relationships including the advantages and disadvantages of these working practices, providing a detailed examination, including examples, for the statements made. Students will explore the key principles of working in partnerships, including collaborative working, linking these to working practices within two health and social care organisations.

Students must articulate arguments, using secondary sources of evidence to validate their judgements, considering the strengths or weaknesses, advantages or disadvantages of working practices and at least one alternative working practice that could be taken, to promote social policy change.

For merit standard, students will present the outcome of a methodical and detailed assessment that considers potential impact of two organisations working collaboratively to promote social policy change, and the extent to which each key principle of collaborative working is important to the delivery of care and support within each organisation.

Students will use evidence obtained from valid secondary sources to make reasoned judgements on the partnership approaches of two organisations as a mechanism to improve outcomes and relate this to social policy and the impact on public health.

For pass standard, students will explain in detail, the potential impact of organisations working as partners on users of services. They will explain different aspects of partnership approaches including the key principles of collaborative working and consider how they interrelate in terms of contributing to the meeting of the needs of individuals, within each of two health and social care organisations.

Unit 5: Promoting Health Education

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

Students explore the purpose of health education, models and approaches to educating the public and encouraging behaviour change in the population.

Unit introduction

Health education aims to promote awareness of health issues and to prioritise the health of the population. It helps reduce susceptibility to developing particular illnesses and provides advice and information on disease prevention. Health education can be tailored to target specific populations on particular health issues and can support behaviour change.

In this unit, you will develop an understanding of the purpose of health education, learning about organisations and legislations that support the implementation of health education including how they work as part of an integrated team to ensure the nation's health is a priority. You will develop an understanding of a range of models and approaches to health education that will allow you to understand the processes that staff working in the health and social care sectors apply when supporting the public's health to prevent and educate on current issues in health and wellbeing. By planning a small-scale health education event, you will be able to develop an awareness of the processes of planning an event and assessing the effectiveness of models and approaches to health education. You will also be able to consider the implications of health education activities on the current and future health of the nation.

Understanding health education, and the role that it plays in society, is an important part of the health and social care sector. In taking this unit, students will develop their knowledge and understanding of the need for health education, which will support their progression into further studies and/or employment within the sector.

Learning aims

In this unit you will:

- A** Understand the purpose of health education
- B** Explore key issues and priorities for health and the factors that affect health and wellbeing
- C** Examine approaches to health education campaigns and their impact on health and wellbeing.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the purpose of health education	A1 Purpose of health education A2 The role of health education A3 Organisations influencing health education A4 Legislation and regulations impacting on health education A5 Monitoring the health of the nation	Students will produce information that considers the purpose and role of health education for one specific issue. They will consider the need for health education both locally and nationally, along with providing ways that the health of the nation is monitored.
B Explore key issues and priorities for health and the factors that affect health and wellbeing	B1 Health issues and priorities B2 Factors affecting health and wellbeing	
C Examine approaches to health education campaigns and their impact on health and wellbeing	C1 Current and ongoing health education C2 Models and approaches used in health education to promote health and wellbeing C3 Planning a health education event	Students will plan a health education event. This should include a specific health and wellbeing issue and target audience, using the models and approaches that are relevant to the issue and target audience. They should include justifications for the proposed event in relation to the chosen models and approaches.

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

Learning aim A: Understand the purpose of health education

Students will understand the purpose of health education and how this supports the development of healthy behaviours for society. They will understand how organisations and legislations can influence health education, promoting wellbeing and having a positive impact on a range of health behaviours.

A1 Purpose of health education

- Develop an understanding of health risks and risk-taking behaviour.
- Reduce the cause and incidence of ill health.
- Control the occurrence of infectious disease.
- Protect against environmental hazards.
- Promote equity and empowerment for the nation.

A2 The role of health education

- Identify priorities and assess the need for health education at national and local level due to prevalence of risky behaviour or disease.
- Demographic data collected by government organisations that highlights the need for intervention.
- Addressing health challenges faced by the public.
- Reducing exposure or risk of an individual or group developing disease or disability due to poor health.

A3 Organisations influencing health education

The influence of global, national and local organisations in health education:

- World Health Organisation (WHO)
- NHS England
- Local Education and Training Boards
- UK Health Security Agency
- Department of Health and Social Care
- Integrated Care Partnerships (ICPs), Integrated Care Systems (ICS), Integrated Care Boards (ICB).
- Local Authorities
- Faculty of Public Health.

A4 Legislation and regulations impacting on health education

Students will consider the importance of legislation and regulations in the implementation of health education at a national and local level:

- WHO Sustainable Development Goals – goal 3 to ensure healthy lives and promote wellbeing for all at all ages
- Health and Care Act (2022) – to include section 3 integrative services and targeted changes to public health and social care
- Health and Social Care Act (2012) – to include section 12 duties to improvement of public health
- Care Act (2014) – to include part three promoting integration of care and support with health services.

A5 Monitoring the health of the nation

Sources of information for determining patterns of health and ill health:

- World Health Organization key priorities for monitoring health and wellbeing
- government methods used to monitor patterns and trends in health and wellbeing at a local and national level to include epidemiological, regional and local reports, demographic data
- how data is used by public health practitioners to monitor and respond to public health issues.

Learning aim B: Explore key issues and priorities for health and the factors that affect health and wellbeing

Students will explore a range of issues and priorities for health at a local and national level, considering the impact that they have on individuals, their holistic health and wider society. They will also explore a range of factors that can affect health and wellbeing, with both positive and negative outcomes.

B1 Health issues and priorities

- Smoking.
- Diet and nutrition.
- Alcohol and drug/substance misuse.
- Pollution.
- Mental health.
- Better start in life.
- Sexual health.
- Reproductive health.

B2 Factors affecting health and wellbeing

- Social relationships including family, friends, groups.
- Economic factors to include income, employment status, affordability to prevent ill health.
- Environmental factors to include geography/location, access to services in local area, housing, referral systems of local services.
- Behavioural factors to include stereotypes, prejudice and discrimination, compliant behaviour and empowerment, personality.
- Education to include access to and engagement with continued learning.
- Media including news, social, websites.
- Health inequalities, including social class, race and ethnic or national origin, age, sex, disability, sexual orientation, geographical location/region.

Learning aim C: Examine approaches to health education campaigns and their impact on health and wellbeing [EL-MOL]

Students will investigate health education campaigns at an international, national and local level. They will explore the use of models and approaches in these campaigns to support behaviour change and will use this information to support their own planning of a health education event.

C1 Current and ongoing health education

Current and ongoing health education campaigns to include:

- examples of international campaigns to include those run by the World Health Organization
- examples of national campaigns to include those run by the Department of Health and Social Care, NHS organisations and charities
- examples of local campaigns to include those run by local NHS organisations and local authorities.

C2 Models and approaches used in health education to promote health and wellbeing

Students will consider the following in relation to health education campaigns selected in C1.

- Models of behaviour change used in health education:
 - Health Belief Model
 - Transtheoretical Model/Stages of Change
 - Social Cognitive Theory
 - Theory of Reasoned Action.
- The importance of a joint health and social care approach to include partnerships between organisations.

- Responsibilities of health and social care professionals to promote positive health behaviours.
- The importance of addressing health and wellbeing holistically.
- The importance of a person-centred approach to health education that promotes autonomy and informed choice.
- The importance of addressing health inequalities to include considerations for equality and diversity and government and societal approaches to changing and adapting the physical, economic and social environment.
- The impact of engaging and empowering health education on individuals, families and communities.
- Measuring the effectiveness of health education to include benefits to individuals and communities of early intervention and lifestyle changes, effect on lifelong health outcomes, effect on holistic health (physical, intellectual, emotional and social), reduction in use of specialist services for medical interventions and the success of behavioural change when taking responsibility for own health.

C3 Planning a health education event

Students will create and reflect on a plan for a health education event.

- Plan will include:
 - aims and objectives of the event that are specific, measurable, realistic and acknowledge starting point of audience, the approach chosen (including model of behaviour change selected), clear and accurate information communicated appropriately, potential for challenging and correcting misinformation, prejudice stereotypes, prejudice and discrimination
 - target groups – to include the potential impact of the health education event on different groups in society
 - the potential for an integrated approach to include consulting with appropriate agencies/organisations/people
 - use of demographic data to inform the event
 - ethical considerations to include the rights of individuals, rights of others, confidentiality
 - the provision of educational resources used to promote health at a local and national level to include paper-based resources, in-person activities and digital resources
 - plan for measuring the impact and success of the health education event through a range of data collection methods – including questionnaires, focus groups, observation, interviews.

Assessment criteria

Learning aim A: Understand the purpose of health education

Pass	Merit	Distinction
A.P1 Explain the purpose and role of health education. A.P2 Explain organisations and legislation involved in health education.	A.M1 Discuss how the health of the nation is monitored through organisations and legislation.	

Learning aim B: Explore key issues and priorities for health and the factors that affect health and wellbeing

Pass	Merit	Distinction
B.P3 Explain one health and wellbeing issue affecting the health and wellbeing of individuals at a local and national level. B.P4 Explain factors affecting the health and wellbeing of individuals and wider society in relation to chosen health issue.	B.M2 Discuss the impact of factors affecting health and wellbeing on individuals, their holistic health and wider society.	AB.D1 Justify the need for health education, monitoring, and responses in relation to factors that affect health and wellbeing at a local and national level.

Learning aim C: Examine approaches to health education campaigns and their impact on health and wellbeing

Pass	Merit	Distinction
C.P5 Explain models and approaches used in health education campaigns. C.P6 Plan a small-scale health education event for a health and wellbeing issue.	C.M3 Assess the effectiveness of models and approaches used in health education campaigns, with reference to data. C.M4 Assess the effectiveness of planning a small-scale health education event with reference to one health and wellbeing issue.	C.D2 Justify the proposed plan for health education event with reference to the health and wellbeing issue, models and approaches used.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL *	IS – WC	SP – CT
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI	

Table key,

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
√	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Essential information for Pearson Set Assignment (PSAB)

Pearson sets the assignment for the assessment of this unit.

The PSAB will take approximately 17 hours to complete.

The PSAB will be marked by centres and verified by Pearson.

The PSAB will be valid for the lifetime of this qualification.

Assessing the PSAB

You will make assessment decisions for the PSAB using the assessment criteria provided.

Section 1 gives information on PSABs and there is further information on our website.

Further information for teachers and assessors

Resource requirements

For this unit, students must have access to:

- library resources with key texts and other reference material
- local and national media reports.

Essential information for assessment decisions

Learning aims A and B

Students will produce a range of evidence in relation to a chosen health and wellbeing issue that includes the purpose of health education, key issues and priorities for health and the factors that affect health and wellbeing including how the health of the nation is monitored and the impact that factors affecting health and wellbeing may have on individuals and wider society.

For distinction standard, students should provide a comprehensive argument that justifies the need for health education, monitoring and responses to factors affecting health and wellbeing and groups at a national and local level in a methodical way. Students should demonstrate an in-depth understanding of how health information is monitored, drawing on data and secondary evidence to support their justifications. They should relate all of this information to factors that affect health and wellbeing both in their local area and nationally to provide a well-balanced and thorough consideration of health education.

For merit standard, students should provide a detailed discussion considering the health of the nation and how this is monitored through legislation and organisations relevant at national and local levels. They should consider a range of examples of how the health of the nation is monitored through different organisations and how legislation in place supports this monitoring through application of these in practice. Students should also include an accurate account of a range of factors that can affect health and wellbeing of individuals relevant to the chosen health and wellbeing issue, and the effects that these factors can have on wider society.

For pass standard, students should provide a clear explanation of the purpose and role of health education in society, including examples to support from both local and national health education examples. They should ensure that they produce an account of a range of purposes and roles for health education with reference to health risks, health challenges and reducing exposure to ill health. Students should consider a range of organisations and legislations used in health education, providing clear examples of how these are used to promote the health of the nation. Students are required to consider one health and wellbeing issue that can affect individuals at a local and national level, providing examples of the issue with reasons as to how and why it can affect individuals'

holistic health and wellbeing. They should also consider a range of factors that affect health and wellbeing of individuals and wider society in relation to the chosen health and wellbeing issue, providing exemplified points that demonstrate clear understanding of the factors and health and wellbeing issue.

Learning aim C

Students will produce a plan for a health education event, along with a range of other materials that will consider models and approaches to health education, current health campaigns and approaches used to promote health and wellbeing. Students are assessed on the planning of the event and are not required to carry out the event, although this could be done as an additional enrichment activity.

For distinction standard, students should provide a thorough consideration of the proposed health education plan, that deals with the different aspects of a plan in relation to who it is aimed at, and whether the target group needs can be met through this plan. The health and wellbeing issue should be considered in detail to ensure that the plan analyses the need for the event, with reference to data and supporting secondary evidence. Students should be able to demonstrate a comprehensive understanding of models and approaches used in the plan which includes analysis of these models and approaches to demonstrate the need for these in the plan.

For merit standard, students should provide a detailed consideration of the models and approaches used in local and national health education campaigns, using data to support their analysis. They should consider a range of models and approaches, justifying their use in these campaigns and providing details of how effective they are in relation to health outcomes of individuals and wider society. They should provide evaluative judgements of the effectiveness of planning a small-scale health education event, including a detailed account of how well the plan would work for the chosen health and wellbeing issue, offering alternatives to further improve this plan in future use.

For pass standard, students are expected to provide a clear explanation of the models and approaches that can be used in health education campaigns, with examples of specific local or national campaigns included to support these explanations. They should consider a range of models and approaches used, highlighting how and why they were used in these campaigns. Students should also provide a plan for a small-scale health education event that provides rationalised consideration of the aims, objectives, target group, health and wellbeing issue chosen by the student. The plan should provide details of how the event would be organised, who it will target, with reasonable comments to support.

Unit 6: Safe Environments in Health and Social Care

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

Students will explore the importance of safe working practices, professional responsibilities and record keeping in maintaining safe environments and quality care in line with national standards in health and social care settings.

Unit introduction

Health and safety legislation, regulations and an adherence to agreed ways of working take priority in all care environments. The holistic approach to assessing health, safety and risk management serves to secure the rights and responsibilities of both the individual in receipt of care, practitioners and leaders and managers of the setting, as well as ensuring a person-centred approach in providing support.

In this unit, you will learn about your local health and social care services that provide care and support for service users across the life stages. You will consider a range of factors and challenges faced by health and social care services to ensure quality care is provided. You will explore the legal duty of care and the importance of national legislation, regulations, policies and procedures in maintaining the safety and wellbeing of individuals within health and social care settings. You will learn about the professional responsibilities of key stakeholders for maintaining safe practice and consider the statutory requirements for maintaining records and the role of effective record keeping in promoting service users' safety whilst also maintaining confidentiality.

The unit provides essential knowledge and understanding and forms the basis for aspects of higher education study in a range of health and social care qualifications. It will also prepare you for work in health and social care in a variety of roles.

Learning aims

In this unit you will:

- A** Explore appropriate care environments for individuals at different life stages
- B** Explore aspects of legislation, regulations and policies that support safe environments in health and social care settings.
- C** Examine aspects of monitoring and maintaining safe practice in health and social care environments.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Explore appropriate care environments for individuals at different life stages	A1 Meeting individuals' needs in health and social care settings A2 The impact of environmental factors and the care experience A3 Challenges to providing appropriate care environments	Students will present information on the purpose of local service provision and the environmental factors that contribute towards it
B Explore aspects of legislation, regulations and policies that support safe environments in health and social care settings	B1 The influence of legislation and policies on safe practice B2 How duty of care contributes to safe practice B3 Duty of care and working with vulnerable individuals	Students will present information on how legislative frameworks and a duty of care support safe environments in health and social care settings.
C Examine aspects of monitoring and maintaining safe practice in health and social care environments	C1 Standards setting and regulation of health and social care environments in England C2 Responsibilities for maintaining safe environments C3 Effective record keeping in health and social care environments C4 Poor practice and its impact in health and social care	Students will produce a set of materials evaluating safe practice responsibilities to monitor and maintain safe environments.

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

Learning aim A: Explore appropriate care environments for individuals at different life stages

A1 Meeting individuals' needs in health and social care settings

Students need to understand the different environments that provide care for individuals and the factors that must be considered to meet the unique needs of each individual in health and social care settings. Students should consider the range of services across physical health, mental health, learning disabilities and rehabilitation provision.

- Local services:
 - acute care
 - community health services – clinics (sexual health/smoking cessation/health visitors), general practice (GP) clinics, pharmacy
 - residential social care – care homes (with/without nursing support)
 - community social care – domiciliary care
 - dental services
 - hospice services – palliative and end-of-life care
 - virtual wards, virtual hospitals.
- Meeting individuals' needs in health and social care environments:
 - recognising users of services as individuals and owners of their own care journey
 - recognising users of services may have 'lived experience'
 - person-centred approach to individuals – a holistic approach to physical, intellectual, emotional and social health
 - integrated care – focused on the needs and preferences of the individual and their family/carers
 - reducing distress, managing risk and supporting risk taking.
- Impact of health conditions:
 - on the individual, family and friends, staff, health, care and support service provision and providers
 - effects of long-term conditions, to include: physical impact, dependency, loss of personal space, institutionalisation
 - impact on emotional and mental wellbeing, such as fear, learned helplessness, frustration, anger, depression, anxiety, confusion
 - social impact, social exclusion, discrimination, isolation
 - organisational impact on the wellbeing of staff involved in the provision of care, day-to-day planning and management of services, resource implications.

- The importance of diversity, equality and inclusion in health and social care environments:
 - cultural competence of staff – working effectively with individuals from different cultural backgrounds to develop relationships, to include their culture, nationality, ability, ethnic origin, gender, age, religion, beliefs, sexual orientation, social class
 - promotion of individual rights, choice and opportunity
 - respect for the cultural context of an individual's life and how that may impact on their experience in health and social care
 - policies and procedures in the environment which are inclusive, challenge discrimination, empowering; improve participation and promote dignity and respect.

A2 The impact of environmental factors and the care experience

- Geographical location of services – accessibility to the local community, transport services and other available linked services.
- Impact of design and accessibility of the building and internal space to include: use of ramps and lifts to allow access to all levels of a building, use of signage, cost of access, parking availability, availability of private space and access to outside areas (gardens, seating areas, windows).
- Other aspects of design and layout which relate to an individual's recovery, to include: use of space to promote orientation, minimise disorientation and improve accessibility, lighting and other visual impressions; aesthetics which promote a clinical or more comfortable environment.
- Engaging service users in the design of their environment, promoting the environment as 'home'.
- Impact of people traffic and noise on service users.
- Scheduling activities in appropriate areas and at appropriate times.

A3 Challenges to providing appropriate care environments

- Needs of individuals relative to their age/stage of development, infancy, childhood, adolescence, early adulthood, middle adulthood, later adulthood.
- Meeting individual's expectations and/or demands to include: individual preferences; cooperation of the individual to receive/accept the care they need in an appropriate setting; provision of outpatient services versus in-patient services and which could provide the most appropriate ongoing care required.
- Length of time an individual may require care – finding an appropriate setting which meets needs and preferences, access to outside space and communal areas.
- Integrated care system approach:
 - joined-up planning required between the Integrated Care Boards, Integrated Care Partnerships and Integrated Care Systems
 - limited resources – funding and staff with required skills and experience in health and social care services
 - managing sharing of information across teams
 - complexity of decision making across multiple teams

- Ineffective partnership working may have consequences for the individual
- local availability of appropriate care.
- Working with others who may support an individual, their involvement or non-involvement of family members, friends, legal representatives, health advocates and social care advocates.

Learning aim B: Explore aspects of legislation, regulations and policies that support safe environments in health and social care settings

[MY-TPR]

B1 The influence of legislation and policies on safe practice

- Core legislation, relevant to the sector, including the current versions of the following:
 - Care Act 2014
 - Health and Social Care Act 2008 – including amendments as relevant to the Coronavirus
 - Children and Families Act 2014
 - Control of substances hazardous to health 2002 (COSHH) – requirement to manage the risks of potentially harmful substances and reduce them, to include cleaning materials and medication
 - Moving and Handling Operations Regulations (1992) (MHOR) – safe use of equipment and management of risk to prevent injuries to staff and individuals
 - Health and Safety at Work Act 1974
 - Management of Health and Safety Regulations (1999) – to include procedures for recording, reporting and evaluating all serious incidents
 - Reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) – the reporting of specific workplace accidents, occupational diseases and specific dangerous occurrences or near misses to the Health and Safety Executive (HSE)
 - Personal Protective Equipment at Work Regulations (1992) (as amended)
 - identifying risks in health and social care environments, workplace obligations to follow a risk assessment process (identify, assess, control, record findings, review controls).
- Legislation relevant to promoting the rights of all individuals:
 - Human Rights Act 1998
 - Equality Act 2010
 - Mental Health Act 2007
 - Mental Capacity Act 2017.

B2 How duty of care contributes to safe practice

- Legal obligation to protect wellbeing and prevent harm:
 - upholding the rights and promoting the interests of vulnerable individuals
 - protecting health, safety and wellbeing
 - ensuring safe practice
 - duty of candour.

- Maintain expected standards of care, regardless of experience or seniority – to include CQC Fundamental Standards and Care Certificate Standard 3 (promote wellbeing – the way an individual feels and thinks about themselves; keep individuals safe from harm, abuse and injury).
- Safer recruitment practices:
 - the importance of the Disclosure and Barring Service (DBS) Regulations
 - promoting diversity in the workforce.
- Balancing the rights of others and duty of care:
 - close liaison with the individual, carer and family when carrying out risk assessments
 - promoting choice, control, empowerment and positive risk taking
 - protecting the individual without the unnecessary restricting of their freedom
 - effective communication adapted to the needs and abilities of the individual and appropriate to the situation, including advocacy support
 - enabling service users' ownership of their own care journey.

B3 Duty of care and working with vulnerable individuals

- Definition from Applying All Our Health (2022): being vulnerable as being in need of special care, support, or protection because of age, disability, risk of abuse or neglect:
 - impact of risk factors – at the individual, family or environmental level
 - recognise protective factors – decreases the impact of a risk factor at the individual, family or environmental level
 - impact of vulnerability can include social exclusion, lack of continuing support, potential for re-traumatisation
 - impact of pandemics on increasing vulnerability to include increased health inequalities – high levels of loneliness, social isolation, reduced emotional resilience.
- Cultural considerations when working with vulnerable individuals:
 - treat individuals with dignity, respect their beliefs, culture, values and preferences
 - the importance of staff having an open, non-judgemental attitude
 - having an awareness of personal own cultural values and an awareness and acceptance of cultural differences
 - staff capacity to expand on own cultural awareness and be familiar with the worldviews of cultural groups outside of the dominant social group.
- Responding to concerns about vulnerable individuals:
 - follow organisational policies and procedures for reporting and recording potential safeguarding concerns
 - report concerns to senior person in charge
 - document concerns, using appropriate reporting and recording procedures
 - make use of whistleblowing policies and procedures as necessary.

Learning Aim C: Examine aspects of monitoring and maintaining safe practice in health and social care environments [MY-TPR]

C1 Standards setting and regulation of health and social care environments in England

- Regulation and standards – to measure, monitor and improve quality of care and outcomes for individuals.
- Care Quality Commission (CQC) – independent regulator for the quality and safety of care delivered in all health and social care environments, for all age groups:
 - standards setting and regulation of health and social care professionals in England
 - professional bodies – Health and Social Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), Social Work England (SWE), General Medical Council (GMC)
 - codes of practice – statements that describe the standards of professional conduct and practice required professionals
 - codes of practice for regulated professionals to include nurses and midwives, social workers, allied health professionals and healthcare support workers.

C2 Responsibilities for maintaining safe environments

- Employers' responsibilities to maintain safe practice in health and social care environments:
 - provide a health and safety policy, health and safety management, risk assessment, providing relevant equipment
 - make the workplace as safe as possible through risk assessment and reporting incidents and accidents to relevant bodies
 - provide information and training to employees
 - have the right workplace facilities for staff to fulfil their job roles.
- Employees' responsibilities:
 - attend training and regular updates on health and safety and follow all legislation, policies and procedures
 - cooperate with the employer on health and safety
 - correctly use work items provided by the employer, including personal protective equipment, in accordance with training or instructions
 - not to interfere with or misuse anything provided for health, safety or welfare
 - report poor practice: whistleblowing and complaints procedures.

C3 Effective record keeping in health and social care environments

- Purpose of records in health and social care: communicate information, clearly, to the right people (individuals, professionals, family, carers); lead to good outcomes for individuals.
- Legal and ethical obligations in practice for safe record keeping:
 - requirement to maintain full, clear, accurate records, completed in a timely manner, as soon as possible after care or treatment
 - General Data Protection Regulations (2018) 6 principles
 - Freedom of Information Act (2000)
 - Health and Social Care Act (2008)
 - availability of appropriate storage of records to maintain confidentiality
 - the importance of sharing information with colleagues, other professionals, the individual with care needs and their family.
- Types of records kept for individuals using health and social care services:
 - patient information, including person-identifying information
 - health and care records including consultations, test results, medication, medical history, care plans, letters between GPs, specialists and any other health and social care providers
 - importance of observation skills – monitoring and recording any changes in an individual's needs and reporting this information to shift leaders or managers to include: deterioration in health, slips/trips/falls, nutrition intake, medication compliance.
- Digital records:
 - impact of new technologies on managing information
 - use of digital technology to monitor health and care: increased use of electronic patient records (EPR), telehealth, telemedicine, smart wearables, apps to track and monitor health
 - benefits of digital records: instant access to up-to-date information for organisations, individuals; and family/carers, information can be shared quickly and accurately; changes in status and needs can be monitored and responded to effectively; minimises risks such as missed visits, sudden changes to food and fluid intake, increased number of falls, and medication errors; supports staff to do their job more effectively – planning of time, prioritisation of tasks such as writing clinical notes in a timely manner
 - impact on the reduction of inequalities – improves access to care, improves the quality of care, reduces costs associated with providing care, reduces inefficiencies, allows for the provision of more personalised care
 - cyber security and the need to protect electronic information from misuse – strong passwords, logging out of systems, monitoring for data breaches.

C4 Poor practice and its impact in health and social care

- Poor practice – failure to provide a good standard of care and support.
- Impact on service users:
 - non-person-centred care and approaches
 - denial of basic rights, restriction of choices, fear of retribution
 - withdrawal, isolation, lack of dignity, self-esteem, privacy
 - poor experiences leading to mistrust and non-compliance
 - reluctance to accept services
 - breakdown in partnership relationships.
- Impact on staff:
 - retention and recruitment challenges
 - low morale and impact on mental health and wellbeing
 - poor staff wellbeing and high sickness levels
 - increased serious case reviews which may lead to dismissal or removal of fitness to practise registration
 - training gaps – may lead to increase in accidents/injuries/fatalities, risks of infection, medication errors, lack of/poorly maintained equipment.
- Impact on employers/organisations in health and social care:
 - inadequate selection and recruitment processes of staff
 - breach of legislation and regulations, leading to legal challenges
 - reputational damage – poor ratings by the CQC, potential for closure of organisation.

Assessment criteria

Learning aim A: Explore appropriate care environments for individuals at different life stages

Pass	Merit	Distinction
A.P1 Explain the purpose of health and social care services and how they meet the needs of two individuals. A.P2 Describe the factors that may contribute to service provision and influence the care received by two individuals.	A.M1 Assess the impact of factors on service provision and the potential challenges to providing appropriate care to meet the needs of two individuals.	A.D1 Evaluate the challenges of providing an appropriate care environment for two individuals

Learning aim B: Explore aspects of legislation, regulations and policies that support safe environments in health and social care settings

Pass	Merit	Distinction
B.P3 Describe how health and safety legislation supports safe practice in a selected health and social care setting. B.P4 Describe how duty of care supports safe practice and protects vulnerable individuals in a selected health and social care setting.	B.M2 Analyse how health and safety legislation and duty of care influence safe practice in a selected health and social care setting.	B.D2 Evaluate the effectiveness of health and safety legislation and duty of care to ensure safe practice in a selected health and social care setting.

Learning aim C: Examine aspects of monitoring and maintaining safe practice in health and social care environments

Pass	Merit	Distinction
C.P5 Describe the roles and responsibilities of employers and employees to meet regulatory and legal requirements and ethical obligations to maintain safe practice in a selected health and social care setting. C.P6 Describe the potential impact of poor practice in maintaining safe environments on employers, employees and individuals in a selected health and social care setting.	C.M3 Discuss the role of key stakeholders in maintaining safe practice and make recommendations to improve the effectiveness of safe practice in a selected care setting.	C.D3 Justify recommendations for effective safe practice in a selected health and social care setting.

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR *	EL – MOL	IS – WC	SP – CT
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS	IS – T	SP – C&I
MY – PGS	EL – PRS	IS – C&SI	

Table key

*	Signposted to indicate opportunities for development as part of wider teaching and learning.
√	Embedded in teaching, learning and assessment
Blank	TS not embedded or signposted in unit

Essential information for Pearson Set Assignment (PSAB)

Pearson sets the assignment for the assessment of this unit.

The PSAB will take approximately 16 hours to complete.

The PSAB will be marked by centres and verified by Pearson.

The PSAB will be valid for the lifetime of this qualification.

Assessing the PSAB

You will make assessment decisions for the PSAB using the assessment criteria provided.

Section 1 gives information on PSABs and there is further information on our website.

Further information for teachers and assessors

Resource requirements

For this unit, students must have access to current regulations, policies and codes of practice relating to safe practice in the health and social care setting.

Essential information for assessment decisions

Learning aim A

Students will need to find information on the care services that exist locally (or, if these are not readily available, regionally) in order to be able to complete the first part of the assignment. Students should focus their work on three local care settings.

For distinction standard, students will demonstrate an in-depth understanding of the purpose of service provision and the importance of environmental factors to come to a conclusion about the extent to which the local care settings improve the lives and experiences of individuals across the life stages. Students will apply their understanding to produce an evaluation of the challenges faced by health and social care settings to provide appropriate safe and well-maintained environments for service users and the impact on the service users experience.

For merit standard, students must give carefully considered and detailed examples of a range of environmental factors that could impact on the quality of the service users' experience when using health and social care settings. Students will apply their understanding of individuals' needs and identify those factors which are the most important within the local care provision to provide appropriate safe and well-maintained environments, assessing the potential challenges that arise.

For pass standard, students will explain the purpose of health and social care services and how they meet the needs of two individuals, and then describe the factors that may contribute to service provision and influence the care received by the same individuals.

Students must consider the environmental factors of these local settings, including the potential barriers that may impact on the experiences of the individual when accessing these services.

Learning aim B

The second part of the assignment requires students to focus on one of the local health and social care settings that they explored in Learning Aim A.

For distinction standard, students will reach valid judgements about the effectiveness of health and safety legislation and regulations in ensuring safe practice in a selected local health and social care setting. In addition, students will articulate arguments and views to justify the importance of a duty of care, while balancing the rights of others in order to promote safe practice in a selected local health and social care setting.

For merit standard, students will select two pieces of health and safety legislation to analyse how they influence safe practice in their selected local health and social care setting, demonstrating the relevance of their chosen examples and their purpose, with reference to relevant examples from a selected local health and social care setting. Alternatively for merit standard, students must make reasoned, analytical points that discuss how a duty of care influences the provision of safe practices in a selected local health and social care setting.

For pass standard, students will describe the influence of two pieces of health and safety legislation on safe practice in their selected local health and social care setting, with relevant examples. Students will describe the role of a duty of care and how this protects vulnerable service users, including the prevention of any harm and the promotion of safety and wellbeing when they use the chosen care setting.

Learning aim C

The final part of the assignment requires the students to use the same local care setting that they have previously chosen.

For distinction standard, students will draw on and bring together their knowledge and understanding of national standards and regulation in order to justify ways to improve safe practice in a selected care setting. Within their recommendations, students should evaluate the significance of statutory requirements and the consequences of poor practice on all stakeholders involved with the local care provision.

For merit standard, students will discuss how all stakeholders, such as employers, employees, service users and their families can be involved in the maintenance of safe environments and practices within health and social care settings. In particular, students will consider the significant responsibilities of the employers and employees and make recommendations to improve the effectiveness of safe practice in the selected health and social care setting.

For pass standard, students will provide information about the health and safety roles and responsibilities of employers and employees in the chosen health and social care setting and give examples of how these contribute to safe practice. Students will describe the potential impact of poor practice in maintaining safe environments on employers, employees and individuals in a selected health and social care setting.

Unit 7: Health Science

Level: 3

Unit type: Internal

Guided learning hours: 90

Unit in brief

Students will cover the key microbiological concepts relevant to the field of health science and the role of microbiology in the diagnosis and spread of disease on a local, national and international scale.

Unit introduction

The prevention and treatment of disease and infection is a key part of the work of health and social care professionals. It is important to understand what disease is and the causes of diseases and infections that affect humans.

In this unit, you will gain an understanding of the different types of microorganisms that cause infection and disease in humans, the conditions they need to thrive, and common methods for controlling them. You will examine the effectiveness of the human body's natural defence mechanisms, used to establish its own immunity from infectious disease. You will research how infectious diseases are transmitted directly and indirectly and will also have the opportunity to explore how the body responds to non-infectious diseases caused by dietary and environmental factors.

You will investigate the impact of diseases to society, including on an international scale, and the factors involved in managing outbreaks, including organisations collaborating to prevent and treat infections and diseases and mitigate the consequences of outbreaks to society.

A comprehensive understanding of the role microorganisms in the spread of infections and diseases, and what can be done to control them, underpins many roles in the health and social care sector, such as public health roles, microbiologists, nursing, and in the pharmaceutical industry. This unit will help provide access to higher education to allow you to pursue these and related careers.

Learning aims

In this unit you will:

- A** Understand the concepts of microbiology relevant to health science
- B** Examine the role of microorganisms in human health and disease
- C** Understand the factors that can influence the development of diseases and infections
- D** Investigate the impact of diseases and their treatment in a global context.

Summary of unit

Learning aim	Key content areas	Assessment approach
A Understand the concepts of microbiology relevant to health science	A1 Structure and reproduction of microorganisms A2 Environmental conditions for the growth of microorganisms A3 Methods of controlling microorganisms	Students will present information on the methods that can be used to control the growth and spread of microorganisms.
B Examine the role of microorganisms in human health and disease	B1 Methods of non-specific defence used by the human body B2 Role of the immune system as a defence against infection B3 Transmission routes B4 Types of infectious disease B5 The cause and spread of blood infections	Students will present information on the effectiveness of specific, non-specific and inflammatory processes in defending against disease.
C Understand the factors that can influence the development of diseases and infections	C1 Nutritional deficiency diseases C2 Chronic dietary disease C3 Diseases due to environmental factors	Students will present information on the importance of biological and physical conditions in developing disease.
D Investigate the impact of diseases and their treatment in a global context	D1 Epidemiology D2 Factors in controlling disease outbreak	Students will present information on the reasons for, and consequences of, the spread of diseases.

Content

The essential content is set out under content areas. Students must cover all specified content before the assessment.

Learning aim A: Understand the concepts of microbiology relevant to health science [EL-PRS]; [EL-SRS]

A1 Structure and reproduction of microorganisms

- Viruses, to include retroviruses, bacteriophages.
- Bacteria, to include prokaryotic, cocci, bacilli, spirilla, Vibrio.
- Fungi, to include eukaryotic, yeasts, moulds.
- Protozoa, to include plasmodium, trypanosome, unicellular green algae.

A2 Environmental conditions for the growth of microorganisms

- Requirements for microorganisms that infect humans:
 - host organisms
 - nutrients
 - optimum temperature
 - water.

A3 Methods of controlling microorganisms

- Control techniques, to include disinfectants, antibiotics, antiseptics, refrigeration, freezing, autoclaves, radiation, drying.
- Vector control, to include mosquitoes, tsetse flies.
- Policies and procedures for infection control in the UK, to include protective clothing, isolation, barrier nursing.
- Anti-microbial action, to include solid soap, liquid soaps.

Learning aim B: Examine the cause and spread of disease in humans [EL-PRS]

B1 Methods of non-specific defence used by the human body

- Skin.
- Mucous membranes.
- Tears.
- Phagocytes.

B2 Role of the immune system as a defence against infection

- Humoral immunity, also called the antibody-mediated immune system, to include cell-mediated immunity.
- Inflammation mechanisms, to include increased blood supply and capillary permeability, immune cell migration to the site.
- Leucocytes to include macrophages, T-lymphocytes.
- Community immunity.
- Vaccination:
 - development, including the development of the COVID-19 vaccine
 - live attenuated vaccines and inactivated vaccines
 - herd immunity
 - eradicating disease, to include smallpox.

B3 Transmission routes

- Direct contact:
 - person-to-person to include direct transfer of bacteria, viruses
 - animal-to-person
 - infected animal bites or handling animal waste
 - mother-to-unborn child to include through the placenta (HIV or toxoplasmosis), during delivery (group B streptococcus).
- Indirect contact:
 - surfaces, to include bacteria
 - spread through the air: droplet transmission to include from coughing
 - particle transmission: to include airborne virus, bacterium such as tuberculosis, pollution particulates
 - spread through vectors: bites and stings transferring infection to include mosquitoes, fleas, lice or ticks
 - food and water contamination: contaminated food and water to include Escherichia coli (E. coli).

B4 Types of infectious disease

Students should relate the type of infectious disease to their structure, requirements for growth, transmission routes and possible effects on human health.

- Viral infections, to include colds, influenza, HIV-related disease, avian flu in humans.
- Bacterial infections, to include tuberculosis, salmonella food poisoning, streptococcal sore throat, meningococcal meningitis.
- Fungal infections caused by yeasts, to include candidiasis, tinea.
- Protozoan infections, to include malaria.

B5 The cause and spread of blood infections

- Blood components, to include the function of:
 - erythrocytes
 - leukocytes
 - thrombocytes
 - plasma
 - serum.
- Diseases/problems associated with blood components:
 - erythrocytic diseases, to include sickle cell anaemia, thalassaemia, haemolytic diseases in newborn babies
 - leucocytes and white blood cell diseases, to include lymphocytosis, AIDS
 - leukaemia to include acute myelogenous leukaemia (AML) and Chronic myelomonocytic leukaemia (CMML)
 - lymphomas, to include Hodgkins and non-Hodgkins diseases
 - haemostasis and thrombosis.
- Transmissible infections by blood transfusion:
 - clinical use of blood products, to include surgery, intensive care
 - screening of blood products for diseases to prevent transmissible infections during blood transfusions, to include HIV-related disease, hepatitis, human parvovirus, malaria.

Learning aim C: Understand the factors that can influence the development of diseases and infections

Students need to know and understand how diseases related to human conditions (nutrition and diet) and the environment develop and the effect they have on the human body.

C1 Nutritional deficiency diseases

- Progressive nature of the deficiency disease – lack of essential nutrients over a prolonged period.
- Potential for nutritional deficiency diseases being reversed.
- Effect of a nutritional deficiency on the body, to include:
 - vitamin deficiency, to include Vitamin D, B12 and folic acid
 - iron deficiency, to include anaemia
 - protein, to include Kwashiorkor
 - water, to include dehydration.

C2 Chronic dietary disease

- Links between particular dietary habits and the development of disease – to include the effects of diets high in sugar, refined carbohydrates, saturated fats.
- Diseases linked to diet:
 - type 2 diabetes
 - inflammatory bowel disease
 - cardiovascular diseases
 - obesity.

C3 Diseases due to environmental factors

- Direct impacts of some pollutants and their effects, to include:
 - air
 - water.
- Relationship between cancers and radiation or exposure to UV A and B radiation.
- Relationship between disease and environmental conditions, to include:
 - sanitation
 - pesticides
 - overcrowding.

Learning aim D: Investigate the impact of diseases and their treatment in a global context [EL-PRS]**D1 Epidemiology**

- Classification of the spread of infection, to include:
 - endemic, to include chickenpox
 - epidemic, to include influenza, measles
 - pandemic, to include COVID-19
 - change in classification, to include malaria.

D2 Factors in controlling a global disease outbreak

- Role of authorities, to include:
 - governments
 - non-government organisations
 - scientists, such as epidemiologists
 - role of international community, to include the World Health Organization (WHO).

- Factors to consider in any outbreak, to include:
 - cost
 - availability of health personnel, such as doctors, nurses
 - drugs, to include availability and development
 - location
 - community agreement
 - local customs
 - local customs
 - additional resources required for pandemics – experts, epidemiologists, WHO Risk Assessments.

D3 Consequences to society of a disease outbreak

- Effects on an individual, on family, on communities, on societies.
- Ethical considerations, to include use of untried/unlicensed drugs, methods of treatment, exposing health workers to infection.
- Problems associated with using treatments regimes and ideas not familiar to a society.
- Risks of antibiotic resistance.

Assessment criteria

Learning aim A: Understand the concepts of microbiology relevant to health science

Pass	Merit	Distinction
A.P1 Describe the structure and reproductive methods of four different microorganisms and their requirements for growth.	A.M1 Discuss how four different microorganisms are transmitted and how their requirements for growth can be controlled.	A.D1 Justify the methods used to control two different microorganisms.

Learning aim B: Explore the role of microorganisms in human health and disease

Pass	Merit	Distinction
B.P2 Describe the non-specific defence methods of the human body. B.P3 Describe how the immune system is involved in protecting the human body from harmful microorganisms.	B.M2 Compare the transmission routes of microbes involved in human diseases and relate them to specific infections.	B.D2 Evaluate the effectiveness of non-specific defences and the immune system in helping the body defend itself against infections.

Learning aim C: Understand the factors that can influence the development of diseases and infections

Pass	Merit	Distinction
C.P4 Describe human and environmental conditions that can lead to the development of diseases and infections.	C.M3 Assess the impact of human and environmental conditions on the human body.	C.D3 Analyse how diseases progress over time, and the effects this may have on affected individuals.

Learning aim D: Investigate the impact of diseases and their treatment in a global context

Pass	Merit	Distinction
D.P5 Explain the characteristics of the classifications of outbreaks and a disease associated with each classification. D.P6 Describe the role of authorities in controlling the outbreak of disease.	D.M4 Assess the effectiveness of authorities in controlling the outbreak of diseases and managing the impact on society.	D.D4 Evaluate the reasons for and consequences of outbreaks of diseases becoming more global. [SP-CT]

Transferable skills

Managing Yourself	Effective Learning	Interpersonal Skills	Solving Problems
MY – TPR	EL – MOL	IS – WC	SP – CT ✓
MY – PS&R	EL – CL	IS – V&NC	SP – PS
MY – COP	EL – SRS *	IS – T	SP – C&I
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Pearson sets the assignment for the assessment of this unit.

The PSAB will take approximately 16 hours to complete.

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Assessing the PSAB

You will make assessment decisions for the PSAB using the assessment criteria provided.

Section 1 gives information on PSABs and there is further information on our website.

Further information for teachers and assessors

Resource requirements

For this unit, students must have access to:

- the internet for research
- site visits: visits to the centre by laboratory personnel will help students with understanding how such laboratories work. There are also pharmaceutical companies that produce vaccines
- alternative resources: teachers will have to make sure alternative resources are available if such visits are impossible. Some companies will send out a speaker, and teachers will need to negotiate the content of the talk to make it relevant to this unit
- relevant laboratories that deal with processing biological samples; although they may not be directly working in such laboratories, students do need to understand how they fit into their role as health workers, so as much experience as possible of health-related laboratory work will be an advantage in this unit.

Essential information for assessment decisions

Learning aim A

Students will base their work on one microorganism from each of the four different categories given in A1.

For distinction standard, students will show they have drawn on a number of information sources relating to the methods used in microbe control for two different microorganisms. Students must use the information sources to come to a supported judgement about the methods of control and give reasons why some are used and not others. They must articulate their arguments concisely to reach justified conclusions.

For merit standard, students will discuss the transmission of the given microbes and methods of controlling these. The criterion requires discussion, so students must show they have done detailed and methodical research and broken the process down, showing an understanding of the process, showing interrelationship in their response. As a result, they are expected to examine the information to show the interrelationship between transmission and who their requirements for growth can be controlled.

For pass standard, students will refer to a named example of each type of microorganism, and their description should cover the structures and reproductive methods of the microbes and their requirements for growth.

This needs to show that they understand how each organism may have different needs if they are to thrive. These could include oxygen or lack of it, temperature, host substrate, nutrients, pH or water. Students must relate knowledge to show how these conditions can be controlled. They could do fully annotated diagrams of each microbe to show the requirements needed for survival. They could use the results of their practical

investigation into liquid and solid soaps and their effect on microorganisms as part of what microorganisms need to thrive. They could query how the soaps work: do they deprive the microorganism or are the soaps just toxic?

Learning aim B

For distinction standard, students will link together all the body's defences, non-specific, and immune system (specific and inflammatory) to evaluate their effectiveness. They must include relevant examples to show that defence mechanisms often interact when fighting infections. Students will need to consider the advantages or disadvantages of these defences in relation their effectiveness and come to a judgement supported by evidence. Students should relate their evaluation to three infections – one spread by direct contact, one spread by indirect contact, and one blood infection.

For merit standard, students will show they have drawn on a number of information sources relating to the transmission of different microorganisms. Students will consider direct contact, body fluids, airborne, foodborne, waterborne, vector-borne and transplacental transmission. Students will consider the similarities and differences between the transmission routes of at least two microorganisms involved in human disease and relate these to specific infections.

For pass standard, students will describe the non-specific defences methods of the body and how the immune system is involved in protecting the human body from harmful microorganisms. These must be linked to examples of specific infections to meet the criterion. A description without relevant examples will not meet the criterion. Students must link blood components with a particular disease or type of disease.

Learning aim C

For distinction standard, students will analyse how diseases progress over time, and the effect this may have on affected individuals, and the importance of a balanced diet and how poor diet can lead to nutritional deficiency disease. Students should also consider the progressive nature of, and the potential for reversing, nutritional deficiency diseases.

For merit standard, students will assess the importance of human conditions, such as a balanced diet and hydration, and the environment, such as pollutants and radiation, as factors in the cause and development of diseases and infections. Students should relate their work to one disease related to diet, and one related to the environment.

For pass standard, students will recall knowledge about diet, including hydration, and environmental conditions, such as sanitation, to describe how human and physical conditions can lead to a range of diseases, such as vitamin deficiency diseases, or infections. Students should relate their work to one disease related to diet, and one to the environment.

Learning aim D

For distinction standard, students will evaluate the reasons for and consequences of outbreaks of diseases becoming more global. They will need to include the effects on individuals and groups, and the treatments that will be used as part of the controls, as well as the ethical dilemmas these can involve. Students will show they have drawn on a number of information sources relating to the reasons for and consequences of the spread of diseases becoming more global, focussing on one of the classifications of outbreak – endemics, epidemics or pandemics. Students will need to come to a judgement supported by their evidence and any arguments put forward must be backed up by facts. Students must draw on their knowledge gained across the unit to reach supported judgements.

For merit standard, students will be able to assess the effectiveness of the various authorities in controlling the outbreak of diseases globally and how the impact of those diseases on society is managed by authorities, giving careful consideration to all the factors, identifying which are the most important. They must articulate their arguments concisely and professionally to reach justified conclusions.

For pass standard, students will explain the characteristics of the different classifications of disease outbreaks, giving examples of the related diseases associated with each classification. Students also need to provide an account of the role authorities have in controlling the outbreak of diseases.

5 Planning your programme

Supporting you in planning and implementing your programme

There will be lots of free teaching and learning support to help you deliver the new qualifications, including:

- Our Delivery Guide will help you to plan how to deliver the content and assessments that make up the Pearson Level 3 Alternative Academic Qualification BTEC National in Health and Social Care (Extended Certificate). It also highlights opportunities to develop the transferable skills identified within the units in this specification.
- Sample Assessment materials are available for each external unit to help you to plan and prepare for assessments.
- Our mapping document highlights key differences between the new qualification and Pearson BTEC Level 3 National Extended Certificate in Health and Social Care (601/7193/5), which this qualification replaces.

Is there a student entry requirement?

As a centre it is your responsibility to ensure that students who are recruited have a reasonable expectation of success on the programme. There are no formal entry requirements, but we expect students to have qualifications at or equivalent to Level 2.

Students are most likely to succeed if they have:

- five GCSEs at good grades, and/or
- BTEC qualification(s) at Level 2
- achievement in English and mathematics through GCSE or Functional Skills.

Students may demonstrate ability to succeed in various ways. For example, students may have relevant work experience or specific aptitude shown through diagnostic tests or non-educational experience.

6 Understanding the qualification grade

Awarding and reporting for the qualification

This section explains the rules that we apply in awarding a qualification and in providing an overall qualification grade for each student. It shows how all the qualifications in this sector are graded.

The awarding and certification of these qualifications will comply with regulatory requirements.

Eligibility for an award

In order to be awarded a qualification, a student must:

- achieve Near Pass (N) or above in all external units
- complete and **have an outcome** (D, M, P, N or U) for all units within a valid combination
- achieve the **minimum number of points** at a grade threshold.

Students who do not achieve the required minimum grade (N) for the external assessments will not achieve a qualification.

Award of the qualification grade

The final grade awarded for a qualification represents an aggregation of a student's performance across the qualification. As the qualification grade is an aggregate of the total performance, there is some element of compensation in that a higher performance in some units may be balanced by a lower outcome in others.

BTEC Nationals are Level 3 qualifications and are awarded at the grade ranges shown in the table below.

Qualification	Available grade range
Extended Certificate	P to D*

The *Award of qualification grade* table, shown further on in this section, shows the minimum thresholds for calculating these grades. The table will be kept under review over the lifetime of the qualification. The most up-to-date table will be issued on our website.

Pearson will monitor the qualification standard and reserves the right to make appropriate adjustments.

Students who do not meet the minimum requirements for a qualification grade to be awarded will be recorded as Unclassified (U) and will not be certificated. They may receive a Notification of Performance for individual units. The *Information Manual* gives full information.

Points available for internal units

The table below shows the number of **points** available for internal units. For each internal unit, points are allocated depending on the grade awarded.

Grade	Unit size (90 GLH)
U	0
Pass	9
Merit	15
Distinction	24

Points available for external units

Raw marks from the external units will be awarded **points** based on performance in the assessment. The table below shows the **minimum number of points** available for each grade in the external units.

Grade	Unit size (90 GLH)
U	0
Near Pass	6
Pass	9
Merit	15
Distinction	24

Pearson will automatically calculate the points for each external unit once the external assessment has been marked and grade boundaries have been set. For more details about how we set grade boundaries in the external assessment please go to our website.

Claiming the qualification grade

Subject to eligibility, Pearson will automatically calculate the qualification grade for your students when the internal unit grades are submitted and the qualification claim is made. Students will be awarded qualification grades for achieving the sufficient number of points (with valid combinations) within the ranges shown in the relevant *Award of qualification grade* table for the cohort.

Award of qualification grade

Applicable for registration from 1 August 2025.

Extended Certificate (360 GLH)

Grade	Points threshold
U	0
Pass	36
Merit	52
Distinction	74
Distinction *	90

The table is subject to review over the lifetime of the qualification. The most up-to-date version will be issued on our website.

Example grading table for Pearson BTEC Level 3 Extended Certificate in Health and Social Care (AAQ)

Unit number	GLH	Type (Int/Ext)	Grade	Unit points
Unit 1	90	Ext	Distinction	24
Unit 2	90	Ext	Near Pass	6
Unit 3	90	Int	Pass	9
Unit 5	90	Int	Merit	15
TOTAL	360	Int	Merit	54

Appendix 1 Glossary of terms used for Internally assessed units

Term	Definition
Adequate	Student work is satisfactory or acceptable in quality and quantity.
Analyse	Students break the issue/situation down into the key elements and show their understanding of the issues/situation applied to the scenario/context. Responses would be significantly beyond generic.
Apply/use/employ	Students implement a method, technique, process or approach in an activity.
Assess	Students give careful consideration to all the factors or events that apply, identify which are the most important or relevant and make a judgement on the importance of the factors.
Carry out	Students demonstrate skills through practical activities, in line with certain requirements.
Clear/ly	The qualities required are well demonstrated, unambiguous and beyond a basic level.
Coherent	Student intentions are clear, logically structured and can be interpreted by others.
Compare	Students show knowledge and understanding by identifying the main factors relating to two or more items/situations or aspects of a subject that is extended with the required explanations, e.g. similarities/ differences, advantages/disadvantages, impacts.
Comprehensive	Used to describe either scope or depth, e.g. - Student work is well developed and thorough covering all aspects/information in terms of both depth and breadth Or: - Students demonstrate in-depth and accurate understanding of the aspects being assessed.
Confident	Student work demonstrates well-developed and secure application of skills or processes that are significantly beyond a basic level.
Consistent	Students demonstrate reliable and constant practice that maintains a set standard.
Create/produce	Students generate an idea/outcome to specific criteria.
Demonstrate	Students carry out and apply knowledge, understanding and/or skills in a practical situation.
Describe	Students provide an account of something, or highlight a number of key features of a given topic or process that shows a level of understanding.
Detailed	Students cover most if not all of the expected requirements and demonstrate a high level of understanding.

Term	Definition
Develop	Students apply a process of improving/progressing skills, concepts or work in order to produce outcomes.
Discuss	An issue, situation, process will be presented and the student will need to break the issue/situation/process down into the key elements, show their understanding of the issues/situation/process applied to the scenario/context (so generic answers are not acceptable), and show interrelationship in their answers.
Effective	Students demonstrate skills or provide outcomes that are well developed with a range of proficient qualities and that achieves objectives
Evaluate	Students consider various aspects of a subject's qualities in relation to its context such as: strengths or weaknesses, advantages or disadvantages, pros or cons. They will come to a judgement supported by evidence which will often be in the form of a conclusion.
Examine	Students demonstrate an ability to thoroughly inspect something in order to determine its qualities beyond a basic exploration.
Explain	Students can give an insight into the topic showing some level of understanding by providing reasons or examples.
Explore	Students undertake practical research or investigation to develop their skills or understanding of the topic/activity.
Implement	Students take actions or measures to put something into effect.
Investigate	Students perform a systematic inquiry into a topic using research skills, usually to demonstrate their understanding of a topic.
Justify	Students give relevant and logical reasons or evidence to support their actions or opinions.
Partial/some	To an extent, but not completely. Students do not include all of the requirements.
Perform	Students demonstrate a range of skills required to complete a given activity.
Prepare	Students organise a task/equipment/individuals/activities in advance of carrying it out.
Realistic/feasible	Students demonstrate insight into the logistics and manageability of proposals/plans/objectives/ideas and show consideration of the potential to achieve the outcomes.
Refine/optimize	Students make considered improvements to outcomes.
Review	Students consider evidence in order to make judgements about the qualities.
Understand	Students demonstrate insight or ability to interpret a subject.
Undertake	Students demonstrate skills through practical activities, often referring to given processes or techniques.

Appendix 2 Transferable Skills framework

Code = transferable skill initials-skill cluster initials

Managing yourself

Code	Skill cluster	Performance Descriptor
MY-TPR	Taking personal responsibility	• Demonstrates understanding of their role and responsibilities and the expected standards of behaviour. • Demonstrates compliance with codes of conduct and ways of working. • Makes use of available resources to complete tasks. • Manages their time to meet deadlines and the required standards. • Demonstrates accountability for their decisions or actions.
MY-PS&R	Personal strengths and resilience	• Identifies own personal strengths and demonstrates the ability to use these in relevant areas. • Demonstrates the ability to adapt own mindset and actions to changing situations or factors. • Uses challenges as learning opportunities.

Code	Skill cluster	Performance Descriptor
MY-COP	Career orientation planning	• Undertakes research to understand the types of roles in the sector in which they could work. • Reviews own career plans against personal strengths and identifies areas for development to support progression into selected careers. • Takes part in sector-related experiences to support career planning.
MY-PGS	Personal goal setting	• Sets SMART goals using relevant evidence and information. • Reviews progress against goals and identifies realistic areas for improvement. • Seeks feedback from others to improve own performance.

Effective learning

Code	Skill cluster	Performance Descriptor
EL-MOL	Managing own learning	• Maintains a focus on own learning objectives when completing a task. • Demonstrates the ability to work independently to complete tasks. • Reviews and applies learning from successful and unsuccessful outcomes to be effective in subsequent tasks.
EL-CL	Continuous learning	• Engages with others to obtain feedback about own learning progress. • Responds positively to feedback on learning progress from others. • Monitors own learning and performance over the short and medium term.
EL-SRS	Secondary research skills	• Define the research topic or question • Uses valid and reliable sources to collate secondary data. • Interprets secondary data and draws valid conclusions. • Produces a reference list and cites sources appropriately.
EL-PRS	Primary research skills	• Define the research topic or question • Carries out primary data collection using appropriate and ethical research methodology. • Interprets primary data to draw valid conclusions

Interpersonal skills

Code	Skill cluster	Performance Descriptor
IS-WC	Written communication	• Produces clear formal written communication using appropriate language and tone to suit purpose.
IS-V&NC	Verbal and non-verbal communications	• Uses verbal communication skills effectively to suit audience and purpose. • Uses body language and non-verbal cues effectively. • Uses active listening skills and checks understanding when interacting with others.
IS-T	Teamwork	• Engages positively with team members to understand shared goals and own roles and responsibilities. • Respectfully considers the views of team members and consistently shows courtesy and fairness. • Completes activities in line with agreed role and responsibilities. • Provides support to team members to achieve shared goals.
IS-C&SI	Cultural and social intelligence	• Demonstrates awareness of own cultural and social biases. • Demonstrates diversity, tolerance and inclusivity values in their approach to working with others.

Solving problems

Code	Skill cluster	Performance Descriptor
SP-CT	Critical thinking	• Demonstrates understanding of the problem or issue to be addressed. • Makes use of relevant information to build ideas and arguments. • Assesses the importance, relevance and/or credibility of information. • Analyses, interprets and evaluates information to present reasoned conclusions.
SP-PS	Problem solving	• Presents a clear definition of the problem. • Gathers relevant information to formulate proposed solutions. • Selects relevant and significant information to formulate proposed solutions. • Identifies negative and positive implications of proposed solutions. • Presents and justifies selected solutions to problems.
SP-C&I	Creativity and innovation	• Identifies new and relevant ideas to help solve a problem. • Refines ideas into workable solutions based on test results and/or feedback.

Appendix 3 Digital Skills framework

Problem solving

Using digital tools to analyse and solve problems

Performance Descriptor	Unit mapping
Use digital tools and techniques for research, collaboration and resolution of problems	Unit 5 – C3 Planning a health education event Unit 7 – D1 Epidemiology
Have up to date knowledge of ways that technology is used within a sector	Unit 3 – A2 Person-centred care Unit 3 – A3 Communication in health and social care Unit 3 – B3 How health and social care services are organised to benefit the population Unit 6 – C3 Effective record keeping in health and social care environments Unit 7 – D1 Epidemiology
Present ideas and finding using digital tools	Unit 5 – C3 Planning a health education event
Use digital tools to manipulate data	Unit 5 – C3 Planning a health education event Unit 7 – D1 Epidemiology

Digital collaboration and communication

Using digital tools to communicate and share information with stakeholders

Performance Descriptor	Unit mapping
Understand and use digital collaboration and communication platforms	Unit 3 – A2 Person-centred care Unit 3 – A3 Communication in health and social care Unit 5 – C3 Planning a health education event Unit 6 – C3 Effective record keeping in health and social care environments
Use collaboration tools to meet with, share and collaborate with customers and colleagues	Unit 3 – B3 How health and social care services are organised to benefit the population Unit 5 – C3 Planning a health education event

Transacting digitally

Using digital tools to set up accounts and pay for goods/services

Performance Descriptor	Unit mapping
Use online systems to access and update digital records	Unit 5 – C3 Planning a health education event Unit 7 – D1 Epidemiology
Set-up accounts to complete transactions	N/A

Digital Security

Identify threats and keep digital tools safe

Performance Descriptor	Unit mapping
Understand the types of malware	Unit 6 – C3 Effective record keeping in health and social care environments
Understand the threats involved in carrying out online activities	Unit 6 – C3 Effective record keeping in health and social care environments
Protect personal and organization information and data	Unit 3 – A3 Communication in health and social care Unit 6 – C3 Effective record keeping in health and social care environments
Keeping systems secure	Unit 3 – A2 Person-centred care Unit 6 – C3 Effective record keeping in health and social care environments

Handling data safely and securely

Follow correct procedures when handling personal and organisational data

Performance Descriptor	Unit mapping
Manage passwords and keep them secure	Unit 3 – A4 Confidentiality Unit 6 – C3 Effective record keeping in health and social care environments
Identify website and services that are secure and insecure	Unit 3 – A4 Confidentiality Unit 5 – C3 Planning a health education event
Understand the digital policy for a sector	Unit 3 – A3 Communication in health and social care Unit 6 – C3 Effective record keeping in health and social care environments
Understand the impact of online data	Unit 3 – A3 Communication in health and social care Unit 3 – A4 Confidentiality Unit 6 – C3 Effective record keeping in health and social care environments
Understand copyright and intellectual property	Unit 5 – C1 Current and ongoing health education

Appendix 4 Sustainability framework

Sustainable development goal	Unit mapping
SDG 1: No poverty	N/A
SDG 2: Zero hunger	N/A
SDG 3: Good health and wellbeing	Unit 1 – B Factors affecting human growth and development across each life stage Unit 3 – C1 The effect of social determinants on individual's health status Unit 4 – A1 The origins and aims of social and public health policy Unit 4 – B3 Social policy and its relevance to public health Unit 5 – A1 Purpose of health education Unit 5 – B2 Factors affecting health and wellbeing Unit 7 – D3 Consequences to society of a disease outbreak
SDG 4: Quality education	Unit 1 – B Factors affecting human growth and development across each life stage Unit 3 – C1 The effect of social determinants on individual's health status Unit 4 – B3 Social policy and its relevance to public health
SDG 5: Gender equality	Unit 1 – B Factors affecting human growth and development across each life stage Unit 3 – C1 The effect of social determinants on individual's health status Unit 3 – C2 Improving health outcomes in practice Unit 4 – B3 Social policy and its relevance to public health Unit 6 – A1 Meeting service users' needs in health and social care settings Unit 6 – B3 Working with vulnerable individuals
SDG 6: Clean water and sanitation	N/A
SDG 7: Affordable and clean energy	N/A
SDG 8: Decent work and economic growth	N/A

Sustainable development goal	Unit mapping
SDG 9: Industry, innovation and infrastructure	N/A
SDG 10: Reduced inequalities	Unit 1 – B Factors affecting human growth and development across each life stage Unit 3 – C1 The effect of social determinants on individual's health status Unit 3 – C3 Potential barriers to improving health outcomes in practice Unit 3 – C2 Improving health outcomes in practice Unit 4 – A1 The origins and aims of social and public health policy Unit 4 – A2 Factors that influence policy making in health and social care Unit 4 – B3 Social policy and its relevance to public health Unit 5 – B2 Factors affecting health and wellbeing Unit 6 – B3 Working with vulnerable individuals
SDG 11: Sustainable cities and communities	N/A
SDG 12: Responsible consumption and production	N/A
SDG 13: Climate action	N/A
SDG 14: Life below water	N/A
SDG15: Life on land	N/A
SDG 16: Peace, justice and strong institutions	N/A
SDG 17: Partnerships for the goals	N/A

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