



Blue Coat Church of England Academy

Year: 12/13

**Subject: BTEC National Extended
Certificate Health & Social Care**

**Term: 1.1 - Year 12 Exam Unit
Human lifespan development unit 1**

A1 Physical development across the life stages: Growth and development are different concepts: Principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions, principles of development – development follows an orderly sequence and is the acquisition of skills and abilities. In infancy (0–2 years), the individual develops gross and fine motor skills: The development of gross motor skills, the development of fine motor skills, milestones set for the development of the infant – sitting up, standing, cruising, walking. In early childhood (3–8 years), the individual further develops gross and fine motor skills: riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently, turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing. In adolescence (9–18 years), the changes surrounding puberty: Development of primary and secondary sexual characteristics, the role of hormones in sexual maturity. In early adulthood (19–45 years), the individual reaches physical maturity: Physical strength peaks, pregnancy and lactation occur, perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness. In middle adulthood (46–65 years), the female enters menopause: Causes and effects of female menopause and the role of hormones in

this. The effects of the ageing process in middle adulthood. In later adulthood (65+ years), there are many effects of ageing: Health and intellectual abilities can deteriorate.

A2 Intellectual development across the life stages: In infancy and early childhood there is rapid growth in intellectual and language skills: Piaget's model of how children's logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children's thoughts and actions. Chomsky's model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language. In early adulthood, thinking becomes realistic and pragmatic, with expert knowledge about the practical aspects of life that permits judgement about important matters. The effects of age on the functions of memory: Memory loss in later adulthood.

A3 Emotional development across the life stages. Attachment to caregiver in infancy and early childhood: Theories of attachment, to include types of attachment and disruptions to attachment. The development and importance of self-concept: definitions and factors involved in the development of a positive or negative self-esteem. Definitions and factors involved in the development of a positive or negative self-image.

A4 Social development across the life stages. The stages of play in infancy and early childhood: Solo play, parallel play and co-operative play. The importance of friendships and friendship groups: The social benefits of friendships, the effects of peer pressure on social development. The development of relationships with others. The development of independence through the life stages: Peer influence in adolescence, starting employment, leaving home and starting a family.

Term: 1.2 - Year 12 Exam Unit Human lifespan development unit 1

B1 Factors affecting human growth and development B1 The nature/nurture debate related to factors. The development across the lifespan is a result of genetic or inherited factors – Gesell's maturation theory. Development across the lifespan is a result of

environmental factors – Bandura’s social learning theory. Both factors may play a part – stress-diathesis model.

B2 Genetic factors that affect development Genetic predispositions/disorders to particular conditions – cystic fibrosis, brittle bone disease, phenylketonuria (PKU), Huntington’s disease, Klinefelter’s syndrome, Down’s syndrome, colour blindness, Duchenne muscular dystrophy, susceptibility to diseases such as cancer, high blood cholesterol and diabetes. **Biological factors that affect development** – foetal alcohol syndrome, effects of maternal infections and lifestyle/diet during pregnancy, congenital defects.

B3 Environmental factors that affect development. Exposure to pollution – respiratory disorders, cardiovascular problems, allergies. Poor housing conditions – respiratory disorders, cardio vascular problems, hypothermia, and anxiety and depression. Access to health and social care services – availability of transport, opening hours of services, ability to understand the needs and requirements of particular services.

B4 Social factors that affect development. Family dysfunction – parental divorce or separation, sibling rivalry, parenting style. Bullying – effects of bullying on self-esteem, self-harm, suicide. Effects of culture, religion and belief – beliefs that may prevent medical intervention, dietary restrictions.

B5 Economic factors that affect development. Income and expenditure. Employment status. Education. Lifestyle.

B6 Major life events that affect development. Predictable events: These events are expected to happen at a particular time. While expected, they may still have an effect on a person’s health and wellbeing. This effect can be positive or negative, regardless of the event. Unpredictable events: These events happen unexpectedly and can have serious physical and psychological effects on an individual. These effects can be positive or negative, regardless of the event. Many events can be either predictable or unpredictable depending on the life course of the individual. They can include starting school/nursery, moving house, marriage and divorce. Starting a family, beginning employment, retirement, death of a relative/partner/friend, accidents or injury, changing employment, leaving home, promotion or redundancy and serious illness. The effects of life events on health. Holmes-Rahe social readjustment rating scale and the effects of life events on a person’s stress levels and health.

C Effects of ageing **C1 The physical changes of ageing.** Cardiovascular disease – age can increase the risks of cardiovascular disease. This can be exacerbated by lifestyle choices. The degeneration of the nervous tissue. Osteoarthritis. Degeneration of the

sense organs. The reduced absorption of nutrients. Dementia, to include Alzheimer's disease. Effects of illnesses that are common in ageing.

C2 The psychological changes of ageing. Effects on confidence and self-esteem. Effects of social change: Role changes, loss of a partner, loss of friends, increase in leisure time. Financial concerns. Effects of culture religion and beliefs. Social disengagement theory. Activity theory.

C3 The societal effects of an ageing population. Health and social care provision for the aged. Economic effects of an ageing population.

Assessment: Written exam set and marked by Pearson. 1.5 hours. 90 marks. The exam is available January and May (resit).

The exam unit is taught and assessed formatively using a range of methods including: gaped booklets, role-plays, discussions, power-point presentation, and videos, WAGOLS to use as model answers to exam question, peer and self-assessments, practice questions. The approach encourages critical thinking, use systems and technology. It promotes intrapersonal skills: communicating, working collaboratively, negotiating and influencing, self-presentation. Students improve their interpersonal skills: self-management, adaptability and resilience, self-monitoring and development. All BTEC Nationals provide transferable knowledge and skills that prepare learners for progression to university. The transferable skills that universities value include: the ability to learn independently, the ability to research actively and methodically, being able to give presentations and being active group members.

Term: 1.1 - Year 12 Unit Meeting individual care and support needs

A1: Promoting equality, diversity and preventing discrimination. Definition of equality, diversity and discrimination. Importance of preventing discrimination. Initiatives aimed at preventing discrimination in care, e.g. the use of advocacy services.

A2 Skills and personal attributes required for developing relationships with individuals To include: The 6Cs – care, compassion, competence, communication, courage and

commitment. People skills – empathy, patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills. Communication skills – communicating with service users, colleagues and other professionals, e.g. active listening and responding, using appropriate tone of voice and language, clarifying, questioning, and responding to difficult situations. Observation skills, e.g. observing changes in an individual's condition, monitoring children's development and dealing with difficult situations.

A3: Empathy and establishing trust with individuals Learners require an overview of the different theories of empathy and the various methods of establishing positive relationships with individuals in their care. Attachment and emotional resilience theory, to include the effect of secure attachments and support on emerging autonomy and resilience. The triangle of care, empathy theories, e.g. Johannes Volkelt, Robert Vischer, Martin Hoffman and Max Scheler.

B1 Ethical issues and approaches. Ethical theories, to include consequentialism, deontology, principlism and virtue ethics. Managing conflict with service users, carers and/or families, colleagues. Managing conflict of interests. Balancing services and resources. Minimising risk but promoting individual choice and independence for those with care needs and the professionals caring for them. Sharing information and managing confidentiality.

B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk. Organisations, legislation and guidance that influence or advise on ethical issues. All legislation and guidance must be current and applicable to England, Wales or Northern Ireland. Organisations, e.g. National Health Service (NHS), Department of Health (DH), National Institute for Care Excellence (NICE), Health and Safety Executive (HSE). Legislation, e.g. Mental Health Act 2007, Human Rights Act 1998, Mental Capacity Act 2005, National Health Service Act 2006 Section 140, Equality Act 2010, Care Act 2014. Guidance, e.g.: the DH Decision Support Tool, five-step framework, NICE and NHS guidance on Care Pathways and Care Plans, Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) (NHS) and HSE guidance on risk assessments.

Term: 1.2 - Year 12 Unit

Meeting individual care and support needs

C1: Different types of challenges faced by individuals with care and support needs, to include: Awareness and knowledge, practical challenges, skills challenges, acceptance and belief challenges, motivational challenges, communication challenges. Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires. Strategies used to overcome challenges, to include educational information materials, training courses, opinion leaders, clinical audits, computer-aided advice systems, patient-mediated strategies. Role of policy frameworks in minimising challenges, including: NHS Patient Experience Framework, in particular understanding of the eight elements that are critical to the service users' experience of NHS services, Health Action Plans and how they are used to minimise challenges, Adult Social Care Outcomes Framework (ASCOF) and Common Assessment Framework (CAF). Impact of not enabling individuals to overcome challenges.

C2 Promoting personalisation: Personalisation – ensuring that every person receiving care and support is able to set their personal goals and has choice and control over the shape of their care and support. Methods of recognising preferences, to include care plans, learning plans, behavioural plans, specialist support from health and social care professionals. The importance of promoting choice and control and the financial impact of this on care provision.

C3: Communication techniques. Different approaches for effective communication, to include humanistic, behavioural, cognitive, psychoanalytical and social. Types of communication examples, to include verbal, body language, written, formal and informal. Alternative communications, to include Makaton, British Sign Language (BSL), braille, communication boards and symbol systems. Theories of communication, to include Argyle, Tuckman, Berne. New technologies and communication techniques.

D1 How agencies work together to meet individual care and support needs. Role of organisations responsible for commissioning healthcare services, e.g. Clinical Commissioning Groups in England, Local Health Boards in Wales, Health and Social Care Board in Northern Ireland; formation, organisation roles and members. Role of organisations responsible for commissioning social care services, e.g. local authorities.

Role of bodies responsible for integrating health and social care, e.g. Health and Wellbeing Boards (HWB). Role of assessment and eligibility frameworks, to include Common Assessment Framework (CAF), the National Eligibility Criteria (Care Act 2014), Department of Health, National Framework for NHS Continuing Healthcare. The Education, Health and Care plan (EHC).

D2 Roles and responsibilities of key professionals on multidisciplinary teams. Multidisciplinary teams, members and formation. Specific roles and responsibilities relating to meeting individual needs of a variety of health and care professionals in a multidisciplinary team, to include: Healthcare professionals, e.g. GP, nurse, paediatrician, clinical psychologist. Social care professionals, e.g. social worker, occupational therapist, education professionals, e.g. special educational needs co-ordinator (SENCO), educational psychologist, allied health professionals, e.g. speech and language therapist, voluntary sector workers, e.g. Macmillan nurses, family support workers. How multi-agency and multidisciplinary teams work together to provide co-ordinated support, e.g. an autistic child may have involvement with the following agencies and professionals: NHS (GP, paediatrician, clinical psychologist, counsellor, speech and language therapist), local authority and education services (social worker, SENCO, educational psychologist), and the voluntary sector (family support officers from the National Autistic Society).

Term: 2.1 - Year 12 Unit

Meeting individual care and support needs

D3 Maintaining confidentiality. Definition of confidentiality. Working practices to maintain confidentiality, to include: Keeping yourself informed of the relevant laws, keeping information locked away or password protected, sharing information only with people who are entitled to have access to the information, e.g. other people in the multidisciplinary team, service users and their carers or families (depending on the situation), being professional about how information is shared. Codes of practice for care workers establishing importance of confidentiality. Relevant aspects of legislation, e.g. Health and Social Care Act 2012. Role of the Health and Social Care Information Centre (HSCIC).

D4 Managing information. Working practices for managing information, to include: Identifying why the information is needed, identifying what information is needed,

searching for the information, using information legally and ethically. The importance of sharing information with colleagues, other professionals, the individual with care needs and their family. Impact of new technologies on managing information. Bodies that control the management of information, e.g. the National Adult Social Care Intelligence Service (NASCIS). Legislation and codes of practice that relate to the storage and sharing of information in health and social care. Legislation and codes of practice must be current and applicable to England, Wales or Northern Ireland, e.g.: Data protection legislation, Freedom of information legislation, Mental health legislation, Mental capacity legislation, Care Quality Commission (CQC) and codes of practice. The Health and Care Professions Council (HCPC) codes of practice.

Term: 3.2 - Year 13 Exam Unit Working in Health and Social Care

A1 The roles of people who work in health and social care settings Understand the roles of people who work in health and social care settings, to include: doctors, nurses, midwives, healthcare assistants, social workers, occupational therapists, youth workers, care managers/assistants and support workers.

A2 The responsibilities of people who work in health and social care settings Understand the day-to-day responsibilities of people who work in health and social care settings, to include: following policies and procedures in place in the health and social care setting in which they work, healing and supporting recovery for people who are ill, enabling rehabilitation, providing equipment and adaptations to support people to be more independent, providing personal care, to include washing, feeding, toileting Supporting routines of service users, to include day-to-day family life, education, employment, leisure activities. Assessment and care and support planning, involving service users and their families.

Coursework Assessment Criteria

The coursework is taught using power-point, case studies, videos, group discussions, posters and role plays. The student use assignment briefs with a vocational scenario to plan and execute their coursework. Cases will be given by BTEC for students to use to complete their coursework. The exam unit is taught in the first semester. The coursework is due in February/March and the grades range from U to D*(distinction star).

Unit 5: Coursework assessment criteria is given below

Assessment criteria

Pass	Merit	Distinction	
Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals			
A.P1 Explain the importance of promoting equality and diversity for individuals with different needs.	A.M1 Analyse the impact of preventing discrimination for individuals with different needs.	A.D1 Evaluate the success of promoting anti-discriminatory practice for specific individuals with different needs.	
A.P2 Explain the skills and personal attributes necessary for professionals who care for individuals with different needs.	A.M2 Assess different methods professionals might use when building relationships and establishing trust with individuals with needs.		
Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs			
B.P3 Explain how to incorporate ethical principles into the provision of support for individuals with different needs.	B.M3 Analyse how an ethical approach to providing support would benefit specific individuals with different needs.		BC.D2 Justify the strategies and techniques used to overcome ethical issues and challenges experienced by individuals with different needs when planning and providing care.
Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges			
C.P4 Explain the strategies and communication techniques used with individuals different needs to overcome different challenges.	C.M4 Assess the strategies and communication techniques used to overcome different challenges faced by individuals with different care and support needs.		
C.P5 Explain the benefits of promoting personalisation when overcoming challenges faced by individuals with different needs.			
Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs			
D.P6 Explain why meeting the needs of the individuals requires the involvement of different agencies.	D.M5 Assess the benefits of multidisciplinary and multi-agency working for specific individuals with care and support needs.	D.D3 Justify how organisations and professionals work together to meet individual needs while managing information and maintaining confidentiality.	
D.P7 Explain the roles and responsibilities of different members of the multidisciplinary team in meeting the needs of specific individuals.		D.M6 Analyse the impact of legislation and codes of practice relating to information management on multidisciplinary working.	D.D4 Evaluate how multi-agency and multidisciplinary working can meet the care and support needs of specific individuals.
D.P8 Explain the arrangements for managing information between professionals.			

**Term: 3.2 - Year 13 Coursework unit
Psychological perspectives**

A1 Principal psychological perspectives as applied to the understanding of development and behaviour. Behaviourist: role of reinforcement, conditioning, e.g. Pavlov. Social learning: effects of other individuals, groups, culture and society on behaviour of individuals, self-fulfilling prophecy, role theory, e.g. Bandura. Psychodynamic: importance of the unconscious mind, importance of early experiences, e.g. Freud. Humanistic: Maslow's hierarchy of needs, self-actualisation, self-concept, self-esteem, e.g. Rogers. Cognitive: information processing, e.g. Piaget. Biological: maturational theory, importance of genetic influences on behaviour, influence of nervous and endocrine systems on behaviour, e.g. Gesell. Theories of human development: nature versus nurture, continuity versus discontinuity, nomothetic versus idiographic

**Term: 1.1 - Year 13 Exam unit
Working in Health and Social Care**

A3 Specific responsibilities of people who work in health and social care settings Applying care values and principles. Promoting anti-discriminatory practice by: implementing codes of practice and policies that identify and challenge discrimination in specific health and social care settings, adapting the ways health and social care services are provided for different types of service users. Empowering individuals, to include: putting the individual at the heart of service provision and promoting individualised care, promoting and supporting individuals' rights to dignity and independence. Providing active support consistent with beliefs, cultures and preferences of health and social care service users. Supporting individuals who need health and social care services to express their needs and preferences. Promoting the rights, choices and wellbeing of individuals who use health and social care services. Balancing individual rights to health and social care services with the rights of other service users and staff. Dealing with conflict in specific health and social

care settings, to include GP surgeries, hospital wards, residential care homes for the elderly, residential care homes for vulnerable children and young adults, and domiciliary care settings. Ensuring safety – how people who work in health and social care ensure safety for individuals and staff through: use of risk assessments, safeguarding and protecting individuals from abuse, illness prevention measures, to include clean toilets, hand-washing facilities and safe drinking water. Control of substances harmful to health, use of protective equipment and infection control, reporting and recording accidents and incidents, complaints procedures and provision of first-aid facilities. Information management and communication – ways of promoting effective communication and ensuring confidentiality through: applying requirements of the data protection legislation, adhering to legal and workplace requirements specified by codes of practice in specific health and social care settings. The recording, storage and retrieval of medical and personal information, to include electronic methods, mobile phones, social media, written records, use of photographs. Maintaining confidentiality to safeguard service users, respecting the rights of service users where they request confidentiality, following appropriate procedures where disclosure is legally required. Being accountable to professional bodies – how employees are accountable to professional bodies, to include: following codes of professional conduct, being familiar with/applying current codes of practice, ensuring that revalidation procedures are followed, following safeguarding regulations and following procedures for raising concerns/whistleblowing.

A4 Multidisciplinary working in the health and social care sector Partnership working, to include: The need for joined-up working with other service providers. Ways service users, carers and advocates are involved in planning, decision-making and support with other service providers and holistic approaches.

A5 Monitoring the work of people in health and social care settings How the work of people in health and social care settings is monitored, to include: line management external inspection by relevant agencies. Whistleblowing, service user feedback criminal investigations.

B1 The roles of organisations in providing health and social care services. Ways services are provided by: o the public sector: – NHS Foundation Trusts, to include hospitals, mental health services and community health services – adult social care – children’s services – GP practices, the voluntary sector, the private sector. Settings where health and social care services are provided to meet different needs, to include: hospitals, day care units, hospice care, residential care, domiciliary care and the workplace.

B2 Issues that affect access to services. Referral, Assessment and Eligibility criteria. Barriers to access, to include specific needs, individual preferences, financial, geographical, social, cultural.

Regulation and inspection and how services are improved by regulation and inspection.

Term: 1.2 - Year 13 Exam unit Working in Health and Social Care

B3 Ways organisations represent interests of service users To include: charities/patient groups, advocacy, complaints policies and whistleblowing policies.

B4 The roles of organisations that regulate and inspect health and social care services
The ways organisations regulate and inspect health and social care services, and the people who work in them. Organisations that regulate or inspect health and social care services. (Learners should study organisations relevant to either England, Wales or Northern Ireland; they do not need to study organisations relevant to all UK countries.) In England: Care Quality Commission (CQC), Ofsted. In Wales: Care and Social Services Inspectorate Wales (CSSIW). Healthcare Inspectorate Wales (HIW). In Northern Ireland: Regulation and Quality Improvement Authority (RQIA), Public Health Agency (PHA), Education and Training Inspectorate (ETI). The roles of organisations which regulate or inspect health and social care services, to include: how regulation and inspections are carried out, how organisations and individuals respond to regulation and inspection, changes in working practices required by Organisations that regulate professions in health and social care services. In England: Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) General Medical Council (GMC). In Wales (in addition to above): Care Council for Wales (Social Care). In Northern Ireland (in addition to above): Northern Ireland Social Care Council (NISCC). The roles of organisations which regulate professions in health and social care services, to include: how regulation is carried out, how organisations and individuals respond to regulation, the changes in working practices required by regulation and how services are improved by regulation.

B5 Responsibilities of organisations towards people who work in health and social care settings. Responsibilities of organisations that provide health and social care services, to

include ensuring employees: understand how to implement the organisation's codes of practice. To meet National Occupational Standards (NOS), undertake continuing professional development (CPD), are safeguarded through being able to: have internal/external complaints dealt with properly, take part in whistleblowing. Have membership of trades unions/professional associations, follow protocols of regulatory bodies. Sector C1 People with specific needs, Ill health, both physical and mental. Learning disabilities. Physical and sensory disabilities. Age categories to include: early years and later adulthood. C2 Working practices. Relevant skills required to work in these areas. How policies and procedures affect people working in these areas. How regulation affects people working in these areas. How working practices affect people who use services in these areas. Recent examples of how poor working practices have been identified and addressed.

Assessment: Written exam set and marked by Pearson. 1.5 hours. 80 marks. The exam is available January and May (resit).

The exam unit is taught and assessed formatively using a range of methods including: gaped booklets, role-plays, discussions, power-point presentation, and videos, WAGOLS to use as model answers to exam question, peer and self-assessments, practice questions. The approach encourages critical thinking, use systems and technology. It promotes intrapersonal skills: communicating, working collaboratively, negotiating and influencing, self-presentation. Students improve their interpersonal skills: self-management, adaptability and resilience, self-monitoring and development. All BTEC Nationals provide transferable knowledge and skills that prepare learners for progression to university. The transferable skills that universities value include: the ability to learn independently, the ability to research actively and methodically, being able to give presentations and being active group members.

Term: 1.1 - Year 13 Course work unit Psychological perspectives

A2 Application of psychological perspectives to health and social care practice. Behaviourist, e.g. changing/shaping behaviour by operant conditioning. Social learning,

e.g. promotion of anti-discriminatory behaviours and practices, use of positive role models in health education campaigns. Psychodynamic, e.g. conscious and unconscious mind. Humanistic, e.g. client centred therapy, putting the service user at the centre of care planning. Cognitive, e.g. understanding intellectual development and developmental norms, Therapies such as cognitive behavioural therapy and neuro-linguistic programming Biological, e.g. understanding genetic predisposition to certain illnesses or health-related behaviours. The biology of emotion, impact of substances on behaviour – e.g. effects of drugs and medication. A3 Contribution of psychological perspectives to the understanding of specific behaviours. Perspectives: application of complementary and contrasting psychological theories to the understanding of specific behaviours. Specific behaviours associated with, e.g. anxiety and depression, separation and loss, stress and coping, self-harm, prejudice and discrimination, child abuse, addiction, violence and aggression.

Term: 1:2 - Year 13 Course work unit Psychological Perspectives

Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours B1 Factors that affect human development and specific behaviours. Physical. Social, cultural and emotional. Economic. Physical environment. Psychological.

B2 Contribution of psychological perspectives to the management of behaviours Cognitive behavioural therapy, e.g. treatment of phobias, mental illnesses, post-traumatic stress disorder approaches to challenging behaviour, monitoring and improving behaviour. Social learning theory, e.g. use of positive role models, treatment of eating disorders. Role of psychodynamic perspective in, e.g. psychoanalysis, exploration of factors influencing behaviour. Humanistic perspective, e.g. person-centred counselling. Biological perspective, e.g. drugs, biofeedback.

Term 2:1
Year 13 Course work unit
Psychological Perspectives

B3 Contribution of psychological perspectives to the treatment of behaviours Interventions: use of perspectives to inform development of therapeutic practices. Therapeutic practices as relevant to behaviour, e.g. group therapy, family therapy, addiction therapy, behaviour modification programmes. Ethical issues. How the therapies work. Reasons for attending therapy sessions.

Learning aim C: Examine how psychological perspectives are applied in health and social care settings C1 Behaviour of service users in health and social care settings Concept of role. Conformity to minority/majority. Influence, e.g. Asch. Conformity to social roles e.g. Zimbardo. Obedience, e.g. Milgram. Attitude change, e.g. Festinger. Factors influencing hostility and aggression. C2 Practices in health and social care settings Promoting independence and empowerment by respecting individual rights. Value base of care.

Coursework Assessment Criteria

The coursework is taught using power-point, case studies, videos, group discussions, posters and role plays. The student use assignment briefs with a vocational scenario to plan and execute their coursework. Cases will be given by BTEC for students to use to complete their coursework. The exam unit is taught in the first semester. The coursework is due in February/March and the grades range from U to D*(distinction star).

Pass	Merit	Distinction
Learning aim A: Examine how psychological perspectives contribute to the understanding of human development and behaviour		
A.P1 Explain how psychological perspectives are applied to the understanding of human development. A.P2 Explain how psychological perspectives contribute to the understanding of specific human behaviours.	A.M1 Analyse the contribution of psychological perspectives to the understanding of human development and behaviours.	
Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours		
B.P3 Explain how different factors influence human development and specific behaviours. B.P4 Explain the contribution of psychological perspectives to the management and treatment of different service users' behaviours.	B.M2 Analyse the value of identifying factors influencing human development and behaviours in the application of psychological perspectives to the management and treatment of different service users' behaviours.	
Learning aim C: Examine how psychological perspectives are applied in health and social care settings		C.D2 Evaluate the application of psychological perspectives in local health and social care settings in enabling professionals to enhance the social functioning of selected service users.
C.P5 Compare the application of psychological perspectives in local health and social care settings. C.P6 Explain how professionals use psychological perspectives to improve the social functioning of selected service users.	C.M3 Assess the impact of the use of psychological perspectives in local health and social care settings, in enabling professionals to enhance the social functioning of selected service users.	C.D3 Evaluate the importance of the psychological perspectives used in health and social care settings, in relation to understanding human development and managing and treating behaviours to enhance the social functioning of service users.

Overall

Entry requirements: Five GCSEs at good grades and/or BTEC qualification(s) at Level 2. Achievement in English and mathematics through GCSE or Functional Skills. BTEC equivalence: 360 GLH (480 TQT) Equivalent in size to one A Level. 4 units of which 3 are mandatory and 2 are external. Mandatory content (83%). External assessment (58%).

BTEC Level 3 Nationals are vocational qualifications designed to help your learners succeed. They have been developed in collaboration with over 5,000 universities, employers and professional bodies with employability at the heart, so your learners can develop the skills and confidence they will need to step into their future. BTEC Level 3 Nationals Health and Social Care courses offer a flexible range of qualifications that can be studied alongside other level 3 qualifications such as A levels or other BTEC Nationals as part of a larger programme of study, or as the main focus of study. They are designed for Post-16 Level 3 learners wishing to go on to further or higher level study of the sector or directly to employment. The BTEC National Extended certificate is equivalent to one A Level. All sizes attract UCAS points and are widely recognised by universities and employers. Below is curriculum information for you to view.

https://qualifications.pearson.com/content/dam/pdf/BTEC-Nationals/Health-and-Social-Care/2016/specification-and-sample-assessments/9781446938003_BTEC_Nat_ExCert_HSC_AG_Spec_Iss3C.pdf

Download your specification at quals.pearson.com/BTECNatsHSC16Guide