



Tutor guidance

**NCFE CACHE Level 3 Extended Diploma in
Health and Social Care (Adults) (Northern
Ireland)
QN: 603/5355/7**

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Summary of changes

This section summarises the changes to this Tutor Guidance.

Version	Publication Date	Summary of amendments
v1.0	October 2020	First publication
v2.0	August 2021	Addition of the N grade for the short answer question paper.

Section 1

Introduction

Introduction

This Tutor Guidance contains Tutor hints, tips and teaching aids, including many links to useful websites, which were all accessible at the time of publication, for the four mandatory units of this qualification.

These tools will assist you with the planning and delivery of the qualification.

To ensure that you are using the most up-to-date version of this Tutor Guidance, please check the version number and date in the page footer against that of the Tutor Guidance document the NCFE website.

We have provided this Tutor Guidance in Microsoft Word format to enable you to use the content more flexibly within your own course materials. It must be used alongside the Qualification Specification which contains details of all the units and assessments required to complete this qualification. This Tutor Guidance is an optional resource, and is not a mandatory teaching material.

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 - the resources and materials used in the delivery of this qualification must be age-appropriate and due consideration should be given to the wellbeing and safeguarding of learners in line with your institute's safeguarding policy when developing or selecting delivery materials.
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Qualification introduction and purpose

This qualification is designed to provide learners with the knowledge, understanding and skills essential to the health and social care sector within Northern Ireland, and to support progression into Higher Education or the workplace.

This qualification aims to:

- focus on the study of health and social care in Northern Ireland
- offer breadth and depth of study, incorporating a key core of knowledge
- provide opportunities to acquire a number of practical skills.

The objective of this qualification is to:

- support access to Higher Education or assist with progression into the workplace.
-

Rules of combination

In order to achieve the Level 3 Extended Diploma in Health and Social Care (Adults) (Northern Ireland), learners must achieve:

- a pass grade for the Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland)
 - four mandatory units, four optional units from Optional Group A and four optional units from Optional Group B within this qualification (all units are graded A*–D)
 - an external assessment short answer question paper graded A*–N for mandatory unit – anatomy and physiology for health and social care – and an external synoptic extended assessment graded A*–D covering the remaining mandatory units
 - a minimum of 100 placement hours.
-

Progression

Upon achievement of this qualification learners may be able to access Higher Education and progress into a wide range of job roles within the health and social care sector in Northern Ireland.

External assessment

For more information on external assessment conditions, please see the Regulations for the Conduct of External Assessments and Qualification Specific Instructions for Delivery on the Policies & Documents page the NCFE website.

Entry guidance

This qualification is designed to provide learners with the knowledge, understanding and skills essential to the health and social care sector within Northern Ireland, and to support progression into Higher Education or the workplace.

Entry is at the discretion of the centre. However, learners should be aged 16 or above to undertake this qualification.

Centres are responsible for checking that learners have already achieved the Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland) qualification prior to requesting certification for this qualification.

Centres are responsible for ensuring that this qualification is appropriate for the age and ability of learners. They need to make sure that learners can fulfil the requirements of the learning outcomes and comply with the relevant literacy, numeracy and health and safety aspects of this qualification.

Placement hours

Learners will be required to attend placement in a real work environment to support their learning. The minimum required number of placement hours is 100 hours.

Achieving this qualification

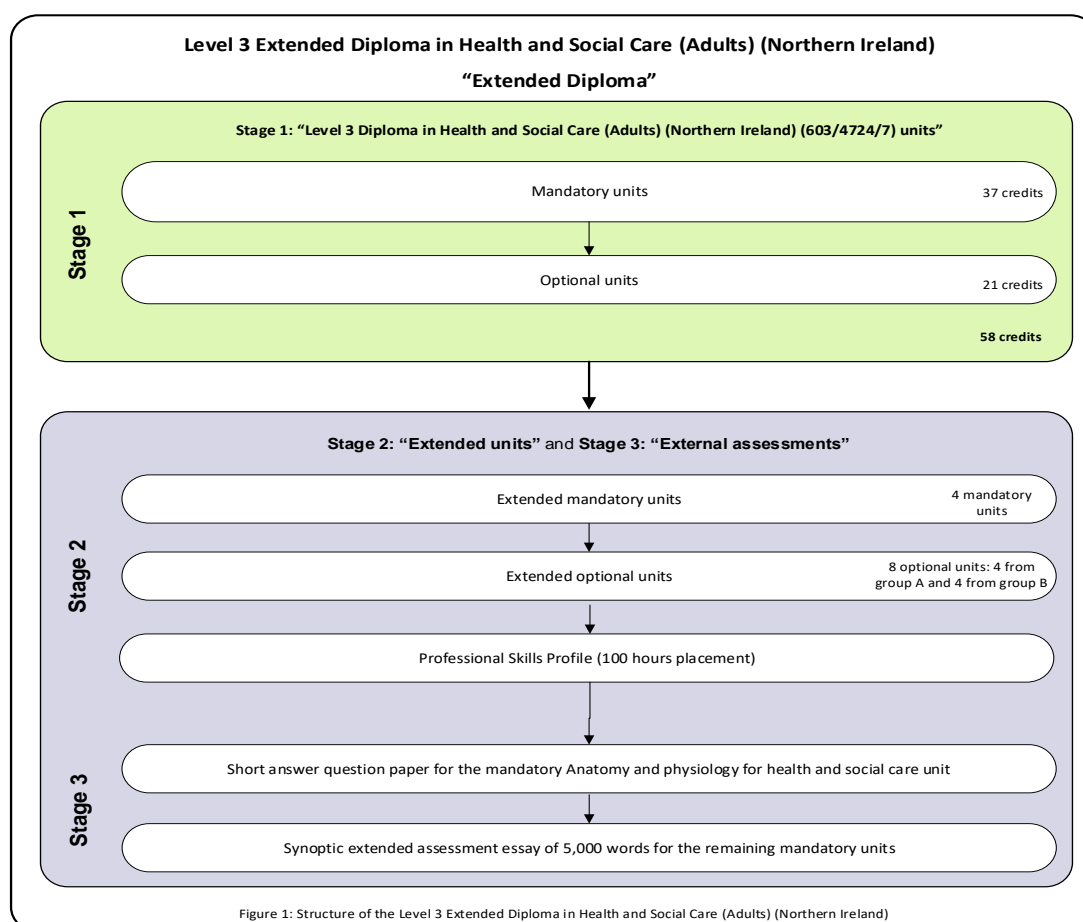
To be awarded the Level 3 Extended Diploma in Health and Social Care (Adults) (Northern Ireland) qualification, learners are required to successfully achieve:

- four mandatory units, four optional units from Optional Group A and four optional units from Optional Group B
- an external assessment short answer question paper for mandatory unit – anatomy and physiology for health and social care – and an external synoptic extended assessment covering the remaining mandatory units
- a minimum of 100 placement hours.

Please note that learners must also achieve the Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland) qualification by successfully demonstrating their achievement of all learning outcomes of the units as detailed in the Qualification Specification on the NCFE website.

To achieve this qualification, learners must successfully demonstrate their achievement of all learning outcomes of the units as detailed in the Qualification Specification.

See diagram below and table over the page of the structure for this qualification.



Stage 1	<p>The Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland) (603/4724/7) units provide a competence-based foundation.</p> <p>Each unit is graded Achieved/Not Yet Achieved and is internally assessed.</p>
Stage 2	<p>The extended diploma mandatory and optional units assess the development of higher level knowledge and understanding.</p> <p>Each unit is graded A*–D.</p> <p>Learners must complete four mandatory units, four optional units from Optional Group A and four optional units from Optional Group B within this qualification.</p> <p>For learners continuing their studies from Stage 1, there is a requirement of 100 placement hours. Any additional placement hours are at the discretion of centres.</p>
Stage 3	<p>The external synoptic extended assessment is an essay of 5,000 words for the selected mandatory units and is graded A*–D.</p> <p>The external short answer question paper for the anatomy and physiology for health and social care mandatory unit is graded A*–N.</p> <p>On achievement of both external assessments, the qualification grade will be A*–D.</p>

This table shows how learners can progress through the two year Extended Diploma programme.

YEAR 1	
Stage 1	<p>NCFE CACHE Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland) (603/4724/7)</p> <p>This is achievable in one academic year. It consists of 58 credits made up from mandatory and optional units</p> <p>On successful completion, learners can exit to employment in the health and social care workforce or progress to Stage 2.</p>
YEAR 2	
Stage 2	<p>NCFE CACHE Level 3 Extended Diploma in Health and Social Care (Adults) (Northern Ireland) (603/5355/7)</p> <p>NB: Learners progressing to Stage 2 must have already achieved the NCFE CACHE Level 3 Diploma in Health and Social Care (Adults) (Northern Ireland) (603/4724/7).</p> <p>Stage 2 requires a further achievement of the mandatory and optional units for the Extended Diploma. Each unit is graded A*–D.</p> <p>For learners continuing their studies from Stage 1, there is a requirement of 100 placement hours. Any additional placement hours are at the discretion of centres.</p>
Stage 3	<p>Stage 3 requires learners to submit one piece of extended writing and sit a short answer question paper, both are externally set and externally marked by NCFE. The two external assessments are each graded A*–D.</p> <p>On achievement of both external assessments, the qualification will be graded A*–D.</p>

Units

To make cross-referencing assessment and quality assurance easier, we've used a sequential numbering system in this document for each unit.

The regulated unit number is indicated in brackets for each unit (eg M/100/7116)



Knowledge only units are indicated by a star. If a unit is not marked with a star, it is a skills unit or contains a mix of knowledge and skills.

Mandatory units

	Unit number	Regulated unit number	Unit title	Level	GLH	Notes
★	Unit 01	K/617/7915	Human growth, development and wellbeing	3	110	
★	Unit 02	J/617/6755	Specialist areas of care practice	3	85	
★	Unit 03	K/507/1437	Empowerment in health and social care	3	53	
★	Unit 04	F/617/6754	Anatomy and physiology for health and social care	3	73	

Section 2

Tutor hints and tips

Unit 01: Human growth, development and wellbeing



Unit number	K/617/7915		Unit level	3
Unit hours	Guided learning:	110	Non-guided learning:	25
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of human growth, development and wellbeing.			

Scope:

- development from conception to birth
- human growth and development across the lifespan
- theories of human growth and development
- models of health and wellbeing
- health promotion within public health.

Tutor hints, tips and teaching aids

Development from conception to birth

Begin this unit by showing a video to introduce the development of a baby from conception to birth. Following viewing, explore content through leading a group discussion. Highlight key words, stages and concepts to direct independent reading. Learners could be asked to produce a written account to summarise their learning. They may choose to illustrate their summary.

The potential effects on development of pre-conception experiences, pre-birth experiences and birth experiences can then be introduced through small group work, where outcomes are shared through the creation and dissemination of a factsheet.

Resource to support delivery – PregnancyVue is the first virtual reality (VR) app developed to support the delivery of our Early Years, Childcare and Health and Social Care qualifications. It has been designed in consultation with learners, Tutors and subject specialists. Our app offers a fully immersive 3D learning experience. You see and experience foetal development from conception to birth from a viewpoint inside the womb. A guiding audio helps you understand the factors impacting on the development of the baby during pre-conception and at each stage of pregnancy.

Human growth and development across the lifespan

Each area of development (social, emotional, cognitive and physical) through the life stages may now be explored holistically. Learners could consider developments and key milestones that typically occur during infancy, childhood, adolescence, early, middle and late adulthood. In groups learners could look at different life stages and produce a presentation to share findings.

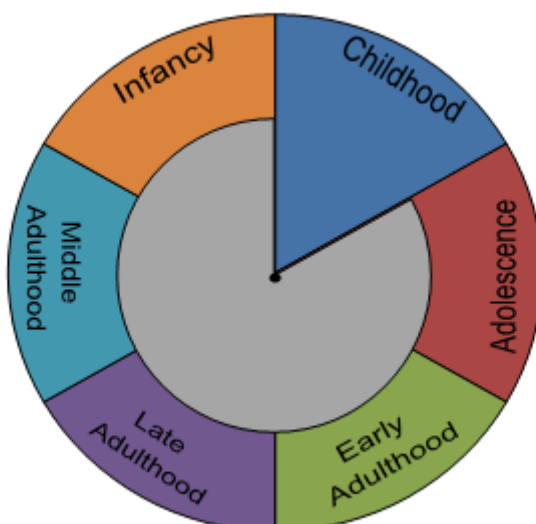
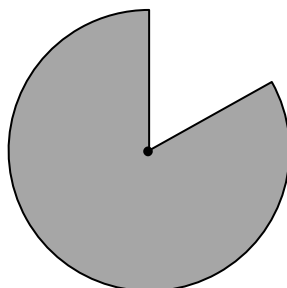
Alternatively, this could be achieved creatively through the production of a development wheel and associate display. The development wheel will identify and explore the key life stages and developments within. It can also be used as a reference point to inform several activities.

The development wheel

1. To produce the development wheel, an inner and outer circle template is required (see over the page).
2. Divide the outer circle into 6 equal segments, each being representative of a life stage including infancy, childhood, adolescence, early adulthood, middle adulthood and late adulthood.
3. Cut a segment out of the inner circle. The segment size must be the same as the individual segments in the outer circle.
4. Divide the learners into 6 groups and assign each group a life stage to research.
5. Ask the learners to illustrate the assigned segment to show developments within the associated life stage. Learners may select pictures from magazines or online resources.
6. Fix the outer circle to the wall.
7. Secure the inner circle to the outer circle. Movement must be enabled.

The wheel can now be spun to direct further activities. For example, the wheel can be spun in order to prompt a group discussion or activity around a particular life stage.

The development wheel



As further activities are undertaken, learners will add to the development wheel, if produced, and surrounding display to comprehensively detail and summarise outcomes. Learning can be revisited and reinforced with the development wheel acting as a focus point.

Throughout, ensure the ways individuals develop holistically through the interdependency of each area is reinforced.

Introducing theoretical perspectives

Learners can now review factors which impact development. Introduce the concepts of 'nature' and 'nurture'. Facilitate a nature/nurture debate. Each side of the debate should be directed or led by a Tutor/Teaching Assistant to maximise outcomes. Following the debate, lead a group discussion to explore themes and enable learners to come to independent conclusions in response to evidence presented; for example, are we more influenced by nature or by nurture? Learners should be encouraged to share their conclusions and provide a rationale for any decision-making.

The debate can be built upon through case studies, further exploring a range of factors which may impact development and the reasons for recognising and responding to concerns. Divide learners into groups and allocate a case study. Each group will focus on a different case study. However, create opportunities for all groups to consider each case study prior to sharing feedback. Ensure learning is always related back to human growth and development, and if applicable, that the development wheel and display is revisited. This will result in well-informed activities.

Below are some examples of case studies which may be used:

Case study 1

- Bill, aged 45 years, has spent time in care and prison. He has never had a job or achieved any qualifications although he has a very high IQ.

Case study 2

- Sian, aged 19 years, has Down's syndrome. She works in the local library café and lives with her devoted parents.

Relevant theories could also be introduced through Tutor-led discussion; for example, compare Gesell's Maturation Theory to Bandura's Social Learning Theory. Ask learners once more to reflect on how nature and nurture can impact on our behaviour as individuals.

Theories of human growth and development

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

- cognitive – Piaget, Kohlberg, Vygotsky
- psychosocial – Erikson
- humanist – Maslow
- learning/conditioning – Skinner
- social learning – Bandura
- ecological – Bronfenbrenner.

In small groups, learners can research a theory, create a factsheet and update the display or development wheel to summarise outcomes. Links should be made to consider application of the theories to practice.

Models of health and wellbeing

Learners will now be ready to explore the medical and social models of health and wellbeing. In small groups learners could research the models and their impact on practice, presenting their findings to the whole group. They could then undertake a comparison of the underpinning principles to inform a critique. For example, the medical model focuses on biology, diagnosis, treatment and cure, whereas the social model considers individual experience, social perception, equality, inclusion and participation.

Next, the role of care planning in relation to meeting the needs of individuals and promoting wellbeing can be introduced. Through whole group discussion consider the purposes of care planning and the care planning cycle. Learners could produce a care plan in response to a given scenario. The review process could then be reinforced through role play activities.

Health promotion within public health

Begin this learning outcome through introducing the Public Health Agency to include their role, responsibilities and priorities. Explore the term 'public health' and related policy areas.

A review of healthy lifestyles can then be undertaken. Through Tutor-led discussion, consider the impact of lifestyle choices on health and wellbeing. Learners can then independently research lifestyle publications and health profiles, providing them with an opportunity to explore statistical data in relation to health conditions, lifestyle risk factors, wider determinants of health and health protection.

To focus activities, small group work reviewing healthy life expectancies at birth across geographical areas would enhance understanding, not only of the impact of healthy lifestyles but also the inherent relationship with wider determinants. Affluent areas versus areas of deprivation could be compared for example. Encourage learners to consider the role of local and national government in promoting healthy lifestyles to address public health issues. The benefits to both individuals and society should be reinforced. Learners could create a tabletop display to share their findings.

The reasons for public health campaigns should be considered here. Through Tutor-led discussion, explore current public health issues and associated national campaigns. Independently, learners can research linked local campaigns.

To both consolidate and extend, learners could create, implement and review their own public health campaign in small groups. Learners must provide reasons for their chosen campaign and show how they have approached the campaign through illustrating each stage of development. Implementation can take place at a health event. A year 10 group from a neighbouring school could be invited to attend.

Following this, learners should evaluate their campaign and share outcomes through peer presentations. To summarise the activity, the role of health promotion within public health should be reinforced through Tutor-led discussion.

Through small group work focused by scenarios, learners can explore how a range of practitioners contribute to health promotion in their day-to-day practice. Highlight the importance of using person-centred approaches here.

Examples of scenarios you may use are given below. For each, learners should identify and explain the practitioner(s) role in relation to contributing to health promotion.

Scenarios

- Rhiannon is told she has early signs of gum disease at her 6 month dental check-up
- Amit has just been diagnosed with high blood pressure during a routine health check
- Gary has type 2 diabetes. He has a referral to see a dietician
- Maria has moved to a new area and has registered with a GP. She declares she smokes 20 cigarettes a day during a medical
- Sarah is a social worker. She is worried that Terry, one of the individuals in her care, is overweight.

Each group should feedback their conclusions.

It would be useful for learners to be able to interview a health and social care practitioner to find out more about their role in relation to health promotion. In the same groups, learners could devise 3 questions to ask a considered practitioner, where a nominated member of the group arranges for and conducts the interview. Interviewee's responses should be shared with all. This could be through a presentation.

It would also be helpful to obtain sample job descriptions for a range of practitioner roles, where learners can identify the specific health promotion responsibilities within each.

Practitioner roles such as Nurse, Social Worker and Dentist could be explored alongside a range of public health practitioner roles. This will inform the creation of the job description which should be displayed for future reference. This will conclude the unit.

Unit 02: Specialist areas of care practice



Unit number	J/617/6755		Unit level	3
Unit hours	Guided learning:	85	Non-guided learning:	22
Unit aim	The aim of this unit is to provide the learner with knowledge and understanding of specialist areas of care.			

Scope:

- health and social care provision
- practitioner roles
- specialist care
- care values
- impact of drivers on health and social care provision.

Tutor hints, tips and teaching aids

Health and social care provision

Introduce the unit through a Tutor-led discussion focusing broadly on the health and social care needs of individuals and services accessed in response to need.

Following this, learners should work in small groups to research services across statutory, private and voluntary provision. Service functions and the factors that influence delivery across local and national provision must be explored. The diverse range of practitioner roles in relation to services should also be considered, as should formal versus informal care.

Each group could review a different service. Outcomes should be shared with the whole group where functions that are common across national and local provision are highlighted. An information leaflet could be created to provide a summary. There should be a particular emphasis upon promotion of health and wellbeing, high quality cost-effective provision, continuous improvement, meeting needs and utilising expertise.

To conclude the activity, a group discussion could review further the factors that influence service delivery. Learners would then be prepared to undertake independent research in relation to a specific organisation assigned to them.

Practitioner roles

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

Activity

Ask learners to research a range of job roles. It would be helpful to obtain sample policies, procedures, codes of practice/conduct, job descriptions and person specifications for the roles. In small groups, learners identify work activities, skills, behaviours and attributes of specific health and social care practitioners. Encourage each group to review different practitioner roles.

When undertaking this activity, the range of working relationships could also be explored and partnership working introduced. All groups' feedback findings, and any gaps or omissions, can be considered through Tutor-led discussion.

The following case study could be used to consolidate the roles and responsibilities of health and social care practitioners in context:

Case study 1

- George has recently moved from his own home into a nursing home. This move has become necessary following a fall, as George is now unable to care for himself.

George requires support with dressing, washing and eating, all of which he finds difficult. George often takes his meals in his room, preferring to eat alone. He misses his daughter and his grandchildren. They are unable to visit him as often as they used to, as the nursing home is 12 miles away. George used to be very active and played indoor bowls at the local community centre. However, since his fall he is afraid to join in any of the activities at the nursing home, and is often bored and unhappy. The nursing home is very expensive, and George worries about how he is going to be able to afford the fees if he needs to stay much longer.

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

Specialist care

Turning now to specialist areas of care, facilitate a whole group discussion to explore the range of care conditions requiring specialist care. Learners can independently research a chosen care condition and consider causes, types, signs and symptoms, and treatment options as well as impact upon holistic care and wellbeing. They could produce a resource pack to summarise findings which could be accessed by interested peers.

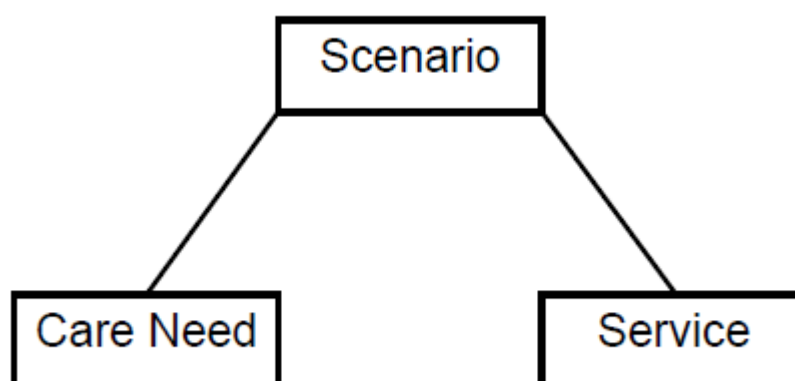
Now in small groups learners can explore the care needs of a range of individuals, where they make links to services likely to be accessed in response to needs. Each group must feedback their findings.

To combine elements of learning as well as explore further care needs use the following activity.

Activity

This activity requires learners to review a set of scenarios to identify individual care needs and how they can be met effectively.

1. Produce cards; some cards will identify a specific care need such as communication, personal care, and some cards will identify health and social care services (ie hospital, residential care home).
2. Produce cards which include various scenarios. For example:
 - George is 72 and has dementia
 - Kayli is 19 and self-harms
 - Sammy is 23 and is struggling to cope with her newborn baby
 - Davy is 53 and is alcohol dependent. He has been told to leave his rented accommodation today.
3. Display the cards, identifying the care needs and health and social care services around the room.
4. Present a learner with a scenario card.
5. Encourage the learner to identify the individual's care needs, as well as services they may access, and attach wool to the associated cards as appropriate.
6. Present a new scenario to a different learner and repeat.
7. Each scenario and associated link will have its own colour of wool.



Facilitate a discussion to analyse outcomes and make links between care needs and services, be sure to cover specialist services in relation to a range of conditions. Also discuss referral protocol as appropriate. To expand upon initial findings and reinforce previous learning, also discuss the roles and responsibilities of the health and social care practitioner to include behaviours, skills and attributes. Learners could then produce a written summary of outcomes illustrated by a picture depicting the individual within the scenario explored.

Care values

Continuing on from this, explore health and social care values. Through Tutor-led discussion, the origin of care values can be established and relationships to legislation and standards be reinforced. The links between care values and the roles and responsibilities of the health and social care practitioner can also be considered, by undertaking a review of the job descriptions again. It would be helpful to distribute individual cards identifying care values which learners could use to focus their review. These individual cards identifying care values should be displayed and referred to throughout the teaching and learning of the qualification, as they are integral to practice.

Case studies or role plays, including empathy activities, are useful tools to explore how individuals accessing health and social care services are valued during daily routines. For example, at mealtimes, when engaging in activities and during personal care.

Videos or media reports will also tailor learning. Following viewing, learners can consider how values have or have not been applied and the impacts of this. Activities focusing on person-centred practice would allow further exploration of care value application. Case studies can be used to review a range of person centred approaches. An exemplar case study is given below.

Case study

Alice is 83 years of age. She lives alone and manages her care independently. Following surgery, Alice has asked for respite care to be arranged 200 miles away so that she can recover close to family members. Alice has been refused respite and is forced to spend a further 2 weeks in hospital. Alice finds this distressing, and her family is unable to take time away from their employment in order to support her. Alice has been suffering from anxiety attacks since returning home. Alice's son has discovered that his mother's request for respite had never been processed.

Discuss

To consolidate learning, present a scenario outlining a typical day of a health and social care practitioner. As a whole group learners can discuss how the health and social care practitioner must work to ensure a person-centred approach, providing a clear rationale for their reasoning. To summarise outcomes, learners may choose to produce a display illustrating the day. Alternatively, learners may wish to devise a care plan for an individual from a description shared.

Impact of drivers on health and social care provision

Learners need to understand that the context of health and social care is changing in response to current drivers shaping provision. Through Tutor-led discussion introduce a range of drivers.

Use activities to enable learners to understand the range of drivers and outcomes. For example, demographics could be explored through the following:

Activity

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

1. Describe the demographics of the city.
2. What services does the community need?

3. Who is likely to access the health and social care services?

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

As an extension, approaches to health promotion as well as mortality and morbidity rates could be further explored. Areas of deprivation as identified by region in government statistical data could be used as case studies to explore equality, health related issues, service provision and policy.

To conclude the unit, independently, learners could be tasked to research a particular driver and its impact upon provision. They should collate their findings and share through presenting to peers.

Unit 03: Empowerment in health and social care



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

Scope:

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

Tutor hints, tips and teaching aids

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

Activity

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

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

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

Case study

Tomas is 20 years old. He lives in a residential home with 4 other young adults. Tomas and his housemates have learning difficulties. Freeda works as a support worker at the house. Freeda has a responsibility to follow the care plans for Tomas and his housemates. However, Freeda does not always follow Tomas' care plan, as she has assumed that he does not understand what he is entitled to.

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

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

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

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

Activity

Read the scenario:

Hollie is 25 years old and has mental health problems. Last year she moved into a supported housing project with the aim of developing life skills for independent living. Hollie has made excellent progress to date. She has made new friends, works as a volunteer at the local charity shop and attends college on a part-time basis. In light of her progress, plans are being developed to support transition to her own flat. Hollie is delighted.

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

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

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

Unit 04: Anatomy and physiology for health and social care



Unit number	F/617/6754		Unit level	3
Unit hours	Guided learning:	73	Non-guided learning:	21
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of anatomy and physiology of the human body. The unit also provides the learner with knowledge and understanding of physiological disorders of the organ systems.			

Sequential planning/learning

It is recommended to teach anatomy and physiology in a specific and prescribed way. By doing this, one organ system of the human body will lead seamlessly into the next so that knowledge can progress in a sequential and logical manner.

Learning outcome 1 – Understand the structure and functions of the organ systems of the human body

The 11 organ systems of the body are required to be taught in full, and for each organ system it is recommended that teaching covers the structure and functions of each of the systems (see assessment criteria 1.1 and 1.2 in the mandatory teaching content within the Qualification Specification).

Learning outcome 2 – Understand homeostasis in the human body

This learning outcome does not need to be taught separately, it can be incorporated into each organ system where relevant. This enables sequential learning and enables students to make sense of the homeostatic processes. For example:

- thermoregulation – can be included in the integumentary system
- osmoregulation – can be included in the excretory system
- glucoregulation – can be included in the endocrine system
- blood pressure – when discussing the brain and cardiovascular system.

Learning outcome 3 – Understand signs and symptoms of physiological disorders that affect organ systems

This learning outcome could be delivered separately as a research project. Students could produce a piece of coursework where they research and write about physiological disorders of each body system, and the impact to the individual's wellbeing.

Please note not all disorders are easily diagnosed or noticed, most physiological disorders develop over time or may be caused by genetics, such as asthma.

This learning outcome could be delivered after learning outcome 4, so that an understanding of how to obtain, record and report physiological measurements and factors which may affect changes in

physiological measurements, is covered before understanding signs and symptoms of physiological disorders that affect organ systems.

Learning outcome 4 – Understand how to obtain, record and report physiological measurements and factors which may affect changes in physiological measurements

As with learning outcome 2, this learning outcome can also be included with the appropriate organ systems as they are being taught.

This learning outcome could be delivered before learning outcome 3, so that an understanding of how to obtain, record and report physiological measurements and factors which may affect changes in physiological measurements, is covered before understanding signs and symptoms of physiological disorders that affect organ systems.

The cardiovascular and respiratory systems can be used to understand how a student can obtain, record and report physiological measurements:

- temperature
- blood pressure
- pulse
- respiratory rate
- oxygen saturation.

Teaching aids

It is important to ensure teaching aids are delivered in line with the mandatory teaching content for this unit found within the Qualification Specification.

Each organ system may be accompanied by a workbook containing different types of exercises, for example, the NCFE workbook and quiz for the skeletal system, which can be found on the NCFE website, can be used as a formative assessment tool.

Teaching aids may include:

- labelling exercises
- activities to fill in missing key words
- virtual learning via websites (see useful website links table which includes Cells Alive, Inner Body, Quizlet and Anatomy Arcade)
- questions requiring a descriptive response.

Teachers may also create quizzes, such as 'Who Wants to be a Millionaire' to embed learning. Workbook activities can be filled in during class and also kept as a revision tool. Anatomical skeleton models can also be used as a learning resource.

Videos and animations:

It is important to ensure videos and animations are delivered in line with the mandatory teaching content for this unit found within the Qualification Specification.

Animations are useful tools when studying anatomy and physiology, especially when delivering topics such as the heart, and online lectures which can be found on YouTube, such as Gunther Von Hagen's beginner anatomy lessons.

Videos and animations are particularly valuable for visual learners and can help to illustrate any topics that are difficult to explain.

Case studies

It is important to ensure case studies are delivered in line with the mandatory teaching content for this unit found within the Qualification Specification.

Case studies may be used when looking at factors which may affect changes in physiological measurements (see assessment criteria 4.2), for example an individual who has a healthy heart in comparison to an unhealthy heart when looking at the pulse rate.

Classroom tests

It is important to ensure classroom tests are delivered in line with the mandatory teaching content for this unit found within the Qualification Specification.

It is recommended at the end of each body system to assess students learning with a quiz, and a slightly longer quiz, for every 4 body systems completed. This can be in the format of a multiple choice question paper. The benefits are retrieval practice and to identify gaps in learning. This can be included in class time as a starter activity, as an example so as to not overwhelm students.

Employer engagement and enrichment

Opportunities for employer engagement to support delivery of this unit, in line with the mandatory teaching content found within the Qualification Specification, could come from guest speakers; for example, nurses, medical scientists, physical therapists, physicians and dieticians.

Enrichment activities to support learning could include visits to museums that have a focus around anatomy/physiology.

Relevant wider reading and useful website links (website links accessible at time of publication)

These links are provided as sources of potentially useful information for delivery/learning of this unit. NCFE do not explicitly endorse any learning resources available on these websites. For official NCFE endorsed learning resources please see the Additional Materials and Teaching Materials sections on the NCFE website.

Anatomy Arcade – www.anatomyarcade.com
Anatomy Glossary – www.cliffsnotes.com/test-prep/high-school/tools-and-resources/anatomy--physiology-glossary
Cells Alive – www.cellsalive.com
GCSE Bitesize – www.bbc.co.uk/bitesize/topics/zxq7j6f
Heart Blood Flow Video – youtu.be/JA0Wb3gc4mE
Inner Body – www.innerbody.com
Net Doctor – www.netdoctor.co.uk
Teach me Anatomy – www.teachmeanatomy.com
Who Wants to be a Millionaire template – www.superteachertools.us/millionaire/
British Heart Foundation – www.bhf.org.uk
British Heart Foundation (case studies) – www.bhf.org.uk/for-professionals/healthcare-professionals/data-and-statistics/international-cardiovascular-disease-case-studies
British Heart Foundation (how a heart works) – www.bhf.org.uk/information-support/how-a-healthy-heart-works
Wisc-Online – www.wisc-online.com
Quizlet – quizlet.com/en-gb
Anatomy & Physiology – Crash Course – www.thecrashcourse.com/courses/anatomy

Section 3

Assessment and quality assurance information

Recommended assessment methods

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

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

Each learner must generate evidence from appropriate assessment tasks which demonstrate achievement of all the learning outcomes associated with each unit. Grades are awarded for each unit.

Please refer to the notes relating to expert witness testimony and simulation which follow this table.

Ref	Assessment Method	Assessing Competence/ Skills	Assessing Knowledge/ Understanding
A	Direct observation of learner by Assessor <ul style="list-style-type: none"> by an Assessor who meets the relevant Sector Skills Council's or other assessment strategy/principles and includes inference of knowledge from this direct observation of practice 	Yes	Yes
B	Professional discussion	Yes	Yes
C	Expert witness testimony* <ul style="list-style-type: none"> when directed by the Sector Skills Council or other assessment strategy/principles 	Yes	Yes
D	Learner's own work products	Yes	Yes
E	Learner log or reflective diary	Yes	Yes
F	Activity plan or planned activity	Yes	Yes
G	Observation of children, young people or adults by the learner	Yes	Yes
H	Portfolio of evidence <ul style="list-style-type: none"> may include simulation** 	Yes	Yes
I	Recognition of prior learning	Yes	Yes
J	Reflection on own practice in real work environment	Yes	Yes

K	Written and pictorial information	No	Yes
L	Scenario or case study	No	Yes
M	Task set by NCFE (for knowledge learning outcomes)	No	Yes
N	Oral questions and answers	Yes	Yes
<p>* Expert witness testimony should be used in line with the relevant assessment strategy/principles. This method must be used with professional discretion, and only selected when observation would not be appropriate. Those providing an expert witness testimony must be lead practitioners with experience of making judgements around competence. The circumstances that may allow for an expert witness testimony include:</p> <ul style="list-style-type: none"> • when assessment may cause distress to an individual, such as supporting a child with a specific need • a rarely occurring situation, such as dealing with an accident or illness • confidential situations – such as safeguarding strategy meetings – where it would be inappropriate for an Assessor to observe the learner's performance. <p>** Simulation. A learner's portfolio of evidence may only include simulation of skills where simulation is permitted by the relevant assessment strategy/principles.</p>			

Level 3 Extended Diploma in Health and Social Care assessment strategy

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

Knowledge learning outcomes

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

Competence/Skills learning outcomes

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

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

Section 4

Additional information

Additional information

Resource requirements

This document must be used alongside the Qualification Specification and Support Handbook.

There are no mandatory resource requirements for this qualification, but centres must ensure learners have access to suitable resources to enable them to cover all the appropriate learning outcomes.

You will find templates for the forms listed below in the Qualification Specification which we have devised for your convenience; however, you may design your own forms which comply with the content of the templates.

- Record of Assessment Cycle
- Unit Submission Form

We have also provided notes to guide you when completing the Record of Assessment Cycle form. Learners must submit each unit for marking with the assessment of learning and the unit submission form.

If you need any advice on how to use any of these documents, please contact your EQA or speak to the External Quality Assurance team.

Learning resources

We offer a wide range of learning resources and materials to support the delivery of our qualifications. Please check the Qualifications page on the NCFE website for more information and to see what is available for this qualification.

Useful websites

Centres may find the following websites helpful for information, materials and resources to assist with the delivery of this qualification:

Organisation	Website
Acas	www.acas.org.uk
Action on Elder Abuse	www.elderabuse.org.uk
Action on Hearing Loss	www.actiononhearingloss.org.uk
Age UK	www.ageuk.org.uk
Alzheimer's Society	www.alzheimers.org.uk
Ann Craft Trust	www.anncrafttrust.org
Ascert	www.ascert.biz
Aware	www.aware-ni.org
BHSCT – Belfast Health and Social Care Trust	www.belfasttrust.hscni.net
British Sign Language	www.british-sign.co.uk
CareKnowledge	www.careknowledge.com
Care Quality Commission	www.cqc.org.uk
Carers UK	www.carersuk.org
Centers for Disease Control and Prevention	www.cdc.gov
Children and Young People Now	www.cypnow.co.uk
Children and Young People's Strategic Partnership	www.cypsp.org
Citizens Advice	www.citizensadvice.org.uk
Community Care	www.communitycare.co.uk
Cruse Bereavement Care	www.cruse.org.uk
Dementia UK	www.dementiauk.org
Department of Health and Social Care	www.dh.gov.uk
Disabled Living Foundation	www.dlf.org.uk
Equality and Human Rights Commission	www.equalityhumanrights.com
Families Leading Planning UK	www.familiesleadingplanning.co.uk
Family Support NI	www.familysupportni.gov.uk
Foundation for People with Learning Disabilities	www.learningdisabilities.org.uk
General Medical Council	www.gmc-uk.org
GOV.UK	www.gov.uk
Health and Safety Executive	www.hse.gov.uk
Health Education England	hee.nhs.uk
In Control	www.in-control.org.uk
Mencap	www.mencap.org.uk

Organisation	Website
Mind	www.mind.org.uk
National Careers Service	nationalcareersservice.direct.gov.uk
National Children's Bureau	www.ncb.org.uk
National Health Service	www.nhs.uk
National Institute for Health and Care Excellence	www.nice.org.uk
National Society for the Prevention of Cruelty to Children	www.nspcc.org.uk
Northern Ireland Social Care Council	www.niscc.info
Northern Ireland Public Health Agency	www.publichealth.hscni.net
Nursing and Midwifery Council	www.nmc-uk.org
Nursing Times	www.nursingtimes.net
Office for National Statistics	www.ons.gov.uk
Office for Standards in Education, Children's Services and Schools	www.gov.uk/government/organisations/ofsted
Patient	www.patient.info
Public Health England	www.gov.uk/government/organisations/public-health-england
Respond	www.respond.org.uk
Rethink Mental Illness	www.rethink.org
Royal College of Nursing	www.rcn.org.uk
Royal National Institute of Blind People	www.rnib.org.uk
Safeguarding Board for Northern Ireland	www.safeguardingni.org
Skills for Care	www.skillsforcare.org.uk
Skills for Health	www.skillsforhealth.org.uk
Skills for Justice	www.sfjuk.com
Social Care Information and Learning Services	www.scils.co.uk
Social Care Institute for Excellence	www.scie.org.uk
Stress Management Society	www.stress.org.uk
The Fostering Network	www.fostering.net
The Guardian	www.theguardian.com
The Makaton Charity	www.makaton.org
The Royal Society for Public Health	www.rsph.org.uk/
The Tavistock and Portman NHS Foundation Trust	tavistockandportman.nhs.uk/contact/
World Health Organization	www.who.int

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