



**Health & Social Care**

**Revision Guidance**

**Units 1 & 2**

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**Course Details:**

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| **Title** | **Size and structure** | **Summary purpose** |
| **Pearson BTEC Level 3**  **National Extended**  **Certificate in Health and**  **Social Care** | 360 GLH  Equivalent in size to one A Level.  4 units of which 3 are mandatory and 2 are external.  Mandatory content (83%).  Optional content (17%) | A broad basis of study for the health and social care sector.  This qualification is designed to support progression to higher education when taken as part of a programme of study that includes other appropriate BTEC Nationals or A Levels. |

The health & social care course you are studying is with **Pearson** and the qualification is made up of four different units:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pearson BTEC Level 3 National Extended Certificate in Health & Social Care | | | | | |
| Unit | Unit Title | GLH | Type | How Assessed | **Worth** |
| 1 | Human Lifespan Development | 90 | Mandatory | External Exam | 25% of your final grade |
| 2 | Working in Health & Social Care | 120 | Mandatory | External Exam | 33% of your final grade |
| 5 | Meeting Individual Care and Support Needs | 90 | Mandatory | Internal coursework | 25% of your final grade |
| 14 | Physiological Disorders and their Care | 60 | Optional | Internal  coursework | 17% of your final grade |

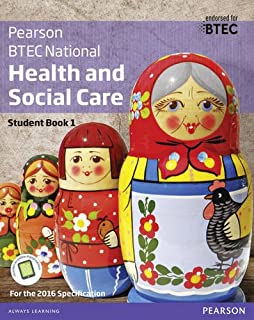
In year 12 - Unit:1 & Unit:5 will be completed.

In year 13 - Unit:2 & Unit 14 will be completed.

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| --- | --- | --- | --- | --- |
| **Paper Title** | **Length/ Time** | **Marks** | **Worth** | **Date** |
| **Unit 1** – Human Lifespan Development | 1.5 hours | 90 | 25% of your final grade | **Fri 8th Jan 2021** |
| **Unit 2** – Working in Health & Social Care | 1.5 hours | 80 | 33% of your final grade | **Mon 11th Jan 2021** |

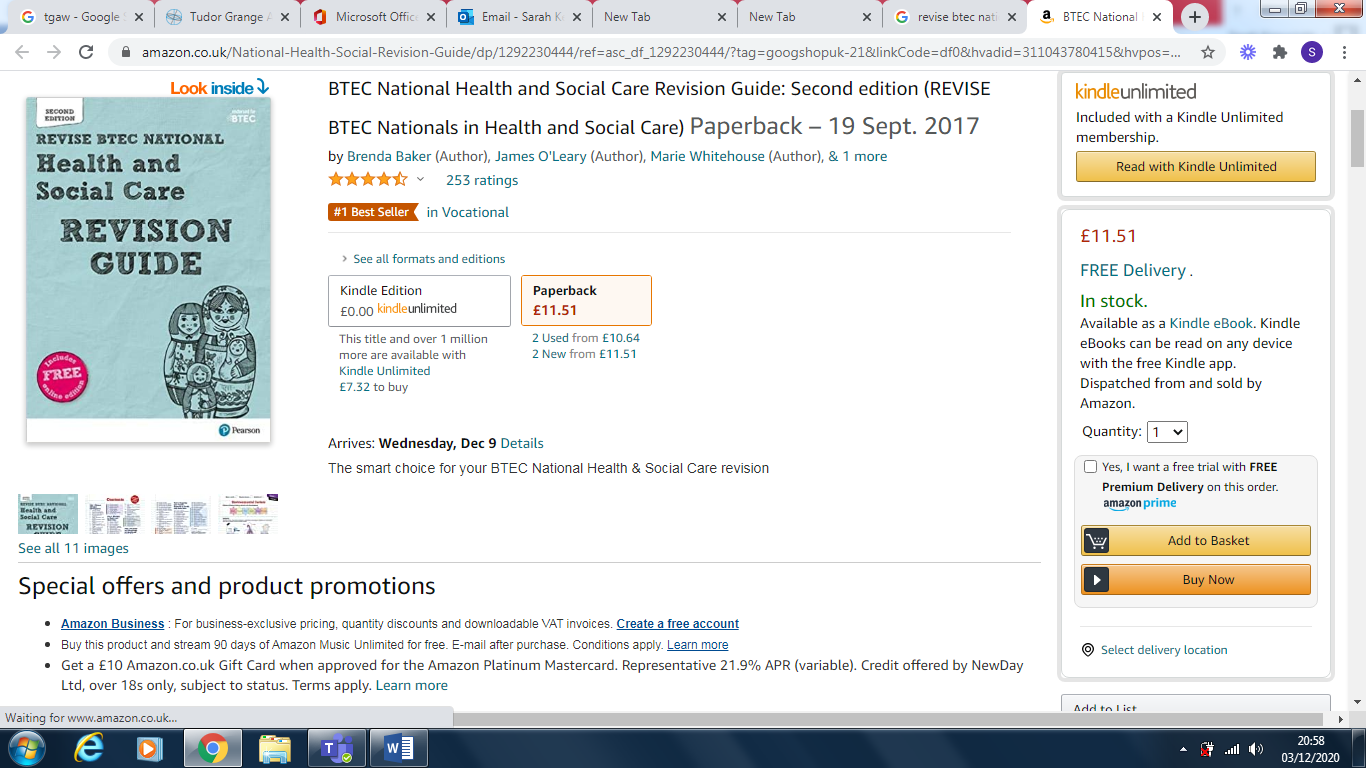
**Exam Dates**

**Textbooks and Revision Guides.**

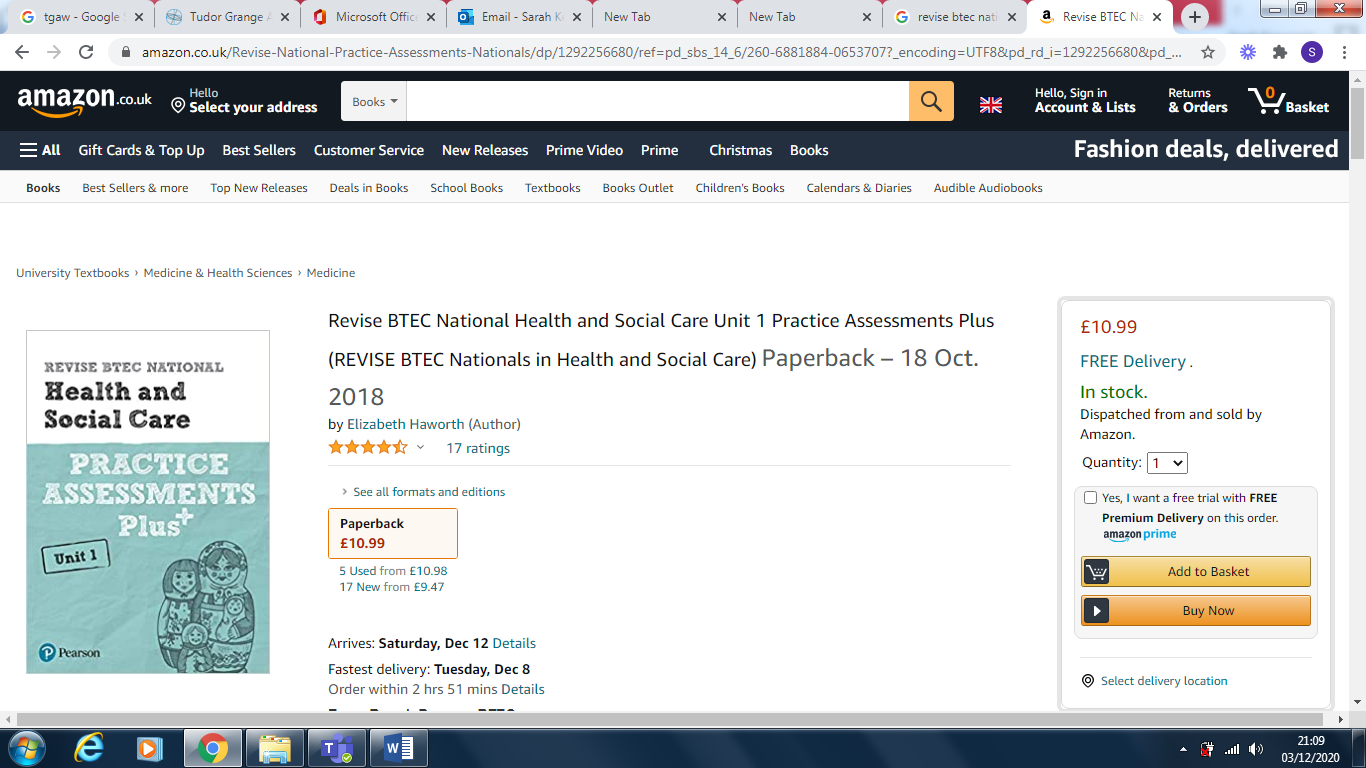
To support your revision you may wishto buy your own textbook. You are advised to buy the following textbook:

* **BTEC National Health and Social Care Student Book 1: For the 2016 specifications (BTEC Nationals Health and Social Care 2016)**by [Marilyn Billingham](https://www.amazon.co.uk/s/ref=dp_byline_sr_book_1?ie=UTF8&field-author=Marilyn+Billingham&text=Marilyn+Billingham&sort=relevancerank&search-alias=books-uk)  et al.
* **Publisher:** Pearson Education (24 Jun. 2016)
* **Language:** English
* **ISBN-13:** 978-1292126012

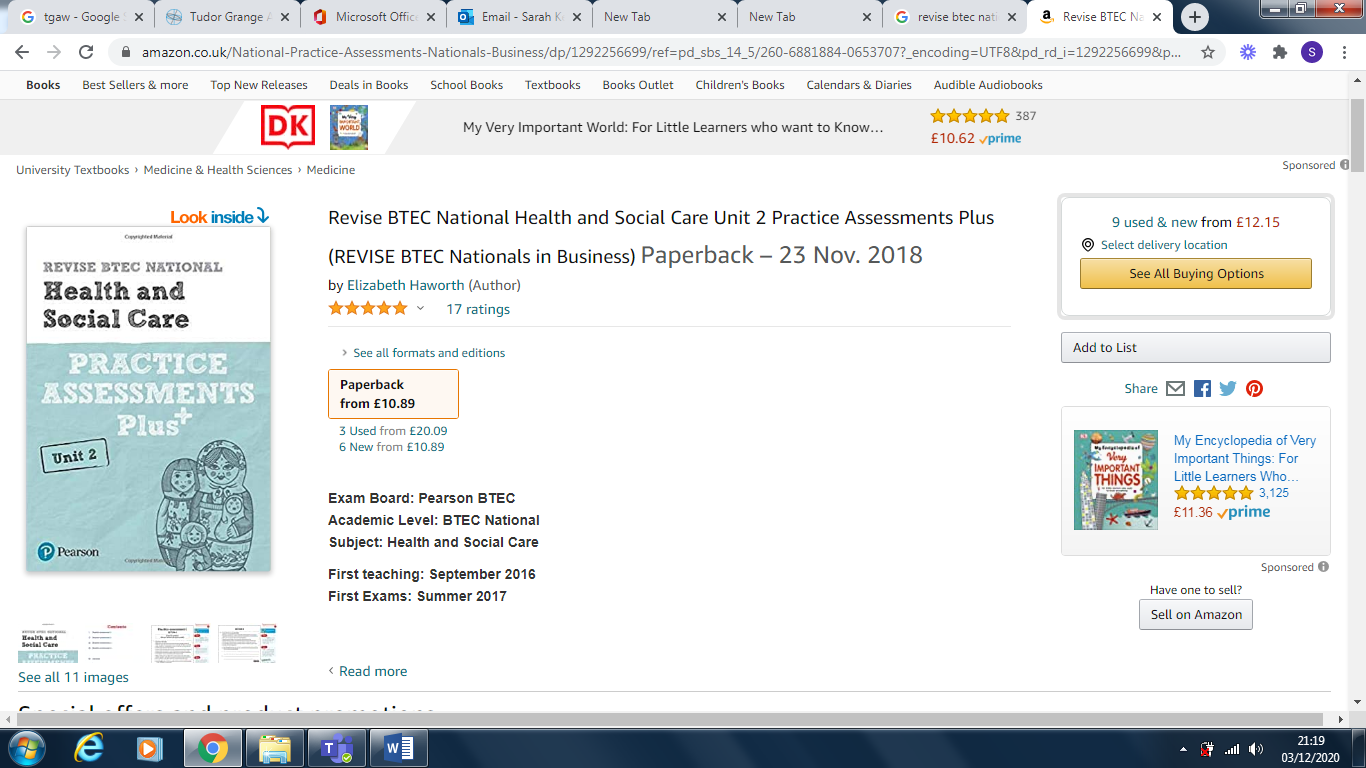
**Suggested Revision Guides:**



* **Revise BTEC National Health and Social Care Revision Guide** by Brenda Baker et al
* **Publisher :** Pearson Education; 2nd edition (19 Sept. 2017)
* **Language:**  English
* **ISBN-13 :** 978-1292230443



* **Revise BTEC National Health and Social Care Practice Assessment Plus+ Unit 1** by Elizabeth Haworth
* **Publisher :** Pearson Education; 1st edition (18 Oct. 2018)
* **Language:**  English
* **ISBN-13 :** 978-1292256689



* **Revise BTEC National Health and Social Care Practice Assessment Plus+ Unit 2** by Elizabeth Haworth
* **Publisher :** Pearson Education; 1st edition (23 Nov. 2018)
* **Language:**  English
* **ISBN-13 :** 978-1292256696

**Keep Calm and Carry On….**

Exams can be very stressful and can cause people anxiety so it is really important to look after yourself during this time. Due to this people can become unfocused. Being organised is one of the best ways of managing this but it isn’t the only strategy you can use. Follow the advice below to help yourself manage your revision without becoming too overwhelmed.

1. **Keeping up Motivation:**

It is really important that you maintain motivation between now and the exams. Some people do find this really challenging but you can use different techniques to help you with this. For example plan in rewards to yourself when you achieve particular targets such “I won’t watch my favourite program until I can remember what Bandura did”. You could always begin with a topic you find really interesting to get you started and make sure you have a routine. This will keep you focused more.

1. **Concentration:**

Most students say that concentration is an issue. We often find it difficult to concentrate because we either get bored, anxious about things or we day-dream. What we need to do is remove these issues but this can be difficult. Having planned revision and revising in blocks will help you but you also need be very strict with yourself about maintaining your concentration.

1. **Organising your Space:**

It is really important that you have a place where you can revise in peace. Spending time organising this space so that it free from distractions and has all the resources you need is very important. Make sure that you don’t have your mobile phone near you or other distractions such as laptops and tablets. Having a designated work place will also help you mentally as you will get into the mindset that this is where you work. It is really advisable that you don’t work on your bed as well as this can give you conflicting messages as your bed is usually somewhere you relax.

1. **Sleep:**

This then brings us to sleep. It is really important that you are getting enough sleep whilst you are revising so don’t start staying up all night trying to revise! It is important to have a regular bed time as this will also help you get up in the morning to carry on revision. Also making sure you “switch off” before going to bed can help you to sleep better. For example, don’t revise right up to going to bed. Stop at least one hour before. In this time do something you find relaxing. This might be having a bath or doing exercise (something else that helps with revision). Whatever it is make sure you also give yourself some me time.

**Remember though revision is key to success in the summer make sure you are not over doing it as this too will impact on the success of your revision.**

For further information about coping with exams please see - <http://www.ucl.ac.uk/support-pages/information/coping-with-exams> - which was used to complete this page.

**How to Structure Revision**

Revise in **3 blocks of 20 – 30 minutes** when you go over your revision tools. There are many ways in which to do this now. Below are some examples.

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| **Example One:**  **Block 1** – Revise one aspect of a topic    **BREAK**  **Block 2** – Plan answer to an exam question on that topic  **BREAK**    **Block 3** – Write answer in timed conditions |  | **Example Two:**  **Block 1** – Revise one aspect of a topic  **BREAK**  **Block 2** – Re-create a revision tool for that aspect of the topic  **BREAK**  **Block 3** – Compare the resources, what did you miss? Add this onto your new resource in a different colour. |

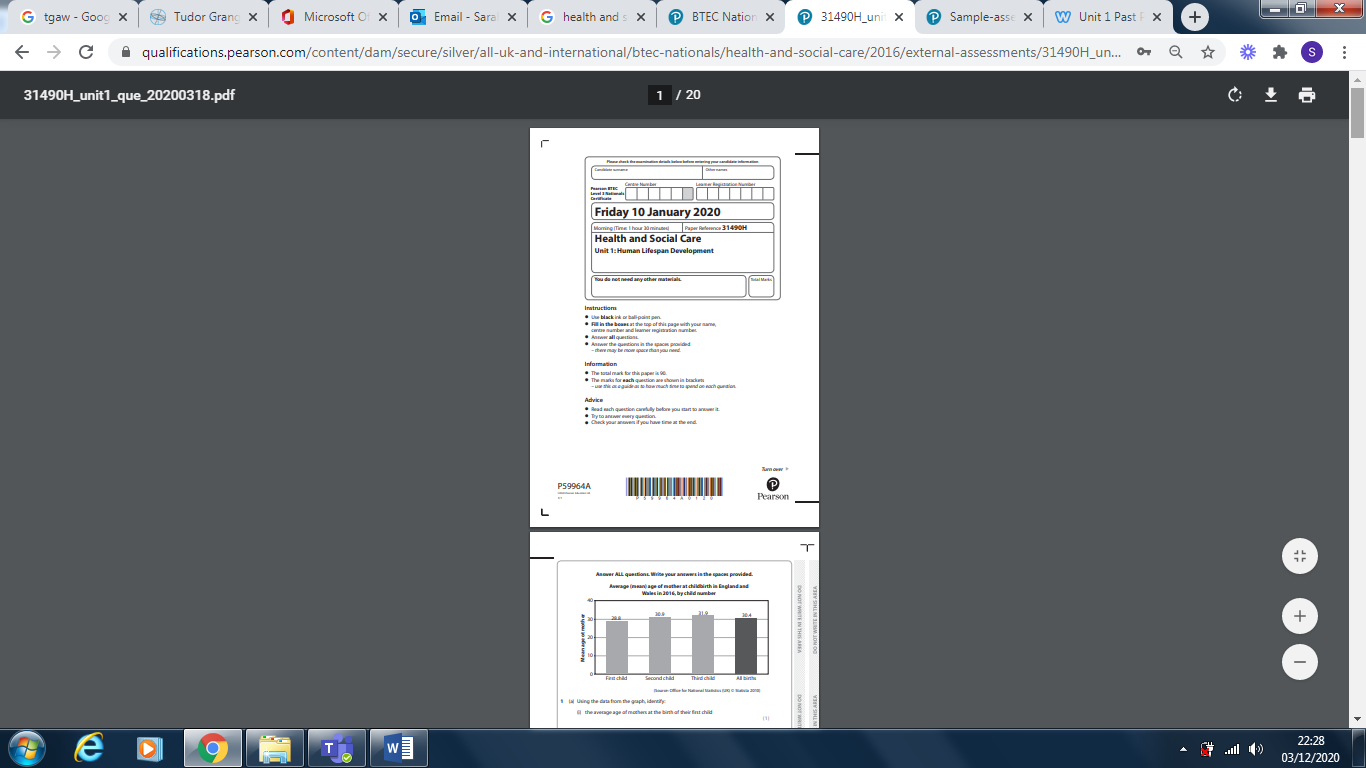
During the school holidays and the run up to your actual exams only revise for two sessions a day so you don’t over load yourself. For example this means you may revise like this:

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|  | **MORNING SESSION** | **AFTERNOON SESSION** | **EVENING SESSION** |
| **Monday** | Health & Social Care:  9am to 10:30am –  3 blocks of 20 mins with 10 mins breaks  11am to 12:30pm –  3 blocks of 20 mins with 10 mins breaks | Another Subject:  1:30pm to 3pm –  3 blocks of 20 mins with 10 mins breaks  3:30pm to 5pm –  3 blocks of 20 mins with 10 mins break | No revision |
| **Tuesday** | Another Subject:  9am to 10:30am – 3 blocks of 20 mins with 10 mins breaks  11am to 12:30pm – 3 blocks of 20 mins with 10 mins breaks | No revision | Health & Social Care:  4:30 pm to 5pm –  3 blocks of 20 mins with 10 mins breaks  5:30pm to 7pm -  3 blocks of 20 mins with 10 mins breaks |

**Note:**

**Also make sure that you’re not revising every day and that you take time out to enjoy being with friends & family.**

**Exam Paper for Unit 1** – Human Lifespan Development



**Instructions**

• Use black ink or ball-point pen.

• Fill in the boxes at the top of this page with your name, centre number and learner registration number.

• Answer **all** questions.

• Answer the questions in the spaces provided – *there may be more space than you need.*

**Information**

• The total mark for this paper is 90.

• The marks for **each** question are shown in brackets – *use this as a guide as to how much time to spend on each question.*

**Advice**

• Read each question carefully before you start to answer it.

• Try to answer every question

• Check your answers if you have time at the end.

**Assessment Outcomes**

**1)** Demonstrate knowledge of physical, intellectual, emotional and social development across the

human lifespan, factors affecting human growth and development and effects of ageing

**Command words:** describe, discuss, evaluate, identify, justify, to what extent

**Marks:** ranges from 3 to 6 marks

**2)** Demonstrate understanding of physical, intellectual, emotional and social development across

the human lifespan, factors affecting human growth and development and effects of ageing

**Command words:** describe, discuss, evaluate, explain, justify, outline, to what extent, which

**Marks:** ranges from 1 to 6 marks

**3)** Analyse and evaluate information related to human development theories/models and factors

affecting human growth and development

**Command words**: evaluate

**Marks:** 10 marks

**4)** Make connections between theories/models in relation to human development, factors

affecting human growth and development and effects of ageing

**Command words:** discuss, evaluate, justify, to what extent

**Marks:** ranges from 10 to 12 marks

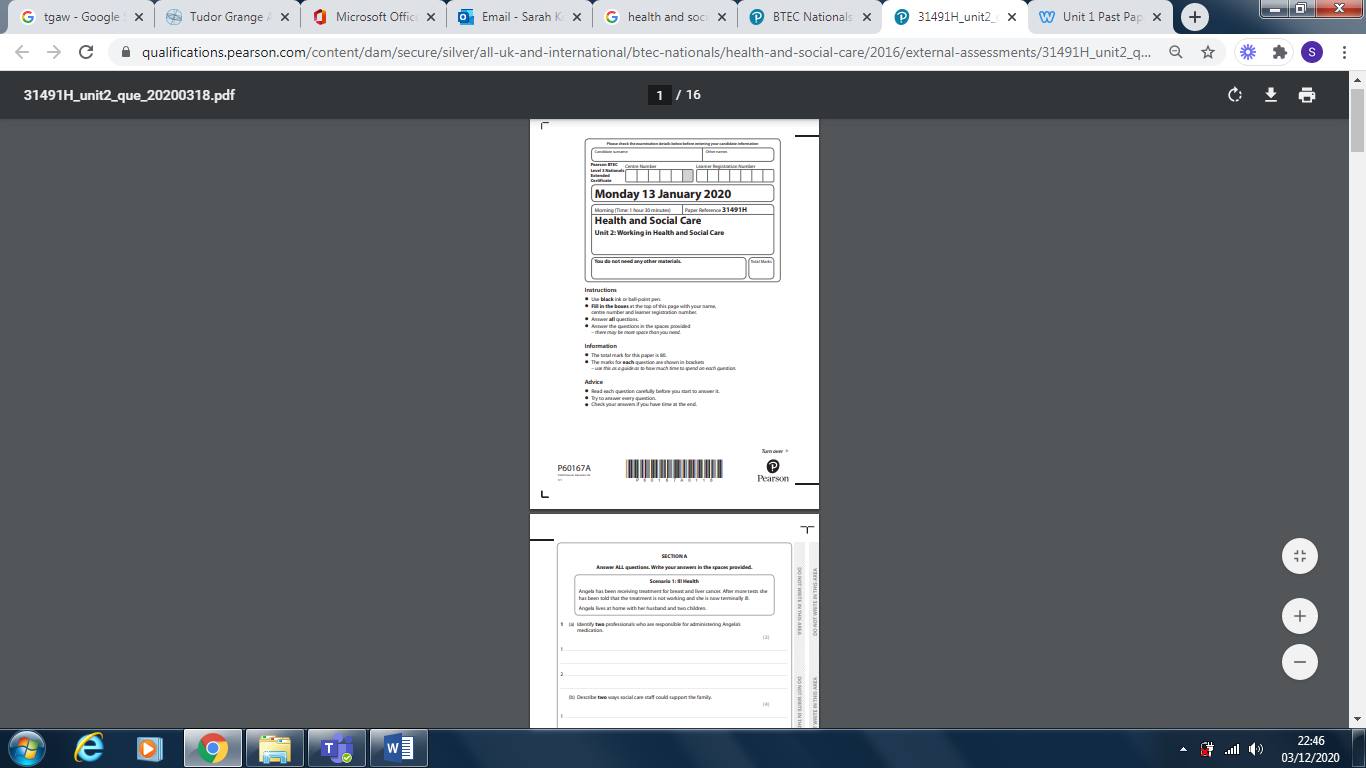
**What do I need to revise for Unit 1?**

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| **Learning Aim A** | **Human growth and development through the life stages** |
| **Topic** | **Content** |
| 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 o 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 * 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. |
| 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. |
| Emotional development across the life stages | • Attachment to care-giver 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. |
| 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, starting a family. |

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| **Learning Aim B** | **Factors affecting human growth and development** |
| **Topic** | **Content** |
| The nature/nurture debate related to factors | • 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. |
| Genetic factors that affect development | • Genetic predispositions 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. |
| 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. |
| 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. |
| Economic factors that affect development | • Income and expenditure.  • Employment status.  • Education.  • Lifestyle. |
| Major life events that affect development | • Predictable events:   * these are events that 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 are events that 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 o changing employment * leaving home o promotion or redundancy * 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. |

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| **Learning Aim C** | **Effects of ageing** |
| **Topic** | **Content** |
| 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. |
| 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. |
| The societal effects of an ageing population | • Health and social care provision for the aged.  • Economic effects of an ageing population. |

**Exam Paper for Unit 2 –** Working in Health and Social Care



**Instructions**

• Use black ink or ball-point pen.

• Fill in the boxes at the top of this page with your name, centre number and learner registration number.

• Answer **all** questions.

• Answer the questions in the spaces provided – *there may be more space than you need.*

**Information**

• The total mark for this paper is 80.

• The marks for **each** question are shown in brackets – *use this as a guide as to how much time to spend on each question.*

**Advice**

• Read each question carefully before you start to answer it.

• Try to answer every question

• Check your answers if you have time at the end.

**Assessment Outcomes:**

**1)** Demonstrate knowledge of service user needs, roles and responsibilities of workers,

and working practices within the health and social care sector

**Command words:** identify

**Marks:** 2 marks

**2)** Demonstrate understanding of service user needs, roles and responsibilities of workers,

working practices and procedures in the health and social care sector

**Command words:** describe

**Marks:** 4 marks

**3)** Analyse and evaluate information related to the roles and responsibilities of health and social

care workers and organisations and how workers and organisations are monitored and regulated

**Command words**: explain

**Marks:** 6 marks

**4)** Make connections between the roles and responsibilities of health and social care workers

and organisations, how workers and organisations are monitored and regulated and how

multidisciplinary teams work together to meet service user needs

**Command words:** discuss

**Marks:** 8 marks

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**What do I need to revise for Unit 2?**

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| **Learning Aim A** | **The roles and responsibilities of people who work in the health and social care sector** |
| **Topic** | **Content** |
| 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  • youth workers  • social workers  • occupational therapists  • care managers/assistants  • support workers. |
| 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 |
| 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 o 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 o illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water * control of substances harmful to health * use of protective equipment and infection control * reporting and recording accidents and incidents * complaints procedures * provision of first-aid facilities.   • Information management and communication – ways of promoting effective communication and ensuring confidentiality through:   * + applying requirements of the Data Protection Act 1998   + 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 * following procedures for raising concerns/whistleblowing. |
| 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  • holistic approaches |
| 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. |

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| **Learning Aim B** | **The roles of organisations in the health and social care sector** |
| **Topic** | **Content** |
| The roles of organisations in providing health and social care services | • Ways services are provided by:   * 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 * the workplace. |
| Issues that affect access to services | • Referral.  • Assessment.  • Eligibility criteria.  • Barriers to access, to include specific needs, individual preferences, financial, geographical, social, cultural. |
| Ways organisations represent interests of service users | To include:  • charities/patient groups  • advocacy  • complaints policies  • whistleblowing policies. |
| 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) * National Institute for Health and Care Excellence (NICE) * Public Health England * Ofsted.   • 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 regulation and inspection * how services are improved by regulation and inspection.   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).   • 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 * how services are improved by regulation. |
| 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  • 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. |

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| **Learning Aim C** | **Working with people with specific needs in the health and social care sector** |
| **Topic** | **Content** |
| People with specific needs | • Ill health, both physical and mental.  • Learning disabilities.  • Physical and sensory disabilities.  • Age categories to include:   * early years * later adulthood. |
| 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. |

**What will be included in the coursework?**

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| **Unit 5 : Meeting Individual Care and Support Needs** | | |
| **Topic** | **Content** | **Assessment Approach** |
| Examine principles, values and skills which underpin meeting the care and support needs of individuals | Promoting equality, diversity and preventing discrimination  Skills and personal attributes required for developing relationships with individuals  Empathy and establishing trust with individuals | A report in response to case studies of individuals of different ages that considers the principles, values and skills needed to provide care and support for others while maintaining an ethical approach and enabling individuals to overcome challenges. |
| Examine the ethical issues involved when providing care and support to meet individual needs | Ethical issues and approaches.  Legislation and guidance on conflicts of interest, balancing resources and minimising risk. |
| Investigate the principles behind enabling individuals with care and support needs to overcome challenges | Enabling individuals to overcome challenges. Promoting personalisation.  Communication techniques. |
| Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs | How agencies work together to meet individual care and support needs.  Roles and responsibilities of key professionals on multidisciplinary teams.  Maintaining confidentiality  Managing information. | A report based on case studies on how working practices are used to successfully meet individual needs. |

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| **Unit 14 : Physiological Disorders and their Care** | | |
| **Topic** | **Content** | **Assessment Approach** |
| Investigate the causes and effects of physiological disorders | Types of physiological disorders and effects on body systems and functions  Causes of physiological disorders.  Signs and symptoms of physiological disorders. | A report on the impact of two different physiological disorders on the health and wellbeing of service users, and the potential benefits of different investigations and treatment options for service users diagnosed with physiological disorders. |
| Examine the investigation and diagnosis of physiological disorders | Investigative procedures for physiological disorders. Diagnostic procedures for physiological disorders. |
| Examine treatment and support for service users with physiological disorders | Provision of treatment and support .  Types of carers and care settings. |
| Develop a treatment plan for service users with physiological disorders to meet their needs. | Care methods and strategies Treatment planning processes. | Treatment plan to meet the needs of a selected service user with a physiological disorder. |