# OTHM LEVEL 3 DIPLOMA IN ADULT HEALTH AND SOCIAL CARE

Qualification Number: 610/6122/0

Specification | JULY 2025

# TABLE OF CONTENTS

QUALIFICATION OBJECTIVES 3
QUALITY, STANDARDS AND RECOGNITIONS 3
REGULATORY INFORMATION 3
EQUIVALENCES 4
QUALIFICATION STRUCTURE 4
DEFINITIONS 4
ENTRY REQUIREMENTS 5
PROGRESSION 5
DELIVERY OF OTHM QUALIFICATIONS 5
ASSESSMENT AND VERIFICATION 6
RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT 7
EQUALITY AND DIVERSITY 8

**UNIT SPECIFICATIONS 9**
*RESPONSIBILITIES OF A HEALTH AND SOCIAL CARE WORKER 10*
*PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE SETTINGS 14*
*EFFECTIVE COMMUNICATION IN HEALTH AND SOCIAL CARE PRACTICE 19*
*HEALTH PROMOTION 23*
*DIABETES AWARENESS 26*
*STROKE AWARENESS AND MANAGEMENT 29*
*DEMENTIA AWARENESS 32*
*MENTAL HEALTH AWARENESS 35*
*PHYSICAL DISABILITY AWARENESS 37*
*EFFECTIVE HANDLING OF INFORMATION IN HEALTH AND SOCIAL CARE SETTINGS 41*

IMPORTANT NOTE 44

## QUALIFICATION OBJECTIVES

The objective of the Level 3 Diploma in Adult Health and Social Care is to equip learners with the foundational knowledge, practical skills, and professional values required to support adults in a variety of health and social care settings.

This qualification provides learners with opportunities to engage with current sector challenges, legal and ethical considerations, and the evolving needs of service users across diverse communities. It supports the development of compassionate, person-centred care practices that promote dignity, independence and wellbeing.

Learners will explore key areas including communication and safeguarding, mental health awareness, physical disability support, dementia care, health promotion, and the principles of equality and inclusion. They will also gain insight into legislation, professional roles, and the organisational context of adult care services.

Successful completion of this qualification enables learners to pursue roles such as care assistants, support workers, or health advocates, and provides a pathway to further study, such as Level 4 health and social care qualifications.

## QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the Register of Regulated Qualifications.

OTHM has progression arrangements with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and Master's/top-up programmes.

## REGULATORY INFORMATION

| | |
|---|---|
| Qualification Title | OTHM Level 3 Diploma in Adult Health and Social Care |
| Ofqual Qualification Number | 610/6122/0 |
| Regulation Start Date | 28/07/2025 |
| Operational Start Date | 28/07/2025 |
| Duration | 6 Months |
| Total Credit Value | 60 Credits |
| Total Qualification Time (TQT) | 600 hours |
| Guided Learning Hours (GLH) | 300 Hours |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Overall Grading Type | Pass / Fail |
| Assessment Methods | Coursework |
| Language of Assessment | English |

# EQUIVALENCES

OTHM Level 3 Diploma qualifications represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to GCE/A Levels.

# QUALIFICATION STRUCTURE

The OTHM Level 3 Diploma in Adult Health and Social Care qualification consists of three mandatory units and three optional units, 60 credits, 600 hours Total Qualification Time (TQT) and the recommended Guided Learning Hours (GLH) for this qualification is a minimum of 300 hours.

**Mandatory Units**

| Unit Ref No | Unit Title | Level | Credit | GLH | TQT |
|---|---|---|---|---|---|
| H/618/5284 | Responsibilities of a Health and Social Care worker | 3 | 10 | 50 | 100 |
| J/618/5293 | Person-centred Approaches in Health and Social Care Settings | 3 | 10 | 50 | 100 |
| F/618/5289 | Effective Communication and Ethical Practice in Health and Social Care | 3 | 10 | 50 | 100 |

**Optional Units - Select 3 Units**

| Unit Ref No | Unit Title | Level | Credit | GLH | TQT |
|---|---|---|---|---|---|
| A/651/7161 | Health Promotion | 3 | 10 | 50 | 100 |
| D/651/7162 | Diabetes Awareness | 3 | 10 | 50 | 100 |
| F/651/7163 | Stroke Awareness and Management | 3 | 10 | 50 | 100 |
| H/651/7164 | Dementia Awareness | 3 | 10 | 50 | 100 |
| J/651/7165 | Mental Health Awareness | 3 | 10 | 50 | 100 |
| K/651/7166 | Physical Disability Awareness | 3 | 10 | 50 | 100 |
| L/618/5294 | Effective Handling of Information in Health and Social Care Settings | 3 | 10 | 50 | 100 |

# DEFINITIONS

**Total Qualification Time (TQT)** is the number of notional hours which represents an estimate of the total amount of time that could be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

*Total Qualification Time is comprised of the following two elements –*

a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*

b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

*(Ofqual 15/5775 September 2015)*

**Guided Learning Hours (GLH)** are defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a learner working towards a qualification.

**Credit value** is defined as being the number of credits that may be awarded to a learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

## ENTRY REQUIREMENTS

OTHM Level 3 qualifications can be offered to learners from age 16. OTHM does not specify entry requirements for these qualifications. OTHM ensures that learners admitted to the programme have sufficient capability at the right level to undertake the learning and assessment criteria.

OTHM Centre must ensure learners are recruited with integrity onto appropriate qualifications that will meet their needs, enable and facilitate learning and achievement enable progression.

**English requirements:** If a learner is not from a majority English-speaking country, they must provide evidence of English language competency. For more information visit the English Language Expectations page on the OTHM website.

## PROGRESSION

Successful completion of the Level 3 Diploma in Adult Health and Social Care provides learners with the opportunity to progress into a wide range of vocational and academic pathways, including Level 4 in Health and Social Care.

As this qualification is approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation), learners may also explore entry routes into higher education programmes related to healthcare, psychology, public services, or counselling, depending on institutional entry requirements.

This qualification supports access to roles such as care assistant, support worker, health care navigator, or keyworker across residential, community, or clinical settings. For more details on recognised progression opportunities, learners are encouraged to visit the University Progressions section of the awarding organisation's website or speak to their learning provider.

## DELIVERY OF OTHM QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM centres are free to deliver this qualification using any mode of delivery that meets the needs of their learners. However, OTHM centres should consider the learners' complete learning experience when designing the delivery of programmes.

It is important that centres develop an effective delivery method to teaching and learning that supports the progression and stretch of learners.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted.

Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

# ASSESSMENT AND VERIFICATION

All units within this qualification are assessed and internally quality assured by the centre and externally verified by OTHM. The qualifications are Criteria referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' for a unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria. Judgement that the learners have successfully fulfilled the assessment criteria is made by the assessor.

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

The assessor should provide an audit trail showing how the judgement of the learners' overall achievement has been arrived at.

**Assessment Tracking and Recording Learner Progress**

It is necessary to track and record learner achievement throughout the delivery period of the Diploma and this should not be left until the end of the course.

This will include requalification gular review of learner work through formative and summative assessment and internal quality assurance at planned intervals during the programme:

- before decisions have been made on any unit
- sampling evidence once one or two of the units or assignments are completed

Tracking learner progress, recording the achievement of each learner per criteria on a unit-by-unit basis ensures:

- the assessment evidence is clearly measured against national standards
- learner progress is accurately tracked
- the assessment process can be reliably verified
- evidence is valid, authentic and reliable for the safety of certification
- identification of which assessments are outstanding
- internal verification is timely
- samples for standards verification and other external audits can be made available as required
- up to date, securely stored assessment records help to minimise the risk of assessment malpractice and potential issues; maintaining the integrity of the qualification.

Tutors/Assessors should provide learners with formative and summative feedback to aid development during their studies.

**Formative Assessment**

Formative assessment is an integral part of the assessment process, involving both the Tutor/Assessor and the learner about their progress during the course of study.
Formative assessment takes place prior to summative assessment and focuses on helping the learner to reflect on their learning and improve their performance and does not confirm achievement of grades at this stage.

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement.

All records should be available for auditing purposes, as we may choose to check records of formative assessment as part of our ongoing quality assurance.

**Summative Assessment**

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

Learners should be made aware that summative assessment outcomes are subject to confirmation by the Internal Verifier and External Quality Assurer (EQA) and thus is provisional and can be overridden. Assessors should annotate on the learner work where the evidence supports their decisions against the assessment criteria. Learners will need to be familiar with the assessment and grading criteria so that they can understand the quality of what is required.

Evidence of both formative and summative assessment MUST be made available at the time of external quality assurance – EQA.

# RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where

applicable.

## EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

# UNIT SPECIFICATIONS

# RESPONSIBILITIES OF A HEALTH AND SOCIAL CARE WORKER

| | |
|---|---|
| Unit Reference Number | H/618/5284 |
| Unit Title | Responsibilities of a Health and Social Care Worker |
| Unit Level | 3 |
| Number of Credits | 10 |
| Guided Learning Hours (GLH) | 50 |
| Total Qualification Time (TQT) | 100 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Structure | Pass / Fail |

## Unit Aims

The aim of this unit is to provide learners with an understanding of the roles and responsibilities involved in working in a wide range of health and social care settings. The unit also provides learners with the knowledge required to understand working relationships, and how to work in partnership with others in health and social care settings.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative contents |
|---|---|---|
| 1. Understand working relationships in health and social care settings. | 1.1 Explain roles and responsibilities in health and social care settings.<br>1.2 Explain ways in which a working relationship is different from a personal relationship.<br>1.3 Explain the role of regulators and advisors within health and social care. | ● Roles in health and social care: e.g. adult social worker, nurses, GPs, paramedic, registered care manager, occupational therapist, physiotherapist. support workers, seniors.<br>● Different working relationships in health and social care settings: relationships between colleagues, between worker and manager, supervisory, relationships within teams, multidisciplinary team, care planning team, |

| | | |
|---|---|---|
| | | between different health and social care workers-nurse and care assistant, relationships between different professionals, health and social care worker and legal advocate, professional relationships with others, families of individuals.<br>● Working relationship: a relationship with a work colleague, the nature of a professional relationship, teamwork, working within agreed guidelines, working towards common goals with a shared purpose, a business relationship<br>● Personal relationship: relationship with a friend, family member or within a social group, interpersonal relationship, romantic relationship, based on love, liking, family bond, social commitment<br>● Regulators e.g. Care Quality Commission, NHS Improvement, General Medical Council, Nursing and Midwifery Council, General Dental Council, Health and Care Professional Council<br>● Advisors e.g. Health Watch England, National Institute for Health and Care Excellence<br>● Other regulators relevant to the sector |
| 2. Understand the importance of adhering to the agreed scope of the job role. | 2.1 Explain why it is important to follow agreed ways of working.<br>2.2 Describe how to access details of agreed ways of working.<br>2.3 Explain how to contribute to quality assurance processes to promote positive experiences for individuals receiving care. | ● Adhere to the scope of the job role: job description as part of a contract of employment, legal responsibility, defined roles and responsibilities, professional commitment, understanding expectations of the job, understanding professional boundaries, accountability, duty of care, |

| | | |
|---|---|---|
| | | means of assessing performance within the job, appraisal, supervision.<br>● Agreed ways of working: full, current policies and procedures, responsibilities of the specific job role, health and safety, safeguarding, equal opportunities and inclusive working, security; implementing agreed ways of working, infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling. |
| 3. Understand the importance of partnership working in health and social care. | 3.1 Explain the benefits of working in partnership with others in the health and social care sector.<br>3.2 Describe examples of best practice of health and social care services working together.<br>3.3 Describe ways of working that can help improve partnership working. | ● Importance of professional relationships with team members, colleagues, other professionals, individuals and their families, friends, advocates or others important to individuals.<br>● Importance of communication; agreed ways of sharing information, boundaries to sharing information on a 'need to know' basis, concept of power, sharing and empowerment; nature of professional respect; understanding different roles and responsibilities.<br>● Professional expectations multi-agency and integrated working, improving partnership working through effective communication and information, sharing, collaboration, team-working, multi-agency team meetings and conferences, main principles of 'No Secrets' Code of Practice (2000) and subsequent legislation e.g. Care and Support Statutory Guidance 2014 in April 2015 alongside the Care Act 2014 for multi-agency working in health and social care |

| | | |
|---|---|---|
| | | ● Improving partnership working, non-verbal communication, controlling emotions and behaviour, empathy, trust, understanding, the ability to seek compromise, seeking resolution, being specific and clear with communication, avoiding accusations, active listening, accessing support and advice about partnership working, professional boundaries, organisations. |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO3 | All AC under LO1 - LO3 | Portfolio of evidence | 2500 |

### Indicative Reading List

Barnard, A. (2010) *Key Themes in Health and Social Care Paperback*, Routledge

Johnson, J. and De Souza, C. (2008) *Understanding Health and Social Care: An Introductory Reader*, Sage Publications

Peate, Professor Ian, (2017) *Fundamentals of Care: A Textbook for Health and Social Care Assistants*, Wiley-Blackwell

Smith, S. (2018) *Human Rights and Social Care: Putting Rights into Practice,* Dunedin Academic Press

# PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE SETTINGS

| | |
|---|---|
| Unit Reference Number | J/618/5293 |
| Unit Title | Person-centred Approaches in Health and Social Care Settings |
| Unit Level | 3 |
| Number of Credits | 10 |
| Guided Learning Hours (GLH) | 50 |
| Total Qualification Time (TQT) | 100 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 1.3 Health and Social Care |
| Unit Grading Structure | Pass / Fail |

## Unit Aims

The aim of this unit is to provide learners with the knowledge and understanding required to implement and promote person-centred approaches. A person-centred approach is where the person is placed at the centre of the service and treated as a person first. The unit explores how the focus is on the person and what they can do, not their condition or disability.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative contents |
|---|---|---|
| 1. Understand person-centred approaches utilised in health and social care. | 1.1 Define person-centred values<br>1.2 Explain how person-centred values underpin health and social care practice.<br>1.3 Explain how care plans are central when applying person-centred values.<br>1.4 Describe factors that contribute to the wellbeing of individuals. | ● Guiding principles to put the interests of the individual receiving care or support at the centre of everything we do. E.g. individuality, independence, privacy, partnership, choice, dignity, respect and rights.<br>● Applying person-centred approaches to all aspects of health and social care provision, vulnerable individuals, individuals with learning disabilities, physical disabilities, mental ill health, person centred thinking skills, communication, lifestyle planning, |

| | | |
|---|---|---|
| | | person-centred reviews, principles of rights, independence, choice and inclusion, person-centred values, individuality, individual rights; enabling individuals to make decisions and choices, privacy, empowering individuals to maintain independence/dignity, respect, respecting individuals' diversity/culture/values.<br>● Individual plans documenting preferences for care and support, support plan, individual plan; applying a person-centred approach, negotiation/consultation, empowering individuals to make decisions/choices about care and support. using plans to record needs, evaluating plans, effectiveness of meeting needs; holistic approach, working with others.<br>● Importance of individual identity and self-esteem, individuals' feelings, importance of privacy, maintaining dignity, providing support and encouragement for individuals, respecting the spiritual, religious and cultural beliefs of individuals. |
| 2. Understand ways of working in a person-centred way. | 2.1 Describe ways to understand individual preferences, wishes and needs.<br>2.2 Explain ways to put person-centred values into practice.<br>2.3 Review practice in response to an individual's changing needs or preferences. | ● Person-centred outcomes, involvement with care, feeling of wellbeing, therapeutic culture, level of support required, working with the individual's beliefs and values, physical needs, sharing decision-making, person-centred planning, person-centred values; find out individual's history, preferences, wishes, communicate with others, work in ways that recognise individual beliefs and preferences, working in a non-judgemental way, not discriminating, equality and inclusive practice, promoting |

| | | |
|---|---|---|
| | | independence/autonomy, empowering individuals.<br>● Changes in physical condition, changes in treatment needs, abilities, response to individual choices/preferences/wishes.<br>● Feedback from individuals and own response |
| 3. Understand the importance of establishing consent when providing support. | 3.1 Explain when an individual might be required to give consent.<br>3.2 Describe factors that influence the capability of an individual to give consent.<br>3.3 Explain how to establish consent for an activity or action.<br>3.4 Explain what steps to take if consent cannot be readily established. | ● Establishing informed agreement to an action or decision with individuals.<br>● Mental ill health, cognitive impairment, physical illness, learning disabilities, language barriers.<br>● Adapting working approaches, using physical/communication aids, guidance/help, ensuring individuals have access to the appropriate information, communication skills – verbal, non-verbal, written, active listening, consultation, inclusive communication, respect individuals' choices.<br>● Responding to any questions and concerns, resolve conflicts if consent cannot be established, seeking extra support and advice where necessary. |
| 4. Understand the importance of promoting active participation. | 4.1 Explain the principle of active participation<br>4.2 Describe ways of ensuring active participation to meet individual's needs.<br>4.3 Explain how to support an individual to agree how active participation will be implemented. | ● Way of working that supports an individual's right to **participate** in the activities and relationships of everyday life as independently as possible. The individual is an **active** partner in their own care or support rather than being passive.<br>● Working with individuals and others, address the holistic needs of an individual, motivation, behaviour change, using incentives, highlighting advantages/benefits of active participation. |

| | | |
|---|---|---|
| | | ● Empowering individuals to participate in activities of everyday life as independently as possible, importance of the individual as an active partner in their own care/support, empowering individuals to participate in their own care, benefits for individuals of active participation, physical benefits, increased independence, autonomy, wellbeing, barriers to active participation, reducing barriers to active participation.<br>● Individual empowerment, independence , autonomy, impartiality, being aware of one's own attitudes, values and beliefs, awareness of legislation/agreed ways of working, equality and human rights, disability discrimination. |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All AC under LO1 to LO4 | Portfolio of evidence | 2500 |

## Indicative Reading List

Bartley, M (2016) *Health Inequality: An Introduction to Concepts, Theories and Methods*. Polity.

Koubel, G. and Bungay, H. (eds.) (2008) *The Challenge of Person-centred Care: An Interprofessional Perspective*. Basingstoke: Palgrave Macmillan.

Koubel, G. and Bungay, H. (eds.) (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke, Hampshire: Palgrave Macmillan.

Roberts, G. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-Centred Care.* United Kingdom: M and K Publishing.

Sanderson, H. and Lewis, J. (2011) *A Practical Guide to Delivering Personalisation: Person-centred Practice in Health and Social Care.* Philadelphia: Jessica Kingsley Publishers.

# EFFECTIVE COMMUNICATION IN HEALTH AND SOCIAL CARE PRACTICE

| | |
|---|---|
| Unit Reference Number | F/618/5289 |
| Unit Title | Effective Communication in Health and Social Care Practice |
| Unit Level | 3 |
| Number of Credits | 10 |
| Guided Learning Hours (GLH) | 50 |
| Total Qualification Time (TQT) | 100 |
| Mandatory / Optional | Mandatory |
| Sector Subject Area (SSA) | 1.3 Health and Social Care |
| Unit Grading Structure | Pass / Fail |

## Unit Aims

The aim of this unit is to explore the importance of communication in health and social care settings, and how to ensure individual needs and preferences for communication are met at all times. The unit also enables the learner to develop their understanding of good practice in respect of equality, diversity and rights in a health and social care setting.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative contents |
|---|---|---|
| 1. Understand why effective communication is important in health and social care work settings. | 1.1 Identify reasons why people communicate.<br>1.2 Explain the impact of communication on relationships in the work setting.<br>1.3 Explain approaches used to manage challenging situations. | ● To express needs, to share ideas and information, to reassure, to express feelings and/or concerns, to build relationships, socialise, to ask questions, to share experiences, to indicate pain/needs.<br>● Communication in the work environment, with colleagues, people using services, children and their families, builds trust, supports understanding of individuals' needs, how communication is used to negotiate, to |

| | | |
|---|---|---|
| | | prevent or resolve conflict and prevent misunderstanding.<br>● Checking understanding, avoiding misinterpretation of body language, use of active listening, repeating, rephrasing. |
| 2. Be able to meet the communication wishes and preferences of individuals. | 2.1 Establish the communication and language wishes and preferences of individuals to communicate effectively.<br>2.2 Describe the factors to consider when promoting effective communication.<br>2.3 Utilise a range of communication methods and styles to meet individual needs.<br>2.4 Explain how to respond to an individual's reactions when communicating. | ● Recognising individual needs, age, own language, preferred method, additional learning needs, physical disabilities, cognitive abilities, sensory abilities, mental well-being.<br>● Type of communication, complex, sensitive, formal, non-formal, context of communication, one-to-one, group, with people using services, professionals/colleagues, purpose of communication, cultural factors, need to adapt communication, environment, time, resources available.<br>● Methods of communication, language, British Sign Language, Makaton, Braille, symbols, pictures, writing, objects of reference, finger spelling, communication passports, human/technological aids to communication, alternative and augmentative communication.<br>● Verbal responses, tone, pitch, silence, non-verbal responses, body language, facial expressions, eye contact, gestures, touch, emotional state, signs that information has been understood, when/how to adjust communication method. |
| 3. Understand possible barriers to communication. | 3.1 Describe barriers to effective communication.<br>3.2 Analyse ways to overcome barriers to communication. | ● Language, dialect, use of jargon, sector-specific terms, environmental, noise, poor lighting, emotional/behavioural, attitudes, anxiety, lack of confidence, |

| | | |
|---|---|---|
| | 3.3 Explain how to access extra support or services to enable individuals to communicate effectively. | aggression, sensory impairment, health problems, medical conditions, learning disabilities, effects of alcohol or drugs.<br>● Use of technological aids, hearing aids, induction loop, telephone relay services, interpreters, signers, translators, advocates, use of age-appropriate vocabulary, staff training, improving environment, reducing distractions.<br>● Checking understanding, avoiding misinterpretation of body language, use of active listening, repeating, rephrasing, use of visual cues.<br>● Interpreting service, translation service, speech and language services, advocacy services, third sector organisations, for example Stroke Association, Royal National Institute for Deaf People (RNID), Royal National Institute of Blind People (RNIB). Any other relevant organisations |
| 4. Understand equality, diversity and inclusion within health and social care. | 4.1 Explain the terms:<br>● equality<br>● diversity<br>● inclusion.<br>4.2 Explain the impact of barriers to inclusion.<br>4.3 Explain the legislation relating to equality, diversity and inclusion in service provision.<br>4.4 Explain how to promote equality, diversity and inclusion in work practice. | ● Valuing differences, treating people fairly, ensuring a positive working culture, equal opportunities approaches,<br>● Structural, institutional, physical barriers, prejudice, values, beliefs, attitudes.<br>● Effects of discrimination, impact of inclusion, exclusion, isolation, lack of choice, lowering of self-esteem.<br>● The Equality Act (2010), Mental Capacity Act (2005). Any other relevant legislation and regulation<br>● Anti-discriminatory/non-judgemental attitudes, role modelling, training, supervision, challenging discrimination. |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All AC under LO1 to LO4 | Portfolio of evidence | 3000 |

## Indicative Reading list

Argyle. M (1978) *The Psychology of Interpersonal Behaviour* (3rd Ed) Harmondsworth; Penguin

Department of Health (2000*) No Secrets: Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse*. London. The Stationary Office

*Dignity in care - Guide home. (2018) =Dignity in care - Guide home*. [ONLINE] Available at: https://www.scie.org.uk/publications/guides/guide15/. [Accessed 13 May 2018].

Thompson, N, (2011) *Promoting Equality; Working with Diversity and difference* (3rd Ed). Basingstoke. Palgrave Macmillan.

Tilmouth, T., Davies-Ward, E, and Williams, B. (2011) *Foundation Studies in Health and Social Care*. London: Hodder Education

# HEALTH PROMOTION

| | |
|---|---|
| Unit Reference Number | A/651/7161 |
| Unit Title | Health Promotion |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The aim of this unit is to develop learners' understanding of health promotion principles, models, and strategies used to improve wellbeing across communities. The learner will explore national and local health policies, analyse effective communication methods, and plan a targeted health promotion activity. By the end of the unit, the learner will be able to apply theory to practice, consider diverse needs, and contribute meaningfully to public health initiatives.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand the principles and purpose of health promotion | 1.1 Define health promotion and distinguish it from health education<br>1.2 Explain the aims and benefits of health promotion for individuals and communities<br>1.3 Describe a range of factors influencing health and wellbeing | • WHO definition<br>• Differences between health promotion and education<br>• Benefits: prevention, empowerment, reduction of health inequalities<br>• Determinants: lifestyle, environment, genetics, socio-economic factors |
| 2. Understand the models and approaches used in health promotion practice | 2.1 Describe a range of health promotion models<br>2.2 Compare strengths and limitations of each model<br>2.3 Explain how these models inform | • Behavioural change models (TTM, Health Belief Model)<br>• Empowerment model<br>• Medical vs. social models |

| | | |
|---|---|---|
| | professional practice | • Ecological model<br>• Applications across settings and target groups |
| 3. Understand national and local health promotion strategies and policy | 3.1 Outline key legislation and national policies<br>3.2 Identify local initiatives supporting public health<br>3.3 Evaluate the role of multi-agency collaboration | • Health and Social Care Act<br>• NHS Long Term Plan, Public Health England<br>• Council-led campaigns (e.g. mental health, smoking)<br>• Third sector contributions<br>• Coordinated approaches to community wellbeing |
| 4. Understand communication and engagement methods in health promotion | 4.1 Describe communication methods used in health promotion<br>4.2 Explain adaptations for specific audiences<br>4.3 Evaluate the effectiveness of a specific campaign | • Visual, verbal, digital media<br>• Accessibility, inclusion, language choice<br>• Engaging different demographics (age, culture)<br>• Campaigns: Change4Life, Time to Talk, flu jab campaigns |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under | Report | 2500 words |

## Indicative Reading List


- Woodall, J. and Cross, R., 2021. Essentials of Health Promotion. London: SAGE Publications Ltd. Available at: https://www.amazon.co.uk/dp/1526496232
- Wills, J., 2022. Foundations for Health Promotion. 4th ed. London: Elsevier. Available at: https://www.amazon.co.uk/dp/0702085301
- Green, J., Cross, R. and Woodall, J., 2019. Health Promotion: Planning and Strategies. 4th ed. London: SAGE Publications Ltd. Available at: https://www.amazon.co.uk/dp/1526419483

- Linsley, P. and Roll, C., 2023. Health Promotion for Nursing Students. 2nd ed. London: Learning Matters. Available at: https://www.amazon.co.uk/dp/1529792274
- Scriven, A., 2023. Ewles and Simnett's Promoting Health: A Practical Guide. 8th ed. London: Elsevier. Available at: https://www.amazon.co.uk/dp/0702085298
- Corcoran, N., 2023. Health Promotion: The Basics. London: Routledge. Available at: https://www.amazon.co.uk/dp/1032127396


## Additional Resources


- World Health Organization (WHO), 2025. Health Promotion – Global Strategies and Resources. [online] Available at: https://www.who.int/health-topics/health-promotion
- NHS, 2025. Live Well – NHS Advice on Healthy Living. [online] Available at: https://www.nhs.uk/live-well/
- NHS England, 2025. National Campaign Partnerships – Health Promotion Initiatives. [online] Available at: https://www.england.nhs.uk/campaign-partnerships/
- Campaign Resource Centre, 2025. Better Health and Help Us Help You Campaigns. [online] Available at: https://campaignresources.dhsc.gov.uk/campaigns/
- WHO Global Health Promotion Hub, 2025. Collaborative Platform for Health Promotion Professionals. [online] Available at: https://globalhealthpromotionhub.org/

# DIABETES AWARENESS

| | |
|---|---|
| Unit Reference Number | D/651/7162 |
| Unit Title | Diabetes Awareness |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The learner will develop a theoretical understanding of diabetes by examining its types, causes, symptoms and prevalence across the UK population. They will explore the physical, emotional and lifestyle impact of diabetes on individuals and their support networks, and analyse approaches to prevention, early intervention and professional support within health and social care settings.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand the nature and types of diabetes | 1.1 Explain the difference between Type 1 and Type 2 diabetes<br>1.2 Describe gestational diabetes and how it develops<br>1.3 Summarise the prevalence and impact of diabetes in the UK | • Autoimmune vs. insulin resistance mechanisms<br>• Pregnancy-related insulin challenges<br>• NHS statistics, social and economic burden<br>• Long-term trends and population health implications |

| | | |
|---|---|---|
| 2. Understand causes, risk factors, and preventative strategies | 2.1 Describe biological and lifestyle causes of diabetes<br>2.2 Identify key risk factors for developing Type 2 diabetes<br>2.3 Explain prevention strategies and lifestyle interventions | • Heredity, obesity, diet, inactivity<br>• Ethnicity, age, socioeconomic status<br>• NHS Diabetes Prevention Programme<br>• Health campaigns and dietary advice |
| 3. Understand symptoms, diagnosis, and treatment | 3.1 Identify common symptoms of diabetes<br>3.2 Explain diagnostic methods used in clinical settings<br>3.3 Outline treatment options and typical care pathways | • Fatigue, thirst, frequent urination<br>• Blood glucose testing, HbA1c, urine analysis<br>• Insulin, oral meds, structured education<br>• GP, diabetes nurse, dietitian involvement |
| 4. Understand complications and daily life impact | 4.1 Explain possible complications of uncontrolled diabetes<br>4.2 Describe how diabetes can affect daily living<br>4.3 Outline approaches to promote self-care and wellbeing | • Heart disease, foot ulcers, eye damage<br>• Emotional wellbeing, social limitations, work challenges<br>• Personalised care plans, support groups, routine monitoring |

## Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under LO1 - LO4 | Report | 2500 words |

## Indicative Reading List


- Pickup, J.C. and Williams, G., 2012. Textbook of Diabetes. 4th ed. Oxford: Wiley-Blackwell. Available at: https://www.amazon.co.uk/dp/1405191813

- Holt, R.I.G., Cockram, C.S., Flyvbjerg, A. and Goldstein, B.J., 2017. Textbook of Diabetes and Metabolism. 2nd ed. Boca Raton: CRC Press. Available at: https://www.amazon.co.uk/dp/1498724707

- Powers, A.C., 2022. Diabetes Mellitus: A Practical Handbook. 3rd ed. London: Springer. Available at: https://www.amazon.co.uk/dp/303091972X

- Kumar, P. and Clark, M., 2020. Kumar and Clark's Clinical Medicine. 10th ed. Edinburgh: Elsevier. [Chapter on Endocrinology includes diabetes]. Available at: https://www.amazon.co.uk/dp/0702078681

- World Health Organization, 2016. Global Report on Diabetes. Geneva: WHO Press. Available at:https://www.amazon.co.uk/dp/924156525X


## Additional Resources


- Campaign Resource Centre, 2025. Healthier You NHS Diabetes Prevention Programme – Public Awareness Toolkit. [online] Available at: https://campaignresources.dhsc.gov.uk/campaigns/healthier-you-nhs-diabetes-prevention-programme/

- Diabetes UK, 2025. NHS Diabetes Prevention Programme – Professional Guidance and Resources. [online] Available at: https://www.diabetes.org.uk/for-professionals/improving-care/good-practice/nhs-diabetes-prevention-programme

- Diabetes UK CPD, 2025. Understanding Diabetes – Learning Zone and Clinical Resources. [online] Available at: https://cpd.diabetes.org.uk/resources-understanding-diabetes

- Preventing Diabetes, 2025. Online Learning Centre – NHS Diabetes Prevention Programme. [online] Available at: https://preventing-diabetes.co.uk/online-learning/

- GOV.UK, 2024. Health Matters: Preventing Type 2 Diabetes. [online] Available at: https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes/health-matters-preventing-type-2-diabetes

- NHS England, 2025. Healthier You: NHS Diabetes Prevention Programme. [online] Available at: https://www.england.nhs.uk/diabetes/diabetes-prevention/resources/

# STROKE AWARENESS AND MANAGEMENT

| | |
|---|---|
| Unit Reference Number | F/651/7163 |
| Unit Title | Stroke Care Awareness and Management |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The learner will develop a theoretical understanding of stroke by examining its causes, types and associated risk factors. They will explore the early signs of stroke and analyse the importance of rapid response and emergency care. The unit also enables learners to interpret the physical, cognitive and emotional impact of stroke, assess challenges in daily living, and evaluate person-centred rehabilitation and the role of multidisciplinary support.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand stroke types and contributing factors | 1.1 Define stroke and differentiate between ischaemic and haemorrhagic types<br>1.2 Explain common causes and associated medical conditions<br>1.3 Identify key stroke risk factors | • Definition and classification of stroke types<br>• Causes: blood clots, bleeding, hypertension<br>• Medical links: diabetes, atrial fibrillation<br>• Lifestyle and demographic risk factors |
| 2. Understand how to respond to stroke symptoms | 2.1 Identify early signs and symptoms of stroke<br>2.2 Explain appropriate emergency response steps (including FAST)<br>2.3 Describe why rapid intervention is essential | • Facial drooping, speech difficulties, arm weakness<br>• FAST protocol and first responder actions<br>• Golden hour concept, prognosis improvement with early treatment |

| | | |
|---|---|---|
| | for survival and recovery | |
| 3. Understand the impact of stroke on well being | 3.1 Describe physical, cognitive and emotional impacts of stroke<br>3.2 Outline complications and common co-morbidities<br>3.3 Explain how stroke affects independence and daily life | • Paralysis, speech loss, memory impairment, depression, anxiety, fatigue<br>• Challenges in mobility, work, relationships, self-care |
| 4. Understand recovery, support and professional roles | 4.1 Describe roles of professionals in stroke recovery<br>4.2 Explain person-centred care approaches and effective communication<br>4.3 Outline services and support available for stroke survivors and carers | • Individual recovery plans, dignity, cultural sensitivity<br>• Local NHS services, social care teams, carer support networks<br>• Role of physiotherapists, OTs, speech therapists, GPs |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under LO1 - LO4 | Report | 2500 words |

## Indicative Reading List


- Harwood, R.H., Woodford, H.J. and Van den Broek, M., 2023. Stroke Care: A Practical Manual. 3rd ed. Oxford: Oxford University Press.
- Morrison, K., 2014. Fast Facts for Stroke Care Nursing: An Expert Care Guide. New York: Springer Publishing Company.
- Dow, M., Wolf, D. and Good, A., 2017. Healing the Broken Brain: Leading Experts Answer 100 Questions About Stroke Recovery. Carlsbad, CA: Hay House.
- Guns, B., 2015. Rewire Your Brain, Rewire Your Life: A Handbook for Stroke Survivors and Their Caregivers. California: Stroke Awareness Foundation.
- Williams, O., 2011. Stroke Diaries: A Guide for Survivors and Their Families. New York: Kaplan Publishing.
- Burkman, K. and Mensh, S., 2010. The Stroke Recovery Book: A Guide for Patients and Families. Omaha, NE: Addicus Books.

## Additional Resources


- NHS England, 2022. *Act FAST: Stroke Symptoms Campaign*. [online] NHS Campaign Resource Centre. Available at: https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-heart-attack-and-stroke/act-fast-stroke/
- e-Learning for Healthcare, 2023. *Stroke Programme*. [online] Health Education England. Available at: https://www.e-lfh.org.uk/programmes/stroke/
- NHS Research Scotland, 2024. *Stroke Training and Awareness Resources (STARs)*. [online] Available at: https://www.nhsresearchscotland.org.uk/research-areas/stroke/training-and-events/stroke-training-and-awareness-resources-stars
- Health Education England, 2023. *Stroke Training Guide*. [online] Available at: https://www.hee.nhs.uk/sites/default/files/documents/Stroke%20Training%20Guide.pdf

# DEMENTIA AWARENESS

| | |
|---|---|
| Unit Reference Number | H/651/7164 |
| Unit Title | Dementia Awareness |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The learner will develop a theoretical understanding of dementia by exploring its definition, key types and distinguishing characteristics. They will examine how dementia symptoms emerge and progress, and analyse how cognitive changes affect communication, memory and behaviour. The learner will also interpret current prevalence data and gain insight into the emotional, social and cultural implications of dementia on individuals and those around them.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand the types and prevalence of dementia | 1.1 Define dementia and describe how it differs from other cognitive conditions<br>1.2 Identify common types of dementia and their characteristics<br>1.3 Summarise current data on dementia prevalence in the UK | • Dementia vs acute confusion, depression, age-related memory loss<br>• Progressive neurological condition vs temporary impairment<br>• Cognitive domains affected<br>• Alzheimer's, vascular, Lewy body, frontotemporal dementia<br>• Presentation: memory loss, confusion, hallucinations, behaviour changes<br>• Variation in progression and prognosis |

| | | |
|---|---|---|
| | | • Age-related statistics, regional variation, ethnic disparities<br>• Government and NHS sources<br>• Impact on health and social care services |
| 2. Understand progression and cognitive effects | 2.1 Describe early and later stage symptoms of dementia<br>2.2 Explain how dementia progresses and affects brain function<br>2.3 Outline how symptoms impact communication, behaviour, and memory | • Forgetfulness, repetitive language, confusion (early)<br>• Loss of mobility, communication, full dependency (late)<br>• Emotional and behavioural indicators<br>• Degeneration of neurons and affected brain regions<br>• Impaired memory, language, reasoning, sensory processing<br>• Links to types and progression rate<br>• Word-finding difficulty, mood swings, agitation<br>• Need for tailored communication strategies<br>• Non-verbal cues, patience and repetition |
| 3. Understand the lived experience and care relationships | 3.1 Explain how dementia affects daily life, emotional wellbeing and independence<br>3.2 Describe the challenges faced by carers and support networks<br>3.3 Analyse how stigma and public perception influence care experiences | • Challenges in self-care, mobility, routine, safety Isolation, anxiety, frustration<br>• Loss of identity and autonomy<br>• Emotional stress, burnout, financial pressures<br>• Navigating services and care plans<br>• Psychological impact and role strain<br>• Social misunderstanding, stereotyping<br>• Delay in diagnosis, reluctance to seek help<br>• Impact on dignity, policy and advocacy |
| 4. Understand inclusive and professional care approaches | 4.1 Describe principles of person-centred dementia care<br>4.2 Explain how environments, routines and activities can support wellbeing<br>4.3 Identify professional roles and services that contribute to dementia support | • Respect, choice, dignity, shared decision-making<br>• Use of colour, lighting, signage, noise reduction<br>• Familiar routines, meaningful activities<br>• Reminiscence therapy, sensory engagement<br>• Dementia nurse, GP, social worker, advocate<br>• Memory clinics, voluntary organisations<br>• Integration across health and social care sectors |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under LO1 - LO4 | Essay | 2500 words |

## Indicative Reading List


- Christopher, G., 2023. Dementia: Current Perspectives in Research and Treatment. London: Routledge. Available at: https://www.routledge.com/Dementia-Current-perspectives-in-research-and-treatment/Christopher/p/book/9781138904118
- Innes, A., Calvert, L. and Bowker, G., 2020. Dementia: The Basics. London: Routledge. Available at: https://www.taylorfrancis.com/books/mono/10.4324/9781315709000/dementia-basics-anthea-innes-lesley-calvert-gail-bowker
- Brooker, D. and Latham, I., 2022. Person-Centred Dementia Care: Making Services Better with the VIPS Framework. 2nd ed. London: Jessica Kingsley Publishers. Available at: https://www.amazon.co.uk/dp/1787756802
- Remy, R., 2024. The Secret to Alzheimer's Dementia Care: Learn to Manage Challenging and Aggressive Behaviors, Reduce Stress and Burnout, and Gain Essential Knowledge to Be a Confident, Compassionate Caregiver. New York: Independently Published. Available at: https://www.amazon.co.uk/dp/B0C6XJZV9T
- Lewis, D., 2024. Dementia Caregiving 101: Practical Strategies to Build a Support System, Navigate Medical & Legal Challenges With Ease, and Improve the Quality of Life For You and Your Loved Ones. New York: Independently Published. Available at: https://www.amazon.co.uk/dp/B0C7YJZK3T
- Kitwood, T. and Brooker, D. (Ed.), 2021. Dementia Reconsidered Revisited: The Person Still Comes First. London: Open University Press. Available at: https://www.amazon.co.uk/dp/033524803X


## Additional Resources


- NHS, 2025. *Dementia – Symptoms, Diagnosis and Support*. [online] Available at: https://www.nhs.uk/conditions/dementia/
- Alzheimer's Society, 2025. *Dementia Support and Research*. [online] Available at: https://www.alzheimers.org.uk/
- Dementia UK, 2025. *Specialist Nursing and Family Support*. [online] Available at: https://www.dementiauk.org/
- Dementia Friends, 2025. *Awareness and Community Action Programme*. [online] Available at: https://www.dementiafriends.org.uk/
- Age UK, 2025. *Living Well with Dementia – Advice and Resources*. [online] Available at: https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/
- Dementia Direct, 2025. *Free Resources for Families and Carers*. [online] Available at: https://dementiadirect.co.uk/free-resources/

# MENTAL HEALTH AWARENESS

| | |
|---|---|
| Unit Reference Number | J/651/7165 |
| Unit Title | Mental Health Awareness |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The learner will develop a theoretical understanding of mental health by exploring definitions, common conditions, and patterns across the UK population. They will examine key causes and risk factors, interpret the impact of mental health issues on individuals and society, and analyse approaches to support and recovery within a community context**.**

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand the concept and range of mental health conditions | 1.1 Define mental health and distinguish between mental wellbeing and mental illness<br>1.2 Identify common mental health conditions and their characteristics<br>1.3 Explore current data and trends in mental health across the UK | • Definitions and terminology<br>• Mental health spectrum<br>• Depression, anxiety, OCD, bipolar, schizophrenia<br>• Prevalence across age, gender, ethnicity<br>• Stigma and cultural perceptions |
| 2. Understand the causes and risk factors affecting mental health | 2.1 Describe biological, psychological and social causes of mental health conditions<br>2.2 Identify key risk factors including trauma, lifestyle and inequality<br>2.3 Discuss how social stigma can impact | • Bio-psycho-social model<br>• Genetics, brain chemistry<br>• Life events, poverty, isolation<br>• Misconceptions and barriers to care |

| | | |
|---|---|---|
| | diagnosis and support | |
| 3. Understand the impact of mental health on individuals and society | 3.1 Explain how mental health conditions affect personal wellbeing, relationships and daily life<br>3.2 Describe the social and economic impact of mental health issues<br>3.3 Outline challenges faced by those accessing mental health support | • Emotional, behavioural and practical impact<br>• Relationship breakdown, employment, housing<br>• Strain on services, cost to employers<br>• Waiting times, discrimination, lack of culturally aware provision |
| 4. Understand approaches to support and recovery | 4.1 Describe key principles in promoting mental health and resilience<br>4.2 Explain a range of mental health support options and services<br>4.3 Identify roles of professionals and communities in fostering recovery | • Resilience, protective factors<br>• Self-care, peer support, talking therapies<br>• CAMHS, IAPT, GP roles, voluntary organisations<br>• Inclusive outreach, youth and elder provision |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under LO1 - LO4 | Essay | 2500 words |

## Indicative Reading List


- Wright, K.M. and McKeown, M., 2024. Essentials of Mental Health Nursing. 2nd ed. London: SAGE Publications Ltd. Available at: https://www.amazon.co.uk/dp/1526447169
- Clifton, A., Hemingway, S., Felton, A. and Stacey, G., 2018. Fundamentals of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students. Oxford: Wiley-Blackwell. Available at: https://www.amazon.co.uk/dp/1118880221
- Chambers, M., 2017. Psychiatric and Mental Health Nursing: The Craft of Caring. 3rd ed. Boca Raton: CRC Press. Available at: https://www.amazon.co.uk/dp/1498739517
- Callaghan, P. and Gamble, C., 2015. Oxford Handbook of Mental Health Nursing. 2nd ed. Oxford: Oxford University Press. Available at: https://www.amazon.co.uk/dp/0198703856
- Mutsatsa, S., 2021. Mental Health Medicines Management for Nurses. 3rd ed. London: Learning Matters. Available at:

https://www.amazon.co.uk/dp/1529732106
- Trenoweth, S., 2022. Understanding Mental Health Practice for Adult Nursing Students. London: Learning Matters. Available at: https://www.amazon.co.uk/dp/1529713533

## Additional Resources

- NHS, 2025. Mental Health – Conditions, Services and Support. [online] Available at: https://www.nhs.uk/mental-health/
- Royal College of Nursing, 2024. Mental Health Nursing – Subject Guide. [online] Available at: https://www.rcn.org.uk/library/subject-guides/mental-health-nursing
- NHS England, 2025. Mental Health Nursing – Workforce, Education and Practice. [online] Available at: https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/mental-health-nursing/
- Health Careers, 2025. Mental Health Nurse – Role Overview and Entry Requirements. [online] Available at: https://www.healthcareers.nhs.uk/explore-roles/nursing/roles-nursing/mental-health-nurse
- Mental Health Nurse Academics UK (MHNAUK), 2025. Education, Research and Policy in Mental Health Nursing. [online] Available at: https://mhnauk.org/
- Royal College of Nursing Learn, 2024. Understanding Mental Health – Clinical Resource Hub. [online] Available at: https://rcnlearn.rcn.org.uk/Search/Mental-Health

# PHYSICAL DISABILITY AWARENESS

| | |
|---|---|
| Unit Reference Number | K/651/7166 |
| Unit Title | Physical Disability Awareness |
| Unit Level | 3 |
| Number of Credits | 10 |
| Total Qualification Time (TQT) | 100 |
| Guided Learning Hours (GLH) | 50 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and social care |
| Unit Grading Type | Pass / Fail |

## Unit Aims

The learner will develop a theoretical understanding of physical disability by examining its definition, causes and prevalence across the UK. They will explore a range of physical disabilities and their characteristics, interpret the impact on health, wellbeing and inclusion, and analyse principles, terminology and strategies that underpin inclusive practice and support.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcome –<br>The learner will: | Assessment Criteria –<br>The learner can: | Indicative Content |
|---|---|---|
| 1. Understand the nature and range of physical disabilities | 1.1 Define physical disability and explain how it differs from other types of impairment<br>1.2 Identify a range of physical disabilities and their characteristics<br>1.3 Explore key terminology, models and perspectives relating to physical disability | • Definition of physical disability (including temporary, progressive, and permanent)<br>• Distinction from cognitive, sensory or intellectual disability<br>• Examples: cerebral palsy, spinal cord injury, muscular dystrophy, limb loss<br>• Social vs medical model of disability<br>• Empowerment and identity language |
| 2. Understand the causes, risk factors and prevalence of physical disability | 2.1 Describe biological and environmental causes of physical disability<br>2.2 Identify contributing risk factors including | • Causes: genetic conditions, accidents, illness (e.g. MS, stroke)<br>• Risk factors: workplace injury, age-related decline, |

| | | |
|---|---|---|
| | trauma, illness or congenital conditions<br>2.3 Summarise national data on prevalence and patterns of physical disability | perinatal complications<br>• UK prevalence by age, gender, ethnicity<br>• Barriers to diagnosis and support access |
| 3. Understand the impact of physical disability on individuals | 3.1 Explain how physical disability affects health, wellbeing and daily living<br>3.2 Describe psychological and social challenges associated with physical disability<br>3.3 Analyse how attitudes and accessibility influence inclusion and participation | • Effects on mobility, personal care, independence<br>• Mental health challenges and emotional impact<br>• Relationships, employment, education<br>• Accessibility of public spaces, housing, transport<br>• Ableism, stereotypes, visibility and advocacy |
| 4. Understand support approaches and inclusive practice | 4.1 Describe key principles of inclusive practice in health and social care<br>4.2 Explain services and adaptations that promote independence and wellbeing<br>4.3 Identify roles of professionals and organisations supporting individuals with physical disability | • Person-centred support<br>• Physical adaptations (e.g. mobility aids, home modifications)<br>• Assistive technology, occupational therapy, physiotherapy<br>• Advocacy networks, peer support, local services<br>• Legal frameworks (e.g. Equality Act 2010) and safeguarding |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment Criteria to be covered | Assessment type | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO4 | All ACs under LO1 - LO4 | Leaflet | 2500 words |

## Indicative Reading List


- Shakespeare, T., 2018. Disability: The Basics. London: Routledge. Available at: https://www.amazon.co.uk/dp/1138653814
- French, S. and Swain, J., 2012. Working with Disabled People in Policy and Practice: A Social Model. Basingstoke: Palgrave Macmillan. Available at: https://www.amazon.co.uk/dp/0230576437
- McClimens, A. and Gordon, F., 2018. Nursing for Public Health: Promotion, Principles and Practice. London: Routledge. [Includes chapters on disability inclusion]. Available at: https://www.amazon.co.uk/dp/1138036785

- Coleman, R., Clarkson, J. and Keates, S., 2007. Design for Inclusivity: A Practical Guide to Accessible, Innovative and User-Centred Design. London: Routledge. Available at: https://www.amazon.co.uk/dp/1317152463
- Thomas, C., 2007. Sociologies of Disability and Illness: Contested Ideas in Disability Studies and Medical Sociology. Basingstoke: Palgrave Macmillan. Available at: https://www.amazon.co.uk/dp/1403997803
- Oliver, M., 2009. Understanding Disability: From Theory to Practice. 2nd ed. Basingstoke: Palgrave Macmillan. Available at: https://www.amazon.co.uk/dp/0230212015


## Additional Resources


- NHS, 2025. Living with a Physical Disability – Support and Services. [online] Available at: https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-services-for-disabled-people/
- Scope, 2025. Disability Equality and Support Services. [online] Available at: https://www.scope.org.uk/
- Disability Rights UK, 2025. Promoting Physical Activity for Disabled People. [online] Available at: https://www.disabilityrightsuk.org/resources/promoting-physical-activity-disabled-people-online-resource-support-disabled-people%E2%80%99s
- AbilityNet, 2025. What You Need to Know About Disability Awareness. [online] Available at: https://abilitynet.org.uk/factsheets/what-you-need-know-about-disability-awareness
- Disability Matters, 2025. Free E-learning for Disability Awareness. [online] Available at: https://www.disabilitymatters.org.uk/
- Every Body Moves, 2025. Inclusive Physical Activity and Disability Sport. [online] Available at: https://everybodymoves.org.uk/

# EFFECTIVE HANDLING OF INFORMATION IN HEALTH AND SOCIAL CARE SETTINGS

| | |
|---|---|
| Unit Reference Number | L/618/5294 |
| Unit Title | Effective Handling of Information in Health and Social Care Settings |
| Unit Level | 3 |
| Number of Credits | 10 |
| Guided Learning Hours (GLH) | 50 |
| Total Qualification Time (TQT) | 100 |
| Mandatory / Optional | Optional |
| Sector Subject Area (SSA) | 1.3 Health and Social Care |
| Unit Grading Structure | Pass / Fail |

## Unit Aims

The aim of this unit is to consider issues of confidentiality and ethical practice relating to the storage and use of information. The unit also covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

## Learning Outcomes, Assessment Criteria and Indicative Content

| Learning Outcomes – the learner will: | Assessment Criteria – the learner can: | Indicative contents |
|---|---|---|
| 1. Understand handling of information practice requirements in health and social care settings. | 1.1 Identify legislation and codes of practice that relate to handling of information in health and social care.<br>1.2 Explain the legal requirements and codes of practice for handling of information in health and social care. | ● Legislation relating to the handling of information in health and social care e.g. Data Protection Act 2018, General Data Protection Regulation (GDPR), Freedom of Information Act 2000, other relevant legislation duty of confidentiality, human rights, safeguarding vulnerable adults. Other relevant legislation and regulation.<br>● Codes of practice relating to the handling of information, relating to the accuracy, retention, availability, disposal of information, |

| | | |
|---|---|---|
| | | secure information systems, safeguards and uses of personal information. |
| 2. Understand good practice in handling of information. | 2.1 Describe how manual and electronic information storage systems are securely maintained.<br>2.2 Describe practices that ensure security when storing and accessing information.<br>2.3 Explain the importance of maintaining records that are up to date, complete, accurate and legible. | ● Features of manual/electronic information storage systems, encryption, secure passwords, electronic audit trails, secured IT networks, identity checks, security passes.<br>● Information governance procedures, ensuring confidential information is not disclosed without consent, accidental disclosure of information, strict security measures, shredding paper-based information, logging out of electronic data systems, operating effective incident-reporting processes, security of access to records/reports, legal and organisational procedures, ethical codes/professional standards.<br>● Records/reports must be legible, accurate, complete and up-to-date records, signed and dated, specifying individual needs and preferences, indicating any changes to care needs. |
| 3. Understand practices relating to confidentiality. | 3.1 Explain the meaning of the term confidentiality.<br>3.2 Discuss how to maintain and promote confidentiality in day-to-day communication.<br>3.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing information. | ● Not passing on personal or sensitive information from another person, this information should not be passed on to anyone else without the consent of the person from whom the personal or sensitive information was received, safe storage of information, adhering to policies and procedures and agreed ways of working.<br>● Following policies and procedures in own workplace setting, policies for sharing information, situations where unconditional confidentiality cannot be maintained, support and guidance regarding confidential |

| | | |
|---|---|---|
| | | information, role of manager or supervisor, referral, training, types of information-paper-based, electronic, verbal, hearsay, confidentiality relating to the collection, recording and storage of different types of information.<br>● The need for consent to share information, understanding when information may be shared without consent, concept of 'need to know', need to follow policy and protocols for information sharing. |

## Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

| Learning Outcomes to be met | Assessment criteria to be covered | Type of assessment | Word count (approx. length) |
|---|---|---|---|
| LO1 - LO3 | All ACs under LO1 to LO3 | Portfolio of evidence | 2500 |

### Indicative Reading List

Avery, G. (2016) *Law and Ethics in Nursing and Healthcare: An Introduction (2nd Ed.)* London: Sage.

Herring, J. (2016) *Medical Law and Ethics (6th Ed.)* Oxford: OUP.

Lillyman, S. and Merrix, P. (2012) *Record Keeping (Nursing and Health Survival Guides).* Routledge.

Whelan, A. and Hughes, E. (Ed) (2016) *Clinical Skills for Healthcare Assistants and Assistant Practitioners.* Wiley Blackwell

# IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this booklet serves only as a useful guide to your learning experience.

For updated information please visit our website www.othm.org.uk.