

Content Area 1: Health and Social Care Provision and Services

Types of Provision:

- **Statutory:** provided and funded by the government
- **Private:** profit making business where services are chargeable
- **Voluntary:** charities and not-for-profit organisations set up to meet an identified need
- **Informal:** unpaid care provided by someone who has a personal relationship with the individual

Function of healthcare services:Hospitals provide:

- o accident and emergency treatment and aftercare
- o treatment of infection, diseases and conditions
- o operations for identified conditions o follow up in outpatient departments and clinics o health and wellbeing centres.

General practitioner (GP) surgeries provide:

- o consultations o minor surgery o practice nurse services
- o clinical advice and diagnostics o referral to other services
- o guidance on healthy lifestyles

Clinics provide:

- o mobile screening o family planning services o addiction services o sexual health services

Pharmacies provide:

- o non-emergency medical advice o dispensing services o non-prescription medication

Dental services provide:

- o regular and emergency treatment o oral health advice o referral to hospital services

Ambulance services provide:

- o emergency assessment and transfer to hospital o initial treatment to stabilise a condition o transport services from home to clinics

Rehabilitation centres provide:

- o support for the individual to develop and regain abilities needed for daily life

Purpose of Health and Social care Provision:
understand the purpose of health and social care provision is to:

- provide a standard of care to meet government legislative and regulatory requirements
- provide types of intervention specific to the individual's needs and preferences
- provide individualised care to meet long- and short-term needs and preferences

Functions of Social Care Services

Residential services provide long-term care:
o care homes for adults, children and young people provide:

- 24-hour support and care for an individual with particular needs
- Foster care provides short- and long-term care: o day to day care to support wellbeing, education and to advocate on behalf of the child or young person

Respite services provide short-term care:

o hospice, respite holiday, day care, sitting services provide:

- a short break for families in need

Community services are targeted services to meet local need:

o community centres, family centres, homecare services provide:

- a local service to promote wellbeing, meet a range of individual needs and support the individual's independence

Content area 2: Jobs in Health And Social Care and the Values that Underpin Professional Practice

Practitioner roles in health care

Nurse:

- collaborates with teams to plan patient care,
- monitors and records the individual's health status,
- administers medication and supports holistic care needs

Doctor: (hospital-based or GPs)

- diagnoses and treats physical and mental health conditions.

Paramedic:

- responds to emergency calls in the community,
- assesses the individual and provides life-saving medical intervention

Dentist:

- assesses oral health and provides dental treatment

Physiotherapist:

- assesses and supports the individual affected by injury, illness or disability through tailored exercise programs, manual therapy and advice

Occupational therapist:

- assesses and supports the individual's physical, psychological, social and environmental needs and provides adaptations

Pharmacist:

- dispenses medication and advises on the individual's health issues

Practitioner roles in social care

Social worker – works in partnership to assess and support individuals in need to safeguard and protect from harmCare Assistant – provides holistic care to meet the individual's needsSpeech and language therapist – provides support for individuals with communication difficulties and individuals with eating, drinking and swallowing problemsOutreach worker – provides emotional and practical support to individuals within the community to help them take part in all aspects of everyday lifeFamily support worker – establishes relationships with individuals and families in need to provide tailored supportActivities coordinator – organises activities to support the holistic well-being of the individualSocial care prescriber – signposts individuals to community support for wellbeingCPD continuing professional development

engage in activities to develop and enhance both personal and professional skills

- the importance of continuing professional development:
 - o ensures knowledge and practice is current
 - o meets regulatory requirements
 - o ensures the quality of care
 - o improves outcomes for the individual or service
 - o enhances professional and personal growth of the practitioner

6Cs:

- o **Care:** consistent tailored care throughout life
- o **Compassion:** how care is underpinned by empathetic, respectful and dignified relationships
- o **Competence:** delivery of evidence-based care and treatment
- o **Communication:** key to caring relationships and facilitating team working
- o **Courage:** raise concerns and be open to innovative ways of working
- o **Commitment:** dedicated to improving care and experience of the individual and embrace future challenges

Care Values

duty of care – maintains legal requirement to protect the individual and act in their best interests

Safeguarding- ensures safety of the individual and protects from harm and abuse

rights – promotes entitlements set out in law

dignity – promotes the individual's self-respect

Independence – enables the individual to make own decisions

respect – acknowledges diversity through recognising and responding to the individual's needs and preference

confidentiality – maintains privacy and security of personal information

Content Area 3: Legislation, policies and procedures in health and social care

Legislation: A law, or set of laws that have been passed by parliament.

Policy: An action adopted by an organisation.

Procedure: An established way of carrying out a policy.

Act	Policy	Procedure
The Health and Safety at Work Act 1974 – defines responsibilities for maintaining health and safety at work	<ul style="list-style-type: none"> Health and safety policy 	<ul style="list-style-type: none"> risk assessment hand washing use and disposal of personal protective equipment (PPE) disposal of waste and body fluids security checks: identity and the environment correct moving and handling techniques reporting and recording
Health and Social Care Act (2012): defines the planning, delivering and monitoring of healthcare services	<ul style="list-style-type: none"> Partnership working 	<ul style="list-style-type: none"> Report abuse (record keeping/reporting) Provide play Adapt activities
Equality Act 2010 – ensures an individual's characteristics are protected age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation	<ul style="list-style-type: none"> Equality and diversity equality and inclusion policy 	<p>inclusive practice which promotes:</p> <ul style="list-style-type: none"> a person-centred approach dignity respect <p>Equal access which ensures:</p> <ul style="list-style-type: none"> non-discriminatory practice barriers to access faced by the individual are overcome adaptations to environment are put in place to meet the individual's needs and preferences aids and equipment are secured to meet the individual's needs and preferences valuing diversity – which celebrates individual differences: values, beliefs, traditions
Data Protection/General Data Protection Regulation 2018 (GDPR) – data protection and privacy on how personal data is used and stored	<ul style="list-style-type: none"> Data protection policy Confidentiality policy 	<ul style="list-style-type: none"> Share information with consent Store information safely Share information on a 'need to know' basis Store information in a locked filing cabinet. <p>Ensure files are password protected</p> <p>o reporting and recording:</p> <ul style="list-style-type: none"> -timely -factual -legible
Care Act (2014): Local Authority have a duty to promote an individuals well-being (physical, emotional, social and economic) Continuity of care must be provided Individuals to be safeguarded	<ul style="list-style-type: none"> Safeguarding Duty of Care 	<ul style="list-style-type: none"> Reporting and recording

Key words: Legislation, Policy, Procedure, Governance, Eligibility

Content Area 4: Human development across the life span

Life Stages:
 Infancy (0-2 years)
 Childhood (3-10 years)
 Adolescence (11-17 years)
 Early adulthood (18-29 years)
 Middle adulthood (30-60 years)
 Late adulthood (60 years+)

Intellectual (Cognitive): – the individual's ability to recognise, remember, form concepts and problem solve

Emotional: the individual's ability to develop, manage and express feelings and show empathy for others

Infancy:

- attachments form with main carer
- may develop temper tantrums

Childhood:

- shows affection for younger children
- develops fairness and sympathy for others

Adolescence:

- mood swings are common
- development of more intimate relationships
- can become self-conscious
- influenced by views, opinions and behaviours of friends (peer pressure)

Early adulthood:

- stress due to work, finances and relationship problems
- emotional bonds may form with partners and own children

Middle adulthood:

- changes in relationships
- feelings of loss when children leave home
- period of self-doubt and mid-life crisis

Late adulthood:

- loneliness due to isolation
- less anxiety in life due to no work pressure
- self-esteem and confidence may decrease
- anxiety over reduced income and care costs

Social: the individual's ability to build relationships and interact with others

Infancy:

- waves 'bye-bye'
- communicates by smiling

- can become wary of strangers

Childhood:

- willing to share toys
- can enjoy team games
- often has a 'best friend'

Adolescence:

- increasing independence from parents
- friendships become very important

Early adulthood:

- relationships form with people from work
- friends and social relationships often change

Middle adulthood:

- relationships with grandchildren are important
- friendships continue from school, through work and outside activities

Late adulthood:

- can develop new relationships through new interests
- isolation due to lack of social contact in the workplace

Regulatory and inspection bodies:

Care Quality Commission (CQC):
 - regulates health and adult social care services

Office for Standards in Education, Children's Services and Skills (Ofsted):
 regulates education, children's services and schools

The Health and Care Professions Council (HCPC):
 register of health and care professionals

Nursing and Midwifery Council (NMC): register of those who can practise nursing and midwifery

Social Work England:
 register of those who can practise social work

Key role of regulatory bodies:

- uphold standards
- ensure public confidence
- register services
- monitor, rate, and inspect services
- protect the individual

Roles and responsibilities of the practitioner :

- understand the related legislation, policies and procedures
- adhere to the underpinning policies and procedures
- work within own professional boundaries
- understand how to escalate any concerns
- allow for access to quality health and social care services

Physical development: the advancement and control of the individual's bodily movements and functions

Infancy:

- can sit
- can roll over
- can walk

Childhood:

- can stand on one leg
- can ride a tricycle
- cut along a line
- legible handwriting
- confident at handling large equipment during sports
- greater coordination and speed when carrying out fine and gross motor skills

Adolescence:

- puberty and sexual maturity reached
- muscle mass increase
- changes in body shape and height

Early Adulthood:

- full height is reached
- body strength at maximum

Middle Adulthood:

- menopause occurs
- loss and greying of hair
- muscles start to lose strength

Late Adulthood:

- decline in mobility
- visual and hearing degeneration
- loss of bone density

Content Area 4: Human development across the life span

Nature: Biological.

Nurture: Environmental

Biological Factors	Example	Environmental factor	Example
Physical traits – some are linked to genetic inheritance.	Height, physical strength, face shape, eye colour.	Lifestyle	<ul style="list-style-type: none"> • Rest • physical activity • diet • drugs and alcohol
Medical conditions - most are linked to genetic inheritance.	Diabetes, asthma, sickle cell anaemia.	Socio-economic	<ul style="list-style-type: none"> • education • employment • income
Learning difficulties – are most likely as a result of genetic inheritance.	Autistic spectrum conditions, dyslexia.	Relationships:	<ul style="list-style-type: none"> • family • partners • friendships
Disabilities – some are linked to genetic inheritance, whilst others may occur during pregnancy and birth	Deafness, sight problems, cerebral palsy, spina bifida.	Culture:	<ul style="list-style-type: none"> • values • traditions and expectations
Personal characteristics	Shyness, curiosity, outgoing	Physical environment	<ul style="list-style-type: none"> • urban • rural

Transition: A the change from one stage or state to another in the individual's life, a transition can be expected or unexpected.

Common Transitions:

Infancy – starting nursery
Childhood – arrival of new siblings

Adolescence: onset of puberty, sitting examinations, leaving home

Early, middle, late adulthood: employment, marriage/civil-partnerships, parenthood, divorce, bereavement, retirement, diagnosis of medical conditions

Impacts of transitions on biological and environmental factors

Health and wellbeing:

o physical

o mental

Relationships:

o belonging

o loneliness

Life chances:

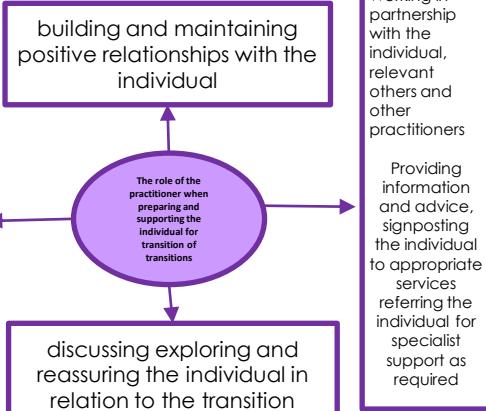
o expectations

o opportunities

Independence:

o self-care

o dependency



Content Area 5. The care needs of the individual

Conditions and disabilities that require health and social care support:

Chronic condition – a physical or mental condition that is long-lasting in its effects (lasts at least 3 months but usually lasts a year and is often lifelong)

Acute condition – a physical or mental condition which is of short duration, intense, develops quickly but generally has no lasting effects

Disability – physical or mental condition that has a substantial* and long-term+ impact or effect on an individual's lifestyle (Equality Act 2010) (*substantial is more than minor or trivial) (+ long term is longer than 12 months):
o types of disability include: • cognitive • physical • mental • sensory

Maslow's Hierarchy of Needs



Care Values in Practice:	
Mealtimes	Offer choice of mealtimes and preferences to meet the individual's requirements ensure the individual's dietary and cultural needs and preferences are met Agree with the individual the level of assistance required
Personal care and toileting:	Meet preferences in choice of care and dressing Provide aids and adaptations to promote independence
Activities.	Overcome potential barriers to communication through tailored approaches Find out the individual's interests and preferences

Physiological and biological requirements for human survival	
Food and drink:	<ul style="list-style-type: none"> • ability to prepare food and drink • ability to meet own nutritional requirements • ability to eat and drink unaided
Rest and sleep: Toileting: Personal care:	<ul style="list-style-type: none"> • disruption to sleep pattern incontinence because of a health condition • incontinence because of mobility • ability to care for skin, hair and teeth • ability to dress/undress • ability to select clothing for the season

Safety, security and control in the individual's life:	
Environment: Healthcare: Emotional security: Financial security:	<ul style="list-style-type: none"> • ability to maintain own safety • ability to maintain own security • ability to access services and treatment • ability to manage own medication • ability to cope with anxiety and stress • level of resilience • employment status • available funds to maintain lifestyle and meet need

Love and belonging and need for positive relationships:	
maintain active relationships:	<ul style="list-style-type: none"> • with family, partners, friends and community • level of involvement with others • level of isolation and loneliness

Esteem, dignity and respect from others:	
Self-confidence: Independence:	<ul style="list-style-type: none"> • level of self-confidence • level of dependency: • ability to self-care:

Self-actualisation and realisation of the individual's full potential:	
Personal growth: Self-fulfilment:	ability to achieve own potential desire to achieve own potential

Content Area 6. How health and social care services are accessed

Types of referral used to access health and social care services

Referral: An act of referring someone or something for consultation, review, or further action

Self-referral:

This is the individual gaining access by themselves and not involving anyone else makes an appointment with a health or social care practitioner e.g. making a doctors

Professional:

An HSC practitioner, such as a GP, may wish their patient to see another professional, so they arrange for them to do so. E.g. a GP may wish their patient to have an x-ray or blood test so they contact the hospital who arrange an appointment

Third-party:

Third-party referral refers to a person (usually family or friend) who makes contact with a doctor or other health professional on the patient's behalf. A family member or friend accesses services on someone's behalf. An example of this is when a daughter calls the GP to make an appointment for her elderly mother

Barriers prevent individuals from accessing a service

Barriers to accessing health and social care services for the individual		Overcome
Communication	<ul style="list-style-type: none"> • sensory impairment • cognitive impairment • English as an additional language 	<ul style="list-style-type: none"> • Ensure effective tailored communication skills are maintained by: • Providing information in alternative formats • Providing access to specialist professional services
Culture	<ul style="list-style-type: none"> • Values • beliefs 	<ul style="list-style-type: none"> • Ensure inclusive practice to meet the individual's values and beliefs • Ensure practitioner awareness of a range of culture, values and beliefs and their impact on care needs and preferences
Location	<ul style="list-style-type: none"> • Transport • Cost • Capability of the individual to access building 	<ul style="list-style-type: none"> • Provide community services • Provide aids and adaptations • Online/telephone consultations • online prescription ordering and delivery

Content Area 7: Partnership working in health and social care

Partnership working – different practitioners and the individual working together to meet needs

How partnership working meets the needs and preferences of the individual:

- Using the expertise of other practitioners' knowledge, skills and experience
- Working together towards shared goals to ensure consistent and continuous care for the individual
- Clarifying roles and responsibilities of all practitioners
- Establishing care to meet the individual's needs and preferences
- Enabling interventions to meet the individual's needs and preferences
- Ensuring safeguarding

**Potential barriers to partnership working and strategies to overcome barriers:****Communication:**

- Level of understanding
- Level of trust
- Assumptions

Time management:

- Ineffective time management skills
- Conflicts in priorities
- Workload

**Strategies to overcome the barriers:****Communication:**

- Agree shared goals
- Be inclusive
- Avoid use of jargon
- Build respect and confidence
- Acknowledge and understand viewpoints of others

Time management:

- Establish practitioners' commitment and availability
- Select agreed dates, times and venues
- Use appropriate mode of communication



Content Area 8: . The care planning cycle

A care plan is a plan that outlines the care and support required to meet the individual's holistic needs and preferences.

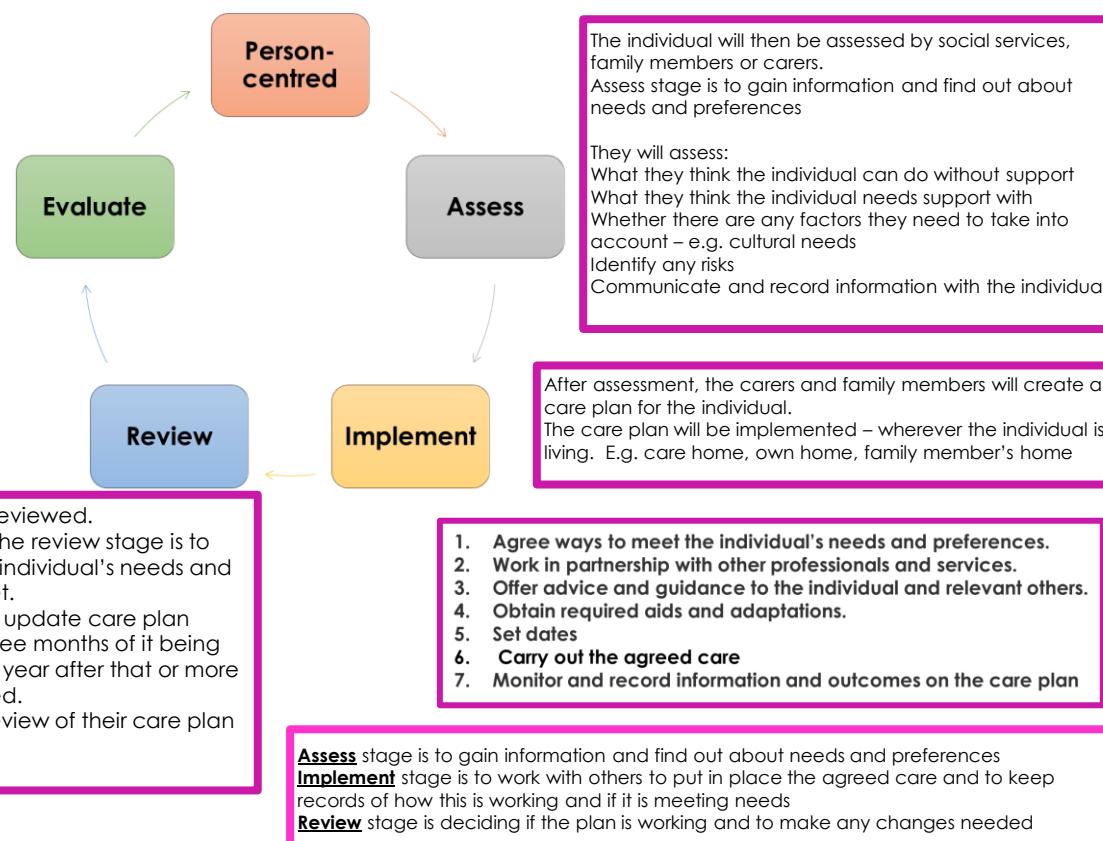
All care provided needs to be person-centred. This means the individual should be able to make their own choices about the care they receive, and they will be involved in putting together their own care plan.

The first thing carers will do is speak to the individual about:
What they want
What they think they are able to do without support
What they think they may need support with

After the review, the care plan will be **Evaluated**.

This means there may be changes to the care plan, or new actions put in place to support the individual.

There may need to be changes to the individual's care due to changes in circumstances or abilities.



Key words: Purpose, Implementing, Holistic, Strategies, Assessment

Exam breakdown – How am I being assessed?

Assessment breakdown		<ul style="list-style-type: none"> 1 hour 30 minutes examined assessment 14 hours non-exam assessment
Non-exam assessment (NEA)	50%	Externally-set, internally marked and externally moderated: <ul style="list-style-type: none"> Synoptic project
Examined assessment (EA)	50%	Externally set and externally marked: <ul style="list-style-type: none"> Written exam
Total	100%	Overall grades: Level 1: pass, merit and distinction Level 2: pass, merit and distinction

Top Exam Tips

Before the exam

- Revision
- Plenty of rest/sleep
- Manage your time
- Exercise
- Ask for help
- Make a revision timetable
- Have enough food and drink
- Get organised
- Arrive early for exam



During the exam

- Read questions carefully
- Answer every question
- Use all the time you have been provided
- Re-check your answers if you have spare time
- Highlight keywords if you find it helpful
- Be positive
- Stay calm



Don't let this be you...

