



SALUS POPULI

BTEC National Level 3 Health and Social Care Extended Certificate



BTEC National Level 3 Extended Certificate =

- a **2 year course equivalent to one A Level**
- **new generation BTEC course** assessed by a combination of coursework and external examination assessments (seen as a more academically rigorous course and qualification)
- **40% of points come from coursework** and **60% from the examination** units
- **4 units over 2 years** (one external examination unit and one coursework unit completed each year)
- **2 opportunities to complete each examination** (January and May/June sittings – the highest mark counts)

BTEC National Level 3 Extended Certificate Health and Social Care =

Year 12

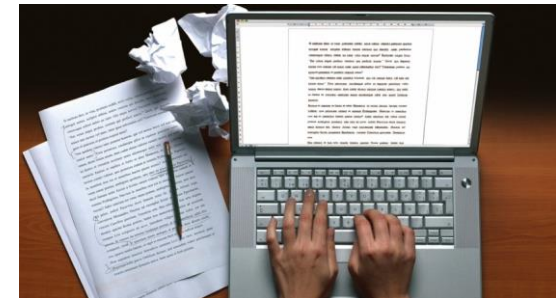
Unit 1 - Human Lifespan Development (90 credit unit)

external exam – 1.5 hours - 90 marks



Unit 5 – Meeting Individual Care and Support Needs (90 credit unit)

coursework unit – 2 assignments



BTEC National Level 3 Extended Certificate Health and Social Care =

Year 13

Unit 2 – Working in Health and Social Care (120 credit unit)

external exam – 1.5 hours - 80 marks



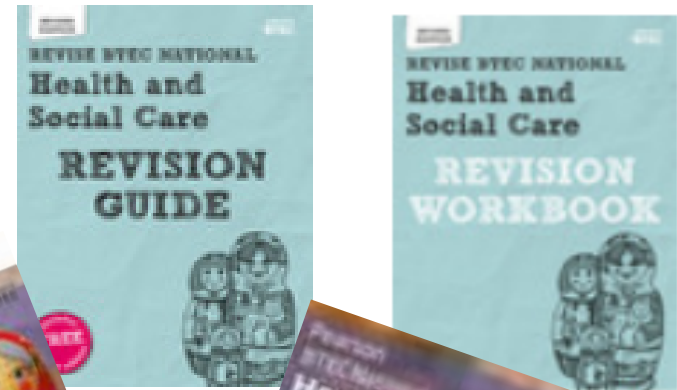
Unit 12 – Supporting Individuals with Additional Needs (60 credit unit)

coursework unit – 2 assignments



We supply a range of resources to support your learning including:

Text books
Work books
Revision books
Past papers
Revision cards



Write your name here	
Surname	Other names
Centre Number	Learner Registration Number
Pearson BTEC Level 3 National Certificate	
Health and Social Care	
Unit 1: Human Lifespan Development	
Wednesday 10 January 2018 - Afternoon Time: 1 hour 30 minutes	Paper Reference 31490H
You do not need any other materials.	Total Marks

Instructions

- Use black ink or ball-point pen.
- Fill in the boxes at the top of this page with your name, centre number and learner registration number.
- Answer all questions.
- Answer the questions in the spaces provided – there may be more space than you need.

Information

- The total mark for this paper is 90.
- The marks for each question are shown in brackets – use this as a guide as to how much time to spend on each question.

Advice

- Read each question carefully before you start to answer it.
- Try to answer every question.
- Check your answers if you have time at the end.

Chomsky

Nature- instinctive and within genetics

Our ability to learn is instinctive- it is widely accepted because it is more comprehensive than skinner's theory and explains the acquisition of language by babies follow a pattern

He suggests that humans have a language acquisition device (LAD). It is not an actual part of the brain, but a structure within it- it can analyse the language and work out the system uses. This explains why children can quickly understand and then use their language to create their own sentences.



Current sixth form students in Years 12 and 13 say Health and Social Care:

Staff are always really supportive both in helping you with your studies and helping you to apply for courses, jobs and apprenticeships

The course is really interesting with lots of case studies and it all links to real life and a wide variety of care settings

I am pleased I chose this course as it shows to employers and universities and colleges that I can perform in exams and coursework situations.

I like the fact that 40% of the marks come from coursework and it does not all depend on exams at the end of Year 13. The spread of having some exams in Year 12 really helps my learning.

The course leads to a wide range of opportunities so I don't have to make a decision just yet as I am still unsure what I want to do after sixth form.



How will I learn?

- Individual – research and completion of assignments including presentations, reports and formal documentation
- Lessons include a mix of peer/paired work and assessment
- Group discussion, research and completion of assignments. This can be informal or a formal requirement of the assignment.
- Feedback from peers, and teacher.
- All coursework is completed using a computer and is submitted using assignments on Teams.



What could it lead to ?

There are plenty of opportunities out there for you:



HEALTHCARE IS

**NOW
HIRING**

- **There is a global shortage of healthcare workers.** The [World Health Organisation estimates](#) there will be a healthcare workforce gap of around 14.5 million by 2030.
- Around [1.2 million full-time equivalent staff](#) work in the NHS, and [1.1 million](#) work in adult social care. Around [78% of social care jobs](#) are in the independent sector. Providers across NHS England are reporting a shortage of over 100,000 fulltime staff. Adult social care is facing even starker recruitment and retention challenges, with an estimated [122,000 vacancies](#) = a vacancy rate of around 8% for both the NHS and social care, compared with a vacancy rate of [under 3% for other jobs across the UK economy](#).
- Analysis by the King's Fund suggests the NHS workforce gap could reach [almost 250,000 by 2030](#). Nursing is facing one of the greatest problems with one in eight posts vacant.

What could it lead to ?

Recent sixth formers who have completed this course have chosen to study a **degree, foundation degree, NVQ Level 3 or 4** courses at university or college, complete an **apprenticeship** or enter the health and social care **workforce directly** including:

Care worker (elderly care, adults with specific needs and children)

Teaching

Social work

Childcare

Paramedic

Occupational Therapy

Nursing (adult and paediatric (child) nursing)

Health Care Assistant

NHS apprenticeship scheme

Midwifery

Speech and language therapy



These are just a selection of opportunities that our students have taken. For more ideas <https://www.healthcareers.nhs.uk/working-health>

So units cover:

Unit 1: Human Lifespan Development

Health and social care practitioners need to develop a knowledge base for working with people in every stage of their lives, and they need to know how their own experiences relate to health and wellbeing. Although it is generally accepted that there may be deterioration in health with age following adulthood, medical intervention means people are living longer and have better life prospects.

This unit will develop your knowledge and understanding of patterns of human growth and development. You will explore the key aspects of growth and development, and the experience of health and wellbeing. You will learn about factors that can influence human growth, development and human health. Some of these are inherited and some are acquired through environmental, social or financial factors during our lifespan. You will learn about a number of theories and models to explain and interpret behaviour through the human lifespan. In this unit, you will explore the impact of both predictable and unpredictable life events, and recognise how they impact on individuals. You will study the interaction between the physical and psychological factors of the ageing process, and how this affects confidence and self-esteem, which in turn may determine how individuals will view their remaining years.

This unit covers aspects of human growth and development through the different life stages. This content will serve as an introduction to health and social care needs and so will sit at the heart of the qualification.



So units cover:

Unit 2: Working in Health and Social Care

This unit will help you to understand what it is like to work in the health and social care sector. When working for an organisation in this sector, you will have important responsibilities that you need to understand and carry out. These include maintaining the safety of and safeguarding individuals with health and social care needs, making sure that you properly handle their personal information and preventing discrimination towards them. You will need to understand how you will be accountable both to these individuals and the regulatory bodies that represent people who work in the health and social care sector. It is necessary for you to understand how your work will be monitored when you carry out a specific role such as nurse or social worker. You will begin by looking at the range of roles and general responsibilities of people who work in health and social care settings. You will learn about the organisations that provide services in this sector, and the different settings in which these services are delivered according to the needs of the service user. You will learn about the ways these services are provided and about the barriers that can prevent people from getting the services they need. As an employee of an organisation that provides services in the health and social care sector, you will have responsibilities towards people who seek information and advice, those who are being assessed and people who use services provided by or on behalf of your employer. You will also have responsibilities towards your employers, both as an employee and when you are undertaking specific duties on behalf of your employer. These organisations are regulated and inspected so you will also need to understand how inspectors and regulators monitor the work that you do. You will learn about working with people with specific needs, including ill health, learning disabilities, physical and sensory disabilities, and the needs of people who occupy different age categories.

This unit will cover the skills you need to work in all areas of health and social care.



So units cover:

Unit 5: Meeting Individual Care and Support Needs

For you to be able to provide the care and support that individuals need, it is important that you have a good understanding of the principles behind providing quality care and support. This unit introduces you to the values and issues that need to be considered when planning care and support that meet the needs of an individual in a health and social care environment. In this unit, you will learn about the values and principles of meeting care and support needs and look at some of the ethical issues that arise when personalising care. You will examine factors that can impact the professionals who provide the care and support, and the challenges that must be overcome to allow access to good quality care and health services. You will explore the different methods used by professionals across all care services. You will reflect on these methods when you consider the importance of multi-agency working in providing a package of care and support that meets all the needs of individuals. To complete the assessment task within this unit, you will need to draw on your learning from across your programme.

This unit will be useful if you are intending to pursue a career in social care or healthcare, for instance as a social worker or health visitors, practice nurse or occupational therapist. The unit will also be invaluable if you wish to progress to higher education, to degrees in areas such as health and social care management, social work and nursing.



So units cover:

Unit 12: Supporting Individuals with Additional Needs

While working in health and social care, you may care for a full range of individuals who have additional needs. Individuals with these additional needs have a right to receive the best quality care and support. This unit aims to give you specialist knowledge that can be crucial to ensuring that those with additional needs meet their full potential. As a practitioner in a health or social care environment, you will be responsible for ensuring that everyone in your care has the same opportunities. Additional needs are essentially about each person's uniqueness and wellbeing rather than about discrimination, and it will be your job to ensure that you treat people equally, respect diversity and foster an environment with high expectations. In this unit, you will explore the range of additional needs that are faced by individuals, considering the effects these needs have on their wellbeing, rights and access. Individuals with additional needs may need provision from a number of services, meaning that organisations work in partnership to assess needs and provide support. You will investigate the support provided to explain how it is possible to overcome the challenges that these needs pose to daily living. Finally, you will investigate the legislation, frameworks and policies that govern work in the health and social care sector, and support the rights of individuals with additional needs.

This unit will help you progress to a range of careers with children and adults with additional needs and also to higher education to study nursing, social work and therapist careers.



Example of content from a unit 1 exam lesson

Year 12

Unit 1 - Human Lifespan Development (90 credit unit)

external exam – 1.5 hours - 90 marks

PIES development is HOLISTIC

How we grow and develop physically, intellectually, emotionally and socially is closely linked.

Emotional and social development are especially closely linked.....

For example from birth to 5 years old:

INTELLECTUAL DEVELOPMENT

This is the development of a child's brain and how a child gains an understanding of the world. Learning to communicate, especially through speech, is an important part of intellectual development.

3 Months

Smiles, coos, gurgles and cries.



6 Months

Begins to recognise parents, starts to 'babble' and put objects in mouth.

9 Months

Listens and copies sounds e.g. 'dad - dad'.



12 Months

Understands simple commands e.g. 'wave bye-bye', and starts to use holophrases.

18 Months

Uses 20 or more identifiable words and recognises pictures.



2 - 2½ Years

Uses telegraphic speech, e.g. 'Mummy gone'. Names some colours and draw lines. Reasoning skills also develop.

3 - 4 Years

Counts to ten and begins to ask a lot of questions.



4 - 5 Years

Enjoys jokes and riddles and talks about the past and the future. An understanding of simple rules develops.

Children learn through:

- Imitating
- Observing
- Asking questions
- Exploring
- Repeating



Parents can help through:

- Support and praise
- Answering questions
- Encouragement
- Explaining things
- Encouraging play



PHYSICAL DEVELOPMENT

This is the child's physical growth and how a child's ability to control the body changes. Physical development can be monitored by looking at a child's motor skills.

Motor skills are actions that involve the movement of muscles in the body and require co-ordination between the brain and body.

Motor skills are split into two categories:

Gross Motor Skills: the ability to perform large muscle movements.

Fine Motor (Manipulative) Skills: the ability to perform small muscle movements.

AGE	GROSS MOTOR SKILLS	FINE MOTOR (MANIPULATIVE) SKILLS
3 MONTHS	Learns to support head.	Plays with hands. 
6 MONTHS	Rolls over. 	Hold toys with a whole hand palmar grasp.
9 MONTHS	Sits up without support and may start to crawl.	Picks up toys with a pincer grasp (thumb and first finger). 
12 MONTHS	Stands up and may start to take first steps. 	Develops a primitive tripod grip (thumb and two fingers).
15 MONTHS	Begins to walk unassisted.	Able to put one brick on top of another. 
2 YEARS	Runs and walks up and down stairs with two feet to a step. 	Able to use a zipper and build a tower of 5-6 bricks.
3 YEARS	Able to manoeuvre around and catch objects.	Holds a crayon with control and is able to draw a face. 
4 YEARS	Balances and controls a tricycle. 	Able to fasten/unfasten buttons and build a tower of 10 or more bricks.
5 YEARS	Climbs, skips and hops.	Has good pencil control and can colour in neatly. 

EMOTIONAL DEVELOPMENT

This is a child's ability to recognise and control emotions.

EMOTIONS



Emotional development is affected by the child's inborn temperament, environment and health. Illness and stress can cause a child to regress emotionally. Children will develop quicker emotionally if they:

- are praised and encouraged when they do something positive.
- are given love and affection.
- have strong bonds of attachment.
- live in a positive atmosphere.

STAGES OF EMOTIONAL DEVELOPMENT

3 months

Stops crying when picked up.



9 months

Stiffens body when annoyed and shows fear of strangers.

2 years

Consistently demands attention and has tantrums when frustrated.



4 years

Very affectionate to people they see often.



6 months

Enjoys being played with and laughs.

12 months

Egocentric and very dependent on familiar adults.



3 years

Becomes less egocentric and shows feeling and concern for others.

5 years

Comforts playmates in distress and will respond to reasoning.



SOCIAL DEVELOPMENT

This is the process of learning how to live easily with others (socialisation).

Children will learn social skills when confronted with a variety of different experiences both inside and outside the home.



STAGES OF SOCIAL DEVELOPMENT



5 Years

Takes turns and learns to tie shoe laces. Understands rules and fair play.

6 Months

Drinks from a cup which is being held.



4 Years

Dresses and undresses alone. Washes and dries hands and face. Cleans teeth. Plays with others (co-operative play).

12 Months

Plays alone (solitary play) and starts to feed using fingers.



3 Years

Uses a toilet without help and stays dry at night. Understands gender and age and becomes more independent.



15 Months

Uses a spoon to eat and becomes more adventurous.



2 Years

Feeds and dresses alone and will play alongside other children (parallel play). Potty training starts (often earlier in girls).

18 Months

Undresses some items of clothing alone. Some children know when they need the toilet.



Holistic Development

Physical
Development

Spiritual
Development

Intellectual
Development

Social
Development

Language
Development

Emotional
Development



THINK

Is development biological (is it going to happen because we are biologically pre programmed eg. to be intelligent or behave badly)?

OR.....

Do you think that development requires external influences? - if so WHY?

Learning Task -DISCUSSION

How important is holistic development?

Discuss with reference to a case study individual.

Watch this clip about a case study individual called Genie Wiley.



<https://www.youtube.com/watch?v=6H2POnm vbPo>
<https://www.youtube.com/watch?v=gvSMgi23F3o>

Links to content in Learning Aim B
(feral children and the nature / nurture debate)

Genie



The first publicly released picture of Genie, taken just after California authorities discovered her at the age of 13.

Born 1957 (age 56–57)
Arcadia, California, United States

Nationality American

Known for Victim of [severe abuse](#)
Research subject in language acquisition

Genie Wiley.

- ▶ After Genie Wiley was rescued from her parents care they had a team of psychiatric specialists evaluate her to determine whether or not she was mentally retarded.
- ▶ It has been determined that two of the possible explanations for Genie Wiley's inability to learn full speech patterns were either one she was mentally retarded from birth or the most likely that humans lose the ability to learn communication skills somewhere around the age of five.
- ▶ After several years with the psychiatrists Genie was eventually put back into her mothers care where her learning regressed. Making it unknown as to whether or not she could have ever made a complete recovery.



EXTENSION MATERIAL

https://www.youtube.com/watch?v=cN7Z_ctY2bU

- Genie was discovered on 4th November 1970 in Los Angeles.
- The thirteen year old girl had been confined to a small room and spent most of her life often tied to a potty chair.
- The girl was given the name Genie to protect her identity and privacy. "The case name is Genie. This is not the person's real name, but when we think about what a genie is, a genie is a creature that comes out of a bottle or whatever, but emerges into human society past childhood. We assume that it really isn't a creature that had a human childhood," explained Susan Curtiss in a documentary called Secrets of the Wild Child (1997).
- Both parents were charged with abuse, but Genie's father committed suicide the day before he was due to appear in court, leaving behind a note stating that "the world will never understand."
- Before she was discovered, she spent most of her days tied naked to her potty chair only able to move her hands and feet. When she made noise, her father would beat her. Her father, mother, and brother rarely spoke to her. The rare times her father did interact with her, it was to bark or growl.
- Both the general public and also the scientific community were interested in her case. Psycholinguist and author Harlan Lee explained that "our morality doesn't allow us to conduct deprivation experiments with human beings, these unfortunate people are all we have to go on."
- With so much interest in her case, the question became what should be done with her. A team of psychologists and language experts began the process of rehabilitating Genie.
- The National Institute of Mental Health (NIMH) provided funding for scientific research on Genie's case.
- When she arrived at UCLA, she weighed only 59 pounds (26.8kg) and she moved with a strange "bunny walk." She often spat and was unable to straighten her arms and legs. She was silent, incontinent, and unable to chew, she seemed to only recognize her own name and the word "sorry."
- After testing her cognitive and emotional abilities, psychologist James Kent described her as "the most profoundly damaged child I've ever seen... Genie's life is a wasteland."
- Her silence and inability to use language made it difficult to assess her mental abilities, but on tests she scored at about the level of a one-year-old.
- She quickly progressed in certain areas like going to the toilet and dressing herself, and over the next few months, she began to experience more developmental progress, but remained poor in areas such as language.
- Another psychologist Susan Curtiss suggested that Genie had a strong ability to communicate nonverbally.
- Part of the reason why Genie's case fascinated psychologists and linguists was that it presented a unique opportunity to study a hugely contested debate about language development. Nativists believe that the capacity for language is innate, while empiricists suggest that it is environmental variables that play a key role. Do genetics or the environment play a greater role in the development of language?
- Nativist Noam Chomsky suggested that knowing a language could not be fully explained by learning alone, he claimed that children are born with a 'language acquisition device' (LAD), an innate ability to understand the principles of language. Once exposed to language, the LAD allows children to learn the language at a remarkable pace.
- Linguist Eric Lenneberg suggests that like many other human behaviours, the ability to learn a language is subject to what are known as critical periods. A critical period is a limited span of time during which a person is capable of acquiring certain skills. According to Lenneberg, the critical period for language acquisition lasts until around age 12. After this the organisation of the brain becomes set and no longer able to learn and utilise language in a fully functional manner.

- Genie's case presented researchers with a unique opportunity. If given an enriched learning environment, could she overcome her deprived childhood and learn language even though she had missed the critical period? If she could, it would suggest that the critical period hypothesis of language development was wrong. If she could not, it would indicate that Lenneberg's theory was correct.
- Despite scoring at the level of a one-year-old upon her initial assessment, Genie quickly began adding new words to her vocabulary. She started by learning single words and eventually began putting two words together much the way young children do. Curtiss began to feel that Genie would be fully capable of acquiring language.
- After a year of treatment, she even started putting three words together occasionally. In children going through normal language development, this stage is followed by what is known as a language explosion. Children rapidly acquire new words and begin putting them together in novel ways. Unfortunately, this never happened for Genie. Her language abilities remained stuck at this stage and she appeared unable to apply grammatical rules and use language in a meaningful way.
- Although she did learn to talk, her inability to use grammar (which Chomsky suggests is what separates human language from animal communication) offers evidence for the critical period hypothesis.
- However there were other factors to consider in Genie's case. Not only did she miss the critical period for learning language, she was also horrifically abused. She was malnourished and deprived of cognitive stimulation for most of her childhood. Researchers were also never able to fully determine if Genie suffered from pre-existing cognitive deficits. As an infant, a paediatrician had identified her as having some type of learning difficulty. So researchers were left to wonder whether Genie had suffered from cognitive deficits caused by her years of abuse or if she had been born with a learning difficulty.
- Psychiatrist Jay Shurley helped assess Genie after she was first discovered, and he noted that since situations like hers were so rare, she quickly became the centre of a battle between the researchers involved in her case. Arguments over the research and the course of her treatment soon arose.
- Genie occasionally spent the night and the home of Jean Butler, one of her teachers. After an outbreak of measles, Genie was quarantined at her teacher's home. Butler soon became protective and began restricting access to Genie. Other members of the team felt that Butler's goal was to become famous from the case, at one point claiming that Butler had called herself the next Anne Sullivan, the teacher famous for helping Helen Keller learn to communicate.
- Eventually, Genie was removed from Butler's care and went to live in the home of psychologist David Rigler, where she remained for the next four years. Despite some difficulties, she appeared to do well. She enjoyed listening to classical music and loved to draw, often finding it easier to communicate by drawing.
- NIMH withdrew funding in 1974, due to the lack of scientific findings. Linguist Susan Curtiss had found that while Genie could use words, she could not produce grammar. She could not arrange these words in a meaningful way, supporting the idea of a critical period in language development. Rigler's research was disorganised and unreliable. Without funds to continue the research and care for Genie, she was removed from Rigler's care.
- In 1975, Genie returned to live with her birth mother. When her mother found the task too difficult, Genie was moved to a series of foster homes, where she was often subjected to further abuse and neglect.
- Genie's birth mother then sued the Children's Hospital of Los Angeles and the research team, charging them with excessive testing. While the lawsuit was eventually settled, it raised important questions about the treatment and care of Genie. Did the research interfere with the girl's therapeutic treatment?
- Genie's situation continued to worsen. After spending a significant amount of time in foster homes, she returned to Children's Hospital. Unfortunately, the progress that had occurred during her first stay had been severely compromised by the subsequent treatment she received in foster care. Genie was afraid to open her mouth and had regressed back into silence.

For more information:

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