



Higher National Unit specification: general information

Unit title: Sociology for Care: An Introduction

Unit code: FN2E 34

Superclass: EE

Publication date: June 2011

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Version: 01

Unit purpose

This Unit seeks to provide candidates with knowledge of the societal context in which a range of factors may contribute to the health status of individuals in contemporary Scotland. It will offer an introduction to health statistics and epidemiology to students who are seeking a career in the field of health care. Social, cultural, economic and political issues which impact on the health of the individual will be investigated. This will include knowledge of the main sociological theories which are relevant in offering an alternative interpretation to the medical model of disease.

Candidates should be able to discuss the role of the media in shaping attitudes, and how commercialism, consumerism, and the health promotion agenda of the government impact on the health of the nation. In doing this they will examine how health inequalities, group norms, values and patterns of health behaviour are shaped and influenced by cultural and societal factors.

On completion of the Unit the candidate will be able to:

- 1 Examine two sociological theories and the relationship between social factors and health.
- 2 Explain how cultural and social factors influence the health of the individual and the delivery of care.
- 3 Analyse how government policy and care provision can be influenced by media, market forces and consumerism.

General information (cont)

Recommended prior knowledge and skills

Candidates should have good communication skills, both written and oral. These can be evidenced either by the achievement of nationally recognised qualifications, for example Higher English or a qualification equivalent to SCQF level 6, or by the completion of a pre-course interview, part of which could take the form of a written assignment. Candidates would benefit from having studied a social science subject at SCQF level 6. In addition to this, the candidate should preferably have undertaken some work experience in a health care setting.

Credit points and level

1 Higher National Unit credit at SCQF level 7: (8 SCQF credit points at SCQF level 7*)

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Assessment

There could be one combined assessment for this Unit. This could take the form of an investigative project equivalent to 2,000 words. Candidates could present the equivalent evidence in the form of an individual or group presentation involving a visual medium, written report in the style of a journal article, a structured debate, a website, a video documentary or any preferable format. Each candidate should provide a piece of academic writing of 400 words in support of their contribution.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Examine two sociological theories and the relationship between social factors and health.

Knowledge and/or Skills

Theoretical perspectives:

- ◆ Functionalism
- ◆ Conflict theory
- ◆ Feminism
- ◆ Social Action theory

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by investigating and reviewing two sociological theories and demonstrating an understanding of sociological explanations of aspects of society.

Assessment Guidelines

Outcome 1 can be combined with Outcomes 2 and 3 and presented as an investigative project equivalent to 2,000 words. Candidates could present the equivalent evidence in the form of an individual or group presentation involving a visual medium, a written report in the style of a journal article, a structured debate, a website, a video documentary or any preferable format. Each candidate should provide a piece of academic writing of 400 words in support of their contribution

Higher National Unit specification: statement of standards (cont)

Unit title: Sociology for Care: An Introduction

Outcome 2

Explain how cultural and social factors influence the health of the individual and the delivery of care.

Knowledge and/or Skills

- ◆ An introduction to epidemiology and statistics
- ◆ Changes in the health of the nation
- ◆ Cultural and social factors
- ◆ Changing nature of the community and health inequalities
- ◆ Changes in family structure and support
- ◆ How changing needs of society have influenced care delivery

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ provide evidence of the changing health of the nation eg Epidemiology and statistics
- ◆ identify the social groups most at risk of being affected by illness
- ◆ explain how a range of cultural and social factors can impact on the behaviour of individuals and their future health status
- ◆ explain the relationships between low socioeconomic status and poor health. This should include relevant research and published papers, eg the Black Report.
- ◆ investigate care delivery in relation to changing health needs.

Assessment Guidelines

Outcome 1, 2 and 3 can and presented as an investigative project equivalent to 2,000 words. Candidates could present the equivalent evidence in the form of an individual or group presentation involving a visual medium, a written report in the style of a journal article, a structured debate, a website, a video documentary or any preferable format. Each candidate should provide a piece of academic writing of 400 words in support of their contribution.

Higher National Unit specification: statement of standards (cont)

Unit title: Sociology for Care: An Introduction

Outcome 3

Analyse how government policy and care provision can be influenced by media, market forces and consumerism.

Knowledge and/or Skills

- ◆ Models of health and social care
- ◆ Political factors
- ◆ Economic factors
- ◆ Commercial factors

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ identify models of health and social care and their influence on government policy for care provision
- ◆ explain how a range of political, economic and commercial factors can impact on government health policy and the availability of care
- ◆ identify how media influences society's view of health and its expectations of care provision.

Assessment Guidelines

Outcome 3 can be combined with Outcomes 1 and 2 and presented as an investigative project equivalent to 2,000 words.

Candidates could present the equivalent evidence in the form of an individual or group presentation involving a visual medium, a written report in the style of a journal article, a structured debate, a website, a video documentary or any preferable format.

Each candidate should provide a piece of academic writing of 400 words in support of their contribution.

Higher National Unit specification: support notes

Unit title: Sociology for Care: An Introduction

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

This Unit is intended to provide candidates with knowledge of sociological theory and an insight into social factors that influence the health status of individuals and social groups. Candidates should be encouraged to select a health issue in contemporary society and investigate the range of forces that shape the healthy or unhealthy behaviour, from the role of the media in setting trends and social norms, to advertising, consumerism and market forces.

Should the government have a duty of care towards its citizens? Issues to explore could be the rhetoric of government policy on promoting health, while not restricting the availability of unhealthy food products. For example, there are laws passed concerning some drugs, crash helmets and seat belts, food hygiene and health and safety, yet demonstrably unhealthy products are available on the open market. Would such paternalism inhibit freedom of choice and herald the emergence of the Nanny State? This situation could be evaluated in a climate of market forces and consumer choice.

Candidates will be introduced to health statistics and epidemiology, developing an understanding of the extent of health problems in Scotland, but also recognising the social groups most adversely affected by ill-health. The link between poverty and ill-health was identified in the Black Report in 1980 and the health gap between rich and poor hasn't changed since. Candidates could consider why this should be.

Candidates will debate the changing nature of the nation's health, as many historical endemic diseases are eradicated or reduced, but new health problems are emerging. These are not necessarily linked to novel infections, but are more related to lifestyle and societal changes. As the population is living longer there is the concomitant rise of age-related illnesses especially the Dementias.

There is an increase in mental health problems generally and an escalation in the number of antidepressants being prescribed, and the main concern for the future amongst health promoters is the predicted disorders that will result from the number of people who are overweight as a result of a sedentary lifestyles and a change in social norms and values.

Higher National Unit specification: support notes (cont)

Unit title: Sociology for Care: An Introduction

Outcome 1

This includes an introduction to social stratification, social groups and social inequalities. These topics are covered in relation to health and illness, emphasising the difference in life chances of different social groups and the increased probability of morbidity or premature mortality.

Investigate the sociological perspectives: Functionalism, Conflict theory, Feminism, and Social Action Theory. This will provide the candidate with an understanding of the different views on how society is constructed, and gives an alternative explanation of patterns of disease from the medical model.

Outcome 2

This includes an introduction to epidemiology and statistics and the changes to the health of the nation.

Outcomes 2 and 3 will form the bulk of the taught material, and will address how cultural, social, political and commercial factors influence the health of the nation. The list of factors can be considerable, and will not all be relevant to the disorder being investigated, but the range to be covered could include:

Changes in the health of the nation

There has been a demise of the major infective diseases but a rise in different illnesses, especially age related conditions as people live longer. Candidates could consider why there is an increase in the numbers of mental disorders and stress related problems. Scotland has a reputation of being the 'sick man of Europe', we could consider if this reputation is justified by comparing health statistics and mortality rates with comparable countries.

Obesity is one of the main emerging health issues in Britain. We could consider what factors contribute to this situation. The changing nature of work means that more people have sedentary occupations, and do less manual labour. As people work less hours there is more free time to spend, but this is also largely spent being inactive and indoors.

It is common for children to be transported to school by parents: they take less exercise, are less likely to play outdoors. The main leisure pursuit of young people frequently involves computer or TV, eating high salt and sugar foods and consuming sugar drinks.

Cultural factors would relate to diet and lifestyle, our norms and values. The British preference for foods containing high levels of animal fats, fried foods, sugars, salt and flavourings contribute to many health problems, as does a lifestyle involving alcohol and a general reluctance to exercise.

Higher National Unit specification: support notes (cont)

Unit title: Sociology for Care: An Introduction

Social stratification and health inequalities

Since the Black Report first identified the relationship between poverty and ill health there has been an awareness of the correlation by subsequent governments, yet the gap between rich and poor is as wide now, if not wider, than in the 1970s. Some social groups are more at risk of developing illness than other groups. This would include disabled groups, who historically have been 'invisible' to society, and Black and Ethnic Minority groups. Candidates should examine this situation and attempt to explain it. People from ethnic minorities also claim to be discriminated against by the care services. That there is a correlation between poverty and poor health is indisputable and students could seek an explanation in the social, cultural and economic factors that impact on the lives of the poor.

Changes in family structure and social support

Changing family structures and social support, social mobility and the dissolution of the old extended family system have altered the nature of communities. The move in search of work and the pressure/desire of home ownership often leaves families with large mortgages, isolated from their family roots, in need of expensive childcare and alienated in a community of strangers. This leads to the rise of home entertainment, and a reduced social network. This may contribute to the increase in mental health problems: depression, stress related disorders and alcohol misuse.

Changing nature of the community, relationships, social groups and social norms

The nature of the community changes as traditional industries end and people may need to become socially mobile to find employment. This has an impact on the relationships within a community. It also means that people excluded from the workforce may be left in deprived and rundown areas.

As a society we have become more private in our lives, home leisure systems have replaced the public leisure of the village pub, dance, cinema, church and impact on community relationships and the strength of wider social support.

Outcome 3

Health care provision and health care policy

Should the State place more emphasis on health promotion and health education, or do these strategies not work? Does the government and its media advisors sincerely want to reduce levels of ill health, or do some commercial elements in society benefit from the 'illness business' and the sale of harmful products?

There is also a reduction on welfare spending (note the recommendations of the Black Report – that tackling poverty would improve the health of the nation) which is set to continue for the foreseeable future. The cutbacks on health budgets, affect the managerial priorities of the NHS which impacts on service provision. There is a change in attitudes towards complementary and alternative therapies which tends to be available from independent care providers. This introduces market forces and consumer choice to health care provision. The affluent can select the nature of their health care, the impoverished are dependent on state provision.

Higher National Unit specification: support notes (cont)

Unit title: Sociology for Care: An Introduction

The role of Government

Candidates could evaluate what the role of the government is in promoting the health of the nation and protecting individuals from harm by controlling and regulating the sale of unhealthy products (the Nanny State), or consider whether consumers should take responsibility for their own actions and promote the free market (Laissez-faire). Candidates could consider the ethics of a free market, competitive pricing and profiteering related to unhealthy foods, alcohol and tobacco, and the role of the Government.

Markets, market forces and consumerism

The economic climate and the impact of poverty on health of vulnerable social groups could be evaluated. Students could examine how products and a lifestyle are marketed in the UK.

Capitalism, commercialism and consumerism can be linked to availability, acceptability and pricing of unhealthy products. The success and behaviour of the supermarket could be investigated in terms of the promotion and sales of alcohol and harmful but popular foods ie high in fats, sugars and salt.

Company profits are made from the poor health of the nation. Consider the range of sweets, crisps and carbonated drinks that are marketed at children, and alcohol and cigarettes are promoted towards adults.

The medical model versus the social model of disease

This topic considers the dominance of the medical model, eg NICE and WHO act as unquestioned authorities on all health issues, while the pharmaceutical industry profits considerably from the medicalising of behavioural disorders in our society. Social explanations and solutions for many behavioural and mental health problems are largely ignored or rejected. The expansion of the medical health services benefits health professions, pharmaceutical industry and manufacturers of hospital equipment and all the people who work in these companies and the NHS.

The role of the popular media in determining and promoting trends, social values and as a vehicle for commercialism

As a social group we are socialised into the norms, values and beliefs of the group and culture or subculture. We therefore are influenced by what the wider group do, whether this relates to styles of language, clothing, music, lifestyle or diet. We receive this information largely from the media who promote new trends and shape public opinion. This can involve the promotion of alcohol, fast food, new fashions or behaviour patterns. We shouldn't ignore the role of manufacturers behind new trends, commercialism and profits. Internationally successful companies all benefit from persuading consumers to buy their products, be they cigarettes, fast food or alcohol.

Young people are sexualised by teenage magazines, driven by media publishing, clothing fashion, cosmetic and music industries, contributing to teenage pregnancies, STDs, teenage mental health problems and eating disorders.

Higher National Unit specification: support notes (cont)

Unit title: Sociology for Care: An Introduction

Guidance on the delivery and assessment of this Unit

Sociology for Care: an introduction is a mandatory core Unit within the HNC/HND Care and Administrative Practice. It is recommended this Unit be delivered early in the course as it raises many issues within society which are important to understand within the care setting. Group discussions can be facilitated to enable candidates to examine a range of theoretical approaches. The assessment will be carried out by one assignment. Candidates are encouraged to research more fully than tutor input. Evidence of research material used could be provided by candidates.

Open learning

This Unit could be delivered by distance learning. However it would require planning by the education provider to ensure the sufficiency and authenticity of the candidate's evidence for all Outcomes.

Opportunities for the use of e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in *SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003)*, *SQA Guidelines on e-assessment for Schools (BD2625, June 2005)*.

Opportunities for developing Core Skills

There are opportunities to develop the Core Skills of *Communication* at SCQF level 5, *Problem Solving* at SCQF level 5, *Working with Others* SCQF level 5, *Information and Communication Technology (ICT)* SCQF level 5 in this Unit, although there is no automatic certification of Core Skills or Core Skills components.

Communication: could be evidenced by the candidate's written submission and participation in the group presentation.

Problem Solving: could be evidenced through the candidate's analysis of how sociological factors impinge on health.

Working with Others: could be evidenced through the group presentation work.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

History of changes to Unit

Version	Description of change	Date

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General information for candidates

Unit title: Sociology for Care: An Introduction

This Unit aims to give the candidate an understanding of sociological theories and concepts. It will give you the opportunity to relate these theories to health issues.

The theories you will explore are:

- ◆ Functionalism
- ◆ Conflict theory
- ◆ Feminism
- ◆ Social Action theory

The Unit looks at the changes in society, the community and the family to see what effect these changes have on the provision and delivery of care and the health of individuals in contemporary Scotland. Continuing inequalities in health will also be examined. A range of influences on health will be looked at such as social, cultural, economic and political issues.

You should be able to discuss the role of the media in shaping attitudes, and how commercialism, consumerism, and the health promotion agenda of the government impact on the health of the nation.

There is one assessment for this Unit which combines all of the learning Outcomes. This can be a group or individual presentation, a written report or video documentary and will be presented at the end of the Unit. Each candidate should provide a piece of academic writing of 400 words in support of their contribution.