



Higher National Unit specification

General information

Unit title: Adult Health and Wellbeing (SCQF level 7)

Unit code: H5XK 34

Superclass: PN

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Version: 01

Unit purpose

This Unit will introduce the candidate to aspects of adult health and wellbeing. The candidate will explore the changes to adult health and wellbeing over the last 50 years in the context of dimensions and determinants of health, changing families, and societies. The candidate will explore government targets and initiatives designed to target current health issues in adult health and wellbeing. The Unit will explore the cost of providing health and social care to tackle health challenges and discuss the issue of personal responsibility in health. Finally the Unit will investigate health promotion and the individuals and organisations that provide support for adult health and wellbeing.

Outcomes

On successful completion of the Unit the learner will be able to:

- 1 Investigate changes in adult health and wellbeing over the last fifty years to the present day.
- 2 Investigate current national and local government priorities in relation to adult health and wellbeing.
- 3 Investigate the role of the care worker and organisations which support adult health and wellbeing.

Credit points and level

1.5 Higher National Unit credits at SCQF level 7: (12 SCQF credit points at SCQF level 7)

Higher National Unit specification: General information (cont)

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Recommended entry to the Unit

Although entry is at the discretion of the centre, it is recommended that 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. In addition to this, candidates should preferably have worked in a related field or have undertaken some work experience, paid or voluntary, in a care setting.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for 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.

If it is being delivered as part of a Professional Development Award (PDA) it should be taught and assessed within the subject area of that PDA.

Equality and inclusion

This Unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

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. Learners 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

Investigate changes in adult health and wellbeing over the last fifty years to the present day.

Knowledge and/or Skills

- ◆ Health definitions.
- ◆ Dimensions of health
- ◆ Prevailing health issues
- ◆ Changing families
- ◆ Demographics
- ◆ Influences on health

Outcome 2

Investigate current national and local government priorities in relation to adult health and wellbeing.

Knowledge and/or Skills

- ◆ Local and national Government priorities
- ◆ Specific health priorities – obesity, induced diabetes, heart disease, malnutrition, mental health, elderly care, dementia, cancer and end of life care.
- ◆ Cost of care in relation to government to targets
- ◆ Changes in care practice and provision
- ◆ Person -centred care
- ◆ Poor decision making, personal responsibility.

Higher National Unit specification: Statement of standards (cont)

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Outcome 3

Investigate the role of the care worker and organisations which support adult health and wellbeing.

Knowledge and/or Skills

- ◆ Health Promotion.
- ◆ Organisations and individuals.
- ◆ Education and training of care workers
- ◆ Roles and responsibilities of care workers
- ◆ Integrated health and social care agenda

Evidence Requirements for this Unit

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

- ◆ investigate a range of definitions of health.
- ◆ discuss the dimensions of health.
- ◆ demonstrate an understanding of prevailing health issues.
- ◆ explain the impact that changing family structures and role may have on health and wellbeing.
- ◆ analyse the impact that changing demographics may have on health and wellbeing.
- ◆ describe influences on health.
- ◆ investigate current two local or national Government priorities in relation to adult health and wellbeing.
- ◆ investigate and evaluate two specific health priorities: obesity, induced diabetes, heart disease, malnutrition, mental health, later life, cancer, end of life care and dementia.
- ◆ discuss the cost of care provision in relation to government priorities.
- ◆ investigate the implications of changes in care practice and provision.
- ◆ describe the importance of person-centred care in government priorities.
- ◆ discuss the concept of 'prevention rather than cure'.
- ◆ discuss the impact that poor decision making and lack of personal responsibility may have on adult health and wellbeing.
- ◆ define health promotion.
- ◆ identify and describe the organisations and individuals, who support adult health and wellbeing.
- ◆ evaluate the education and training of care workers in adult health and wellbeing.
- ◆ describe the roles and responsibilities of care workers in the promotion of health and wellbeing.
- ◆ describe delegation, accountability and limitations of practice in relation to the care worker.
- ◆ discuss the Integrated Health and Social Care Agenda and evaluate the impact it may have on adult health and wellbeing.



Higher National Unit Support Notes

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Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 60 hours.

Guidance on the content and context for this Unit

It is intended that this Unit will give the candidate an understanding of the concepts of health and how and why attitudes to health have changed over the last 50 years. The candidate should gain a good understanding of the challenges and current approaches to adult health and wellbeing and should be able to describe current government policies created to tackle these issues. In addition the candidate will become familiar with support agencies and the role and training of care workers and the impact, if any, that the integrated health and social care agenda will have on adult health and wellbeing. Personal responsibility for health is a growing aspect of adult health and wellbeing and the concept should be explored by the candidate.

It is expected that the candidate will develop skills of independent learning and research whilst undertaking this Unit.

This Unit forms part of the PDA in Health and Social Care: Integrated Practice and should be undertaken after the candidate has completed the core Unit *Communication and Inter-professional Working in Care*, and in conjunction with *Young People's Health and Wellbeing*.

Whilst it is not an identified learning Outcome it is strongly recommended that the delivery of this Unit is based upon the candidate having an understanding of the **10 Essential Shared Capabilities**:

- ◆ Working in Partnership
- ◆ Respecting diversity
- ◆ Practising ethically
- ◆ Challenging equality
- ◆ Promoting recovery, wellbeing and self- management
- ◆ Identifying people's needs and strengths
- ◆ Providing person-centred care
- ◆ Making a difference
- ◆ Promoting safety and risk enablement
- ◆ Development planning

It is recommended that the candidates gain a knowledge and understanding of the capabilities and can see how these apply in the context of their professional practice and working environment.

Higher National Unit Support Notes (cont)

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The 10 Essential Shared Capabilities can be accessed at:

http://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf

Outcome 1

The candidate will be asked to investigate a variety of definitions of health and wellbeing and how these may have changed over the last 50 years. The candidate should understand that the World Health Organisation (WHO) definition is the most frequently quoted but they should be aware of other definitions and how they have evolved over the years as attitudes and perceptions of health and wellbeing have changed. The concept that health is a continuum should be investigated and the fact that a person's position on the continuum will change throughout their life should be discussed. The candidate will then explore the different dimensions of health, the three main ones being physical, mental and social health but emotional, cognitive, cultural and spiritual dimensions should also be considered. The candidate should determine how and why attitudes to these dimensions have changed over the years. In some societies more value is placed on some dimensions than others and the candidate should explore the reasons for this. The candidate should also understand what is meant by determinants of health and that to be healthy requires that all of these determinants are working in harmony. The candidate will identify the varying determinants of health, for example; genetic, environmental, lifestyle, social, financial, employment, relationships, education, disease, independence, access to health care. This must include a discussion on health inequalities. The candidate will then explore current prevailing health issues within Scotland and describe the link to the appropriate determinants of health. Other contributing factors should also be explored such as the changes in family structure that have occurred over the last 50 years and how this has resulted in the breakdown of previously existing support networks and has resulted in increased levels of isolation and poor mental health. The increase in lone parent families, same sex couples, re-constituted families, single adult households and an increasing and often isolated elderly population and the impact, either positive or negative, that this may have on the health of the individual should be investigated. This links to changes in demographics and the candidate should explore these and the impact they have on a society's health. Finally the candidate should be able to describe the different influences that impact on the health of the individual such as easy access to alcohol, cigarettes, media, peer pressure and drugs, these could be linked to both determinants of health and demographics.

Higher National Unit Support Notes (cont)

Unit title: Adult Health and Wellbeing (SCQF level 7)

Outcome 2

In response to the growing health and wellbeing issues facing the Scottish people and subsequent cost to the Scottish NHS, the government has identified various health priorities that need to be tackled. The candidate should research current priorities and be able to discuss them and justify the Government's approach, for example:

The Scottish Government has identified **HEAT** targets:

- ◆ **Health Improvement for the people of Scotland** — improving life expectancy and healthy life expectancy
- ◆ **Efficiency and Governance Improvements** — continually improve the efficiency and effectiveness of the NHS
- ◆ **Access to Services** — recognising patients' need for quicker and easier use of NHS services; and
- ◆ **Treatment Appropriate to Individuals** — ensure patients receive high quality services that meet their needs

The candidate should explore the specific targets identified by the Government in relation to HEAT, however they should be aware that the specific targets are revised every year and will be altered as different priorities are identified.

The candidate should also investigate and be able to describe a range of current local and national government initiatives that relate to specific health problems in Scotland. The range of health priorities investigated could include; obesity, diabetes, heart disease, stroke, malnutrition, mental health, cancer, later life, end of life and dementia. Homelessness, complex needs and poverty could also be explored.

Examples of initiatives could include:

The Scottish Recovery Network which focuses on adult mental health.

The Government's **Quality Healthcare for All** looks at issues surrounding diabetes which is a growing concern amongst health professionals in Scotland.

The candidate should understand that it is more cost effective for governments to prevent disease and ill health than it is to treat the consequences and so they should explore the current priorities that the government has identified and understand why the focus is on these specific health issues. In the document **Preventing Overweight and Obesity in Scotland** (2010), the Scottish Government estimates that tackling issues associated with obesity, specifically type 2 Diabetes and Hypertension cost £86 million in 2007/8. It has also estimated that for the same timeframe, absence from work due to problems associated with obesity cost £195 million. So it is clear that the Government has to develop a strategy that attempts to prevent ill health in any guise.

Higher National Unit Support Notes (cont)

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In an attempt and in keeping with person centred care, the Scottish Government has developed a number of strategies to tackle health issues. For example the Government has changed the way cigarettes are sold and is trying to have a minimum price for alcohol in an attempt to reduce health issues associated with alcohol and smoking. The candidate should explore current approaches. The candidate should also be aware that care practice and delivery have changed in recent years and the emphasis is now on enabling individuals to remain in their own homes whilst in receipt of care services. So the care is taken to them this is intended to reduce hospital admissions and the length of hospital stays. Being cared for in their own home has psychological benefits for the service user and financial benefits for the care provider. The candidate should be able to evaluate the impact changes have had on adult health and wellbeing. One of these changes is Supportive Self- Management, which gives individuals control over how their care package is devised and delivered. These individuals now have an active role to play in the management of their care and have self - determination in partnership with their carers. To understand this approach the candidate must have an understanding of person centred care and the role of the service user as an integral part of the care team. The candidate will also explore the concept of personal responsibility in the maintenance of health and wellbeing.

Outcome 3

The candidate should be able to be able to discuss the current definitions of health promotion and understand the aims of health promotion and evaluate the effectiveness of health promotion campaigns in tackling health challenges. In addition the candidate will investigate and describe organisations involved in the promotion of health and wellbeing. This should include statutory, charitable and voluntary organisations. In addition the candidate will evaluate the education and training of care workers in relation to adult health and wellbeing and this should include the individual roles and responsibilities of care workers; for example the candidate could describe the training and role of dementia champions. Delegation and accountability should also be discussed together with limitations of practice for the care worker. The Scottish Government has developed an integrated Health and Social Care agenda and the candidate should evaluate the impact that this may have on adult health and wellbeing. Finally the concept that individuals should take a greater responsibility for their own health should be discussed together with the possible reasons for poor decision making and the attendant consequences.

Guidance on approaches to delivery of this Unit

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.

If this Unit is being delivered as part of the PDA Developing Professional Practice in Health and Social Care, then it should follow the core Unit, Communication and Inter-professional Working in Care, it should also be delivered in conjunction with the other Unit within this PDA; *Young People's Health and Wellbeing*.

Higher National Unit Support Notes (cont)

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It is expected that candidates who are undertaking this PDA whilst in practice will evidence their ability to link theory to practice and record their clinical competence through either a:

- ◆ Record of Achievement
- ◆ Skills passport
- ◆ Competency Framework
- ◆ Learning Contract
- ◆ Reflective Portfolio

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

The centres should ensure that any assessment meets the Evidence Requirements for the Outcome.

Outcome 1 could be assessed by means of an essay of 1,750–2,000 words that explores the changes in adult health and wellbeing over the last 50 years and describes the reasons for these changes. This should include an explanation of health dimensions and determinants and the demographic changes that have contributed to current issues in health and wellbeing.

Outcomes 2 and 3 could be integrated into a research project that investigates current government health priorities and looks at current health challenges in Scotland and the cost of providing care and treatment to address these challenges. The candidates could then link this to health promotion initiatives and the part that personal responsibility has to play in adult health and wellbeing.

Opportunities for 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 social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Higher National Unit Support Notes (cont)

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Opportunities for developing Core and other essential skills

There are opportunities to develop the Core Skills of:

Communication at SCQF level 6

Problem Solving at SCQF level 5

Working with Others at SCQF level 5

Information and Communication Technology (ICT) at SCQF level 5

in this Unit, although there is no automatic certification of Core Skills or Core Skill components.

Communication — will be evidenced via the candidate's work with individuals and groups as well as within written assessments.

Problem Solving — Critical Thinking, Planning and Organising, Reviewing and Evaluating will be evidenced through written assignments and group presentations.

Working with Others — will again be evidenced in the candidate's ability to interact, communicate and negotiate with those with whom they come into contact.

Information and Communication Technology (ICT) — could be evidenced by the use of standard applications to obtain and process information and data for assignments.

Indicative reading:

Inequalities in Health: The Black Report and the Health Divide 1992. Margaret Whitehead. (Penguin Social Sciences)

Understanding Health Inequalities 2nd edition. 2009 Hilary Graham Open University Press. Maidenhead. England

Long term Conditions Collaborative. Improving Self-management Support.
<http://www.scotland.gov.uk/Resource/Doc/274194/0082012.pdf>

Preventing Overweight and Obesity in Scotland (2010) accessed at:
<http://www.scotland.gov.uk/Resource/Doc/302783/0094795.pdf>

HEAT Targets are available at:
<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Scottish Government Health Topics accessed at:
<http://www.scotland.gov.uk/Topics/Health/Services>

Mental health Strategy for Scotland 2012-2015 accessed at:
<http://www.scotland.gov.uk/Publications/2012/08/9714>

Higher National Unit Support Notes (cont)

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Quality Health Care for All is available at:

<http://www.scotland.gov.uk/Publications/2010/08/17095311/5>

Discussion on the Scottish Government's 2012 Homelessness Commitment, accessed at:

http://scotland.shelter.org.uk/get_involved/campaigning/the_2012_target

Health Promotion: Foundations for Practice (Public Health and Health Promotion) 2000.
Jennie Naidoo and Jane Wills. Balliere Tindall

Integration of Adult Health and Social Care in Scotland. Consultation: Scottish Government Response 2013, accessed at:

<http://www.scotland.gov.uk/Resource/0041/00414332.pdf>

Equally Well- The Report of the Ministerial Task Force on Health Inequalities. accessed at:

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well>

The Cavendish Review

An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings. Accessed 2/8/2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212732/Cavendish_Review_ACCESSIBLE_-_FINAL_VERSION_16-7-13.pdf

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Adult Health and Wellbeing (SCQF level 7)

This section will help you decide whether this is the Unit for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

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This Unit will introduce you to issues relating to adult health and wellbeing. By undertaking this Unit you will gain a good understanding of the way adult health and wellbeing has changed over the last 50 years and you will research the reasons for the changes. This will mean looking at changes in society such as families, support networks, employment education and lifestyle for example. You will look at all dimensions of health such as; social, emotional, physical, cognitive, cultural and spiritual aspects and will relate these to determinants of health such as unemployment, lack of opportunities, education, no access to services, social or environmental issues, homelessness or poverty. Having identified health challenges and the possible reasons for them you will investigate government priorities and research specific health challenges such as heart disease, smoking and alcohol issues or diabetes.

Dealing with adult health and wellbeing challenges is an expensive undertaking for the Scottish Government so you will investigate the 'cost of care.' This will take you into the changes that have been made to the provision and delivery of care and the approach that more and more people are being looked after in their own homes rather than in hospitals or care homes. In order to make a success of these changes it is necessary that the Government adopts the ideals of person centred care so you will explore this and determine what impact it has in meeting identified targets. You will then explore the theory that prevention is better than cure and that individuals should take greater responsibility for their own health and wellbeing. Finally for the last Outcome you will investigate current theories of health promotion and the organisations and individuals who support the health and wellbeing of adults, this will include government agencies and individuals such as health promotion specialists or nurses, charities and voluntary groups. You will then explore the training and roles of care workers and the responsibilities that they have in the promotion of health and wellbeing. This could then be related to the improvements the Government hopes to achieve as a result of the Integrated Health and Social Care agenda that it hopes to put in place in 2013, you will evaluate the impact that this policy may have on health and wellbeing.

The assessment for this Unit may be made up of an essay of approximately 1,750–2,000 words discussing the changes that have occurred to adult health and wellbeing over the last 50 years. And the second would integrate Outcomes 2, and 3 into a research report looking at government priorities, cost of health care and health promotion.

By undertaking this Unit you will work towards gaining Core Skills in; *Communication, Working with Others, Numeracy, Problem Solving, and ICT.*