



Higher National Unit Specification

General information

Unit title: Sociology for Care Practice (SCQF level 7)

Unit code: HF28 34

Superclass: EE

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Unit purpose

This Unit seeks to provide learners 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 fields of health care. Social, cultural, economic and political issues which impact on the health of the individual will be investigated. This will include knowledge and application of the sociological theories of Functionalism, Conflict and Social Action in offering an alternative interpretation to the medical model of disease.

Learners 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.

Outcomes

On successful completion of the Unit the learner 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.

Higher National Unit specification: General information (cont)

Unit title: Sociology for Care Practice (SCQF level 7)

Credit points and level

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

Recommended entry to the Unit

Learners 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. Learners would benefit from having studied a social science subject at SCQF level 6. In addition to this, the learner should preferably have undertaken some work experience in a health 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.

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

Unit title: Sociology for Care Practice (SCQF level 7)

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

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

Knowledge and/or Skills

- ◆ Functionalism
- ◆ Conflict theory
- ◆ Social Action Theory

Outcome 2

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

Knowledge and/or Skills

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

Outcome 3

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

Knowledge and/or Skills

- ◆ Risk Factors affecting health
- ◆ Models of health and social care
- ◆ Political factors
- ◆ Economic factors

Higher National Unit Specification: Statement of standards

Unit title: Sociology for Care Practice (SCQF level 7)

Evidence Requirements for this Unit

Outcome 1

Learners 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 health and behaviour within society.

Outcome 2

Learners 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 the determinants of health can impact on behaviour of individuals and their future health status.
- ◆ explain the relationship between low socioeconomic status and poor health.
- ◆ investigate care delivery in relation to changing health needs.

Outcome 3

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

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

The assessment for Outcomes 1, 2 and 3 could be integrated into one assessment and could be presented as an investigative project equivalent to 2,000 words. Learners 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 learner should provide a piece of academic writing of 400 words in support of their contribution



Higher National Unit: Support Notes

Unit title: Sociology for Care Practice (SCQF level 7)

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 40 hours.

Guidance on the content and context for this Unit

This Unit is intended to provide learners with knowledge of sociological theory and an insight into social factors that influence the health status of individuals and social groups.

Learners should be encouraged to select a health issue in contemporary society such as diabetes, heart disease, obesity, chronic liver disease or suicide. Learners will investigate the range of forces that shape the health issue from the social determinants of health, the role of the media in setting trends and social norms, to advertising, consumerism and market forces.

Learners will debate the government's 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, alcohol and cigarettes as examples. There are laws passed concerning some drugs, food hygiene and health and safety, yet demonstrably unhealthy products are still available on the open market. Such paternalism would inhibit the consumer's freedom of choice and herald a move away from market-driven forces within a health context.

Learners will be introduced to health statistics and epidemiology, developing an understanding of the extent of health problems in Scotland, while recognising the population groups most adversely affected by ill-health. The link between poverty and ill-health was identified in the Black Report in 1980 and the Acheson Report of 1998. The health gap between rich and poor has continued to widen. Learners could consider why this should be.

Learners will debate the changing nature of the nation's health. With many historical endemic diseases eradicated or reducing, new health problems are emerging. These are not necessarily linked to infections, but are more related to societal changes, lifestyle and the determinants of health. As the population is living longer there is also a rise of age-related illnesses of chronic diseases and dementias.

There is an increase in mental health problems generally and an escalation in the number of recorded suicides and concerns about the ability of the NHS to cope with these. Another significant concern for the future amongst health promoters is the number of predicted disorders that will result from the number of people who are overweight as a result of a sedentary, unhealthy lifestyles and a change in social norms and values.

Higher National Unit: Support Notes

Unit title: Sociology for Care Practice (SCQF level 7)

Outcome 1

Investigate the sociological perspectives of Functionalism, Conflict Theory and Social Action Theory.

This will provide the learner with an understanding of different views on how society is constructed, and how these give an alternative explanation of patterns of disease from explanations given by the medical model.

This Outcome 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.

Outcome 2

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

Outcomes 2 and 3 will form the bulk of the taught material and will address how social factors, the determinants of health and health inequalities 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. Learners could consider why there is an increase in the prevalence of mental health issues and stress related problems.

Scotland has a reputation of being the 'sick man of Europe', learners could consider if this reputation is justified by comparing health statistics and mortality rates with comparable countries in the UK and Western Europe.

Obesity, as an example is one of the main emerging health issues in Scotland. 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 fewer 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 and are less likely to play outdoors. Leisure pursuits of young people frequently involve a computer or TV, eating processed foods with high salt and sugar content and consuming high sugar drinks.

Social and cultural factors would relate to norms and values around diet and lifestyle. The Scottish 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, drugs and tobacco and a general reluctance to exercise.

Higher National Unit: Support Notes

Unit title: Sociology for Care Practice (SCQF level 7)

Social stratification and health inequalities

Since the Black and Acheson Reports 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 wider than in the 1980s. Some social groups are more at risk of developing illness than other groups. This would include those towards the lower end of the social classes, those from the more disadvantaged socio-economic groups, those 'excluded' from society and those with multiple disadvantage.

Learners should examine this situation and attempt to explain it. People from minority populations also claim to be discriminated against by the care services. That there is a correlation between poverty and poor health is indisputable and learners could seek an explanation in the social, culture 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 and community roots, in need of expensive childcare and alienated in a community of strangers. This may lead to a rise in feelings of isolation and a reduced social network.

This may contribute to the increase in mental health problems: depression and stress related disorders and increase alcohol consumption.

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

The nature of the community changes as traditional industries end and people need to become socially mobile to find employment. This impacts on the relationships within a community. It also means that people who become excluded from the workforce may be left in an increasingly deprived area. The movement of people down the socio-economic grouping affect the community with a reduction in income, reduced self-worth and an increase in the burden of disease for example, increased alcohol consumption and mental health issues.

As a society we have become more insular in our lives, home leisure systems have replaced the public leisure of the village pub, the community centre and the church and have impacted on the quality of community relationships and the strength of wider social support.

Outcome 3

Health care provision and health care policy

Learners will discuss whether the State should place more emphasis on health promotion and health education, or on choice within the market economy. The tax that government receives from the sale of harmful products such as tobacco, calorie dense foods and alcohol should be discussed.

Higher National Unit: Support Notes

Unit title: Sociology for Care Practice (SCQF level 7)

The reduction on welfare spending (note the recommendations of the Black and Acheson Report — that tackling poverty would improve the health of the nation) is set to continue for the foreseeable future. Welfare cutbacks affect the managerial priorities of the NHS which impact on service provision.

Individual purchasing power has changed the public attitude towards complementary and alternative therapies which tend to be available from independent care providers. The introduction of market forces and consumer choice to health care provision means that the affluent can select a commodity of health care they require, the impoverished however remain dependent on state provision.

In addition, the effects of globalisation on health in terms of the spread of disease and the response of local and international agencies such as the World Health Organisation could also be explored. For example the consequences of the Ebola crisis and the spread of the Zika Virus and resulting global public health emergencies could be investigated, including any consequences that this may have on local care provision or health promotion agendas.

The role of the government

Learners 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, or consider whether consumers should take responsibility for their own actions and promote the free market. Learners could consider the ethics of a free market, competitive pricing and profiteering related to the sale of unhealthy foods, alcohol and tobacco, and the role of the Government in promoting, safeguarding and taxing the production and sale of these goods.

Market forces and consumerism

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

Capitalism, market forces and consumerism can be linked to availability, acceptability and pricing of unhealthy products, for example alcohol. The success and behaviour of the market could be investigated in terms of the promotion and sales of alcohol, harmful foods and tobacco.

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 promoted towards adults.

Learners could also investigate what effect the restrictions in smoking and drinking have had on business profits and what the consequences of this might have been.

Higher National Unit: Support Notes (cont)

Unit title: Sociology for Care Practice (SCQF level 7)

The medical model versus other explanations of disease

This topic considers the dominance of the medical model with the medical profession as unquestioned authorities on all health and health related issues. The pharmaceutical industry profits from the medicalising of behavioural disorders in our society. Social explanations for many behavioural and mental health problems are largely ignored or rejected. The expansion of 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.

Wider explanations of health should be explored with reference to Evans and Stoddart's (1990) Determinants of health model that identified health services as one of nine contributory factors of health. Learners should also examine the role of the popular media in determining and promoting trends, social values and as a vehicle for commercialism.

Risk Factors

The learner will explore risk factors in relation to health. Risk factors include alcohol, diet, drugs, physical activity, sexual health, tobacco use and violence. The identification of the negative impact on long-term health of the risk factors is identified. The negative impact of multiple risk factors (24% of Scottish population have 4 or more risk factors) on the population should be explored identifying the accumulative effects of multiple risk factors on the more disadvantaged in the population.

The influence of the media

As a society individuals are socialised into the norms, values and beliefs of the group and culture or subculture. Individuals therefore, are influenced by what the wider group do, whether this relates to styles of language, clothing, music, lifestyle or diet. This information is received 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. The role of manufacturers behind these trends should not be ignored as Internationally successful companies all benefit from persuading consumers to buy their products, be they cigarettes, fast food or alcohol.

Learners could discuss the sexualisation of young people 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.

Guidance on approaches to delivery of this Unit

This Unit should be delivered prior to learners embarking on their practice placement. This is a dynamic Unit that can be delivered using current news articles and research in relation to social inequalities and current health issues, changes in population and communities and government policies. Debates and groups discussion will help to foster increased understanding and awareness of current issues and challenges.

Higher National Unit: Support Notes (cont)

Unit title: Sociology for Care Practice (SCQF level 7)

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of instruments 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.

Outcome 1, 2 and 3 assessments can be integrated and presented as an investigative project equivalent to 2,000 words. Learners 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 learner should provide a piece of academic writing of 400 words in support of their contribution.

For purposes of authentication learners should verify that their submissions are their own work or Centres can make use of anti-plagiarism software for this purpose.

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.

Opportunities for developing Core and other essential 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 learner's written submission and participation in the group presentation.

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

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

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Sociology for Care Practice (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.

This Unit aims to give the learner an understanding of sociological theories and concepts. It will give you the opportunity to explore health statistics and epidemiology and look at social cultural, economic and political issues which may impact on the health of the individual.

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 the individual as a consumer and market forces influence government policy and impact on the health of the nation.

There is one assessment for this Unit which combines all of the 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 learner should provide a piece of academic writing of 400 words in support of their contribution.