



L-Università
ta' Malta

MATSEC
Examinations Board



SEAC 02 Syllabus

Health and Social Care

2024

Updated on 19th September, 2022

**SEAC02 Health and Social Care
Syllabus Addendum**

Updates for the 2024 MATSEC Examinations Session

Changes in Subject Content	Content of Unit 3 K7 , C2 and A4 may not be covered.
Changes in Coursework	All criteria in Unit 3 (including those highlighted for the Controlled assessment), except for K7 , C2 and A4 , will be assessed in Assignment 1 and Assignment 2.
Changes in Exam Paper(s)	The Unit 3 Controlled assessment (Assignment 3) will not be carried out. K7 , C2 and A4 will not be assessed and these will be prorated at the end of the unit based on the combined performance in knowledge and comprehension criteria, and application criteria respectively, within the same unit.

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Introduction

The aim of this learning and assessment programme is to assist secondary schools to manage applied vocational programmes, specifically in the planning and implementation of the programme delivery.

This learning and assessment programme is structured in two parts, namely:

Part A: General Policies

Part B: Unit Specifications

In Part A, the Learning Outcomes of the programme are explained. Important terms used in the Learning and Assessment Programme (LAP) are defined.

In Part B, the content to be covered in each unit is provided. The learning outcomes together with a brief description are also specified. The assessment criteria together with the scheme of assessment are presented in this part of the document.

In order to ensure effective implementation of the programme, adequate standards, quality assurance processes and procedures have to be adopted. Additionally, policies, guidelines and strategies related to assessment practices are documented in the SEAC Vocational Subjects Policy Document. Standard templates will also be provided and will be structured as follows:

List of Templates
Teacher's Timeframe
Assignment Brief Front Sheet
Record of Internal Verification – Assignment Brief
Record of Internal Verification – Assessment Decision
External Verification Report Templates
Unit Tracking Sheet Template

Part A: General Policies

Introduction

The aim of the applied vocational programme in Health and Social Care is to provide candidates with the underpinning knowledge related to the subject. By the end of the programme, candidates are expected to have gained sufficient skills and knowledge and be able to apply them.

Programme Learning Outcomes

At the end of the programme, I can:

- Address the basic physical, intellectual, emotional and social needs of individuals.
- Ensure that safety measures are taken into consideration when feeding, washing and handling an individual.
- Create an activity for different age groups to show proper understanding of needs of different individuals.
- Demonstrate Health and Safety practices through the activities carried out.
- Measure and record vital signs of different individuals.
- Demonstrate First Aid skills needed in Health and Social Care environment.
- Demonstrate effective communication skills in one to one and group situations.
- Abide to the codes of practice whilst meeting the needs of individuals.
- Attend an interview for a post in a Health and Social Care environment.

Unit Learning Outcomes

Unit 1: Looking after Babies, Children and Adolescents

At the end of the unit, I can:

- LO 1.** Demonstrate the knowledge and skills gained to feed a baby.
- LO 2.** Follow the principles of bathing a baby.
- LO 3.** Create a child-friendly environment.
- LO 4.** Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures.
- LO 5.** Measure the vital signs of an individual in a respectful and safe manner.

Unit 2: Working with Vulnerable Adults

At the end of the unit, I can:

- LO 1.** Conduct an activity taking into consideration the needs of individuals.
- LO 2.** Wash an adult mannequin taking into consideration his/her physical abilities.
- LO 3.** Feed an adult taking into consideration his/her needs.
- LO 4.** Carry out procedures to move and handle an individual who has mobility problems.
- LO 5.** Demonstrate First Aid skills.

Unit 3: Working in a Health and Social Care Environment

At the end of the unit, I can:

- LO 1.** Use effective communication skills in one-to-one and group communication.
- LO 2.** Use communication skills to give proper handover.
- LO 3.** Demonstrate an understanding of how services enable individuals through care plans.
- LO 4.** Show appropriate interpersonal skills during an interview.

Programme Descriptors

Programme descriptors are understood as outcome statements of what a candidate is expected to have achieved by the end of the programme. These are an adaptation of MQF level descriptors for the specific programme.

Overview

MQF Level 1	MQF Level 2	MQF Level 3
<p>Basic general knowledge.</p> <ol style="list-style-type: none"> 1. Acquires basic general knowledge related to Health and Social Care environments and expressed through a variety of simple skills and contexts as an entry point to lifelong learning; 2. Knows and understands the steps needed to complete simple tasks and activities in Health and Social Care settings; 3. Is aware and understands basic tasks and instructions; 4. Understands basic Health and Social Care textbooks. 	<p>Basic factual knowledge of the subject.</p> <ol style="list-style-type: none"> 1. Possesses good knowledge of Health and Social Care; 2. Is aware and interprets information and ideas; 3. Understands facts and procedures in the application of basic Health and Social Care tasks and instructions; 4. Selects and uses relevant knowledge to accomplish specific actions for self and others. 	<p>Knowledge of facts, principles, processes and general concepts in the subject.</p> <ol style="list-style-type: none"> 1. Understands the relevancy of theoretical knowledge and information related to Health and Social Care; 2. Assesses, evaluates and interprets facts, establishing basic principles and concepts in Health and Social Care; 3. Understands facts and procedures in the application of more complex Health and Social Care tasks and instructions; 4. Selects and uses relevant Health and Social Care knowledge acquired on one's own initiative to accomplish specific actions for self and others.

<p>Basic skills required to carry out simple tasks.</p> <ol style="list-style-type: none"> 1. Has the ability to apply basic knowledge and carry out a limited range of simple tasks related to Health and Social Care; 2. Has basic repetitive communication skills to complete well defined routine tasks and identifies whether actions have been accomplished; 3. Follows instructions and is aware of consequences of basic actions for self and others. 	<p>Basic cognitive and practical skills required to use relevant information in order to carry out subject-related tasks and to solve routine problems using simple rules and tools.</p> <ol style="list-style-type: none"> 1. Has the ability to demonstrate a range of skills by carrying out a range of complex tasks in Health and Social Care; 2. Communicates basic information; 3. Ensures tasks are carried out effectively. 	<p>A range of cognitive and practical skills required to accomplish subject-related tasks and solve problems by selecting and applying basic methods, tools, materials and information.</p> <ol style="list-style-type: none"> 1. Demonstrates a range of developed skills to carry out more than one complex task effectively and in unfamiliar and unpredictable contexts related to Health and Social Care; 2. Communicates more complex information; 3. Solves basic problems by applying basic methods, tools, materials and information given in a restricted Health and Social Care learning environment.
<p>Work out or study under direct supervision in a structured context.</p> <ol style="list-style-type: none"> 1. Applies basic Health and Social Care knowledge and skills to do simple, repetitive and familiar tasks; 2. Participates in and takes basic responsibility for the action of simple Health and Social Care tasks; 3. Activities are carried out under guidance and within simple defined timeframes; 4. Acquires and applies basic key competences related to Health and Social Care at this level. 	<p>Work or study under supervision with some autonomy.</p> <ol style="list-style-type: none"> 1. Applies factual knowledge and practical skills to do some structured Health and Social Care tasks; 2. Ensures s/he acts pro-actively; 3. Carries out Health and Social Care activities under limited supervision and with limited responsibility in a quality controlled context; 4. Acquires and applies basic key Health and Social competences at this level. 	<p>Take responsibility for completion of subject-related tasks in work or study and adapt own behaviour to circumstances in solving problems.</p> <ol style="list-style-type: none"> 1. Applies Health and Social Care knowledge and skills to do some tasks systematically; 2. Adapts own behaviour to circumstances in solving problems by participating pro-actively in structured learning environments; 3. Uses own initiative with established responsibility and autonomy, but is supervised in quality-controlled learning environments, normally in a Health and Social Care environment; 4. Acquires key Health and Social Care competences at this level as a basis for lifelong learning.

Definitions/Terminology

Term	Definition
Assessment Criteria	A description of what a candidate is expected to do in order to demonstrate that a learning outcome has been achieved.
Assessor	The person responsible to grade the candidate's work, issue a mark and determine the candidate's final grade.
Competences	Each competence is defined as a combination of knowledge and skills and is associated with the level of autonomy and responsibility that the person is expected to have at that level.
Controlled Assessment	An assessment set by MATSEC which may include written and/or practical tasks as specified in the syllabus. This may be a take-home assessment or carried out under controlled conditions.
Coursework	A number of assignments set by teachers and given to the candidate during the course as specified in the syllabus.
Knowledge	Knowledge refers to the understanding of basic, factual and theoretical information, which is traditionally associated with formal learning but can also be acquired from informal and non-formal learning.
Learning Outcome	Learning Outcomes are statements which describe what a qualification represents in terms of knowledge, skills and competences. The Malta Qualifications Framework (MQF) defines a learning outcome as what the candidate understands and is capable of doing at the end of the learning process.
Malta Qualification Framework	The Malta Qualifications Framework (MQF) provides an indication of the level of difficulty as a benchmark for a qualification, which needs to be assigned a level and mapped to the framework. The MQF has level descriptors from Level 1 to 8. The level descriptors are useful for education and training providers as they describe the Knowledge, Skills and Competences and a set of Learning Outcomes, which indicate to the candidate the end of a learning process.
Quality Assurance	A continuous process to assure the standards and quality of the learning assessment programme.
Sample of Work	A sample of work is a percentage of the candidate's work gathered as a representative sample for the internal or external verifier.
Skills	Skills imply the application of acquired knowledge and understanding in different contexts. A skill may be the result of formal learning or of repetitive work in an informal setting.
Synoptic Assessment	An assessment in the form of a written examination and conducted under controlled conditions covering all learning outcomes and the majority of Knowledge and Comprehension assessment criteria in a given unit.
Unit Content	The unit content is the content required to be communicated and given to the candidate per learning outcome. Each learning outcome must have content related to it, which content must be delivered to provide the candidate with the tools necessary to achieve that outcome.

Assessment Scope

Assessment is an important element in any learning process. This should inform candidates about their achievements and at the same time it should meet important conditions of reliability, validity and fairness. Thus, important rules and procedures must be adhered-to. In particular, the assessment regulations and procedures that are explained in this section will ensure that assessments are:

- Of the required standard, quality and level;
- Fair for all candidates;
- Valid and reliable.

Each unit will be assessed through three assignments. The assessment mode/type, criteria to be assessed and the distribution of marks are explained in Part B of the programme as part of the unit specifications.

Quality Assurance

An important aspect of this programme is the quality assurance process that must be conducted throughout the implementation of the programme. Three main processes are to be conducted as stipulated in the table below.

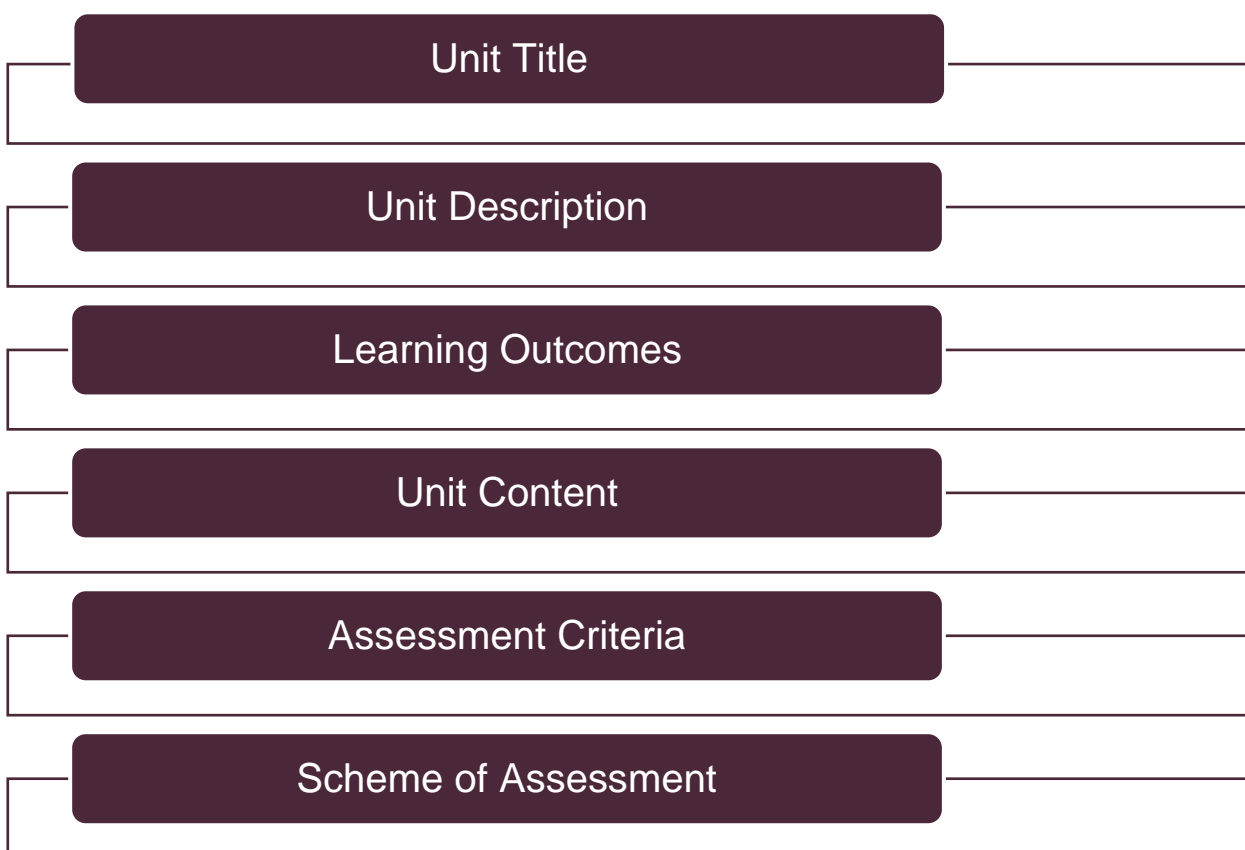
Internal Verification of Assessment Briefs	All assessment briefs are to be internally verified before being issued to the candidates. Within this process, important checks relating to learning outcomes, criteria to be assessed, validity and reliability are to be performed.
Internal Verification of Assessment Decisions	Once candidates complete their work, and their assessments have been corrected, a representative sample of candidates' work is to be internally verified.
External Verification	The process of external verification will ensure that programme quality and standards are met.

Part B: Unit Specifications

Introduction

This part of the programme guide provides detailed specification for each of the 3 units that are to be implemented for the successful completion of the programme. The curriculum design adopted for the development of the units of study is based on the learning outcomes approach. The latter can be defined as “written statements of what a candidate should be able to do/know/apply by the end of the learning process.”¹

The structure of the unit specifications is presented below:



Interpreting the Unit Specifications

The syllabus is written in a way whereby the knowledge criteria at MQF level 3 build upon the knowledge criteria at MQF level 2 and in the same manner the knowledge criteria at MQF level 2 build upon the knowledge criteria at MQF level 1. The same applies for the comprehension and application criteria. The comprehension criteria also build upon the knowledge criteria and the application criteria build upon the knowledge and the comprehension criteria.

¹ http://www.cedefop.europa.eu/files/4156_en.pdf

The document is an assessment syllabus; therefore, any other examples or information apart from those written in the unit content should be taught so that candidates will enjoy the learning process and get a general overview of the subject. Under each grading criterion, only the **minimum** content that has to be covered is listed. The material covered in class must at least reflect **both** the unit content and grading criteria.

Examples (e.g.), commas, semi-colons, bullets, or, and N.B. are used in the Learning and Assessment Programme. When semi-colons are used the candidates should be assessed on all the content prescribed. However, when the list is headed with example (e.g.), all the content is to be covered but candidates are to be assessed on more than 50% of the content prescribed for that grading criterion. Where bullets are present, marks allocated for the criterion should be equally distributed. Where 'or' is present, only one of the listed items should be assessed. Where an 'N.B.' is present, important information regarding the assessment is given.

Where the plural is used in grading criteria (e.g. types, aspects, etc.), at least two answers are expected. Unless indicated otherwise in the unit content, when assignments are written, the criteria assessed should build on each other.

In each grading criterion there is a command verb which determines the type of answers expected by the student, such as list, identify, outline, describe, explain, etc... These verbs are defined in the glossary of verbs available on the MATSEC website. It is of vital importance that the command verbs specified in the grading criteria remain unchanged in the assignment brief.

Unit 1: Looking after Babies, Children and Adolescents

Unit 1	Looking after babies, children and adolescents
<p>Unit Description</p>	<p>This unit will provide candidates with introductory knowledge on how babies, children and adolescents should be cared for. Care includes assisting activities of daily living, mainly feeding, dressing, toileting and creating an activity for a specific age group.</p> <p>Health and Safety procedures and regulations of the environment is an important aspect that candidates must abide with.</p> <p>Importance is also given to the vital signs of individuals which vary according to age and according to different medical conditions. The candidate will be able to demonstrate knowledge, understanding and application of measuring and recording the vital signs of a person.</p>

Learning Outcomes

At the end of the unit, I can:

- LO 1.** Demonstrate the knowledge and skills gained to feed a baby.
- LO 2.** Follow the principles of bathing a baby.
- LO 3.** Create a child-friendly environment.
- LO 4.** Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures.
- LO 5.** Measure the vital signs of an individual in a respectful and safe manner.

Unit Content

Subject Focus	Baby's development and needs
LO 1.	Demonstrate the knowledge and skills gained to feed a baby.
K-1.	<p>Key aspects of development of a baby (0 – 3 years):</p> <ul style="list-style-type: none"> • Physical: e.g. head control, rolling over, reaching out, sitting balance, crawling, cruising along furniture, walking independently, climbing onto adult chair; • Intellectual: e.g. making eye contact, cooing, gurgling, laughing, chuckling, understanding simple instructions, matching colours, saying nursery rhymes; • Emotional: e.g. smiling in response, smiling when fed, enjoys finger food, cries when hungry, cries when in pain, becoming aware of others' feelings, shows feelings of separation from mother, loves being comforted; • Social: e.g. bonding with primary carer, looks for security, becomes interested in exploration, recognises himself in mirror, develops first interests, increases desire for autonomy, tests limit of primary carer, temper tantrums.
	<p>Needs of a baby (0 – 3 years):</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; rapid learning; simple problem solving; matching; creativity; • Emotional: love; affection; feeling valued; security; support; • Social: interaction with family; interaction with extended-family; interaction with friends; participation in simple activities; adapting to new environments and acquaintances.
	<p>Difficulties if baby development is delayed:</p> <ul style="list-style-type: none"> • Motor skills: gross motor difficulties; fine motor difficulties; • Communication skills: speech difficulties; language difficulties; • Cognitive skills: intellectual impairment; learning difficulties; • Social and emotional skills: challenging behaviour; unsociable behaviour.
K-2.	<p>Stomach size of a baby in the first week: day one; day two; day three; end of first week.</p>
	<p>Precautions needed before and while feeding a baby: infection control; sterilizing feeding equipment; holding the baby's head throughout all activities; holding the baby secure.</p>
	<p>Advantages and disadvantages of breastfeeding:</p> <ul style="list-style-type: none"> • Advantages of breast feeding: e.g. optimal nutrition of high quality nutrients, protection against allergies, reduction of the risk of obesity, easy to digest, protection against stress for the mother, economical, helps bond between mother and baby; • Disadvantages of breast feeding: e.g. breastfed babies need to be fed more often, dietary restrictions for the mother, breast engorgement, painful due to cracked nipples, insufficient milk supply, worries about quantity, mother needs special clothing to breastfeed.

A-1.	Sterilising bottle components in preparation for a feed: clean bottles using warm soapy water and a bottle brush; rinse well; initialise any sterilising process; do not place teat on surface.
	Preparing a bottle feed: wash hands; fill the bottle with warm previously-boiled water; add formula; assemble bottle maintaining sterility; roll bottle between palms of hands; test temperature by squirting milk on the inside of wrist.
	Feeding the baby: hold baby at a 45-degree angle; ensure teat is full; look at baby whilst feeding; wind the baby.

Subject Focus	Principles of a baby's physical hygiene needs
LO 2.	Follow the principles of bathing a baby.
K-3.	Precautions to be considered when changing a nappy and washing a baby: temperature of bathroom and water; prepare appropriate equipment before handling the baby (use of proper soaps, shampoos and non-slip mats); remove any electrical appliances; depth of water; safe positioning of the baby.
	Atypical signs to look out for when changing a nappy and washing a baby: colour and consistency of faeces; presence of urine; skin rash; dermatitis; eczema.
	Infection prevention and control practices when changing a nappy and washing a baby: hand washing; putting on gloves; taking off gloves; use of disposable apron; different cleaning techniques of boys' and girls' genital areas; cleaning of umbilical cord; disposal of soiled nappy and wipes; cleaning of surface used.
A-2.	Preparation of equipment for washing a baby mannequin: the bath; suitable soap shampoo and baby lotion for washing baby; soft face cloth or sponge; supply changing area with clean nappies, wipes and appropriate creams; towel; clothes.
	Prepare the baby for bathing: not leaving baby alone at any time; handling; undressing; wash hands and/or wear gloves; clean the baby; disposal of soiled nappy, wipes and gloves.
	Dressing a baby mannequin after washing: prepare the tub with about 3 inches (7 cm) of warm water; check bath temperature; wrap the baby firmly in a towel enclosing the arms; wash the baby; rinse the baby; dry baby; apply nappy; dress the baby.

Subject Focus	Creating a child-friendly environment
LO 3.	Create a child-friendly environment.
K-4.	<p>N.B. For assessment purposes at MQF 2, FIVE risks should be related to the respective hazards.</p> <p>Risk assessment: identify the hazards; decide who might be harmed; describe how he/she may be harmed; estimate the risk; control the risk; monitor effectiveness of control of risk; record keeping; review of risk assessment.</p>
K-5.	<p>Legislation: e.g.</p> <ul style="list-style-type: none"> • Act 27 of 2000: Occupational Health and Safety Authority Act, • LN 35 of 2003: Protection against Risks of Back Injury at Work Placement Regulations, • LN 36 of 2003: General Provisions for Health and Safety at Work Places Regulations, • LN 121 of 2003: Minimum Requirements for the use of Personal Protective Equipment at Work Regulations, • LN 228 of 2003: Protection of Workers from Risks related to Exposure to Biological Agents at Work Regulations, • LN 199 of 2015: Work Place (Provision of Health and/or Safety Signs Amendment) Regulations, • LN 293 of 2016: Work Equipment (Minimum Safety and Health Requirement) Regulations.
C-1.	<p>Requirements needed to make a room for young children safe:</p> <ul style="list-style-type: none"> • Toy & equipment safety: e.g. use of non-toxic colours and moulding clay, avoid toys with small detachable parts and propelling objects, use of safety belts on swings; • Sanitising and infection control: e.g. hand washing facilities and sanitizer, protective clothing, all children's possessions marked with name of child; • Food & medication safety: e.g. cupboard locks, ensure bottle tops and lids are firmly closed, lock medicines away or high up out of reach and sight; • Preventing injuries: e.g. covers for table corners, no table cloths, socket covers. <p>Consequences of an unsafe room for young children: e.g. choking, suffocation, falls by babies/toddlers, poisoning, burns/scalds, drowning, serious cuts/bruises.</p> <p>Modification of the room environment: e.g. secure and safe environment, multisensory environment, inclusive and non-discriminatory environment.</p>
A-3.	<p>N.B. For assessment purposes, candidates need to identify SIX hazards in a particular setting with a child in mind.</p> <p>Risk assessment of an area in which a child is present: identify the hazards; decide who might be harmed; describe how he/she may be harmed; estimate the risk; control the risk.</p> <p>Modifying a room to make it child-friendly (after carrying out a risk assessment):</p> <ul style="list-style-type: none"> • Elimination of hazards; • Risk minimisation; • Set up of furniture and equipment; • Resources to be used during activities: e.g. choice of toys, pencils, colours, play dough, colouring books, plain paper.

Subject Focus	Meeting the needs of children and adolescents
LO 4.	Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures.
K-6.	<p>Key aspects of development of children and adolescents (4 – 18 years):</p> <ul style="list-style-type: none"> • Physical: e.g. going down stairs independently, using pedals of tricycle, walking on tiptoes, kicking a ball with force, hopping, using a scooter, using a bicycle, puberty; • Intellectual: e.g. literacy, numeracy, creativity, simple problem solving, complex problem solving, talking fluently, asking questions, challenging perceptions and beliefs; • Emotional: e.g. bonding with family members, making friends, express their feelings, feeling secure, become more self-conscious, building relationships, forming close relationships, adapting to new experiences; • Social: e.g. sharing with others, be able to interact with others, participate in activities, searching for identity, seeking more independence, looking for more experiences, developing moral judgements, communicating in different ways.
	<p>Needs of children and adolescents (4 – 18 years):</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; learning; problem solving; creativity; exploration; • Emotional: love; affection; feeling valued; security; support; • Social: interaction with family; interaction with extended-family; interaction with friends; participation in activities; adapting to new environments and acquaintances.
	<p>Problems that may arise in children when development is delayed: e.g. difficulty in communication with others, difficulty in speech, lack of mobility, lack of independence, difficulty in making friends, difficulty in carrying out group activities, bullying.</p>
K-7.	<p>Activities for children and adolescents: e.g. music, drama, art, dance, ICT, photography, gardening, cooking, sport (including swimming, horse riding and yoga).</p>
	<p>Effects of activities on the needs of children or adolescents: e.g. enjoyment, learning through the activity, being occupied, promotes independence, meeting others, gaining confidence.</p>
C-2.	<p>N.B. For assessment purposes, candidates should give TWO benefits of a particular group activity.</p>
	<p>Effects on a child if the activity is not appropriate: might affect self-confidence/self-esteem; social anxiety; risk taking due to peer pressure; inadequate behaviour/ frustration.</p>
	<p>Evaluation of own activity organised for a child based on: e.g. resources, safety, time, communication, engagement of participant, needs met.</p> <p>N.B. For assessment purposes at MQF 3, this criterion should be carried out after A-4.</p>

A-4.	Planning for an activity targeting a child: appropriately chosen activity; space or venue; set up of place (furniture or equipment); resources needed; time; simple guidelines of how the activity will be carried out.
	Resources for an activity with a child: safe; child-appropriate; related to activity; economical; neat. N.B. For assessment purposes, TWO resources should be created by candidates.
	Carrying out an activity with a child considering his/her needs: allocated duration; communication; engagement of child; flow of activity. N.B. For assessment purposes, request for consent from parents is to be sought.

Subject Focus	Measuring the vital signs of individuals
LO 5.	Measure the vital signs of an individual in a respectful and safe manner.
K-8.	Vital signs of the human body: body temperature; pulse; breathing rate; blood pressure.
	<p>Readings of vital signs (at rest):</p> <ul style="list-style-type: none"> • Baby (1 – 5 years) <ul style="list-style-type: none"> ○ Blood Pressure: 80/50mmHg to 110/80mm Hg; ○ Temperature: 36°C to 37.5°C; ○ Pulse: 95 to 140 beats per minute; ○ Breathing rate: 20 to 35 breaths per minute OR • Adult <ul style="list-style-type: none"> ○ Blood pressure: 90/60mmHg to 140/90mm Hg; ○ Temperature: 36°C to 37.5°C; ○ Pulse: 60 to 100 beats per minute; ○ Breathing: 12 to 20 breaths per minute OR • Older Adult <ul style="list-style-type: none"> ○ Blood Pressure: 120/80mmHg to 140/90 mm Hg; ○ Temperature: 36°C to 37.5°C; ○ Pulse: 50 to 85 beats per minute; ○ Respiratory Rate: 10 to 30 breaths per minute. <p>N.B. For assessment purposes at MQF 3, candidates are expected to only indicate whether the readings are high, low, or within expected range for each vital sign.</p>
C-3.	Importance of taking measurements of the vital signs: provide important feedback about the body's functions; detect medical problems; monitor medical problems or recovery following surgery; might indicate the necessity for further testing.
	Common reasons why pulse, temperature, breathing rate and blood pressure readings might not be within the acceptable range: e.g. family history, age, diet, shock, injury, alcohol, drugs, being active/fit, infections and diseases.

Equipment to measure vital signs: digital thermometer **or** mercury free thermometer; digital blood pressure monitor; stop watch.

Precautions taking into consideration accuracy and infection-prevention and control: hand hygiene and cleansing of equipment; proper use of equipment; accuracy considerations when taking measurements; communication with patient to get relevant information regarding any risks.

Measuring and recording the vital signs of an individual:

- Temperature
 - Positioning of thermometer;
 - Proper recording of result;
- Pulse
 - Make sure the individual is seated and calm/rested;
 - Locate the radial pulse (place the second and third fingers NOT the thumb for it has a pulse of its own);
 - Count pulse for 60 seconds;
 - Proper recording of result;
- Breathing rate
 - Ensure the individual is at rest and doesn't know their breathing rate is being taken;
 - Count how many times the chest rises and falls: 1 breath = 1 rise + 1 fall;
 - Note whether the breathing is regular or irregular;
 - Properly record the number of breaths a person takes per minute;
- Blood Pressure
 - Ensure the individual is relaxed and not talking.
 - Make sure that the individual does not have restrictive clothing impairing the blood flow;
 - The arm is resting on the table, level with the heart and with palm upwards;
 - Connection from cuff to monitor should fall downwards along the arm in line with brachial artery ensuring it is properly positioned above inner elbow and neither tight nor loose;
 - Properly record the systolic and diastolic pressure.

A-5.

Learning Outcomes and Assessment Criteria

Subject Focus:	Baby's development and needs
Learning Outcome 1:	Demonstrate the knowledge and skills gained to feed a baby.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-1. List the key aspects of development of a baby.	K-1. Outline the needs of a baby.	K-1. Describe the problems that may arise in babies when development is delayed.				A-1. Sterilise bottle components in preparation for a feed.	A-1. Prepare a bottle feed.	A-1. Demonstrate skills to feed a baby using the prepared feed.
K-2. Identify the stomach size of babies in the first week.	K-2. Describe the precautions that need to be taken before and while feeding a baby.	K-2. Outline the advantages and disadvantages of breast feeding.						

Subject Focus:	Principles of a baby's physical hygiene needs
Learning Outcome 2:	Follow the principles of bathing a baby.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-3. List the precautions that need to be taken into consideration when changing a nappy and washing a baby.	K-3. Mention atypical signs to look out for when changing a nappy and washing a baby.	K-3. Outline infection prevention and control practices when changing and washing a baby.				A-2. Prepare equipment for washing a baby mannequin.	A-2. Prepare a baby mannequin for bathing.	A-2. Dress a baby mannequin after washing.

Subject Focus:	Creating a child-friendly environment
Learning Outcome 3:	Create a child-friendly environment.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-4. Distinguish between a risk and a hazard.	K-4. Relate different risks to hazards.	K-4. Outline the key areas of a basic risk assessment of a Health and Social Care environment.	C-1. Identify the requirements needed to make a room for young children safe.	C-1. Describe the consequences of a room which is not safe for young children.	C-1. Discuss how a room environment could be modified to make it child-friendly.	A-3. Identify the hazards in a particular setting with a child in mind.	A-3. Carry out a basic risk assessment of an area in which a child is present.	A-3. Modify a room to make it child-friendly.
K-5. Name Health and Safety legislation related to Health and Social Care.	K-5. State the aim of current Health and Safety legislation.	K-5. Outline how current Health and Safety legislation promotes Health and Safety practices.						

Subject Focus:	Meeting the needs of children and adolescents
Learning Outcome 4:	Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-6. List the key aspects of development of children and adolescents.	K-6. Outline the needs of children and adolescents.	K-6. Describe the problems that may arise in children and adolescents when development is delayed.	C-2. Identify the benefits of a particular group activity organised for young children.	C-2. Discuss how a child can be affected if the activity is not appropriate for his/her age or abilities.	C-2. Evaluate your own activity organized for a child.	A-4. Write a plan for an activity targeted towards a child taking into consideration Health and Safety issues.	A-4. Create appropriate resources to carry out an activity with a child.	A-4. Carry out the activity with a child taking into consideration his/her needs.
K-7. List different activities that can be used with children and adolescents.	K-7. Outline how a particular activity meets the needs of children or adolescents.	K-7. Describe the effects of an activity on the needs of children or adolescents.						

Subject Focus:	Measuring the vital signs of individuals
Learning Outcome 5:	Measure the vital signs of an individual in a respectful and safe manner.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-8. Name the vital signs of the human body.	K-8. Determine the normal range of the vital signs of a particular individual.	K-8. Interpret the readings of the vital signs from nursing observation sheets.	C-3. Outline the importance of taking measurements of the vital signs.	C-3. Indicate common reasons why the readings of the vital signs might not be within the acceptable range.	C-3. Explain the most common reasons why the vital signs might not be within the acceptable range.	A-5. Choose the correct equipment to measure the vital signs by taking into consideration the individual's needs.	A-5. Take the necessary precautions to ensure accuracy of readings whilst considering infection-prevention and control.	A-5. Record and individual's vital signs after measuring them.

Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved.

To achieve each outcome a candidate must satisfy the assessment criteria listed in the previous table. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

Scheme of Assessment

Every assignment should include at least **ONE** knowledge criterion and **ONE** application criterion.

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	24 – 42%
2	Coursework	24 – 42%
3	Controlled	24 – 42%

Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
Knowledge	1	1	2	4
Comprehension	2	2	2	6
Application	3	3	4	10

Unit 2: Working with Vulnerable Adults

Unit 2	Working with Vulnerable Adults
<p>Unit Description</p>	<p>This unit will introduce candidates to the way vulnerable adults should be cared for. The knowledge and understanding of the needs of these people will be assessed through the application criteria where candidates can demonstrate the provision of appropriate care which meets these needs.</p> <p>Care includes activities of daily living and creative activities to meet the physical, intellectual, emotional and social needs of the vulnerable adult, especially when living in residential care. The unit allows candidates to explore the knowledge and skills needed to communicate with such a group.</p> <p>Health and Safety procedures and regulations of the environment is an important aspect that candidates have to abide with. This unit will expose candidates to the importance of infection prevention and control in Health and Social Care settings. Candidates will also explore other risks arising from hazards present in different settings. They will also acquire the skills required to carry out a basic risk assessment, taking the necessary actions to minimize risks. Furthermore they will be given the opportunity to learn basic First Aid procedures.</p>

Learning Outcomes

At the end of the unit, I can:

- LO 1.** Conduct an activity taking into consideration the needs of individuals.
- LO 2.** Wash an adult mannequin taking into consideration his/her physical abilities.
- LO 3.** Feed an adult taking into consideration his/her needs.
- LO 4.** Carry out procedures to move and handle an individual who has mobility problems.
- LO 5.** Demonstrate First Aid skills.

Unit Content

Subject Focus	Meeting the needs of a vulnerable adult and older adult through an activity
LO 1.	Conduct an activity taking into consideration the needs of individuals.
K-1.	<p>Developmental aspects of adults and older adults:</p> <ul style="list-style-type: none"> • Physical: e.g. wrinkles, hair loss, menopause/andropause, posture change, brittle bones, decreased vision, difficulty with hearing high pitched sounds, brain becomes smaller; • Intellectual: e.g. complex problem solving, exploring new hobbies, focusing on specific directions, good judgement to deal with problems, make compromises, question regulations, question establishments, lifelong learning; • Emotional: e.g. appreciation of meaningful relations, high intensity emotions decrease, looking for contentment, looking for security, mature expression of love, integrity vs despair, loneliness, fear of death; • Social: e.g. voluntary work, independence, relationships, parenthood, social interaction at work, social network, organising/participating in family activities, finding new hobbies.
	<p>Needs of adults and older adults:</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; lifelong learning; problem solving; creativity; reflection; • Emotional: love; affection; to feel valued; security; support; • Social: family; friends; colleagues; community; participate in leisure activities.
	<p>Activities of daily living: e.g. maintaining a safe environment, communicating, breathing, eating, drinking, eliminating, personal cleansing, dressing, controlling body temperature, mobilising, working and playing, expressing sexuality, sleeping, dying.</p> <p>N.B. It is highly suggested that reference should be made to the Roper and Logan Model of Nursing during delivery.</p>
K-2.	<p>Practitioners who work with vulnerable adults: e.g. nurses, doctors, social workers, psychologists, care workers, physiotherapists, speech and language pathologists, occupational therapists, podologist.</p>
	<p>N.B. For assessment purposes, candidates should outline TWO main roles for each practitioner named at MQF 1.</p> <p>N.B. For assessment purposes, candidates have to describe ONE role of any TWO practitioners.</p>
K-3.	<p>Creative activities to meet the needs of a vulnerable adult: e.g. music, drama, art, dance, ICT, photography, gardening, cooking, physical movement.</p>
	<p>N.B. For assessment purposes, candidates are expected to outline how a particular activity addresses ONE Physical, ONE Intellectual, ONE Emotional and ONE Social need of a vulnerable adult.</p> <p>Effects of creative activities on the needs of a vulnerable adult: e.g. enjoyment, enhances communication, being occupied, promotion of independence, increases social opportunities, gaining confidence, stimulates cognitive function.</p>

A-1.	Plan for an activity targeting individuals with specific needs: appropriately chosen activity; space or venue; set up of place (furniture or equipment); resources needed; time; simple guidelines of how the activity will be carried out.
	Resources to carry out an activity with an individual with specific needs: safe; appropriate for individual's needs; related to activity; economical; neat. N.B. For assessment purposes, at least TWO resources should be created by candidates.
	Carrying out an activity with an individual with specific needs: allocated duration; communication; engagement of individual; flow of activity.

Subject Focus	Hygiene procedures for adults and older adults
LO 2.	Wash an adult mannequin taking into consideration his/her physical abilities.
K-4.	Categories of equipment that aids the individual in: <ul style="list-style-type: none"> • Bathing and toileting: e.g. bath grab rails, bath seats, shower stools, commodes, toilet frame with seats, raised toilet seat, bed pans and urinals, non-slip bath and shower mats; • Personal care: e.g. long handled hair brush, long handled toe nail scissors, hand wipes, long handled sponge, towelling toe washer, flannel strap, wash mitten, denture cup; • Dressing: e.g. long stick shoe horn, sock aid, button hook, zipper aid, dressing stick, jewellery helper, elastic shoe laces, lock laces; • Mobility: e.g. walking frames, tripod, quadripod, walking stick, crutches, wheelchairs, hoists, transfer boards; • Feeding: e.g. large handled cutlery, weighted cutlery, angled cutlery, beaker with large handles, weighted beaker, scoop plate, plate guard, portioned plates.
	N.B. For assessment purposes, the candidates have to select FOUR pieces of equipment which promote independence.
	Situations in which bathing may be assisted: e.g. individuals after surgery, individuals with acute illness, individuals who are wheelchair bound, individuals who use aids to walk or transfer, individual with acute dementia, pregnancy.
C-1.	Values associated with the practice of Health and Social Care: confidentiality; purposeful expression of feelings; non-judgmental attitude; controlled emotional involvement; acceptance; privacy and dignity; individualization; client self-determination.
	Principles found in the code of conduct and practice for social service workers: http://www.maltaemployers.com/Portals/22/code_conduct_en.pdf

Rights promoted through principles: to be respected and granted equal opportunities **and/or** to be treated as an individual **and/or** to be treated with dignity **and/or** to be allowed privacy **and/or** to be safeguarded from danger and harm **and/or** to be allowed access to information about themselves **and/or** to be able to communicate using their preferred methods of communication and language **and/or** to be supported in a way that meets their needs and takes account of their choices **and/or** confidentiality.

N.B. For assessment purposes, the candidates have to discuss how a particular principle promotes **TWO** rights of an individual.

Unoccupied bed making technique: clear the bed; put the fitted sheet on; put the top sheet on; make hospital corners.

Preparation for a bed bathing activity of an adult mannequin:

- Wash hands*;
- Wear apron and/or gloves;
- Prepare equipment: basin; soap and sponge; incontinence pad; prepare towels; fresh linen.

***N.B.** For assessment purposes, techniques to wash hands should be according to the WHO guidelines: http://www.who.int/gpsc/clean_hands_protection/en/

Bed bathing and adult mannequin:

- Show respect, dignity and privacy while meeting individual's needs: draw curtain; uncover only body parts that are being washed; cover body parts as soon as they are washed; communicate with the individual;
- Washing technique: wash the patient's face with warm clean water; wash the fingers and work up to the armpit; wash and dry chest and abdomen; start with toes and work up to the hip; turn patient on side and wash back.

A-2.

Subject Focus	Healthy diet for vulnerable adults
LO 3.	Feed an adult taking into consideration his/her needs.
K-5.	Constituents of a healthy diet: simple carbohydrates; complex carbohydrates; proteins; saturated fats; unsaturated fats; vitamins; minerals; water; soluble fibre; insoluble fibre.
	N.B. For assessment purposes at MQF 2, each constituent should be linked to TWO different types of food.
K-6.	N.B. For assessment purposes at MQF 3, candidates are expected to describe a complete meal made up of different and/or drink taking into consideration FIVE main constituents of a healthy diet.
C-2.	Difficulties that an individual with additional needs may have during feeding: e.g. chewing difficulties due to loss of teeth, loosened teeth, ill-fitting dentures, reduced taste, dry mouth, poor digestion, poor appetite.
	Causes of difficulties that an individual with additional needs may have during feeding: e.g. pain in mouth or jaw area, deterioration of taste buds, reduced saliva production, reduced digestive juices, illness, side effects of medication, poor psychological well-being, poor emotional well-being, dementia.
	Methods to improve food intake for an individual with additional needs: e.g. cut food in small pieces, liquidise the food, add thickener when needed, season the food with herbs and spices, moisten the food, give small amounts at a time, give nutritive snacks, do not give food that has a different consistency, avoid fizzy drinks.
A-3.	Preparation of feed for an adult with swallowing difficulties: add thickener; stir; check for consistency.
	Preparation of a plate suitable for an individual with particular needs: good presentation of food on plate; healthy for the individual according to the nutritional needs; consistency of food; suitable according to the individual's feeding needs.
	Feeding a person with a visual impairment: proper sitting position of individual; protective bib for individual; candidate to sit in the individual's line of vision; small portions at a time; give choice to individual's food preference. N.B. It is highly recommended that during delivery students are taught: to avoid hovering with the next spoonful of food as this may cause an individual to hurry and worsen any swallowing difficulties; that the individual should remain upright for 15 minutes after feeding.

Subject Focus	Moving and handling an adult or an older adult
LO 4.	Carry out procedures to move and handle an individual who has mobility problems.
K-7.	Causes of pressure sores: friction; compression; shearing; tearing.
	Areas on the body where pressure sores commonly occur: ears; head; shoulder blades; back bone; elbows; sacrum; buttocks; knees; ankles; heels.
	Prevention of pressure sores: e.g. change position frequently (at least every 2 hours if bedridden and every 20 minutes if on a wheelchair), use of pressure relief mattress or cushions, use of Sudocrem®, remove any creased material beneath the patient, keep skin clean and dry, change nappy often, use pillows, exercise, diet rich in protein.
C-3.	Difficulties of an individual when trying to move: e.g. obesity, pain, swelling of joints, stiffness of joints, muscle weakness, deterioration of nerves, brittle bones, tremors, deformities.
	Factors causing difficulties for an individual to move: e.g. arthritis, fibromyalgia, neuromuscular conditions, Parkinson's disease, osteoporosis, stroke, dementia.
	Moving and handling methods for an individual with mobility problems: e.g. moving in bed, rolling from side to side, sitting up in bed, sitting at the edge of the bed, standing with support, walking with help (use of walking aids), transfer board, hoist.
A-4.	Risk assessment before moving and handling an individual with mobility problems: the type of task to be performed; the weight of the individual; the capabilities of the individual and his/her behaviour; the working environment. <i>N.B. For assessment purposes, only ONE moving and handling technique should be considered.</i>
	Preventive measures before moving and handling an individual with mobility problems to safeguard both the individual and the person providing the service: make sure that equipment is functional and/or appropriate; remove clutter; wear appropriate clothing and footwear.
	Moving and handling a patient: use of the correct equipment; use the appropriate technique; teamwork; dignity of the patient. <i>N.B. For assessment purposes, ONE of the following moving and handling techniques are to be considered: sitting transfer from bed to wheel chair using a transfer board; transfer of patient from bed to wheel chair using hoist; transfer of a patient who can take some weight on his legs and needs to be transferred from bed to chair; repositioning of patient both on bed and on wheel chair; walking with a Zimmer frame; help patient to stand from wheelchair using one person on one side and using two persons (one on each side).</i>

Subject Focus	First Aid
LO 5.	Demonstrate First Aid skills.
K-8.	Importance of working in a team in an emergency situation: e.g. synergy between team members, increased safety of service users, increased efficiency in reaching targets.
	Information when calling for help: exact address of emergency or any noticeable landmarks; directions to the scene of emergency; telephone number from where call is taking place; details of incident such as number of people involved; description of injuries and any known pre-existing medical conditions.
	Situations that might require someone to summon help: e.g. cardiac arrest, falls, fractures, bleeding, burns, choking, unconsciousness.
A-5.	Preparation of a First Aid box: choose the correct items; correct quantity of each item.
	First Aid application in a minor accident: using prevention and infection control methods; apply the correct First Aid procedure. N.B. For assessment purposes, ONE of the following minor accidents should be considered: 1 st degree burns or minor falls with no fractures or minor cuts or minor nose bleeds or minor sprains/strains.
	First Aid application in a major accident: check safety for the casualty and first aider; manage the situation; apply the correct First Aid procedure; call for help. N.B. For assessment purposes, ONE of the following major accidents should be considered: serious burns or major bleeds or fractures or cardiac arrests/suspected cardiac arrests or unconsciousness or choking.

Learning Outcomes and Assessment Criteria

Subject Focus:	Meeting the needs of a vulnerable adult and older adult through an activity
Learning Outcome 1:	Conduct an activity taking into consideration the needs of individuals.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-1 List the developmental aspects of an adult and an older adult.	K-1. Identify the needs of an adult and an older adult.	K-1. Outline the activities of daily living which meet the needs of an older adult and a person with additional needs.						
K-2. Name different practitioners who work with vulnerable adults.	K-2. Outline the roles of different Health and Social care practitioners.	K-2. Describe the role of different practitioners working with an individual with specific needs.				A-1. Write a plan for an activity targeted towards an individual with specific needs.	A-1. Create resources to carry out an activity with an individual with specific needs.	A-1. Carry out the activity with an individual with specific needs.
K-3. List creative activities that can meet the needs of a vulnerable adult.	K-3. Outline how a particular activity addresses the needs of a vulnerable adult.	K-3. Describe the effects of creative activities on the needs of a vulnerable adult.						

Subject Focus:	Hygiene procedures for adults and older adults
Learning Outcome 2:	Wash an adult mannequin taking into consideration his/her physical abilities.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-4. Sort various equipment in their respective categories.	K-4. State the function of different pieces of equipment recommended by professionals which promote independence.	K-4. Outline situations in which bathing may be assisted.	C-1. List the values associated with the practice of Health and Social Care.	C-1. Justify a principle that a Health and Social Care worker must adhere to in a given case scenario.	C-1. Discuss how a particular principle promotes rights of an individual in a given case scenario.	A-2. Use the appropriate technique in making an un-occupied bed.	A-2. Carry out the necessary preparations to bed bathe an adult mannequin.	A-2. Carry out a bed bathing activity on an adult mannequin.

Subject Focus:	Healthy diet for vulnerable adults
Learning Outcome 3 :	Feed an adult taking into consideration his/her needs.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-5. List the main constituents that are needed for a healthy diet.	K-5. Match different constituents with different types of food.	K-5. Describe the purpose of each constituent in a healthy diet.	C-2. Outline difficulties that an individual with additional needs may have during feeding.	C-2. Describe the causes that create the difficulties that an individual with additional needs may have during feeding.	C-2. Discuss methods prescribed by professionals to improve intake of food for an individual with additional needs.	A-3. Prepare a feed for an adult with swallowing difficulties.	A-3. Prepare a healthy and colourful plate for an individual with particular needs.	A-3. Feed a person with a visual impairment.
K-6. Categorise the constituents of a healthy diet for the older adult into high or low intake.	K-6. Outline reasons for intake levels of constituents of a healthy diet in the older adult.	K-6. Describe an appropriate complete meal for the older adult with reference to the constituents of a healthy diet.						

Subject Focus:	Moving and handling an adult or an older adult
Learning Outcome 4:	Carry out procedures to move and handle an individual who has mobility problems.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-7. Name the causes of pressure sore development.	K-7. Mention areas on the body where pressure sores commonly occur.	K-7. Describe how pressure sores can be avoided.	C-3. Indicate the difficulties an individual may have while trying to move.	C-3. Outline different factors which may cause difficulties for an individual to move.	C-3. Describe moving and handling methods prescribed by a professional for an individual with mobility problems.	A-4. Carry out a risk assessment before moving and handling an individual with mobility problems.	A-4. Take preventive measures before moving and handling an individual with mobility problems to safeguard both the individual and the person providing the service.	A-4. Move and handle an individual with mobility problems.

Subject Focus:	First Aid
Learning Outcome 5:	Demonstrate First Aid skills.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-8. Outline the importance of working in a team in an emergency situation.	K-8. State all the information needed when calling for help in an emergency situation.	K-8. Identify the situations which might require someone to summon help from a health care professional.				A-5. Prepare a First Aid Box against an inventory.	A-5. Demonstrate the First Aid procedure needed in a minor accident.	A-5. Demonstrate the First Aid procedure needed in a major accident.

Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved.

To achieve each outcome a candidate must satisfy the assessment criteria listed in the previous table. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

Scheme of Assessment

Every assignment should include at least **ONE** knowledge criterion and **ONE** application criterion.

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	24 – 42%
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3	Controlled	24 – 42%

Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
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Comprehension	2	2	2	6
Application	3	3	4	10

Unit 3: Working in a Health and Social Care Environment

Unit 3	Working in a Health and Social Care Environment
<p>Unit Description</p>	<p>This unit will enable candidates to gain the knowledge, understanding and practical skills required to be able to communicate effectively within Health and Social Care contexts. Throughout this unit candidates will investigate and learn about different forms of communication, understand barriers to the communication cycle and as a result be able to communicate effectively.</p> <p>Candidates will also gain knowledge and understanding of the different roles of practitioners working in the Health and Social Care environment, the organisations which offer services, and the responsibilities that each of these practitioners have. Candidates will apply the knowledge of effective communication through interviewing skills by preparing and conducting an interview with a professional in this field. They will also be interviewed themselves to eventually develop the skills needed to approach different job interviews in Health and Social Care organisations.</p>

Learning Outcomes

At the end of the unit, I can:

- LO 1.** Use effective communication skills in one-to-one and group communication.
- LO 2.** Use communication skills to give proper handover.
- LO 3.** Demonstrate an understanding of how services enable individuals through care plans.
- LO 4.** Show appropriate interpersonal skills during an interview.

Unit Content

Subject Focus	One-to-one and group communication
LO 1.	Use effective communication skills in one-to-one and group communication.
K-1.	Stages of the communication cycle: ideas occur; message encoded; message sent; message received and decoded; feedback to sender.
K-2.	Different contexts for communication: one-to-one; group; formal; informal.
	Scenarios to match different contexts are to be matched should include the following individuals: service-users; colleagues; managers; other individuals.
	Consequences of adopting an inappropriate approach in different situations: <ul style="list-style-type: none"> • Formal: e.g. barriers may be created between individuals, you may not be taken seriously, tension may be created; • Informal: e.g. bad reputation, affects professional relationships, lack of boundaries.
K-3.	Forms of communication: verbal; non-verbal; written; augmentative and/or alternative forms.
	Forms of communication and their skills <ul style="list-style-type: none"> • Verbal: e.g. greeting, checking for understanding, probing, empathy, confrontation, constructive feedback, summarization, termination; • Non-verbal: e.g. facial expressions, eye contact, gestures, touch, posture, proximity, tone of voice, speech pace; • Written*: e.g. incident reports, journals, contact book, policies and procedures, memos, medical records, telephone notes, prescriptions or referrals; • Augmentative and/or alternative: e.g. sign language, lip reading, flash cards, signs and symbols, key word signing, picture exchange communication system, Braille, electronic devices, computer applications specific for certain needs. <p><i>*N.B. It is recommended that during lessons reference should be made to clarity, objectivity, accuracy, legibility.</i></p>
K-4.	Roles in a group interaction: e.g. shaper, finisher, implementer, plant, evaluator, specialist, team worker, co-ordinator, resource investigator. <p><i>N.B. It is recommended that during lessons reference should be made to the Belbin team roles.</i></p>
	Basic competences for effective communication in a group interaction: recognising when using formal and informal communication; active listening; turn taking; decoding appropriately non-verbal skills; respecting others' opinions whilst being assertive.

C-1.	Barriers to communication: e.g. disability, speech difficulties, foreign language and cultural differences, jargon, emotional and behavioural difficulties, mental health problems and dementia, environmental problems, differing sense of humour, illegibility.
	Overcoming communication barriers: e.g. adapting the environment, understanding language needs and preferences, using the individual's preferred language, timing, electronic devices (text phones, telephone amplifiers, hearing loops), effective non-verbal communication.
	Persons with additional needs: dementia or physical disability or intellectual disability or specific learning disability. N.B. For assessment purposes, TWO ways of overcoming barriers to communication with an individual with an additional need should be explained.
A-1*.	N.B. For assessment purposes, marks should be awarded for the basic competences mentioned above.
	Basic communication skills: <ul style="list-style-type: none"> • Verbal: greeting; probing; checking for understanding; summarisation; termination; • Non-verbal: facial expression; eye contact; posture; proximity; tone of voice.
	Advanced communication skills: <ul style="list-style-type: none"> • Verbal: e.g. constructive feedback, empathy, confrontation; • Non-verbal: e.g. gestures, touch, speech pace.
A-2.	Preparation of presentation: <ul style="list-style-type: none"> • Consistent design and layout; • Good structure and sequence; • Use of key phrases and no whole paragraphs present; • Clarity: colours; font size; • Effective use of good quality pictures. N.B. For assessment purposes, candidates have to present at least FOUR slides.
	Delivery of presentation: tone of voice; eye contact; body language; limited reference to script; trail of thought; summarisation.
	Interaction with audience while delivering a presentation: asking questions; answering questions from the audience; reacting to comments; good classroom management.

***N.B.** It is highly recommended that candidates should be given ample time to practise the skills using various scenarios before the actual assessment of the **spontaneous** one-to-one interaction.

Subject Focus	Giving a proper handover in Health and Social Care situations
LO 2.	Use communication skills to give proper handover.
K-5.	Importance of handover: to prioritise tasks; to plan further care; to review the most unstable service users; to maintain the ongoing confidentiality of service user records.
	Consequences of inadequate handover: e.g. service users not being seen, test results overlooked, confusion over care planning, slowing the speed of service user care, severity of service user's clinical situation not being communicated, wasting of time due to searching for information which was not passed on, stress and tension on service workers when plans are not clear impairing decision making.
A-3.	Filling-in a checklist to give a handover: <ul style="list-style-type: none"> • Identification of client; • Completeness of checklist: date and time; signature; • Clarity: distinguish between selected checkboxes; legibility.
	Verbal handover: use of verbal skills; use of non-verbal skills; complete handing over using the checklist as a reference. N.B. <i>This criterion should be assessed through a role play.</i>
	Writing a handover report: identification of client, date and time; signature; legibility; writing factual information; keep it straight and simple.

Subject Focus	Health and Social Care practitioners' role and responsibilities
LO 3.	Demonstrate an understanding of how services enable individuals through care plans.
K-6.	Importance of a care plan: e.g. to evaluate service users' needs, to develop a plan to meet service users' needs, promotes systematic communication, eliminates gaps and duplications, facilitates coordination of care, addresses appropriate interventions.
	The way care plans are developed: e.g. case reviews, case conferences, ward rounds.
	SMART goals: short term goals; long term goals.
K-7.	Service providers: e.g. Mater Dei Hospital, Mount Carmel Hospital, health centres, domiciliary and day care facilities, Aġenzija Appoġġ, Aġenzija Sedqa, Aġenzija Sapport, Caritas, residential homes (for children in care, older adults, victims of domestic violence, homeless persons, people with disability).
	Types of services offering support: <ul style="list-style-type: none"> • Health care services: e.g. medical, nursing, therapy (occupational therapy, physiotherapy, and speech and language pathology); • Social care services: e.g. social work services, psychological services, community services.
	Types of organisations: governmental; non-governmental; private; public-private partnerships.
C-2.	Barriers to accessing services: physical and/or psychological and/or financial and/or cultural and linguistic. N.B. For assessment purposes, TWO barriers should be considered for the given scenario.
	Ways of overcoming barriers to access services: adaptation of existing premises to provide equal access to all; campaigns to raise awareness and influence the attitude of the service providers and the general public; provision of basic services for free; promotion of self-advocacy.
	Effects of services on individuals: e.g. independent living, improved general well-being, better self-concept, empowerment, builds relationships, feels respected, social integration.
A-4.	Questions to be used in an interview with a Health & Social Care practitioner about: the profession itself and his/her role; responsibilities within the organisation; the support services/organisations they need to work with.
	Interview with a Health/Social Care practitioner: finding a suitable practitioner; setting up an appointment; conducting an interview.
	Report summarising the main points of the interview in own words under TWO different categories: roles and responsibilities; support services.

Subject Focus	Job interview
LO 4.	Show appropriate interpersonal skills during an interview.
K-8.	The importance of giving a good first impression in a job interview: e.g. building a relationship with the interviewer, demonstration of respect by the interviewer, giving the perception of being knowledgeable of the areas to be questioned.
	Managing first impressions in a job interview: <ul style="list-style-type: none"> • Self-Presentation: e.g. professional dress code, physical hygiene, appearance; • Non-verbal cues: e.g. smile, eye contact, posture; • Verbal: e.g. greeting, answering appropriately, termination; • Using appropriate language: e.g. formal, professional language, concise.
C-3.	Preparation process prior to an interview: research the organisation; review any online personal profiles; prepare any papers and certificates; prepare the appropriate answers.
	Knowledge and skills required for an interview: answering the questions in an appropriate and concise manner; assertive with an appropriate tone of voice. <i>N.B.</i> For assessment purposes, the MQF 3 criterion should be carried out after A-5.
A-5.	Documents required to apply for a job in a Health and Social Care organisation: <ul style="list-style-type: none"> • C.V.: structure; recent experience first; personal qualities; • Covering letter: date; addresses; content related to job being applied for; signature; no spelling mistakes.
	Research on the organisation of the prospective employment: aim of organisation; type of service offered; service users who gain from the use of the service; hours of work. Conduct in an interview: <ul style="list-style-type: none"> • Practices employed upon arriving and meeting the interviewer: correct way of addressing the interviewer; adequate attire and cleanliness; • Practices employed during the interview: posture; eye contact; gestures; presentation of relevant documents; • Communicating knowledge: clarity of language while answering questions; formality; • Dealing with different working situations presented by interviewer: complaints; working long hours; lack of team work; working under pressure.

Learning Outcomes and Assessment Criteria

Subject Focus:	One-to-one and group communication
Learning Outcome 1:	Use effective communication skills in one-to-one and group communication.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-1. Identify the sender and the receiver.	K-1. Label the stages of the communication cycle.	K-1. Outline the communication cycle.				A-1. Participate in a spontaneous one-to-one conversation in which you have a caring role, using basic competences.	A-1. Participate in a spontaneous one-to-one conversation in which you have a caring role, using basic verbal and non-verbal communication skills.	A-1. Participate in a spontaneous one-to-one conversation in which you have a caring role, using advanced verbal and non-verbal communication skills.
K-2. List the different contexts for communication.	K-2. Match different scenarios to different contexts.	K-2. Describe the consequences of adopting an inappropriate approach in different situations.	C-1. Identify different barriers to communication within a given Health and Social Care scenario.	C-1. Describe ways to overcome barriers to communication within a Health and Social Care scenario.	C-1. Explain ways to overcome barriers to communication with an individual with additional needs.			
K-3. Name the forms of communication.	K-3. Match the skills with the different forms of communication.	K-3. Describe the different forms of communication, giving an example of a skill related to each form.				A-2. Prepare a presentation about a topic related to Health and Social Care.	A-2. Deliver a presentation about a topic related to Health and Social Care.	A-2. Interact with the audience while delivering a presentation about a topic related to Health and Social Care.
K-4. Mention the different roles in a group interaction.	K-4. Name the basic competences that one should have to be able to communicate effectively in a group interaction.	K-4. Describe the basic competences that one should have to be able to communicate effectively in a group interaction.						

Subject Focus:	Giving a proper handover in Health and Social Care situations
Learning Outcome 2:	Use communication skills to give proper handover.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-5. Define what a handover is in a Health and Social Care environment.	K-5. State why handover is important in a Health and Social Care environment.	K-5. Describe the consequences of inadequate handover in a Health and Social Care environment.				A-3. Fill-in a checklist to give a handover to a Health and Social Care practitioner.	A-3. Give a verbal handover to a Health and Social Care practitioner.	A-3. Write a handover report.

Subject Focus:	Health and Social Care practitioners' role and responsibilities
Learning Outcome 3:	Demonstrate an understanding of how services enable individuals through care plans.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-6. State the importance of care plans in Health and Social Care.	K-6. Outline how care plans are developed.	K-6. Prepare short term and long term SMART goals related to a given scenario.	C-2. Identify barriers to accessing services within a given Health and Social Care scenario.	C-2. Describe ways of overcoming barriers to accessing services in a given Health and Social Care scenario.	C-2. Discuss the effects of services on individuals seeking help.	A-4. Prepare a list of questions to be used in an interview with a specific Health/Social Care practitioner.	A-4. Interview a Health/Social Care practitioner to understand his/her role.	A-4. Write a report of the interview with the Health/Social Care practitioner.
K-7. Match the service providers with the individuals they seek to support.	K-7. List the type of services which offer support to individuals.	K-7. Outline the different types of organisations providing support to vulnerable individuals.						

Subject Focus:	Job interview
Learning Outcome 4:	Show appropriate interpersonal skills during an interview.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-8. Define first impressions in a job interview.	K-8. Outline the importance of giving a good first impression in a job interview.	K-8. Describe how to manage first impressions in a job interview.	C-3. Outline the preparation process that needs to be done prior to an interview.	C-3. Describe the kind of knowledge and skills required for an interview.	C-3. Evaluate the strengths and weaknesses that you showed during the interview you participated in.	A-5. Write a CV and a covering letter in order to apply for a specific job in a Health and Social Care organisation.	A-5. Carry out research on the organisation of the prospective employment.	A-5. Undergo a job interview related to Health and Social Care.

Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved.

To achieve each outcome a candidate must satisfy the assessment criteria listed in the previous table. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

Scheme of Assessment

Every assignment should include at least **ONE** knowledge criterion and **ONE** application criterion.

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	24 – 42%
2	Coursework	24 – 42%
3	Controlled	24 – 42%

Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
Knowledge	1	1	2	4
Comprehension	2	2	2	6
Application	3	3	4	10

Appendix 1 – Minimum required resources

This list is not intended to be exhaustive. These resources should be available for at least 16 candidates.

1. Clinical Observation Equipment

- Life size torso
- 8 thermometers (2 mercury free, 2 digital, 2 temporal, 2 ear thermometer)
- 4 Stopwatches
- 4 Stethoscopes
- 1 teaching stethoscope
- 4 Electronic sphygmomanometers
- Record sheets and nursing report sheets
- Alcohol to clean equipment

2. Moving and Handling Equipment

- Wheelchair
- Propad cushion
- Non slip mat
- Hoist and sling
- Hospital bed
- Propad mattress
- Adjustable bed table
- Walking frame
- Transfer board
- Sliding sheet
- Pillows
- Pivot disk
- Transfer belt

3. Washing

- Curtains and curtain rails/screens
- Linen (bed sheets, pillow cases)
- Inco-pads
- Towels
- Facecloth
- Basin
- Soap
- Adult nappies
- Adult patient care mannequin
- Creams like Sudocrem®

4. Baby Care

- Baby care model
- Nappy changer
- Nappies
- Wipes
- Sudocrem®
- Soaps and shampoos
- Non slip mats
- Disinfectants to clean surfaces
- Cotton wool

- Bags for soiled nappies, wipes and clothes
- Baby bath
- Towel and facecloth
- Clothes to dress baby up

5. Baby feeding

- Bottle and teats
- Sterilizer
- Tiny tums
- Tongs to grab bottles after sterilization
- Cloth to clean baby's mouth and any stomach contents after the burp
- Formula
- Bottle brush

6. Health and Safety Equipment

- Hand washing training kit (UV Hand inspection cabinet & Glow lotion)
- Alcohol based hand rub
- Sharp container
- Disposable gloves
- Disposable aprons
- First Aid Kit
- Pill preparation box
- Resusci Anne® training mannequin
- Choking rescue training vest
- Telephone to call during an emergency
- Safe toys for kids
- Socket covers
- Covers for table corners
- Cupboard locks
- Pencils
- Colours and/or crayons (non-toxic)

7. Feeding Equipment – Persons with physical Impairment

- Adjustable bed table
- Nelson knife
- Right and left Manoy cutlery set
- Weighted cutlery set
- Two-handled transparent mug with spout
- Scoop plate
- Plate guard
- Bib to put on individual
- Thickener

8. Other Equipment

- Photo camera
- Video camera