Supporting Technical Education Teaching:

**Curriculum Resources**

Teaching Guide

Topic: An introduction to social care

Version information

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| **Topic** | An introduction to social care |
| **Specification coverage** | **A2: The healthcare sector**  A2.1, A2.2, A2.3, A2.10  **A11: Safeguarding**  A11.2 |

This resource is part of a series of materials to support technical education teaching. The approach to developing the materials draws on research led by Professor Kevin Orr that sets out a model for understanding technical education pedagogy.

The curriculum development begins with the knowledge that students are working to learn and apply. Teachers draw from their subject and industry expertise, and their knowledge of their students, to make decisions about the core concepts the curriculum will focus on, how they will sequence these concepts, and the activities that are selected to support students’ learning. The decisions behind the resources suggested in this topic are the result of choices made by the curriculum development team, which will be reviewed and improved by teachers’ decision-making and ongoing reflection in their own circumstances.

The materials also seek to support teachers in bringing classroom and industry closer together, by providing assets that draw from authentic industry materials, and using opportunities to capture workplace practice that can be shared with students.

HEALTH AND SAFETY

It is assumed that activities outlined in this Teaching Guide will be undertaken in suitable facilities or work areas and that good practices, appropriate use policies and procedures will be observed. Teachers should consult their employers’ risk assessments before use and consider whether any modification is necessary for the particular circumstances of their own class/institution.

Acknowledgements

We are grateful to the following individuals and organisations for their input: Gemma Young (co author); Amanda Boyer (curriculum advisor); NCFE; Julia Wood, West Suffolk NHS Foundation Trust.

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Introduction

This document for teachers outlines both the topic area covered, and approach to using the suite of resources and assets for each lesson. Unless otherwise stated, definitions of key terms have been developed by the authoring team and reviewed in the context of the activities. Teachers may choose to revise definitions as necessary.

There are three lessons covering this introductory topic and each lesson is assumed to be 1.5 hours. Teachers may want to adapt the suggested sequencing of concepts and activities as appropriate for the students and circumstances. The lessons are broken down to provide teacher flexibility on the depth covered in the activities; lessons can also be split over multiple shorter lessons if required.

# Topic purpose

Social care is included in multiple areas of the T Level Health specification because it underpins healthcare in many respects. These resources introduce students to the concept of social care and look at how social care and healthcare are an integral part of support for those individuals and families who require care. Integrated care and multi-agency collaborations were formalised following the Health and Care Act 2022, although they were already present in an informal capacity in 2016.

The partnerships between the healthcare sector, local authority social care services, community support and voluntary/charity organisations require students to understand the range of social care services available. More specifically, students explore the type of support services that users and their families need, the barriers they may face and ways of overcoming them. These resources introduce students to a range of relevant professionals delivering seamless provision and using a person-centred approach to meet individuals’ complex needs.

The topic explores personal challenges and barriers, the meaning of empowerment and how care is personalised. Students can also explore the roles and responsibilities of social care professionals in the context of individual care studies. They will recognise that there is parity between the healthcare and social care professions and their decision-making capabilities in delivering person-centred care.

Students will develop applied knowledge as they explore how multidisciplinary teams develop care plans that support health and social care needs specific to individual cases.

There are also opportunities to build several essential skills that are developed during the course and general competencies for maths, English and digital.

The content in the lessons can be reinforced throughout the course to support students’ learning. For example, when discussing a forthcoming industry placement, one objective can be to look at how person-centred care is embedded into attitudes within the social care team, or how social care and healthcare professionals work together, and note this learning in their logbook. For example: [support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students](https://support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students)

# Industry importance

Not all care is provided by healthcare professionals; depending on a person’s needs, social care may play a significant role in their support. Social care is vital in preventing ill health, maintaining good health, and supporting recovery and rehabilitation, particularly for those leaving healthcare settings. A patient's journey is often complex, involving multiple organisations and professionals at different points.

To address this, it is essential for professionals to understand each other’s roles, skills and responsibilities, ensuring individuals are referred to the most appropriate care. Good communication and organisational processes that enable integrated working in multidisciplinary teams are crucial to delivering person-centred care.

*“At the heart of everything we do in both the health and social care sector is a person. To effectively support and meet all the needs of that person we cannot work in isolation. Integrated care brings everyone together making true person-centred care a reality.”*

***Julia Wood  
Apprenticeship Project Manager, West Suffolk NHS Foundation Trust***

# Industry links

* Department of Health & Social Care (DHSC) [www.gov.uk/government/organisations/department-of-health-and-social-care](http://www.gov.uk/government/organisations/department-of-health-and-social-care)
* Organisation of integrated care in England – NHS England

[www.england.nhs.uk/integratedcare/what-is-integrated-care/](http://www.england.nhs.uk/integratedcare/what-is-integrated-care/)

* Guidance on the preparation of integrated care strategies – GOV.UK

[www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies](http://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies)

* Make Every Contact Count (MECC)

[www.makingeverycontactcount.co.uk](http://www.makingeverycontactcount.co.uk)

* Working in partnership with people and communities – Care Quality Commission [www.cqc.org.uk/guidance-regulation/local-authorities/assessment-framework/2-providing-support/partnerships](http://www.cqc.org.uk/guidance-regulation/local-authorities/assessment-framework/2-providing-support/partnerships)
* Integrated care systems: how will they work under the Health and Care Act? – The King’s Fund

[www.kingsfund.org.uk/insight-and-analysis/data-and-charts/integrated-care-systems-health-and-care-act](http://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/integrated-care-systems-health-and-care-act)

* The Health and Care Act: six key questions – The King’s Fund

[www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions](http://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions)

* Social Work England provide information about the role social workers [www.socialworkengland.org.uk/about/about-social-work/](http://www.socialworkengland.org.uk/about/about-social-work/)
* Social care institute for excellence

[www.scie.org.uk](http://www.scie.org.uk)

* ‘Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England’

[www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf](http://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf)

* Care Certificate standard – ‘Work in a Person-Centred Way’

[www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-5.pdf](http://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-5.pdf)

* Materials for topics to support Health and Science T Levels are also available on the NCFE YouTube channel

[www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW\_-jadtc\_meDgLq](http://www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW_-jadtc_meDgLq)

# Prior learning

Students are likely to have little or no formal knowledge of social care services, as these have not been covered so far in the course. However, some students might have personal experience of social care and/or may already have undertaken industry or work experience in the area. Some students may also have an initial understanding if they have studied health and social care courses previously, for example at Level 2.

# Accessibility

The teaching materials have been designed to provide teachers with a flexible framework, including different approaches to activities, suggested consolidation activities to further embed knowledge, and adaptable study questions to assess learning. As with all resources, teachers will wish to consider the specific needs of their students when using the materials, including Special Educational Needs and Disabilities (SEND). Although content has been reviewed, accessibility in externally linked resources cannot be guaranteed.

Teachers are aware of students’ ability and have strategies to support those with additional needs within their cohort. Activity support and questioning will be differentiated, output expectations varied, and naturally occurring opportunities used to ensure additional support is delivered for students who may find the content and delivery challenging.

Learning outcomes and specification coverage

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| --- | --- | --- | --- | --- |
| **Lesson** | **Learning outcomes** | **Specification coverage** | **Skills and general competencies** | **Links to other specification content** |
| **1** | Students will be able to:   * define social care and person-centred care; * summarise a range of social care settings; * compare primary and secondary care; * analyse the professional’s role in delivering social care; * examine how an individual’s needs are met using a person-centred approach; * recognise potential barriers to accessing services. | **A2.1** The diversity of employers and organisations within the healthcare sector  **A2.2** The characteristics of primary, secondary and tertiary healthcare tiers  **A2.3** The diverse range of personal factors that would dictate the services accessed by an individual, including barrier to service access | Skills  **CS1.1** Plan and develop person-centred care  **CS3.2** Undertake collaborative work  **CS4.1** Undertake reflective practice and record reflections and experiences  **CS4.2** Make improvements to own practice  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  Digital:  **GDC1** Use digital technology and media effectively | **A8.6** The purpose of the Personalisation Agenda 2012 and the importance of using holistic approaches in order to place individuals, their carers and significant others at the centre of their care and support  **A8.9** The considerations when providing person-centred care to people with pre-existing conditions or living with illness  **A8.16** The six Cs in relation to person-centred care  **B1.17** Barriers to accessing health promotion/education |
| **2** | Students will be able to:   * define multidisciplinary teamwork, a multi-agency approach and integrated care; * recognise the differences between Integrated Care Systems (ICS), Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP) in England; * explain the relationship between integrated care and care planning. | **A2.1** The diversity of employers and organisations within the healthcare sector  **A2.2** The characteristics of primary, secondary and tertiary healthcare tiers  **A2.3** The diverse range of personal factors that would dictate the services accessed by an individual, including barrier to service access  **A2.10** The different types of organisational structure and how multidisciplinary and multi-agency teams work together within the healthcare sector  **A11.2** How legislation, policies and procedures support the safeguarding of individuals: Health and Care Act (2022) | Skills  **CS1.1** Plan and develop person-centred care  **CS3.2** Undertake collaborative work  **CS4.1** Undertake reflective practice and record reflections and experiences  **CS4.2** Make improvements to own practice  General competencies  English:  **GEC2** Present information and ideas  **GEC5** Synthesise information  Digital:  **GDC1** Use digital technology and media effectively | **A9.5** The ways in which health promotion is used to support the prevention agenda to support good health and well-being  **A9.6** The overarching principle of the opportunistic delivery of health promotion through the Making Every Contact Count (MECC) initiative and the risk factors this initiative targets  **B1.17** Brief overview of the lack of accessible health promotion information |
| **3** | Students will be able to:   * determine the planning, process and outcomes of integrated care planning meetings; * apply knowledge of an individual’s needs to provision, services and professionals; * apply a person-centred care approach. | **A2.1** The diversity of employers and organisations within the healthcare sector  **A2.2** The characteristics of primary, secondary and tertiary healthcare tiers  **A2.3** The diverse range of personal factors that would dictate the services accessed by an individual, including barriers to service access  **A2.10** The different types of organisational structure and how multidisciplinary and multi-agency teams work together within the healthcare sector | Skills  **CS1.1** Plan and develop person-centred care  **CS2.1** Communicate clearly and effectively with a variety of stakeholders  **CS3.2** Undertake collaborative work  **CS4.2** Make improvements to own practice  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  **GEC5** Synthesise information | **A8.6** The purpose of the Personalisation Agenda 2012 and the importance of using holistic approaches in order to place individuals, their carers and significant others at the centre of their care and support  **A8.9** The considerations when providing person-centred care to people with pre-existing conditions or living with illness  **A8.16** The importance of practicing and promoting the six Cs in relation to demonstrating person-centred care skills, through own actions and promoting the approach with others |

Lesson guidance

# Lesson 1: What is social care?

This lesson focuses on helping students understand the principles of independence and person-centred care, and the role of social care in supporting individuals. Students will explore different social care settings, learn about the roles of professionals and discuss barriers to accessing care.

## Preparation

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| **Resources provided** | * L1 Slide deck * Glossary * L1 Activity 3 Worksheet * L1 Activity 3 Worksheet answers * L1 Activity 4 Worksheet * L1 Activity 4 Worksheet answers |
| **Equipment needed** | Household items: toothpaste, hairbrush, comb, deodorant (roll-on and spray), a mug, socks. |
| **Safety factors** | None |
| **Prior learning** | Students may have little or no formal knowledge of social care services (no prior knowledge of specification content), but some may have personal experience or knowledge from a placement. |
| **Common misconceptions** | * A common misconception is that social care and healthcare operate independently. In reality, health and social care are interconnected (integrated care). Many people with health issues also require social care, meaning healthcare professionals must have a strong understanding of social care to provide comprehensive and effective support for their patients. * Students may think that social care is only for elderly people or those with disabilities. In fact, social care also helps people with mental health issues, substance use problems and homelessness and can help all those who need emotional or social support. |
| **Accessibility** | * Seek to ensure wide representation within visiting speakers. * Ensure that activity support, prompts and questioning are differentiated and have appropriate output expectations for individuals. Use naturally occurring opportunities to ensure additional support is delivered for students who may find the content and delivery difficult to grasp. * Teachers may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| --- | --- |
| **Introduction**  Suggested time:  20 minutes  RESOURCES:   * L1 Slide deck – slides 1–6 * Household items: toothpaste, hairbrush, comb, deodorant (roll-on and spray), a mug, socks * Glossary | * Start the lesson by introducing the lesson objectives using the slide deck. * Hand out household items. * Ask individual students to use their household object, and then ask them to repeat this while imagining that they had a certain disability, e.g. limited movement of one shoulder or elbow (hair brushing/combing), one arm (putting toothpaste onto a toothbrush), poor balance (putting on socks while standing up), little strength in the wrist (roll-on deodorant), low index finger strength (spray on deodorant) or drinking a cup of tea (muscle tremors in arm). * Display slide 3. Ask students to discuss in pairs what support exists for individuals who have disabilities in order for them to live a life that is as independent as possible, and why this is important. Listen to their discussions, which will help reveal how much they already know about social care provision. * Ask students who has the power when care is provided for a person who is unable to self-care. Move on to the definition of empowerment on slide 4. * Ask students to feed back on the questions on the slide, e.g. do they decide what clothes they wear, or what they eat? What choices are made for them and which do they make themselves? How would they feel if more choices were made for them? * Ask students to try defining person-centred care and social care before revealing the NCFE definitions on slide 5. At this point, hand out the glossary sheets, which students should keep for the rest of the topic. Explain to students that if at any point in a lesson they feel that they need a definition of a term, they can refer to their glossary. Students can also annotate them as they see fit, adding information that will aid their understanding of the terms. * Facilitate a discussion on which of an individual’s needs could be met by a social care provision. To add real-life context, play the video linked from slide 6: [www.youtube.com/watch?v=TvfNYlIRUjw](http://www.youtube.com/watch?v=TvfNYlIRUjw), which shows two situations where social workers have met the needs of individuals. |
| **Activity 1: Social care settings**  Suggested time:  20 minutes  Resources:   * L1 Slide deck – slides 7–11 | * Instruct students to list as many social care settings as they can in 30 seconds. This task is a starting point to measure progress with this activity. One example is provided on slide 7 and more are revealed on slide 8: residential homes, at home (domiciliary care), shared house/community of flats (supported living), children’s homes, hostels and day centres. * Ask students to use their glossaries to note the definition of three different social care support settings: domiciliary care, residential care and supported living. * Assign groups one of the case studies shown on the slide deck (Janette, Abel and Alise). Provide them with the printout of the slide deck that contains their case study. * Ask groups to study their case study, identify the needs of the individual and recommend suitable social care support. * Ask groups to share their recommendations with the rest of the class, including why they chose them. * Students should revisit their initial list of social care settings and review their answers, noting progress and new knowledge. |
| **Activity 2: Primary and secondary care services**  Suggested time:  10 minutes  Resources:   * L1 Slide deck – slides 12–14 | * Ask students how they get braces to correct teeth positioning – by a referral from a dentist to an orthodontist. This is likely to be a relatable example of referral for some students. * Ask students to use their glossaries to find the meanings of primary and secondary care and write one sentence comparing them. * Move to slide 12, which outlines the types of primary care service. * Present slide 13, an overview of the types of secondary care service, and use this as a stimulus to analyse why planned referrals from primary care services are needed for secondary care access, excluding initial contact for emergency care (healthcare) or crisis care (social care). Students should appreciate that crisis care in a social care context may mean an immediate referral from the police or a community mental health team, rather than something planned in advance. * Draw attention to the fact that there is a range of personal factors that can dictate the secondary care accessed by an individual. One example is age. Introduce specialist services for children and young people that are also examples of secondary care. Use a healthcare example, e.g. a health visitor, and a social care example, e.g. foster care services. This will be further explored in the consolidation activity. * Introduce tertiary care using slide 14. * Ask students why individuals are not able to access secondary or tertiary care services without a referral. Discuss the reasons: the risk of overwhelming specialist services, and the ineffective use of specialist services costing time and money, e.g. by missed appointments. |
| **Activity 3: Social care professionals**  Suggested time:  20 minutes  Resources   * L1 Slide deck – slides 15–16 * L1 Activity 3 Worksheet * L1 Activity 3 Worksheet answers | * Ask students what the role of a social worker is. Name the types of care setting social workers work in. * Reveal a broad description of what social workers do using slide 15. Teachers may also wish to invite a social worker to talk to the class about their role, or use a video clip such as [youtu.be/eFUERpyTlp8?si=WJjijSVLf0FWLeiP](http://youtu.be/eFUERpyTlp8?si=WJjijSVLf0FWLeiP) * Use slide 16 to show the job roles available in social care. Give students Activity 3 worksheet. * Explain that their task is to fill in the boxes to explain the role of each professional. They can fill in as much as they can alone, then talk to other students to fill in the rest. They can then use online searches to fill in the remaining gaps, if they have access to technology. * Ask individuals to read out their answers, checking with the rest of the class that they are happy with them, or what else they would add. If students have struggled to fill in the sheet, they can self-assess their answers using Activity 3 – Social care professionals: answers and fill in any missing information. * Ask individuals if they have come into contact with any of the social care professionals discussed previously, potentially on their industry placements, and add any useful supporting information to the worksheet * If there is time, ask students to consider patients who have two chronic health conditions (comorbidities), how this may impact the number of professionals and services required by one individual to meet all their needs and how these are coordinated. Inform them that the number of people in this position increases each year. |
| **Activity 4: Barriers to accessing services**  Suggested time:  15 minutes  Resources:   * L1 Slide deck – slide 17 * L1 Activity 4 Worksheet * L1 Activity 4 answers | * Ask students how they would define ‘barriers to accessing services’. Explain that barriers are obstacles that prevent individuals from accessing or engaging with services and professionals to meet their needs and are a cause of inequalities. * Ask students, in pairs, to make a list of what barriers there are and discuss them. Ask pairs for feedback. * Give students Activity 4 Worksheet. Use the video on slide 17 ([https://vimeo.com/1077657773/809b9a258e](https://vimeo.com/1077657773/809b9a258e?share=copy)) to reveal information about the barriers. After each barrier is introduced, teachers may choose to pause the video and ask students to write down the definition, and ask students to discuss the question: "Can you think of any examples where these barriers have been overcome?” in small groups. Students may draw on their own experiences including when on their industry placements (if appropriate) to provide real life examples they have seen. They then fill in the ‘Overcoming barriers’ section on the sheet before continuing with the video. * Ask students to self-assess their answers using Activity 4 answers or read them out. Students can also use these answers to add more detail to their own answers. |
| **Plenary**  Suggested time:  5 minutes  Resources:   * L1 Slide deck – slide 18 | * Randomly choose students to answer a simple question, to check their understanding of the lesson objectives, using slide 18 as a reminder. Suitable questions include:   + Define social care/primary care/secondary care.   + Name one social care setting.   + Name one social care profession.   + Compare primary and secondary care.   + Describe one barrier to access and give one way in which it could be overcome.   + Compare residential care and supported living. |
| **Follow-up/Consolidation** (to be completed outside of lesson)  Suggested time:  10 minutes  Resources:   * L1 Slide deck – slide 19 | * Give students access to or provide a printout of slide 19. Ask students to list some care provisions (primary and secondary) that Daisy, Noah and Ray will need access to, and why. * Discuss the answers with students at the start of the next lesson:   + For Daisy’s depression: GP, health visitor, cognitive behavioural counselling sessions, community groups. As a single parent she may also require financial support and help with childcare (as she can’t take Noah to counselling and may not have anyone to care for him). A children’s centre would offer support with this, or social services could pay for a childminder.   + Noah: health visitor for regular health checks.   + For Ray’s ongoing diabetes: regular check-ups with GP surgery/hospital specialists, e.g. blood tests or eye tests. Access to the Healthcare NHS platform and app My Diabetes My Way. He may need a dietician. For his amputation he will need physiotherapy and short-term social care with domiciliary in-home assistance. For issues surrounding his unemployment, a social worker would support him to apply for benefits and personal independence payment (PIP) or seek employment. |

# Lesson 2: Integrated care, multidisciplinary and multi-agency teamwork

Social care plays a vital role in preventing health issues, maintaining good health and supporting the recovery of people leaving a healthcare setting. Integrated care is delivered by professionals working in multidisciplinary teams. This lesson explores how integrated care is delivered in England, and what the benefits are.

## Preparation

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| **Resources provided** | * L2 Slide deck * L2 Activity 1 Case study * L2 Consolidation Worksheet * L2 Consolidation answers |
| **Equipment needed** | Internet access if possible |
| **Safety factors** | Be aware of any students in the class who have a loved one with dementia. |
| **Prior learning** | Students will be aware of the basics of social care from Lesson 1. |
| **Common misconceptions** | Social care is controlled nationally by the government as a separate entity to healthcare. |
| **Accessibility** | * Seek to ensure wide representation within visiting speakers. * Ensure that activity support, prompts and questioning are differentiated and have appropriate output expectations for individuals. Use naturally occurring opportunities to ensure additional support is delivered for students who may find the content and delivery difficult to grasp. * Teachers may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

|  |  |
| --- | --- |
| **Introduction**  Suggested time:  10 minutes  Resources:   * L2 Slide deck – slides 1–3 | * Go through the objectives and reassure students that the second one may look complex, but it will not be once it is understood. * Before moving on to slide 3, ask students what they think this statement means: ‘There is no healthcare without social care.’ * Reveal slide 3, which gives an answer. Make sure students understand what multidisciplinary teams are; they can refer to the glossaries handed out in Lesson 1. * Ask students to justify the need for integrated care. This can be done via a quick discussion in pairs, or individuals can write down their answers. |
| **Activity 1: Case study – Dora**  Suggested time:  30 minutes  Resources:   * L2 Slide deck – slide 4–5 * L2 Activity 1 Case study | * Provide pairs with Activity 1: Case study, which provides background about Dora, an 87-year-old woman with cognitive decline. You may wish students to read alone or read a section to the class for engagement. * Ask pairs to discuss the first set of questions on the sheet. They may wish to add to their glossary. * Students then watch the video on slide 5 of Dora's discharge meeting from hospital (<https://vimeo.com/1077657858>). * Students complete the two optional extended questions independently and write down their answers. * Facilitate a discussion that answers the questions and considers the following:   + Dora’s physical recovery and risk assessment outcome, in relation to preventing future accidents.   + Dora’s cognition and communication barriers – link this to mental capacity and best interest.   + The emotional impact on Dora compared to Deb. * Inform students that there may be further interim reviews to allow practitioners to regularly monitor Dora, escalating interventions should a deterioration in health occur, and providing timely intervention in care provided. |
| **Activity 2: Health issues**  Suggested time:  15 minutes  Resources:   * L2 Slide deck – slides 6–13 | * The relevance of these slides is to see the bigger picture of how healthcare and social care are integrated. * Coronary heart disease, smoking and dementia are health issues that require significant social care support to reduce number of cases and improve quality of life. Start an informal conversation about these health issues, uncovering what students already know. * Information is given below about each illness. Use this to help with the pace of the discussion. * Coronary heart disease (CHD):   + Teachers may wish to ask if students can name risk factors for CHD, such as an unbalanced diet causing high cholesterol and a high BMI. High cholesterol is sometimes hereditary. Alcohol is high in calories and can also be a risk factor.   + Inform students that hospital admission rates for CHD decreased by 46% over the 20 years leading up to 2023: [www.gov.uk/government/statistics/cardiovascular-disease-and-diabetes-profiles-march-2024-update/cardiovascular-disease-and-diabetes-profiles-statistical-commentary](http://www.gov.uk/government/statistics/cardiovascular-disease-and-diabetes-profiles-march-2024-update/cardiovascular-disease-and-diabetes-profiles-statistical-commentary) Possible reasons for the downward trend include changes in the law around smoking, an increase in numbers of TV shows about healthy cooking, social prescribing for free gym membership, government initiatives such as the sugar tax and the NHS nine-week Couch to 5K plan. * Smoking:   + Help students see the bigger picture and look at how professionals need agreement on aspects such as cessation services, to offer continuity and a greater understanding of the health risks.   + There is a downward trend in smokers in England, but inform students that the latest statistics from NHS England show that in 2022–23 there were an estimated 408,700 hospital admissions due to smoking, a rise from 389,800 in 2021–22 (an increase of 4.8%): [www.england.nhs.uk/2023/12/hospital-admissions-due-to-smoking-up-nearly-5-per-cent-last-year-nhs-data-shows](http://www.england.nhs.uk/2023/12/hospital-admissions-due-to-smoking-up-nearly-5-per-cent-last-year-nhs-data-shows) * Dementia:   + Most students will have a level of understanding of what dementia is, but the impact on an individual’s life and family may not be known. Give an overview: the progression of dementia is measured in stages which correlate to the severity of a person’s symptoms. There may be mild to severe memory problems, difficulties with everyday problem-solving and orientation and changes in mood, with the end stages being total dependency. Medication can slow down progression for some. Revisit the topic of challenges people face from Lesson 1, e.g. washing hair or putting socks on. Dementia requires healthcare and social care to individuals and their families – can students tell the difference, with their own examples of each?   + A very small number of people develop early onset Alzheimer’s disease in their 40s and 50s. There are different types of dementia, and they have different life expectancy after diagnosis. Over the age of 65, 1 in 11 people have dementia in the UK: [www.nhs.uk/conditions/dementia/about-dementia/what-is-dementia](http://www.nhs.uk/conditions/dementia/about-dementia/what-is-dementia%20)   + Research found that in 2022, 47% of people with mild young onset dementia (from those receiving a type of care) received community care, and 18% of people with severe dementia (from those receiving a type of care), aged 65 and over, received nursing or residential care. It also highlighted that 37% of informal carers supported people with severe dementia: [www.ohe.org/wp-content/uploads/2023/07/OHE-Report-Estimating-the-Potential-Future.pdf](http://www.ohe.org/wp-content/uploads/2023/07/OHE-Report-Estimating-the-Potential-Future.pdf) * Before moving to slide 7, ask students for ideas on how social care can support healthcare, and how healthcare can support social care. Reveal the ideas on the slide. * For an optional extension task, use slides 8–13 to pose a series of questions to check understanding of the lesson objectives and promote further thinking. After gathering responses from the class, click the slide for further information.   Question 1: What is the government’s role in preventing and treating ill health and disease within the population? Teachers could guide students to consider the points below:   * + Gathering and analysing statistics for illness and disease, analysing and exploring/trialling methods and developing solutions to reduce concerns with allocated funding.   + Involving experts in the health and social care sector to develop national initiatives and resources and make up-to-date evidence-based information accessible to the public – ask students what ‘accessible for all’ might mean.   + Taking a percentage amount from a person’s income to ensure free services for all to prevent and treat illness and disease, as well as ensuring adequate social care services and housing are provided for those in need.   Question 2: Ask students to vote for which of the statements they feel is most accurate, asking individuals for their reasoning.   * + Ask students if they can think of examples of empowerment using information – e.g. traffic light food labels, the Eatwell Guide, government recommendations such as alcohol units or minutes of exercise, the NHS Couch to 5k programme, smoking cessation services, counselling and social prescribing.   Question 3: Facilitate a discussion about the role social care may have in the prevention of ill health, e.g. domiciliary care infection control, and the treatment of ill health, e.g. ensuring prescribed medication is taken as advised, or support with daily physiotherapy exercises. |
| **Activity 3: Key terms**  Suggested time:  15 minutes  Resources:   * L2 Slide deck – slides 14–18 | * These slides cover a range of keywords (also in the glossary). * Introduce the Health and Social Care Act (2022) by using slide 14. Explain this act builds on the NHS Long Term Plan and the 2021 White Paper Integration and Innovation requiring health organisations to work together to improve care for all patients. It includes changes to public health, social care, quality and safety oversight, together with providing the Care Quality Commission (CQC) a statutory duty to assess how local authorities deliver adult social care. * Use the image on slide 15 to define integrated care. Reinforce the idea that the number and type of professionals required to work together to meet needs varies with each individual, especially for those with complex needs and chronic health conditions. * Slide 16 shows the NCFE definition of multidisciplinary teams and a multi-agency approach. Students should be encouraged to use these terms in Activity 4. * Slide 17 shows the organisation of integrated care. Explain that this introduced integrated care provision that promotes collaborative partnerships between healthcare, social care and community and volunteer support. * Ask students to write down the difference between ICSs, ICBs and ICPs. They can refer to their glossary if they wish. * Ask students to discuss in pairs the benefits of integrated care organisation. * After hearing their ideas, explain that this is intended to break down barriers between different parts of the health and care system, allowing for a more cohesive and coordinated approach to patient care and to achieve better health outcomes, particularly for vulnerable groups. It also aims to streamline processes, reduce duplication of services and allocate resources more effectively. * Slide 18 defines Making Every Contact Count (MECC). Students may have covered MECC as prior learning. This information is also useful for their Employer-set Project (ESP) assessment. |
| **Activity 4: What would you do?**  Suggested time:  10 minutes  Resources:   * L2 Slide deck – slide 19 | * The information on slide 19 should act as a stimulus for a class discussion and is intended as a review on social care provision rather than healthcare or integrated care. * Answers to scenario:   + The housing officer could move the family to the ground floor or a single-storey house.   + Temporary domiciliary care hours could be introduced.   + Possibly a mobile hoist or two-person lift could be used by carers to get Marium out of bed and dressed, and back into bed in the evening.   + An occupational therapist could ensure equipment is suitable and is being used correctly.   + There could be local authority/NHS/charity funding for a suitable wheelchair for Marium. |
| **Plenary**  Suggested time:  10 minutes  Resources:   * L2 Slide deck – slides 20–21 | * Ask students to summarise in four or five sentences the importance of social care knowledge for professionals who work in healthcare. * Revisit the learning objectives on slide 24 to close the lesson. |
| **Follow-up/Consolidation** (to be completed outside of lesson)  Suggested time:  30 minutes  Resources:   * L2 Slide deck – slide 22 * L2 Consolidation Worksheet * L2 Consolidation answers | * Students complete the Consolidation worksheet, which includes a question on the ways an elderly man can be supported in a care home. This provides students with a chance to apply their learning, it is not intended to be used as a sample assessment exercise. * The answer sheet provided can be used as an outline for some of the responses students may provide when answering this question. Teachers may encourage students to use this answer sheet to peer review the responses provided. |

# Lesson 3: Integrated care in action

This lesson provides students with opportunities to experience multidisciplinary care planning to meet the needs of an individual. Students will apply person-centred care principles through case studies and role playing a care planning meeting. They will get opportunities to analyse what skills are important for health and social workers and reflect on their contributions.

## Preparation

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| **Resources provided** | * L3 Slide deck * L3 Activity 1 Worksheet * L3 Activity 1 Worksheet answers * L3 Activity 2 Case study * L3 Activity 3 Worksheet * L3 Consolidation |
| **Equipment needed** | None |
| **Safety factors** | None |
| **Prior learning** | Students will be aware of integrated care, multidisciplinary and multi-agency teamwork from Lesson 2. |
| **Common misconceptions** | * Care plan decisions are made separately for health and social care. * Care decisions are made without the presence of, or consultation with, the individual concerned or any informal carers. |
| **Accessibility** | * Seek to ensure wide representation within visiting speakers. * Ensure that activity support, prompts and questioning are differentiated and have appropriate output expectations for individuals. Use naturally occurring opportunities to ensure additional support is delivered for students who may find the content and delivery difficult to grasp. * Teachers may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| **Introduction**  Suggested time:  10 minutes  Resources:   * L3 Slide deck – slides 1–4 | * Share the lesson objectives and explain that in this lesson, students will experience professionals at work in care planning meetings in the form of the case studies of individuals with unique needs. * Show slide 3. Ask students to think about what skills and qualities they think are important in a social care professional and make a list of each.   Suitable answers:   * Skills:   + Interpersonal   + Communication   + Moving and handling techniques   + Time management   + Problem-solving   + Washing/dressing/cleaning/cooking   + Maintaining privacy and confidentiality   + Health and safety * Qualities:   + Positive outlook   + Empathy   + Caring and friendly   + Compassionate   + Reliable   + Honest/with integrity   + Calm   + Empowering   + Non-judgemental * Use slide 4 to remind students that high-quality person-centred care, such as that discussed in care planning meetings, relies on the six Cs. Ask students if they can recall them. Reveal the answers. |
| **Activity 1: Care planning**  Suggested time:  30 minutes  Resources:   * L3 Slide deck – slides 5–10 * L3 Activity 1 Worksheet * L3 Activity 1 Worksheet answers | * Arrange students into groups of three. Give each group one of the five case studies printed from the slides – Jacynda, Jagesh, Dianna, Bartek or Sadie – along with Activity 1 Worksheet. * Ask students to put together a care plan using the information on their sheet, as well as by doing online research on suitable charities if access to the required technology is available. As groups start work, visit them and monitor their progress. * Ask students to self-assess using Activity 1 Worksheet answers.   + Encourage students to reflect on how well they did in this activity by explaining that reflective practice is important in health and social care roles. They should analyse areas they did well on and those they omitted or found more challenging. They should also think about how the activity helped them to improve their understanding, and what areas they feel they could improve on. |
| **Activity 2: Case study – Brad**  Suggested time:  10 minutes  Resources:   * L3 Slide deck – slide 11 * L3 Activity 2 Case study | * Provide pairs with Activity 2: Case study, which provides background about Brad, a 25-year-old with Down’s Syndrome. * Teachers may wish to invite a representative from Mencap who can talk about how the charity supports people with learning disabilities, or play this video: [www.youtube.com/watch?v=0JMkvfrL5vs](http://www.youtube.com/watch?v=0JMkvfrL5vs) * Facilitate a discussion that considers the following:   + Ask students to imagine Brad’s care needs when he leaves hospital.   + Get them problem-solving and contributing on what he is able to do and what he may find difficult or impossible. Prompt recall of the challenges students experienced in the introduction to Lesson 1.   + Ask them to suggest why Brad needs to live in supported living and not at home or living independently.   + Students could imagine Brad’s own emotions regarding leaving his home and not being with his friends every day.   + Ask students to suggest who will be at the care meeting. They can refer back to Dora’s discharge meeting in lesson 2. |
| **Activity 3: Care meeting role play**  Suggested time:  35 minutes  Resources:   * L3 Slide deck – slide 12 * L3 Activity 3 Worksheet (role play cards) | * Explain to students that they are going to apply a person-centred care approach by role playing Brad’s care meeting. * Put students into groups. There are five roles available in the case study so teachers may consider grouping students into multiples of 5. For smaller groups teachers may consider picking roles from the five available. Provide groups with the Activity 3 worksheet role play cards. The cards show who is present at the meeting. * Ask individuals in each group to decide which role they want to play. There are five roles on the cards, plus the optional role of admin assistant who will take minutes as a record of the meeting. * Give students five minutes to read through the information on their role play cards. The admin assistant should read through all the roles. * The groups then act out the meeting. The admin assistant should make notes. Allow groups 25 minutes for the meetings. * Ask each admin assistant to feed back the main outcomes of the meeting. Ask a few students how they felt the meeting went and if they thought the outcomes were successful. * Ask the groups for examples from their meeting where they displayed the six Cs: care, compassion, communication, courage, commitment, competence. |
| **Plenary**  Suggested time:  5 minutes  Resources:   * L3 Slide deck – slides 13–14 | * Students carry out reflective practice on their own performance in the role play, using the questions on slide 13. This can be continued as part of the consolidation. * Revisit the learning objectives on slide 14 to close the lesson. |
| **Follow-up/Consolidation** (to be completed outside of lesson)  Suggested time:  30 mins  Resources:   * L3 Slide deck – slide 15 * L3 Consolidation | * Give students the Consolidation sheet about Brad’s case study. Thinking about the different care settings in the case study (Blackbird Road supported living shared house), students use their imaginations to describe what they consider to be the ideal care settings for Brad and their family. * As an alternative consolidation, if lessons 1–3 have all been delivered by this point, teachers could consider a summary of learning across the topic. One example is asking the students to write a care plan for a service user bringing the learning from the suite of materials together. Provide examples of service user case studies. An example could be:   + Sarah is a 25-year-old woman with cerebral palsy who uses a wheelchair and has limited mobility in her lower body. She lives independently but requires daily support with personal care, meal preparation and physiotherapy. She also experiences mild learning difficulties and struggles with anxiety in new situations.   + Recently, Sarah was admitted to the hospital after developing a urinary tract infection (UTI) due to difficulties with bladder management. After treatment, she is being discharged but will need ongoing support to prevent future infections and maintain her independence.   + A suitable care plan template can be found on the NCFE document here: [www.ncfe.org.uk/media/iypbuyju/p001986-esp-pro-formas-v2.docx](http://www.ncfe.org.uk/media/iypbuyju/p001986-esp-pro-formas-v2.docx) (Pro-forma: task 2(b): healthcare plan template) |

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