

Next Generation Higher National Unit Specification

Health Promotion, Behaviour Change and Nutrition (SCQF level 7)

Unit code: J6EA 47
SCQF level: 7 (16 SCQF credit points)
Valid from: session 2024–25

Prototype unit specification for use in pilot delivery only (version 3.0) August 2024

This unit specification provides detailed information about the unit to ensure consistent and transparent assessment year on year.

This unit specification is for teachers and lecturers and contains all the mandatory information required to deliver and assess the unit.

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Unit purpose

This unit enables learners to develop an understanding of the determinants of health and the relationship between factors that contribute to physical and mental wellbeing.

An investigative approach to health promotion, health inequalities and the biological, psychological and social factors that contribute to health provides the foundation for the learner to make use of evidence-based resources.

Learners identify lifestyle factors that have an impact on health and maladapted behaviours that may contribute to morbidity. Learners develop their skills in applying behaviour change theories in a person-centred approach to support balanced decision making in relation to healthy eating, physical activity, and mental wellbeing. They discover relationships between nutrition, energy balance, and dietary practices and the impact that these have on physical and mental health and in preventing disease.

Learners develop an understanding of support networks and signposting opportunities and recognise the roles and responsibilities of agencies, community-based organisations and professionals, as well as their own personal competence and professional boundaries.

Learners should have a passion for health and fitness and an interest in supporting others towards achieving the benefits of healthy lifestyle choices. Learners develop appropriate skills and experience to work in a range of roles in the health and physical activity industry.

Entry requirements and progression routes

Entry to this unit is at your centre's discretion. However, we recommend that learners studying the unit have communication skills equivalent to at least SCQF level 5.

Before starting the unit:

- ◆ learners should have a National Progression Award (NPA) or other sports-related award at SCQF level 6 or above
- ◆ mature students should have appropriate industry experience
- ◆ learners must be eligible for Protection of Vulnerable Groups (PVG) scheme membership, as this is a category 1 PVG course

You should deliver the unit as a stand-alone unit or with the following units:

- ◆ Anatomy and Physiology for Exercise and Human Movement (SCQF level 7)
- ◆ Training Principles for Exercise (SCQF level 7)
- ◆ Exercise Practitioner 1 (SCQF level 7)
- ◆ Preparing to Work in the Physical Activity and Health Industry (SCQF level 7)

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The unit is part of the Higher National Certificate (HNC) in Physical Activity and Health.
Learners can progress from this group award to:

- ◆ Higher National Diploma (HND) in Physical Activity and Health at SCQF Level 8
- ◆ local agreements for advanced entry into university degree programmes

Unit outcomes

Learners who complete this unit can:

- 1 define the determinants of health, health inequalities and opportunities for individuals to access positive health messages and support for behaviour change at a community and personal level
- 2 identify the interplay between biological, psychological and social factors and their impact on physical and mental health, and relationships between physical co-morbidities and their effects on health
- 3 demonstrate practical skills and understanding of non-judgemental, person-centred practice
- 4 explain the fundamental principles of nutrition, recommended daily allowances and energy balance
- 5 examine common dietary practices and behaviours that have an impact on physical, emotional and mental wellbeing

Evidence requirements

Learners can generate evidence in the form of stand-alone assignments, oral questioning or as part of an overall project integrated with other units in the group award. A range of assessment methods helps learners to develop different skills that should be transferable to work or further and higher education. The standard of evidence should be consistent with the SCQF level of this unit.

Define the determinants of health, health inequalities and opportunities for individuals to access positive health messages and support for behaviour change at a community and personal level (outcome 1)

You should assess in open-book conditions with reference to credible sources.

This outcome may be cross-assessed with outcome 1 for Preparing to Work in the Physical Activity and Health Industry at SCQF level 7.

Learners must successfully do the following to achieve the outcome:

- ◆ Demonstrate an understanding of the determinants of health and factors that contribute to health inequalities, using evidence from authoritative sources.
- ◆ Describe health promotion in two different settings. Examples may include in the workplace, education or community, using evidence from a minimum of two topics, for example exercise, nutrition, mental wellbeing or other personal choice.
- ◆ Demonstrate an understanding of personal competence and the roles, responsibilities and professional boundaries of two different providers and referral routes for one of the above health-promoting topics.

Identify the interplay between biological, psychological and social factors and their impact on physical and mental health, and relationships between physical co-morbidities and their effects on health (outcome 2)

Learners generate evidence in the form of content for an e-portfolio.

Low mood, stress, anxiety, depression, intrinsic and extrinsic motivation may be cross-assessed with Psychology of Physical Activity at SCQF level 7.

Physical activity readiness questionnaire (PAR-Q) may be cross-assessed with Training Principles for Exercise at SCQF level 7.

Learners must successfully do the following to achieve the outcome:

- ◆ Show that they can differentiate between biological, psychological and social factors that have an impact on physical and mental health.
- ◆ Explain the links between co-morbidities such as obesity, cardiovascular disease, type 2 diabetes, and some cancers.
- ◆ Interpret health questionnaires: PAR-Q, general health questionnaire (GHQ-12), and the Warwick-Edinburgh mental wellbeing scale (WEMWS).
- ◆ Compare and contrast low mood, stress, anxiety and depression and describe the somatic and cognitive symptoms.
- ◆ Create a digital artefact that illustrates extrinsic and intrinsic motivations for behaviour change.
- ◆ Create a digital artefact that differentiates perceived (excuses) and actual (reasons) barriers to behaviour change.

Demonstrate practical skills and understanding of non-judgemental, person-centred practice (outcome 3)

You should assess learners on their practical application of a behaviour change model in a client consultation. They should evidence verbal and non-verbal communication, balanced decision making, use of goal setting and motivational tools.

Practical consultation may be cross-assessed with Training Principles for Exercise at SCQF level 7.

Goal setting and self-efficacy may be cross-assessed with Psychology of Physical Activity at SCQF level 7.

Professional boundaries and personal competence may be cross-assessed with Preparing to Work in the Physical Activity and Health Industry at SCQF level 7.

Learners must successfully do the following to achieve the outcome:

- ◆ Demonstrate their practical skills and understanding of non-judgemental, client-centred practice.
- ◆ Demonstrate appropriate communications skills, including active listening, and verbal and non-verbal communication.

- ◆ Use a minimum of two appropriate motivational tools and evidence-based interventions to achieve an agreed personalised action plan.
- ◆ Choose appropriate evidence-based resources to support and develop client autonomy based on behaviour change principles, and signpost to additional support based on client need.
- ◆ Reflect on their personal competencies and identify own development needs, taking account of feedback from assessor and peers.

Explain the fundamental principles of nutrition, recommended daily allowances and energy balance (outcome 4)

Learners should make recommendations based on dietary analysis and defend for or against the use of nutritional supplements to promote health at a population and individual level.

Learners can generate evidence for an e-portfolio in the form of a report, oral questioning, redacted questionnaires, debate notes, illustrations or digital artefacts which demonstrate understanding of the fundamental principles of nutrition, recommended daily allowances, supplementation, and energy.

This outcome can be cross-assessed with Anatomy and Physiology of Exercise and Human Movement at SCQF level 7.

Learners must successfully do the following to achieve the outcome:

- ◆ Demonstrate an understanding of macro- and micronutrients, food sources, and recommended daily allowances.
- ◆ Conduct a nutritional analysis using a digital application as approved by the individual institution and make recommendations based on dietary analysis, current nutritional best practice to promote wellbeing, and to prevent disease at a population and individual level.
- ◆ Report and reflect on energy intake and expenditure and consider any maladapted behaviours which may have an impact on health and wellbeing in the medium- to long-term.
- ◆ Defend a position for or against nutritional supplementation.

Examine common dietary practices and behaviours that have an impact on physical, emotional and mental wellbeing (outcome 5)

Learners can generate evidence in the form of oral questioning, presentation, factsheet, infographic or other similar digital artefacts which develop content for an e-portfolio.

Learners must successfully do the following to achieve the outcome:

- ◆ Present information on the features of commonly used dietary practices and eating behaviours.
- ◆ Identify how high- and low-nutrient foods may have an impact on physical, emotional, and mental health.
- ◆ Explain, using evidence, how physical, emotional, and mental wellbeing may be affected by maladapted dietary behaviours.

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- ◆ Signpost two sources of support and information to support behaviour change and sustained adherence.

Knowledge and skills

The following table shows the knowledge and skills covered by the unit outcomes:

Knowledge	Skills
<p>Outcome 1 Learners should understand:</p> <ul style="list-style-type: none"> ◆ key messages and guidance from authoritative sources for the following lifestyle areas: <ul style="list-style-type: none"> — physical activity — stopping smoking — healthy eating and safe alcohol limits — weight management — the importance of sleep and the impact of poor sleep quality — mental health, including the New Economics Foundation (NEF) Five Ways to Wellbeing ◆ factors that contribute to health inequalities and the implications of the wider determinants of health and lifestyle choices on the UK population ◆ how to provide an overview of national policy and guidance for public health and health inequalities including physical activity: for example, Department of Health and Social Care (DHSC), Public Health Scotland (PHS), Sport Scotland (SS), NHS Scotland (NHSS), The National Institute for Health Care Excellence (NICE) ◆ the methodologies used to determine levels of activity: for example, Active Lives, Scottish Health Survey and the target groups identified ◆ the concept of health inequality, the broad principles of national, regional and local variations in health outcomes and the credible sources for this information, for example, PHE Health Profiles, Public Health Outcomes Framework (PHOF) and Joint Strategic Needs Assessment 	<p>Outcome 1 Learners can:</p> <ul style="list-style-type: none"> ◆ identify sources of information and opportunities for individuals to engage with the following health-promoting behaviours: <ul style="list-style-type: none"> — exercise, nutrition and mental wellbeing — in different settings of the community, work and education ◆ describe the key messages intended to promote positive health behaviours ◆ demonstrate understanding of the similarities and differences between roles of providers involved in providing support for beneficial health behaviours ◆ recommend sources of information and support including digital platforms and service providers intended to support sustained positive health behaviours

Knowledge	Skills
<p>Outcome 1 (continued) Learners should understand:</p> <ul style="list-style-type: none"> ◆ evidence-based prevalence of health issues and the need for specific campaigns locally or nationally, and the locally available support for lifestyle and behaviour change ◆ the most up-to-date, credible national and local sources of evidence-based information and support for lifestyle and behaviour changes including campaigns: for example, Active 10, C4 Life and One You ◆ the individual modifiable and non-modifiable risk factors for health and the wider determinants of health (using Dahlgren and Whitehead model), including the impact of social context and relationships and how they can have positive or negative effects on health outcomes ◆ community-based services and facilities provided by local agencies, volunteers and professionals to support healthy and physically active lifestyles ◆ the concept of integrated care and social prescribing ◆ communication methods to promote positive health behaviours and sustainable lifestyle changes ◆ referral routes, professional boundaries and personal competence 	

Knowledge	Skills
<p>Outcome 2 Learners should understand:</p> <ul style="list-style-type: none"> ◆ biopsychosocial risk factors that lead to poor physical and mental health ◆ common mental health terminology and the boundaries of personal competence ◆ barriers and motivators of those seeking to become more active or making a lifestyle change ◆ the relationship between exercise and mental wellbeing ◆ how physical activity/exercise can help to prevent and manage common health conditions including chronic conditions: <ul style="list-style-type: none"> — coronary heart disease — stroke — type 2 diabetes — cancer — obesity — mental health problems — musculoskeletal conditions ◆ relationships between low- and high-nutrient foods on mental wellbeing ◆ motivation, intrinsic and extrinsic rewards 	<p>Outcome 2 Learners can:</p> <ul style="list-style-type: none"> ◆ define morbidity and risk factors ◆ describe the interplay between physical and mental co-morbidities and risk factors ◆ define mental health and differentiate mental health conditions ◆ use health questionnaires ◆ describe the relationship between exercise and mental health including the underpinning mechanisms ◆ describe the relationship between low- and high-nutrient foods and mental health including the underpinning mechanisms ◆ differentiate perceived and actual barriers to behaviour change ◆ differentiate intrinsic and extrinsic motivation ◆ signpost clients to appropriate support services

Knowledge	Skills
<p>Outcome 3 Learners should understand:</p> <ul style="list-style-type: none"> ◆ behaviour change theories and approaches: <ul style="list-style-type: none"> — health belief model — self-determination theory — social cognitive theory — transtheoretical model — motivational interviewing — Capability, Opportunity and Motivation model for behaviour change (COM-B) ◆ commonly used resources including validated questionnaires, used to identify or differentiate between situational, medium-term, and chronic mental health factors ◆ methods which develop self-efficacy, improve self-esteem, improve confidence, and increase motivation 	<p>Outcome 3 Learners can:</p> <ul style="list-style-type: none"> ◆ engage in a person-centred consultation to identify and apply relevant behaviour change techniques to meet the needs of a client in an empathetic and non-judgemental style ◆ apply a minimum of one behaviour change model in a practical context ◆ apply appropriate tools to support a client to identify and use their preferences, strengths, and resources to achieve their own wellbeing goals ◆ support a client to sustain adherence by implementing effective techniques to minimise relapse
<p>Outcome 4 Learners should understand:</p> <ul style="list-style-type: none"> ◆ current recommendations for nutrition from authoritative sources including high fat, salt or sugar (HFSS) ◆ sources of energy from food and the role of macronutrients in the body ◆ sources and roles of micronutrients in promoting health ◆ energy balance, energy use, energy storage ◆ factors that influence basal metabolic rate (BMR) and energy expenditure ◆ appetite and hunger 	<p>Outcome 4 Learners can:</p> <ul style="list-style-type: none"> ◆ evaluate sources of nutrition information ◆ analyse nutritional intake using a digital application ◆ differentiate between low and high nutritional value foods ◆ explain: <ul style="list-style-type: none"> — total energy expenditure (TEE) — basal metabolic rate (BMR) — thermic effect of food (TEF) — physical activity level (PAL) — exercise activity thermogenesis (EAT) — non-exercise activity thermogenesis (NEAT)

Knowledge	Skills
<p>Outcome 5 Learners should understand:</p> <ul style="list-style-type: none"> ◆ common dietary manipulations ◆ features of diets that contribute to degenerative diseases and multimorbidity: <ul style="list-style-type: none"> — obesity — coronary heart disease — stroke — type 2 diabetes — cancers related to diet — osteoporosis ◆ links between dietary practices and potential impact on emotional and mental wellbeing ◆ maladaptive dietary practices that compromise health 	<p>Outcome 5 Learners can:</p> <ul style="list-style-type: none"> ◆ research and present information on commonly used dietary manipulations and consider how these have an impact on physical and mental wellbeing ◆ present evidence of how maladapted dietary practices have an impact on health and mental wellbeing, and contribute to multiple morbidities

Meta-skills

Throughout the unit, learners develop meta-skills to enhance their employability in the physical activity and health sector.

Self-management

This meta-skill includes:

- ◆ focusing: focusing on the client's behaviour change needs during a client consultation; analysing information from dietary intake; developing a personalised action plan when working with clients in outcomes 3 and 4
- ◆ integrity: working in an ethical manner ensuring trustworthiness and that client information is treated sensitively, complying with the General Data Protection Regulation (GDPR) 2018 and institutional policies; demonstrating a strong work ethic; timekeeping; reliability; discipline when working with clients in all outcomes
- ◆ adapting: adapting communication styles; demonstrating decisiveness; being responsible; and responding to changes when working with clients in outcomes 2, 3, 4 and 5
- ◆ initiative: independent thinking; leadership; self-starter; self-belief; motivated; taking responsibility when working with clients and when contacting agencies and services in outcomes 1, 3, 4 and 5

Social intelligence

This meta-skill includes:

- ◆ communication: communicating clearly and concisely in-person, verbally, non-verbally and non-judgementally; skilled in active listening and relaying accurate information individually and in small groups; skilled in the use of digital communication methods including digital packages, applications, and artefacts such as blogs and video when working with clients in all outcomes
- ◆ feeling: empathetic; able to build relationships and an understanding of client perspectives on how they feel; sensitive management of topics that may be difficult to discuss in terms of physical, emotional and mental wellbeing in a non-judgemental way when working with clients in outcomes 3, 4 and 5
- ◆ collaborating: building relationships with professionals from agencies and service providers from different settings and with clients; working with others towards shared goals in changing behaviours; debating, presenting and developing evidence for portfolios when working with clients in outcomes 1, 3, 4 and 5
- ◆ leading: influencing, inspiring and motivating others to achieve their desired behaviour changes; being a role model; developing others when working with clients and peers on collaborative tasks in outcomes 1, 3, 4 and 5

Innovation

This meta-skill includes:

- ◆ curiosity: researching health promotion information; recognising discrepancies in opportunities and looking at problems from a different perspective; writing critically on given topics and engaging with others by asking questions to better understand industry practice when working with clients in all outcomes
- ◆ creativity: generating ideas to support a personalised approach to behaviour change; creating digital artefacts for inclusion in assessment materials; creating digital and written materials to help motivate a client; solving problems and adapting plans to meet client needs when working with clients in all outcomes
- ◆ sense-making: researching health promotion and behaviour change information and providing evidence for critical evaluation, debates and client communications; analysing nutritional data; seeing the bigger picture of the biopsychosocial aspects that affect behaviours related to physical and mental wellbeing; being able to prioritise tasks to ensure client needs are met when working with clients in all outcomes
- ◆ critical thinking: logical thinking when investigating different settings and topics in health promotion and behaviour change; making judgements based on facts and evidence for peer-reviewed sources; recognising unsubstantiated opinions and myths that surround health behaviours and nutrition; supporting clients to make informed decisions when working with clients in all outcomes

Literacies

Learners develop core skills in the following literacies:

Digital

Learners develop digital skills and computer literacy by using digital applications to generate evidence for an e-portfolio. We encourage use of video, electronic forms, word processing, presentation and other current software applications to produce digital evidence which demonstrate digital literacy.

Delivery of unit

This is a mandatory unit in the HNC in Physical Activity and Health. You can deliver the unit as a stand-alone unit or with the following mandatory units:

- ◆ Anatomy and Physiology for Exercise and Human Movement (SCQF level 7)
- ◆ Exercise Practitioner 1 (SCQF level 7)
- ◆ Preparing to Work in the Physical Activity and Health Industry (SCQF level 7)
- ◆ Training Principles for Exercise (SCQF level 7)

You can also deliver the unit with selected optional units in the HNC in Physical Activity and Health, such as Psychology for Physical Activity at SCQF level 7.

There are opportunities for cross-assessment and/or holistic assessment across the mandatory units in the HNC in Physical Activity and Health. You should refer to the Next Generation Higher National Educator Guide for guidance and support notes.

Professional recognition

Learners completing the HNC in Physical Activity and Health can become a member of the CIMSPA as a gym instructor practitioner, group exercise instructor practitioner, and health navigator.

Additional guidance

The guidance in this section is not mandatory.

This unit should reflect current industry practices in health promotion and behaviour change with a focus on physical activity, healthy eating, and mental wellbeing and awareness of other elements that affect wellbeing.

The emphasis is on developing evidence-based knowledge and practical skills, where learners evaluate information, build relationships and generate a portfolio of evidence that demonstrates competence and reflective learning. Evidence may come from a workplace setting or through role play simulations.

Learners' portfolios should include evidence from other mandatory units where there is an opportunity to cross-assess. These are Training Principles for Exercise at SCQF level 7 and Anatomy and Physiology for Exercise and Human Movement at SCQF level 7.

Assessment briefs are of high importance and should contain enough complexity and scope to allow learners to develop and showcase their skillsets.

The unit is divided into five outcomes with different forms of evidence-gathering:

- ◆ essay writing
- ◆ experiential participation in interviews
- ◆ debates and role play
- ◆ illustrative evidence of use of digital applications and ICT packages

Learners gather this evidence which forms part of a project, in a portfolio or an e-portfolio. For practical activities, you should record evidence by using formative and summative observation checklists. See the further guidance on assessment for each outcome below.

Approaches to assessment

In the HNC in Physical Activity and Health, there are opportunities for cross-assessment and/or holistic assessment across the mandatory units.

Define the determinants of health, health inequalities and opportunities for individuals to access positive health messages and support for behaviour change at a community and personal level (outcome 1)

Knowledge and skills are demonstrated in a descriptive essay of a minimum of 1000 words, where learners investigate the availability and accessibility of health promotion in two settings: education, and work or community.

They conduct this research using a minimum of two topics of their choosing. This can include any national or international campaigns during the academic year and then take account of any personal interest and choice. All sources should be referenced in accordance with academic regulations of the centres, and the data from the Scottish health survey may inform their choices.

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Learners should include evidence gathered from agencies, organisations and professionals, including guest speakers. This should be included in their portfolio to support outcomes 3, 4 and 5.

Learners could do either a formative or summative assessment, which demonstrates understanding of professional roles, boundaries and personal competence. Learners can use resources to signpost sources of additional support based on need in outcome 3.

Identify the interplay between biological, psychological and social factors and their impact on physical and mental health, and relationships between physical co-morbidities and their effects on health (outcome 2)

Learners can construct evidence for this outcome through experiential activities which may be used to illustrate their portfolio or e-portfolio.

Learners should use different forms of evidence-gathering to develop their skills in producing their own health-promoting materials:

- ◆ oral questioning
- ◆ reflective accounts
- ◆ Venn diagrams
- ◆ word clouds
- ◆ Quizlets
- ◆ matching phrases
- ◆ screenshots from digital applications
- ◆ posters
- ◆ infographics
- ◆ redacted questionnaires (to maintain confidentiality)

Questionnaires may be cross-assessed with outcome 3 from the optional unit Psychology of Physical Activity at SCQF level 7.

Extrinsic and intrinsic motivation may be cross-assessed with the optional unit Psychology of Physical Activity at SCQF level 7.

Demonstrate practical skills and understanding of non-judgemental, person-centred practice (outcome 3)

Knowledge and skills are demonstrated by conducting a client consultation where the learner applies evidence-based techniques to elicit and agree a personalised action plan for behaviour change.

We suggest that this could be conducted with the client for outcome 1 in Training Principles for Exercise at SCQF level 7; however, it may be achieved through role play. You can assess the consultation live or from a recorded submission and then add this evidence to the learner's portfolio.

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An observation checklist would assess verbal and non-verbal communication, empathy and active listening. The application of an evidence-based approach to behaviour change(s) and the use of appropriate techniques ensures balanced decision making based on client need and preferences.

The consultation should also generate reflective or reflexive content by learners which considers interpersonal relationship, professional skills, and effective communication.

This may be in the form of a reflective report, a blog or a video, or podcast reflection with a clear action plan for learner development.

Explain the fundamental principles of nutrition, recommended daily allowances and energy balance (outcome 4)

Learners must carry out a nutritional analysis using a digital application approved by their organisation and make recommendations based on dietary analysis and current best practice from the research conducted in outcome 1.

Learners should write a short report which analyses the macro- and micronutrients and the food sources from which they are derived. This may be cross-assessed with outcome 4 of Anatomy and Physiology of Exercise and Human Movement at SCQF level 7. The nutritional value and calorific intake should be compared with recommended daily allowances and learners should make recommendations based on the evidence including any dietary practices which may have short- or long-term effects on physical, emotional or mental wellbeing.

Examples might include:

- ◆ alcohol
- ◆ caffeine or supplement consumption
- ◆ skipping meals
- ◆ excessive snacks
- ◆ poor hydration

Energy balance and the constituents of energy expenditure may be cross-assessed with outcome 5 from Anatomy and Physiology for Exercise and Human Movement at SCQF level 7.

Nutrition is at times a contentious topic; learners should demonstrate that they can defend a position on a topic by means of participation in a debate on supplementation to promote health.

Current topics should be used and may include:

- ◆ the inclusion of fluorine in drinking water to improve dental health
- ◆ the recommendation of daily vitamin D supplements and the proposal to add it to food
- ◆ the evidence regarding combating low mood and degenerative diseases such as dementia

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- ◆ the efficacy of added vitamins and minerals to food stuffs
- ◆ the use of whey protein
- ◆ caffeinated energy drinks

The debate may be videoed for self-reflection against the learners' meta-skills development plan. Notes to support debate should be included as evidence in learners' portfolios.

Examine common dietary practices and behaviours that have an impact on physical, emotional and mental wellbeing (outcome 5)

To provide assessment evidence for this unit:

- ◆ Learners must be able to distinguish between common dietary practices and behaviours that have an impact on physical, emotional and mental wellbeing.
- ◆ Learners, working in small groups, should investigate the claims of different dietary practices as dietary behaviours may have an impact on physical and mental health. For example, this may include the Mediterranean diet, keto, low fat, and low-calorie intermittent fasting. They should present evidence to demonstrate the link between diet and morbidity and consider maladapted dietary practices that affect health including low- and high-nutrient foods and how these may affect mood, behaviour and physical health.
- ◆ Evidence must also include signposting to relevant support, for example for weight management, healthy eating and behaviour change in relation to maladapted dietary practices.
- ◆ Learners, working in small groups, should communicate their findings, demonstrating skilled use of presentation software and provide evidence of their contributions to the overall presentation. Personal reflections on their individual and team performance should take into account assessor and peer feedback and apply a recognised model of reflection which may be cross-assessed with other units.

Learners gather evidence in a portfolio or an e-portfolio, and this forms part of the project.

Practical activities require you to record evidence by using formative and summative observation checklists.

Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Opportunities for e-assessment

Assessment that is supported by information and communication technology (ICT), such as e-testing or the use of e-portfolios or social software, may be appropriate for some assessments in this unit.

If you want to use e-assessment, you must ensure that you apply the national standard to all evidence and that conditions of assessment, as specified in the 'Evidence requirements' section, are met, regardless of the mode of gathering evidence.

Equality and inclusion

This unit is designed to be as fair and as accessible as possible with no unnecessary barriers to learning or assessment.

You should take into account the needs of individual learners when planning learning experiences, selecting assessment methods or considering alternative evidence.

Guidance on assessment arrangements for disabled learners and/or those with additional support needs is available on the assessment arrangements web page:

www.sqa.org.uk/assessmentarrangements.

Information for learners

Health Promotion, Behaviour Change and Nutrition (SCQF level 7)

This section explains:

- ◆ what the unit is about
- ◆ what you should know or be able to do before you start
- ◆ what you need to do during the unit
- ◆ opportunities for further learning and employment

Unit information

This unit develops your understanding of health promotion, behaviour change and nutrition and develops your skills in applying evidence-based practical skills to support a personalised action plan for an individual or group.

You describe health promotion in different settings for selected topics, understand professional roles, and signpost sources of support for clients.

In the unit, you learn:

- ◆ the lifestyle factors that have an impact on health and health inequalities
- ◆ the behaviour change models and tools commonly used to support individuals to make lifestyle changes that favour healthier choices
- ◆ how to differentiate between perceived and actual barriers to behaviour change and motivations for behaviour change

You must demonstrate a rapport with your 'client', good communication skills such as active listening, and non-judgemental verbal and non-verbal communication, and offer feedback in a positive and effective manner with the aim of achieving balanced decision making.

You analyse nutritional intake and compare this with recommendations from authoritative sources and you are required to defend a position on nutritional practice.

A large amount of self-study is essential to successfully complete the unit. You develop your use of information and communications technology (ICT), numeracy, and academic writing.

You should ensure that your:

- ◆ written assessments and presentation cover the assessment criteria and use evidence from authoritative sources, such as publications from agencies, charities, government, and other peer-reviewed sources
- ◆ consultation performance and debate participation must be of the required standard to allow assessment to take place. Performances are observed by your lecturer and with your consent may be recorded for you to reflect on

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- ◆ written evidence in the form of written assessments, questionnaires, debate notes, nutritional analysis, digital artefacts, presentation, and reflective evaluations are contained in your portfolio or e-portfolio
- ◆ meta-skills of social intelligence, self-management and innovation and their components are developed in vocational contexts, with an emphasis on practical application

On successful completion of the HNC in Physical Activity and Health, you can become a member of the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) as a gym instructor practitioner, group exercise instructor practitioner, and health navigator.

Administrative information

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Superclass: PA

History of changes

Version	Description of change	Date
2.0	Updated knowledge items for outcome 1 to reflect changes in policy and industry.	August 2023
3.0	Updated wording in outcome 1 knowledge table.	May 2024

Note: please check [SQA's website](#) to ensure you are using the most up-to-date version of this document.