



Qualification Specification

This specification is a draft; it contains changes from the original and is provided for informational purposes. It is currently under review and pending formal approval and may be subject to further updates.



Qualification summary

Qualification title	NCFE CACHE Level 3 Alternative Academic Qualification in Health and Social Care (Extended Certificate)
Ofqual qualification number (QN)	610/4003/4
Guided learning hours (GLH)	395
Total qualification time (TQT)	435
Minimum age	16
Qualification purpose	<p>This qualification is designed to support progression to higher education and to sit alongside other programmes that would form a two-year course of study.</p> <p>This qualification focuses on an applied study of the health and social care sector and learners will gain a broad knowledge and understanding of working in the sector.</p>
Grading	Not yet achieved/pass/merit/distinction/distinction*
Assessment method	<p>Externally set and externally marked:</p> <ul style="list-style-type: none"> Examined assessment (EA): written examination includes the following content areas: <ul style="list-style-type: none"> Human growth and development Anatomy and physiology in health and social care <p>Externally set, internally marked and externally quality assured:</p> <ul style="list-style-type: none"> Non-exam assessment (NEA) 1: extended writing includes the following content areas: <ul style="list-style-type: none"> Health and social care provision Empowerment in health and social and social care NEA 2: case study includes the content area: <ul style="list-style-type: none"> Health promotion
Work/industry placement experience	Work/industry placement experience is recommended but not required.
UCAS	Please refer to the UCAS website for further details of points allocation and the most up-to-date information.
Regulation information	This is a regulated qualification. The regulated number for this qualification is 610/4003/4.
Funding	This qualification may be eligible for funding. For further guidance on funding, please contact your local funding provider.
Performance points	Please check with the Department for Education (DfE) for the most up-to-date information, should there be any changes.



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Section 1: introduction

Please note this is a draft version of the Qualification Specification and is likely to be subject to change before the final version is produced for the launch of the qualification.

Centres must ensure they are using the most recent version of the Qualification Specification on the NCFE website.

Aims and objectives

The core aim of this qualification is to support progression to higher education.

This qualification aims to:

- focus on the study of health and social care
- offer breadth and depth of study, incorporating a key core of knowledge and theoretical content with broad ranging applicability
- provide opportunities to acquire a number of practical skills in health and social care

The objectives of this qualification are to:

- progress to further and higher education
- become more familiar with legislation relevant to health and social care
- develop learners' knowledge of health and social care and its underpinning theories

Support Handbook

This Qualification Specification must be used alongside the mandatory Support Handbook, which can be found on the NCFE website. This contains additional supporting information to help with planning, delivery and assessment.

This Qualification Specification contains all the qualification-specific information you will need that is not covered in the Support Handbook.

Guidance for entry and registration

This qualification is designed for learners who are at least 16 years old. We do not set any other entry requirements, but centres may have their own guidelines.

Registration is at the discretion of the centre in accordance with equality legislation and should be made on the NCFE Portal.

There are no specific prior skills/knowledge a learner must have for this qualification. However, learners may find it helpful if they have already achieved a level 2 qualification.

Centres are responsible for ensuring that all learners are capable of achieving, the knowledge and understanding within all content areas of the qualification and complying with the relevant literacy, numeracy, and health and safety requirements.



Learners registered on this qualification should not undertake another qualification at the same level, or with the same/a similar title, as duplication of learning may affect funding eligibility.

Achieving this qualification

To achieve this qualification, learners must successfully demonstrate their achievement of all the knowledge and understanding of the content areas as detailed in this Qualification Specification and the assessments within the table below.

Guided learning hours (GLH)	395 (includes 2 hours examined assessment (EA) and twenty three hours and 30 minutes non-examined assessment (NEA) hours)
GLH breakdown	<p>The completion time for the EA is 2 hours which includes the following content areas:</p> <ul style="list-style-type: none"> • Human growth and development • Anatomy and physiology in health and social care <p>The completion time for NEA 1 is fourteen hours and 30 minutes (4 hours and 30 minutes supervised research time with 10 hours supervised assessment time) which includes the following content areas:</p> <ul style="list-style-type: none"> • Health and social care provision • Empowerment in health and social care <p>The completion time for NEA 2 is nine hours (3 hours supervised research time with 6 hours supervised assessment time) which includes the content area:</p> <ul style="list-style-type: none"> • Health promotion
Examined assessment (EA)	Weighting is 40% Externally set, and externally marked written examination
Non-exam assessment (NEA) 1	Weighting is 40% Externally set, internally marked, and externally quality assured extended writing
Non-exam assessment (NEA) 2	Weighting is 20% Externally set, internally marked, and externally quality assured case study
Total	Weighting is 100% Overall qualification grades: <ul style="list-style-type: none"> • pass/merit/distinction/distinction*

Please refer to the list of content areas in appendix A or the content areas summaries in section 2 for further information.

Progression

Learners who achieve this qualification could progress to the following:

- higher education:
 - health and social care
 - childhood studies
 - community, youth, and families
 - social work



- early years
- primary teaching
- nursing

Progression to higher-level studies

Level 3 qualifications can support progression to higher-level study, which requires knowledge and skills different from those gained at levels 1 and 2. Level 3 qualifications enable learners to:

- apply factual, procedural and theoretical subject knowledge
- use relevant knowledge and methods to address complex, non-routine problems
- interpret and evaluate relevant information and ideas
- understand the nature of the area of study or work
- demonstrate an awareness of different perspectives and approaches
- identify, select and use appropriate cognitive and practical skills
- use appropriate research to inform actions
- review and evaluate the effectiveness of their own methods

Resource requirements

There are no mandatory resource requirements for this qualification, but centres must ensure learners have access to suitable resources to enable them to cover all the appropriate content areas.

Work/industry placement experience

Work/industry placement experience is recommended but not required.

How the qualification is assessed

Assessment is the process of measuring a learner's skill, knowledge and understanding against the standards set in a qualification.

This qualification uses a combination of internal assessment, external quality assurance and external assessment.

Unless otherwise stated in this specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English.

Non-exam assessment (NEA)

The NEAs within this qualification are externally set, internally marked and externally quality assured.

The NEAs consists of two assignments that are 60% of the qualification:

- NEA 1:
 - extended writing
- NEA 2:
 - case study



The NEA will assess the learner's ability to respond to complex and novel situations, drawing on knowledge from specific content areas. Learners should not undertake the NEA until all content areas have been delivered to ensure successful completion.

The NEA encourages learners to combine elements of their learning and demonstrate accumulated knowledge and understanding. It enables them to show their ability to integrate and apply knowledge, understanding, and skills with both breadth and depth. Additionally, it requires them to demonstrate their capability across all assessed content areas.

The NEA is internally assessed work and should be completed by the learner in accordance with the guidance outlined in this section of the Qualification Specification. Information on delivery guidance and assessment hours for the internal assessment will be available in the NEA brief. To support with this, we have also created a sample NEA brief, which is available on the NCFE website. A representative number of assessment hours should be timetabled into the scheme of work to cover the sample NEA brief. The internally assessed NEA hours must be administered outside of scheduled teaching and learning hours and should be supervised and assessed by the tutor.

Any work submitted for internal assessment must be completed during scheduled assessment hours in accordance with the scheme of work and must be authenticated and attributable to the learner. The tutor must be satisfied that the work produced is the learner's own and the learner must declare that the work is their own.

In practice, this means that all of the NEA will be completed in normal class time within scheduled assessment hours and kept separate from any teaching and learning hours.

The internally assessed NEA component is based on coverage of the qualification content areas, which are assessed holistically against descriptors to achieve a grade.

Examined assessment (EA)

EAs are set and marked by NCFE. The assessment assesses learners' knowledge and understanding from the content areas of this qualification.

Centres must:

- not assess, internally quality assure or otherwise access or review any EA materials or learner responses at any time
- adhere to the required exam regulations at all times

The EA is 40% of the qualification and consists solely of:

- set date and time (invigilated) – NCFE specifies the exact date and time that the external assessment must be administered in the centre

The completion time for the written EA is 1 hour 30 minutes, which includes the following content areas and is administered under specified assessment conditions:

- Human growth and development
- Anatomy and physiology in health and social care



For further information, centres should refer to the Regulations for the Conduct of External Assessment and Qualification Specific Instructions for Delivery (QSID) documents, available on the NCFE website.

The EA material will be sent out by NCFE in time for the start of the assessment. Assessment materials must be kept secure at all times.

You must return all EA materials and partially or fully completed learner work to NCFE within one working day of the external assessment taking place or the final timetabled supervised/invigilated session.

External quality assurance

Summatively assessed and internally quality assured grades for completed NEAs must be submitted via the NCFE Portal, prior to an external quality assurance review taking place. Following the external quality assurance review, the NEA grades will either be accepted and banked by your external quality assurer (EQA) or, if they disagree with the grades, they will be rejected. More detailed guidance on this process and what to do if your grades are rejected can be found in the Support Handbook and on the NCFE website.

Enquiries about results

All enquiries relating to learners' results must be submitted in line with our Enquiries about Results and Assessment Decisions Policy, which is available on the NCFE website.

Assessment windows

This qualification includes externally set and internally assessed content areas with set assessment windows from NCFE.

Centres will need to book the assessment windows for year 1 and year 2. Submissions should take place during the registration period following the centre's timeframe. NCFE advise that learner registrations should be made timely.

Centre administration, including registrations must be up-to-date and not negatively impact on an EQA sample being selected prior to a review. Failure to provide timely registrations may result in the EQA issuing an action.

Centres able to register their learners, should make assessment bookings as soon as they are formally approved, and registrations open for the academic year. Learner registrations and entries will have to be made by the scheduled cut off dates.

Not yet achieved grade

A result that does not achieve a pass grade will be graded as a not yet achieved grade.

External assessment conditions

To access the external assessment, centres must ensure that learners are booked for the external assessment through the NCFE online assessment platform as appropriate.



Please refer to the External Assessment Timetable on the NCFE website for the specific date of the assessment window during the year.

For instructions on conducting external assessments, please refer to our Regulations for the Conduct of External Assessment and QSID documents, available on the NCFE website.

Resubmission of non-exam assessments (NEAs)

Learners will have one resubmission opportunity for each of the two NEAs. The resubmission could be used to:

- achieve a pass grade, where the learner has not met the minimum performance required for a pass, in this case, a pass is the highest achievable grade
- improve their grade, where the learner has already achieved a pass or merit but wish to aim for a higher grade

For the resubmission, the learner may amend and/ or complete further work on the same assessment and resubmit this evidence. To ensure fairness, resubmissions must be authorised by individuals undertaking quality assurer roles within the centre. The revised additional learner evidence must be completed and submitted, within 15 working days following assessor feedback, within the assessment window timeframe.

Feedback to learners can only be given to clarify areas where they have not achieved a minimum or expected level of performance. Learners cannot receive any guidance on how to improve work to meet the mandatory teaching content. It is the centre's responsibility to keep the evidence of the learner's original and revised work submitted, and records of the initial grade, assessor feedback, and final grade, for external quality assurance purposes.

If a learner fails to meet the pass criteria following the resubmission with revised evidence, the learner has one retake opportunity to meet the required criteria for each NEA. The retake would involve the learner completing a new assessment, within the timeframe stipulated in the assessment schedule on the NCFE website. Retakes are not capped at a pass.

Assessment retakes

Learners may have:

- two attempts including one retake, for each of the NEAs
- three attempts, including two retakes for the EA

Throughout the delivery of the qualification, there will be two opportunities to sit the written examination – spring and summer. In year 1, both series will be available, as learners will have received sufficient delivery of the qualification and therefore, a retake opportunity will be available for learners in the summer. A retake opportunity would involve the learner sitting a new written examination.

Where a learner retakes an NEA, they are not required to retake the other NEA and the written examination, and vice versa, if not required (for example, if the learner achieved a pass). Retakes are not capped at a pass.



If following the programme over 2 years, as recommended

It is recommended that:

- NEA 1 is completed at the end of year 1
- NEA 2 is completed at the end of year 2
- the EA is completed at the end of year 2

The assessment opportunities will be cyclical each year, so learners may have two attempts at NEA 1 and the EA if enrolled on an extended certificate 2- year programme, should they require it.

There will be one opportunity per year to submit NEA 2, meaning a retake of NEA 2, would require an additional year of study.

There are two opportunities per year to sit the written examination in spring and summer, allowing time for the examination and one retake in the same year, if required. If a third attempt/ retake is needed, this would require an additional year of study.

If following the programme over 1 year

There will be one opportunity per year to sit NEA 1 and NEA 2, meaning a retake of an NEA would require an additional year of study.

There are two opportunities to sit the written examination in spring and summer, allowing time for the examination and one retake in the same year, if required. If a third attempt/ retake is needed, this would require an additional year of study.

Scheme of assessment

The following table summarises this qualification's scheme of assessment with uniform mark scale (UMS) points.

Assessments	Assessment time	% weighting	Raw marks	UMS	Assessment conditions	Marking
EA	2 hours	40%	80	200	Invigilated	External
NEA 1	14 hours 30 minutes	40%	N/A	200	Controlled	Internal, with external quality assurance
NEA 2	9 hours	20%	N/A	100	Controlled	Internal, with external quality assurance
Assessment total	25 hours 30 minutes	100%	80	500		



Assessment objectives (AOs)

The assessment for this qualification is mapped against AOs. These AOs provide a consistent framework for learners and are applied synoptically, allowing learners to show their knowledge and understanding from across the full breadth and depth of the qualification.

The AOs that will be assessed against the content in this qualification are:

AO1	Demonstrate knowledge and understanding of the content The emphasis here is for learners to recall elements of knowledge and demonstrate understanding of the content.
AO2	Apply knowledge and understanding to different situations and contexts The emphasis here is for learners to apply their knowledge and understanding to real-world contexts and novel situations.
AO3	Analyse and evaluate information related to the content The emphasis here is for learners to develop analytical and evaluative skills to make reasoned judgments and form conclusions.

Assessment objective (AO) weightings

The table below shows the approximate weightings.

AOs	Overall weighting (%)
AO1	33%
AO2	33%
AO3	34%
Overall weighting of assessments	100%

The purpose of this qualification means it is necessary to assess knowledge and understanding through two types of assessment, NEA and EA. The variance in assessment methods used allows for a range of knowledge and understanding to be assessed using the most fit for purpose method.

Non-exam assessment (NEA)

Refer to the Mark Scheme for the current NEA where you will find information required to mark the non-exam assessment tasks and their descriptors.

Centres will mark the NEAs, and this will then be submitted to NCFE for quality assurance.

Examined assessment (EA)

The EA will be submitted to NCFE for marking to calculate the overall grades for learners.



Overall grading descriptors

To achieve a level 3 distinction, learners will be able to:

- demonstrate a broad and comprehensive understanding, with highly effective comparisons and evaluations of the relationship between legislation, policies and procedures, including safeguarding, and how legislation informs policies and procedures in health and social care provision
- demonstrate a broad and comprehensive understanding, with examples and highly effective evaluations of how the health and social care practitioner's own values, beliefs and experiences can influence delivery of care
- demonstrate a broad and comprehensive understanding, including an analysis, of the tensions when balancing the rights of the individual, against the health and social care practitioner's professional practice, providing examples
- effectively understand, apply and analyse, with a conclusion, the interdependency of social, emotional, cognitive, and physical development
- effectively understand, apply and discuss, with a conclusion, the social model of health and wellbeing
- demonstrate a broad and comprehensive knowledge and understanding, including a discussion, of the benefits of a healthy lifestyle to individuals and societies
- demonstrate comprehensive knowledge and understanding, including a discussion, of empowerment in health and social care, including understanding the role of advocacy in relation to empowerment
- demonstrate a broad and comprehensive understanding, and highly effective evaluations of how practitioners can contribute to health promotion
- effectively demonstrate, knowledge and understanding of the structure and function of the organ systems in the human body, and effectively demonstrate evaluative skills in relation to disorders of the organ systems in the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis
- demonstrate high levels of knowledge of the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis

To achieve a level 3 pass, learners will be able to:

- identify the relationship between legislation, policies and procedures, including safeguarding, and outline how legislation informs policies and procedures in health and social care provision
- outline key aspects of the health and social care practitioner's own values, beliefs and experiences can influence delivery of care
- outline the tensions when balancing the rights of the individual against the health and social care practitioner's professional practice
- demonstrate basic levels of knowledge and understanding of the interdependency of social, emotional, cognitive, and physical development, with limited application and analysis
- demonstrate basic levels of knowledge and understanding of the social model of health and wellbeing, with limited application and discussion
- outline key aspects of the benefits of a healthy lifestyle with regard to individuals and societies
- identify key aspects of empowerment in health and social care, understanding the role of advocacy in relation to empowerment
- outline how practitioners can contribute to health promotion
- show an understanding of the structure and function of the organ systems in the human body, including disorders of the organ systems in the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis, but may not all be relevant



- demonstrate limited knowledge of the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis

Grading information

Assessment of this qualification is graded on a four-point scale – distinction*, distinction, merit, and pass – with ‘not yet achieved’ used when the pass level is not met.

Uniformed Mark Scheme (UMS) points for each assessment and grade boundary are set at fixed percentages. When all assessments are completed, the highest UMS points from each assessment are combined to determine the overall grade. The overall grade issued to a learner is based on the aggregation of UMS marks for each assessment, and the overall UMS grade boundaries.

This qualification uses a 500 UMS framework to ensure consistent, transparent, and detailed performance measurement across all assessments.

Each component is weighted as follows:

- the written examination (EA) has a value of 200 UMS (40%)
- non-examined assessment (NEA) 1 has a value of 200 UMS (40%)
- NEA 2 has a value of 100 UMS (20%)

For each assessment, only the highest UMS score from any repeated attempts is used, and high performance in one area can compensate for lower performance in another. Learners must pass all assessments to achieve an overall grade, with a special provision that an overall distinction* is awarded if distinctions are achieved in every assessment, regardless of the total UMS points.

This compensatory approach, combined with the use of a UMS, means that the boundaries for individual assessments do not directly add up to the overall qualification boundaries. This allows learners to balance weaker performance in one area with stronger performance in another. For instance, a high score in the EA can offset lower scores in the NEAs.

The table below shows the grade boundaries, raw marks for the EA and UMS points for this qualification.

Grade boundary	Raw marks (EA)	EA	NEA 1	NEA 2
Max	80	200	-	-
Distinction*		-	-	-
Distinction	52	130	145	72.5
Merit	44	110	120	60
Pass	36	90	100	50
Not yet achieved	0	0	0	0



The table below shows the grade boundaries and the total UMS points for this qualification.

Grade boundary	UMS points
Max	500
Distinction*	400
Distinction	325
Merit	275
Pass	225

For further information on assessment, please refer to the User Guide to the External Quality Assurance Report, which can be found on the NCFE website.

NCFE does not anticipate any changes to our aggregation methods or any overall grade thresholds; however, there may be exceptional circumstances in which it is necessary to do so to secure the maintenance of standards over time. Therefore, overall grade thresholds published within this Qualification Specification may be subject to change.

Requirements for referencing

Carefully selected quotations must be included to support learners' own responses within each of the NEAs. Quotations must be made identifiable through the use of quotation marks, bold or italic text and made traceable through referencing at the point of use.



Section 2: teaching content and guidance

This section provides details of the structure and content of this qualification.

Information in the teaching content section must be covered by the tutor during the delivery of the content areas and should be considered as mandatory teaching content.

To make cross-referencing assessment and quality assurance easier, we have used a sequential numbering system in this document for each content area. The numbering system used refers to a content area, subject topic, and teaching content: (for example, 1.1.1 refers to the content area (first number 1), the subject topic within that learning content (second number 1.1) and the teaching content within the subject topic (third number 1.1.1)). This will support signposting feedback and tracking.

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

While studying the qualification, learners should reflect on the importance of knowing and developing their preferred learning style. They should also be able to identify a range of individual study skills they can use in order to study effectively.

For further information or guidance about this qualification, please contact our Customer Support team.



Content areas

1. Health and social care provision

- 1.1 Understand health and social care provision:
 - 1.1.1 Types of health and social care services
 - 1.1.2 Functions of health and social care provision
 - 1.1.3 Roles of organisations within health and social care
 - 1.1.4 Factors that influence national and local service delivery
 - 1.1.5 Practitioner roles within health and social care
- 1.2 Understand the impact of drivers on health and social care provision:
 - 1.2.1 Impact of drivers on health and social care provision
- 1.3 Understand legislation and policies in relation to health and social care:
 - 1.3.1 Relationship between legislation, policies, and procedures
 - 1.3.2 Legislation in relation to health and social care
 - 1.3.3 How legislation informs policies and procedures in health and social care provision
- 1.4 Understand the roles and responsibilities of health and social care practitioners:
 - 1.4.1 Responsibilities of the health and social care practitioner
 - 1.4.2 Skills, behaviours and attributes of the health and social care practitioner
 - 1.4.3 How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care
- 1.5 Understand care values:
 - 1.5.1 How care values are promoted and applied in practice
- 1.6 Understand partnership working:
 - 1.6.1 Roles and responsibilities of practitioners within partnership working
 - 1.6.2 How health and social care practitioners work in partnership
 - 1.6.3 Barriers to partnership working and strategies to overcome
- 1.7 Understand regulation and inspection in health and social care:
 - 1.7.1 The roles of regulatory and inspection bodies
- 1.8 Understand child safeguarding practice reviews and safeguarding adults reviews:
 - 1.8.1 Why child safeguarding practice reviews and safeguarding adults reviews are required
 - 1.8.2 How outcomes of child safeguarding practice reviews and safeguarding adults reviews inform practice

2. Human growth and development

- 2.1 Understand development from conception to birth:



- 2.1.1 Stages of development from conception to birth
- 2.1.2 The potential effects on development
- 2.2 Understand the key elements of development across the human lifespan:
 - 2.2.1 Life stages and key milestones of human development
 - 2.2.2 Social, emotional, cognitive, and physical developments within each life stage
 - 2.2.3 The interdependency of social, emotional, cognitive, and physical development
- 2.3 Understand influences which impact upon human growth and development:
 - 2.3.1 The nature-versus-nurture debate in relation to human growth and development
 - 2.3.2 The medical model of health and wellbeing
 - 2.3.3 The social model of health and wellbeing
- 2.4 Understand theories of human growth and development:
 - 2.4.1 Theories of human growth and development
- 2.5 Understand significant life events within each stage of human development:
 - 2.5.1 Significant life events that can occur at each stage of human development
 - 2.5.2 The short and long-term impacts that significant life events may have on individuals
 - 2.5.3 Factors which contribute to positive transitions through life stages
- 2.6 Understand how health care services meet the needs of individuals throughout the lifespan:
 - 2.6.1 Care needs of individuals through the life stages
 - 2.6.2 How health and social care services meet the care needs of individuals through the life stages
 - 2.6.3 The role and purpose of individualised care planning

3. Empowerment in health and social care

- 3.1 Understand empowerment in health and social care:
 - 3.1.1 Importance of empowering individuals
 - 3.1.2 How factors impact on empowerment of individuals
 - 3.1.3 Strategies used to empower individuals
- 3.2 Understand risk management when empowering individuals in health and social care settings:
 - 3.2.1 Tensions when balancing the rights of the individual against the health and social care practitioner's professional practice
 - 3.2.2 How the health and social care practitioner can manage risks when empowering individuals
- 3.3 Understand the role of advocacy in relation to empowerment:
 - 3.3.1 Key values of advocacy
 - 3.3.2 Models of advocacy
 - 3.3.3 When an individual may require an advocate



4. Health promotion

- 4.1 Understand healthy lifestyles:
 - 4.1.1 The components of a healthy lifestyle
 - 4.1.2 Benefits to individuals and societies of healthy lifestyles
- 4.2 Understand how a range of practitioners contribute to health promotion:
 - 4.2.1 How a range of practitioners contribute to health promotion
- 4.3 Understand the relationship between health promotion and health education:
 - 4.3.1 The relationship between health promotion and health education
- 4.4 Understand approaches to health promotion:
 - 4.4.1 Approaches to health promotion
 - 4.4.2 Methods of communication used in health promotion
- 4.5 Understand behaviour change in health promotion:
 - 4.5.1 Models of behaviour change
 - 4.5.2 How barriers impact on behaviour change
- 4.6 Understand the role of the professional in health promotion:
 - 4.6.1 The role of the professional in health promotion
- 4.7 Understand the purposes and stages of health campaigns:
 - 4.7.1 Reasons for health campaigns
 - 4.7.2 Stages of developing a health campaign
 - 4.7.3 Methods of evaluating a health campaign
- 4.8 Understand current health campaigns:
 - 4.8.1 Public health issues
 - 4.8.2 Current health campaigns

5. Anatomy and physiology in health and social care

- 5.1 Understand the structure and functions of the organ systems of the human body:
 - 5.1.1 The structures and functions of the endocrine system and hormonal control
 - 5.1.2 The structures and functions of the nervous system
 - 5.1.3 The structures and functions of the digestive system
 - 5.1.4 The structures and functions of the cardiovascular system
 - 5.1.5 The structures and functions of the excretory/urinary system
 - 5.1.6 The structures and functions of the muscular system
 - 5.1.7 The structures and functions of the skeletal system



- 5.1.8 The structures and functions of the immune/lymphatic system
- 5.1.9 The structures and functions of the integumentary system
- 5.1.10 The structures and functions of the reproductive system
- 5.1.11 The structures and functions of the respiratory system
- 5.1.12 The relationship between the structure and function of the organ systems
- 5.1.13 The relationships between the organ systems in maintaining healthy body functions
- 5.2 Understand homeostasis in the human body:
 - 5.2.1 The process of homeostasis in the human body
 - 5.2.2 How homeostasis maintains the healthy functioning of the human body
 - 5.2.3 The relationship between the nervous system and the endocrine system in gaining homeostatic control
- 5.3 Understand the impact of physiological disorders on the wellbeing of individuals:
 - 5.3.1 The impact of physiological disorders on the wellbeing of individuals
- 5.4 Understand physiological measurements:
 - 5.4.1 Factors which may affect physiological measurements
 - 5.4.2 Reasons for taking physiological measurements
 - 5.4.3 Equipment used to measure physiological measurements
 - 5.4.4 Reasons for gaining valid consent prior to obtaining physiological measurements
 - 5.4.5 Reasons for accurate and timely recording and reporting physiological measurements



1. Health and social care provision



Content area summary			
The aim of this content area is to provide learners with knowledge and understanding of the health and social care sector			
Assessment			
Externally set, internally marked, and externally quality assured: extended writing			
Mandatory Teaching content must be covered by the tutor during the delivery of this qualification	Graded P/M/D	Level 3	90 GLH (refer to the GLH breakdown on page 5 for the allocated non-examined assessment time for NEA 1)

Subject topic	Teaching content
1.1 Understand health and social care provision	1.1.1 Types of health and social care services: <ul style="list-style-type: none"> statutory services private services voluntary services informal care
	1.1.2 Functions of health and social care provision: <ul style="list-style-type: none"> promotes health and wellbeing provides services to meet ongoing long- and short-term needs and preferences safeguards vulnerable individuals provides individualised care to meet long- and short-term needs and preferences
	1.1.3 Roles of organisations within health and social care: <ul style="list-style-type: none"> local authorities NHS England National Institute for Health and Care Excellence (NICE) Healthwatch England
	1.1.4 Factors that influence national and local service delivery: <ul style="list-style-type: none"> availability of resources needs-led versus service-led to meet diverse needs referral protocol/eligibility criteria accessibility of services demand for services location of services collaboration with individuals, practitioners, colleagues, parents/carers partnerships between statutory, private and voluntary organisations service autonomy dependency on funding community involvement in relation to needs formal versus informal care across national and local statutory, private and voluntary provision



Subject topic	Teaching content
	<p>1.1.5 Practitioner roles within health and social care:</p> <ul style="list-style-type: none"> the role of different practitioners in health care: <ul style="list-style-type: none"> nurse doctor paramedic physiotherapist occupational therapist dentist pharmacist dietitian specialist community public health nurse (health visitor) the role of different practitioners in social care: <ul style="list-style-type: none"> social worker care assistant speech and language therapist outreach worker family support worker activities co-ordinator social care prescriber
<p>1.2 Understand the impact of drivers on health and social care provision</p>	<p>1.2.1 Impact of drivers on health and social care provision:</p> <ul style="list-style-type: none"> demographics personalisation integration information management prevention, early intervention and reduction values-based health care technology and digitalisation impact of drivers
<p>1.3 Understand legislation and policies in relation to health and social care</p>	<p>1.3.1 Relationship between legislation, policies, and procedures:</p> <ul style="list-style-type: none"> legislation policies and procedures
	<p>1.3.2 Legislation in relation to health and social care:</p> <ul style="list-style-type: none"> Care Act 2014 Health and Care Act 2022 Equality Act 2010 Mental Health Act 2007 Mental Capacity Act 2005 plus amendment (2019) Human Rights Act 1998 Data Protection Act 2018 Children Act 2004 Health and Safety at Work Act 1974 Children and Social Work Act 2017



Subject topic	Teaching content
	<p>1.3.3 How legislation informs policies and procedures in health and social care provision:</p> <ul style="list-style-type: none"> • duty of care to individuals and others • protocols which meet legal requirements and guidance • key aspects of service delivery • practice is current, in line with legislative changes • consistency of practice and continuity of provision • public confidence • accountability and monitoring requirements of activities
<p>1.4 Understand the roles and responsibilities of health and social care practitioners</p>	<p>1.4.1 Responsibilities of the health and social care practitioner:</p> <ul style="list-style-type: none"> • adhering to organisational policies/procedures and relevant legislation • adhering to relevant professional codes of practice/conduct • undertaking continuing professional development (CPD) in relation to job role • carrying out tasks within scope of own role • safeguarding individuals • working within multidisciplinary teams
	<p>1.4.2 Skills, behaviours and attributes of the health and social care practitioner:</p> <ul style="list-style-type: none"> • skills • behaviours • attributes
	<p>1.4.3 How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care:</p> <ul style="list-style-type: none"> • own values, beliefs and experiences • influences on own belief systems • lack of understanding and awareness of others values and beliefs • professional versus personal values and beliefs • importance of self-awareness, value diversity and treat individuals equally in the delivery of care
<p>1.5 Understand care values</p>	<p>1.5.1 How care values are promoted and applied in practice:</p> <ul style="list-style-type: none"> • care values: <ul style="list-style-type: none"> ○ 6 Cs: <ul style="list-style-type: none"> ▪ care ▪ compassion ▪ competence ▪ communication ▪ courage ▪ commitment • how care values are promoted and applied in practice



Subject topic	Teaching content
1.6 Understand partnership working	<p>1.6.1 Roles and responsibilities of practitioners within partnership working:</p> <ul style="list-style-type: none"> • share resources, responsibilities, experience and skills to achieve positive outcomes • work together in a professional, co-operative and mutually supportive way • practise positive communication • share required information • work in collaboration to support in key decisions being made • adhere to relevant legislation, policies and procedures
	<p>1.6.2 How health and social care practitioners work in partnership:</p> <ul style="list-style-type: none"> • integrated care systems (ICSs): <ul style="list-style-type: none"> ○ integrated care partnership (ICP) ○ integrated care boards (ICBs) • multi-agency • multidisciplinary • national and local approaches to safeguarding: <ul style="list-style-type: none"> ○ Safeguarding Adults Boards (SAB) ○ Local Safeguarding Children Partnerships (LSCP)
	<p>1.6.3 Barriers to partnership working and strategies to overcome:</p> <ul style="list-style-type: none"> • barriers: <ul style="list-style-type: none"> ○ conflicting organisational priorities ○ conflicting ways of working ○ ineffective communication ○ availability of resources ○ time constraints ○ trust between partners ○ assumptions/incongruence ○ demographics • strategies: <ul style="list-style-type: none"> ○ effective communication ○ co-operation and collaboration ○ problem solving ○ conflict resolution ○ assertiveness techniques ○ managing stress ○ define and agree shared goals



Subject topic	Teaching content
1.7 Understand regulation and inspection in health and social care	<p>1.7.1 The roles of regulatory and inspection bodies:</p> <ul style="list-style-type: none"> regulatory and inspection bodies: <ul style="list-style-type: none"> Care Quality Commission (CQC) Office for Standards in Education, Children's Services and Skills (Ofsted) Health and Care Professions Council (HCPC) Nursing and Midwifery Council (NMC) Social Work England key role of regulatory bodies: <ul style="list-style-type: none"> uphold standards ensure public confidence register services monitor, rate and inspect services protect the individual
1.8 Understand child safeguarding practice reviews and safeguarding adults reviews	<p>1.8.1 Why child safeguarding practice reviews and safeguarding adults reviews are required:</p> <ul style="list-style-type: none"> undertaken following death or injury where abuse or neglect is suspected promote the welfare of children and adults prevent/reduce the risk of recurrence of similar incidents <p>1.8.2 How outcomes of child safeguarding practice reviews and safeguarding adults reviews inform practice:</p> <ul style="list-style-type: none"> identify areas for improvement and/or change inform review and action planning across provision

Teaching guidance
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.
<p>1.1 Understand health and social care provision</p> <p>1.1.1 Types of health and social care services:</p> <ul style="list-style-type: none"> how services are provided through legislation and funded by the government, such as the NHS and local authority social services, to ensure individuals receive necessary care regardless of financial status: <ul style="list-style-type: none"> how profit-driven businesses, such as private hospitals or care homes, offer care services where individuals pay for care directly or through insurance, and how these services differ from government-funded ones how charities and not-for-profit organisations play a vital role in addressing specific community needs, offering services that may not be covered by government or private providers how these organisations support individuals by offering specialised care or assistance that aligns with the community's particular needs how unpaid care provided by non-professional care givers such as family members, friends, or neighbours is a crucial component of the care system, often supporting individuals in their daily lives the significance of personal relationships in caregiving, highlighting how these informal caregivers contribute to emotional support and continuity of care for individuals <p>1.1.2 Functions of health and social care provision:</p> <ul style="list-style-type: none"> how services encourage healthy lifestyles, preventative care, and overall physical and mental wellness



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how health and social care services cater to both immediate, sustained needs, and preferences
- the role of health and social care services in protecting those at risk
- how services are tailored to the unique needs, preferences, and circumstances of each individual

1.1.3 Roles of organisations within health and social care:

- how they facilitate the commissioning and co-ordination of health and social care services at a local level
- role of the NHS in delivering high-quality health care services across England
- how NICE provides evidence-based national guidance and advice to improve health and social care practices and outcomes
- how Healthwatch represents the views of the public (for example, escalating concerns about health and social care services to the CQC for regulatory action)

1.1.4 Factors that influence national and local service delivery:

- how staffing, funding, and equipment availability affect service provision
- approaches to meeting diverse needs, focusing on individual needs versus service capabilities
- how individuals are assessed and referred for services based on set criteria
- how factors like transport, physical access, and service hours impact access to care
- how high demand can shape service provision and waiting times
- insight into how geographical factors affect service availability and distribution
- the importance of multi-stakeholder collaboration in service delivery
- how different organisations work together to provide comprehensive care
- the independence services may have in decision-making and policy-setting
- how reliance on government or private funding shapes the sustainability and scope of services
- how community feedback and participation influence service planning and delivery
- comparison of professional care services and unpaid care provided by non-professional caregivers
- how services are co-ordinated and delivered, dependent on the availability of national and local statutory, private and voluntary provision

1.1.5 Practitioner roles within health and social care:

- the role of different practitioners in health care:
 - nurse:
 - collaborates with teams to plan patient care, monitors and records the individual's health status, administers medication and supports holistic care needs
 - doctor (hospital-based or general practitioners (GPs)):
 - diagnoses and treats physical and mental health conditions
 - paramedic:
 - responds to emergency calls in the community, assesses the individual and provides life-saving medical intervention
 - physiotherapist:
 - assesses and supports the individual affected by injury, illness or disability through tailored exercise programmes, manual therapy and advice
 - occupational therapist:
 - assesses and supports the individual's physical, psychological, social and environmental needs and provides adaptations
 - dentist:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- assesses oral health and provides dental treatment
- pharmacist:
 - dispenses medication and advises on the individual's health issues
- dietitian:
 - assesses and provides nutritional advice to promote a balanced diet
- specialist community public health nurse (health visitor):
 - supports and promotes health and development of children and families
- the role of different practitioners in social care:
 - social worker:
 - works in partnership to assess and support individuals in need to safeguard and protect from harm
 - care assistant:
 - provides holistic care to meet the individual's needs
 - speech and language therapist:
 - provides support for individuals with communication difficulties and individuals with eating, drinking and swallowing problems
 - outreach worker:
 - provides emotional and practical support to individuals within the community to help them take part in all aspects of everyday life
 - family support worker:
 - establishes relationships with individuals and families in need to provide tailored support
 - activities co-ordinator:
 - organises activities to support the holistic wellbeing of the individual
 - social care prescriber:
 - signposts individuals to community support for wellbeing

1.2 Understand the impact of drivers on health and social care provision

1.2.1 Impact of drivers on health and social care provision:

- how changing population structures, such as ageing populations or increased diversity, influence the demand for services and the type of care required
- how the move towards personalised care tailors services to meet individual needs and preferences
- how integrating health and social care services improves co-ordination, reduces duplication, and provides seamless support across sectors
- the importance of managing and sharing accurate information across services to improve patient care and decision-making
- strategies that focus on preventing ill health, detecting issues early, and reducing the need for long-term interventions
- how health care is shifting towards a values-based approach, prioritising care that delivers the most benefit to patients in line with their values
- how advancements in technology and digital tools, such as electronic health records and telemedicine, are transforming service delivery and access
- how these drivers aim to enhance the effectiveness of care, streamline processes, and ensure individuals have positive and meaningful experiences in health and social care settings

1.3 Understand legislation and policies in relation to health and social care

1.3.1 Relationship between legislation, policies, and procedures:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how laws set the legal framework that guides the creation of policies and procedures in health and social care settings
- how organisations develop policies and procedures to align with legislative standards, shaping day-to-day practices and ensuring that services meet legal and regulatory obligations

1.3.2 Legislation in relation to health and social care:

- Care Act 2014:
 - defines duties in relation to assessment of needs and their eligibility for publicly funded care and support
- Health and Care Act 2022:
 - promotes collaboration and partnership working to integrate health and social care services to improve patient care and safeguard individuals
- Equality Act 2010:
 - defines protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation
- Mental Health Act 2007:
 - sets out when someone can be detained and treated for a mental health disorder
- Mental Capacity Act 2005 plus amendment (2019):
 - protect rights, safeguards and supports individuals over the age of 16, who may lack the mental capacity to make choices about their own treatment or care
- Human Rights Act 1998:
 - sets out the fundamental rights and freedoms that individuals are entitled to
- Data Protection Act 2018:
 - defines data protection principles that require fair, lawful, and transparent handling and processing of personal information
- Children Act 2004:
 - provides the framework for the care, protection, and wellbeing of children, including safeguarding responsibilities for organisations
- Health and Safety at Work Act 1974:
 - defines responsibilities for maintaining health and safety at work
- Children and Social Work Act 2017:
 - provides legal basis for how organisations deal with issues relating to children to help safeguard and promote child welfare

1.3.3 How legislation informs policies and procedures in health and social care provision:

- how legislation mandates a responsibility to provide safe, effective, and ethical care, protecting individuals and practitioners
- how legislation shapes the development of policies and procedures that align with legal standards, ensuring compliance
- how legislation helps define essential elements of care provision, from safeguarding to patient rights
- how policies and procedures are regularly updated to reflect changes in the law, keeping practice relevant and legally sound
- how legislation helps standardise practices across services, ensuring equitable and reliable care
- how adherence to legislation through policies and procedures helps maintain trust in health and social care services



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how legislation establishes clear lines of responsibility and oversight to ensure compliance and quality care

1.4 Understand the roles and responsibilities of health and social care practitioners

1.4.1 Responsibilities of the health and social care practitioner:

- the importance of following established guidelines and legal frameworks to ensure safe, compliant, and ethical practice
- how practitioners must align their work with professional standards set by regulatory bodies to maintain integrity and accountability
- the requirement for practitioners to engage in ongoing learning and development to stay current and enhance their skills
- understanding role boundaries and working within one's competencies to provide safe and effective care
- why it is the practitioner's duty to protect vulnerable individuals from harm and abuse, ensuring their safety and wellbeing
- how collaboration with other professionals/non-professionals ensures holistic care and meets the complex needs of individuals in a co-ordinated manner

1.4.2 Skills, behaviours and attributes of the health and social care practitioner:

- skills:
 - the ability to act independently and make informed decisions when appropriate
 - accurately observing and monitoring individuals' conditions to detect changes in health and wellbeing
 - the capacity to assess situations and find solutions to challenges in care delivery
 - proficiency in the specific clinical or technical tasks required for the role, such as administering medication or using health care equipment
 - effectively managing time, prioritising tasks, and co-ordinating care for multiple individuals
 - the ability to critically evaluate one's own practice to identify areas for improvement and growth
 - actively listening to individuals and colleagues to ensure effective communication and understanding
- behaviours:
 - demonstrating professionalism in attitude, appearance, and communication, maintaining appropriate boundaries
 - focusing on the needs, preferences, and values of individuals in every aspect of care
 - collaborating effectively with colleagues, other professionals, and the individuals being supported
 - showing a dedication to personal growth and professional development through continuous learning
 - clear, compassionate communication that promotes understanding and trust
 - demonstrating empathy, kindness, and emotional support to those in care
 - promoting equality, diversity, and inclusion in all aspects of care and interaction
- attributes:
 - consistently showing commitment to the role and being dependable in delivering care
 - maintaining a constructive, optimistic approach to challenges and care delivery
 - understanding and sharing the feelings of others, fostering meaningful relationships
 - demonstrating self-assurance in abilities while maintaining humility and openness to feedback



Teaching guidance	
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.	
<ul style="list-style-type: none"> treating individuals with dignity, valuing their rights, and maintaining a non-judgmental approach 	
1.4.3	How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care:
<ul style="list-style-type: none"> how a practitioner's personal background can impact how they approach care and interact with individuals how external factors such as culture, media portrayals, family upbringing, and societal pressures can shape a practitioner's values and beliefs how misunderstandings or assumptions about individuals with different values can affect the quality of care provided the importance of distinguishing between personal beliefs and the professional standards required in practice, ensuring that care is person-centred and non-biased the need for practitioners to reflect on their own biases, embrace diversity, and provide equitable care to all individuals regardless of their background 	
1.5	Understand care values
1.5.1	How care values are promoted and applied in practice:
<ul style="list-style-type: none"> care values: <ul style="list-style-type: none"> 6 Cs: <ul style="list-style-type: none"> care – providing consistent, personalised care that meets the needs of individuals throughout their life stages compassion – delivering care rooted in empathy, respect, and dignity, building meaningful and supportive relationships competence – ensuring that care and treatment are based on the best available evidence and professional standards communication – recognising communication as key to building caring relationships and effective teamwork within multidisciplinary teams courage – encouraging practitioners to raise concerns, challenge poor practice, and embrace innovative and improved ways of delivering care commitment – demonstrating dedication to enhancing the quality of care and improving the experiences of individuals, as well as being open to future challenges in health care how care values are promoted and applied in practice: <ul style="list-style-type: none"> focusing on the value of every individual: <ul style="list-style-type: none"> ensuring that each person is recognised as unique, with their own needs and worth respecting individuals' views, choices, and decisions: <ul style="list-style-type: none"> promoting autonomy by acknowledging and supporting individuals' rights to make informed decisions about their care providing person-centred care: <ul style="list-style-type: none"> tailoring care to the individual's preferences, needs, and values, ensuring they are at the heart of decision-making treating individuals with dignity: <ul style="list-style-type: none"> ensuring that all individuals are treated with respect, upholding their self-worth and privacy effective multidisciplinary team working: <ul style="list-style-type: none"> fostering collaboration among health care professionals to deliver holistic, co-ordinated care that meets the comprehensive needs of the individual 	
1.6	Understand partnership working
1.6.1	Roles and responsibilities of practitioners within partnership working:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how sharing expertise and resources among practitioners ensures a more effective and comprehensive approach to care
- the importance of fostering positive, respectful relationships that promote teamwork and shared responsibility
- clear, open, and respectful communication as a foundation for effective partnership working, ensuring all team members are informed and aligned
- the need to share relevant information in a timely and accurate manner, ensuring the individual's needs are understood and met
- the role of collaborative decision-making, where input from all relevant practitioners is considered in care planning and delivery
- how practitioners must follow legal and organisational frameworks to ensure that partnership working is safe, compliant, and effective

1.6.2 How health and social care practitioners work in partnership:

- ICSs – local partners working collaboratively to create better, more tailored services based on the specific needs of the community:
 - ICP:
 - an alliance of partners across health, care, and wellbeing sectors who work together to improve local health outcomes
 - ICBs:
 - NHS organisations tasked with planning and commissioning health services for their local populations, ensuring services meet local needs and priorities
- multi-agency:
 - organisations (agencies) working together to meet an individual's needs:
 - involves collaboration between different agencies such as health care providers, social services, and community organisations to provide comprehensive care
- multidisciplinary:
 - health and social care practitioners with different roles and responsibilities (disciplines) working together:
 - professionals from various fields (for example, doctors, social workers, nurses) collaborate to deliver holistic care that addresses the full spectrum of an individual's needs
- national and local approaches to safeguarding:
 - SAB:
 - local partnerships that ensure effective safeguarding arrangements for vulnerable adults
 - LSCP:
 - local groups responsible for promoting the welfare and protection of children, ensuring multi-agency collaboration in safeguarding efforts

1.6.3 Barriers to partnership working and strategies to overcome:

- barriers:
 - conflicting organisational priorities:
 - different organisations may have competing goals or objectives that hinder collaboration
 - conflicting ways of working:
 - varying approaches, policies, and procedures can create challenges in aligning practices across teams
 - ineffective communication:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- poor communication can lead to misunderstandings, lack of clarity, or incomplete information sharing between partners
 - availability of resources:
 - limited resources, such as funding or staffing, may prevent organisations from working together effectively
 - time constraints:
 - tight deadlines or competing demands can limit the time available for effective collaboration
 - trust between partners:
 - lack of trust between organisations or individuals can hinder open collaboration and information sharing
 - assumptions/incongruence:
 - incorrect assumptions or differences in expectations between partners may cause friction or misunderstandings
 - demographics:
 - differences in population needs or organisational focus areas can create challenges in providing uniform care
- strategies:
 - effective communication:
 - promote clear, open, and consistent communication between partners to improve understanding and co-ordination
 - co-operation and collaboration:
 - encourage working together with mutual respect and shared commitment to achieving common goals
 - problem solving:
 - implement joint problem-solving strategies to address challenges and find solutions that benefit all parties
 - conflict resolution:
 - develop strategies to manage and resolve conflicts between partners in a constructive way
 - assertiveness techniques:
 - foster assertiveness to express needs and concerns clearly and respectfully without causing conflict
 - managing stress:
 - provide strategies for stress management to help partners stay focused and calm during challenging situations
 - define and agree shared goals:
 - establish common objectives that all partners can commit to, ensuring alignment and a unified approach

1.7 Understand regulation and inspection in health and social care

1.7.1 The roles of regulatory and inspection bodies:

- regulatory and inspection bodies:
 - CQC:
 - regulates health and adult social care services, ensuring they meet established standards and provide safe, effective care
 - Ofsted:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- regulates education, children's services, and schools, focusing on quality and standards of care and education
- HCPC:
 - maintains a register of health and care professionals, ensuring they meet professional standards for safe practice
- NMC:
 - maintains a register of qualified nurses and midwives, setting standards for education, training, and practice to protect public safety
- Social Work England:
 - maintains the register of social workers in England, setting and monitoring professional standards to ensure safe and effective social work practice
- key role of regulatory bodies:
 - uphold standards:
 - ensuring that care and services provided meet regulatory and professional standards of quality and safety
 - ensure public confidence:
 - fostering trust in services by maintaining transparency, accountability, and high standards
 - register services:
 - overseeing the registration of health and social care providers and professionals, ensuring only qualified individuals and organisations can operate
 - monitor, rate and inspect services:
 - regularly inspecting services to assess their quality, providing ratings to inform the public and drive improvements
 - protect the individual:
 - safeguarding individuals by ensuring services are safe, effective, and person-centred, and intervening when necessary to address failures in care

1.8 Understand child safeguarding practice reviews and safeguarding adults reviews

1.8.1 Why child safeguarding practice reviews and safeguarding adults reviews are required:

- how reviews may be initiated in situations where there is a suspicion of abuse or neglect following significant harm or death
- how reviews can offer opportunities to reflect on and promote the welfare of both children and adults, focusing on learning from the case to enhance safeguarding practices
- how reflecting on past incidents can help inform strategies to prevent or reduce the likelihood of similar occurrences in the future

1.8.2 How outcomes of child safeguarding practice reviews and safeguarding adults reviews inform practice:

- how reviews might highlight areas where improvements or changes are needed
- how the findings can contribute to the review and development of action plans across services



2. Human growth and development



Content area summary			
The aim of this content area is to provide the learner with knowledge and understanding of human growth and development through the lifespan			
Assessment			
Externally set and externally marked: written examination			
Mandatory Teaching content must be covered by the tutor during the delivery of this qualification	Graded P/M/D	Level 3	90 GLH (refer to the GLH breakdown on page 5 for the allocated examined assessment (EA) time)

Subject topic	Teaching content
2.1 Understand development from conception to birth	2.1.1 Stages of development from conception to birth: <ul style="list-style-type: none"> • within 36 hours of fertilisation • 4 weeks • 5 weeks • 7 weeks • 9 weeks • 12 weeks • 20 weeks • 26 weeks • 29 weeks • 32-40 weeks
	2.1.2 The potential effects on development: <ul style="list-style-type: none"> • pre-conception experiences: <ul style="list-style-type: none"> ○ alcohol ○ drugs ○ smoking ○ diet ○ health ○ environment (for example physical/emotional) • pre-birth experiences: <ul style="list-style-type: none"> ○ antenatal care ○ alcohol ○ drugs ○ smoking ○ diet ○ health ○ environment (for example physical/emotional) • complications during pregnancy: <ul style="list-style-type: none"> ○ gestational diabetes ○ pre-eclampsia
2.2 Understand the key elements of development across the human lifespan	2.2.1 Life stages and key milestones of human development: <ul style="list-style-type: none"> • infancy (0–2 years) • early childhood (3–8 years) • adolescence (9–18 years) • early adulthood (19-45 years)



Subject topic	Teaching content
	<ul style="list-style-type: none"> • middle adulthood (46–65 years) • late adulthood (65 years plus) <p>2.2.2 Social, emotional, cognitive, and physical developments within each life stage:</p> <ul style="list-style-type: none"> • social: <ul style="list-style-type: none"> ○ social skills ○ relationships ○ independence ○ cultural ○ interaction • emotional: <ul style="list-style-type: none"> ○ bonding and attachment ○ emotional security ○ self-image ○ self-esteem • cognitive: <ul style="list-style-type: none"> ○ language ○ memory ○ reasoning and thinking ○ problem-solving skills ○ abstract and creative thinking ○ what neuroscience tells us about brain functioning • physical developments: <ul style="list-style-type: none"> ○ gross and fine motor skills ○ puberty ○ sexual maturity ○ perimenopause ○ menopause <p>2.2.3 The interdependency of social, emotional, cognitive, and physical development:</p> <ul style="list-style-type: none"> • the interdependency of social, emotional, cognitive, and physical development
2.3 Understand influences which impact upon human growth and development	<p>2.3.1 The nature-versus-nurture debate in relation to human growth and development:</p> <ul style="list-style-type: none"> • nature: <ul style="list-style-type: none"> ○ genetic ○ inherited characteristics and biological influences related to human development and behaviour • nurture: <ul style="list-style-type: none"> ○ environmental influences related to human development and behaviour <p>2.3.2 The medical model of health and wellbeing:</p> <ul style="list-style-type: none"> • biological/physical • diagnosis • treatment • cure <p>2.3.3 The social model of health and wellbeing:</p> <ul style="list-style-type: none"> • individual experience



Subject topic	Teaching content
	<ul style="list-style-type: none"> • social perception • equality • inclusion • participation
2.4 Understand theories of human growth and development	<p>2.4.1 Theories of human growth and development:</p> <ul style="list-style-type: none"> • cognitive: <ul style="list-style-type: none"> ○ Piaget ○ Kohlberg ○ Vygotsky • psychosocial: <ul style="list-style-type: none"> ○ Erikson • humanist: <ul style="list-style-type: none"> ○ Maslow • learning/conditioning: <ul style="list-style-type: none"> ○ Skinner • social learning: <ul style="list-style-type: none"> ○ Bandura • ecological: <ul style="list-style-type: none"> ○ Bronfenbrenner
2.5 Understand significant life events within each stage of human development	<p>2.5.1 Significant life events that can occur at each stage of human development:</p> <ul style="list-style-type: none"> • infancy: <ul style="list-style-type: none"> ○ separation ○ nursery ○ self-feeding ○ toilet training • childhood: <ul style="list-style-type: none"> ○ school ○ siblings ○ childhood illnesses (for example, chicken pox) ○ blended family ○ moving home • adolescence: <ul style="list-style-type: none"> ○ puberty ○ relationships ○ exams • early, middle, late adulthood: <ul style="list-style-type: none"> ○ employment ○ redundancy ○ relationships ○ parenthood ○ marriage ○ divorce ○ bereavement/loss ○ retirement ○ leisure time ○ age-related medical conditions ○ menopause ○ leaving home



Subject topic	Teaching content
	<p>2.5.2 The short and long-term impacts that significant life events may have on individuals:</p> <ul style="list-style-type: none"> • short and long-term impacts: <ul style="list-style-type: none"> ○ independence ○ health ○ perspective ○ relationships ○ emotions ○ stress levels ○ self-identity and self-esteem ○ behaviour ○ isolation <p>2.5.3 Factors which contribute to positive transitions through life stages:</p> <ul style="list-style-type: none"> • extrinsic: <ul style="list-style-type: none"> ○ level of support ○ planned or unplanned ○ philosophy of service ○ resources ○ positive relationships • intrinsic: <ul style="list-style-type: none"> ○ individual needs and preferences ○ perceptions ○ aspirations ○ resilience ○ coping strategies
<p>2.6 Understand how health care services meet the needs of individuals throughout the lifespan</p>	<p>2.6.1 Care needs of individuals through the life stages:</p> <ul style="list-style-type: none"> • infancy • childhood • adolescence • early, middle, late adulthood menopause
	<p>2.6.2 How health and social care services meet the care needs of individuals through the life stages:</p> <ul style="list-style-type: none"> • health care: <ul style="list-style-type: none"> ○ primary ○ secondary ○ tertiary • social care: <ul style="list-style-type: none"> ○ children and young people's services ○ adult care services • informal care: <ul style="list-style-type: none"> ○ unpaid care provided by someone who has a personal relationship with the individual
	<p>2.6.3 The role and purpose of individualised care planning:</p> <ul style="list-style-type: none"> • role and purpose: <ul style="list-style-type: none"> ○ meet individual care and support needs ○ action planning and goal setting ○ risk management ○ consistency and continuity of care • care-planning cycle: <ul style="list-style-type: none"> ○ person-centered



Subject topic	Teaching content
	<ul style="list-style-type: none"> ○ assess ○ implement ○ monitor ○ review ○ revise

Teaching guidance	
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.	
2.1	Understand development from conception to birth
2.1.1	<p>Stages of development from conception to birth:</p> <ul style="list-style-type: none"> • how within 36 hours of fertilisation, the single cell, known as the zygote, begins to divide and continues to form the morula, which eventually leaves the fallopian tube and enters the uterus • how at 4 weeks, the developing cells are referred to as the embryo, and the placenta begins to form • how at 5 weeks, the brain and spinal cord begin developing as the neural tube forms, and the heart starts to develop, with brain circulation beginning • how at 7 weeks, distinct areas of the brain develop, while the ears and eyes begin to form, and limb buds (early signs of arms and legs) appear • how at 9 weeks, the baby is now referred to as a foetus, and the face forms, along with the growth of hands and feet, and the early development of fingers and toes • how at 12 weeks, the baby is fully formed, including all major organs and structures • how at 20 weeks, the head and body become more proportionate in size, and eyebrows and eyelashes start to develop • how at 26 weeks, the baby's eyelids open, and fine hair called lanugo is present • how at 29 weeks, the baby's heartbeat can be heard, and vernix, a protective coating on the skin, is present • how between 32-40 weeks, the baby turns downwards in the uterus, preparing for birth by engaging
2.1.2	<p>The potential effects on development:</p> <ul style="list-style-type: none"> • pre-conception experiences: <ul style="list-style-type: none"> ○ how factors such as alcohol use, drug use, and smoking before conception may affect fertility and the health of the baby ○ the role of diet and overall health in preparing the body for pregnancy and supporting foetal development ○ the influence of environmental factors, both physical and emotional, on reproductive health and potential pregnancy outcomes • pre-birth experiences: <ul style="list-style-type: none"> ○ the importance of antenatal care in monitoring the health and development of both mother and baby ○ the impact of continued alcohol use, drug use, and smoking during pregnancy on foetal development ○ how maternal diet and overall health during pregnancy can influence the baby's growth and development ○ the effect of environmental factors, such as physical safety and emotional wellbeing, on the pregnancy and the developing foetus • complications during pregnancy:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- understanding the risks and effects of gestational diabetes on both the mother and baby, and how it is managed during pregnancy
- recognising the symptoms and potential impacts of pre-eclampsia, including its role in affecting maternal and foetal health, and the importance of early detection and treatment

2.2 Understand the key elements of development across the human lifespan

2.2.1 Life stages and key milestones of human development:

- how in infancy (0–2 years), early attachment bonds form with caregivers and how infants begin recognising and interacting with them:
 - Source – Erik Erikson's Stages of Psychosocial Development (Stage 1 – Trust vs. Mistrust)
 - Citation – Erikson, E. H. (1950). *Childhood and Society*. W.W. Norton & Company
- how in early childhood (3–8 years), there is a growing sense of independence and self-awareness, as children learn to follow routines and instructions
 - Source – World Health Organisation (WHO) or American Psychological Association (APA) general definitions for childhood
 - Citation – WHO. (2012). *World Health Statistics 2012*. Geneva – WHO Press
- how in adolescence (9–18 years), individuals experience the development of personal identity and increased self-awareness, with significant shifts in relationships:
 - Source – APA or WHO for adolescence
 - Citation – APA. (2020). *Publication Manual of the APA (7th ed.)*. Washington, DC – APA
- how in early adulthood (19–45 years), individuals work on establishing career paths and forming long-term relationships, while making decisions around personal life goals:
 - Source – Erikson's Stages of Psychosocial Development (Stage 6 – Intimacy vs. Isolation)
 - Citation – Erikson, E. H. (1950). *Childhood and Society*. W.W. Norton & Company
- how in middle adulthood (46–65 years), there are transitions in family life, including caregiving for parents or supporting adult children, as well as planning for retirement and future life stages beyond the workforce:
 - Source – Erikson's Stages of Psychosocial Development (Stage 7 – Generativity vs. Stagnation)
 - Citation – Erikson, E. H. (1950). *Childhood and Society*. W.W. Norton & Company
- how in late adulthood (65 years plus), individuals adapt to life after retirement, with significant lifestyle changes, and reflect on life experiences while adjusting to new roles in family and community life:
 - Source – Erikson's Stages of Psychosocial Development (Stage 8 – Integrity vs. Despair) or WHO
 - Citation – WHO. (2012). *World Health Statistics 2012*. Geneva – WHO Press.

Age ranges for life stages are not universally fixed and may vary depending on cultural, social, or theoretical perspectives.

2.2.2 Social, emotional, cognitive, and physical developments within each life stage:

- social:
 - development of social skills such as communication, empathy, and co-operation
 - the formation and evolution of relationships, including friendships, family bonds, and partnerships
 - increasing levels of independence, from early childhood to adulthood, influencing decision-making and autonomy
 - the influence of cultural norms and expectations on behaviour and social roles



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- interaction with peers, communities, and society as individuals progress through different stages of life
- emotional:
 - early bonding and attachment with caregivers and the importance of secure emotional connections
 - development of emotional security, helping individuals cope with challenges and stress
 - the formation of self-image and how individuals perceive themselves at different life stages
 - building self-esteem through personal achievements, relationships, and self-reflection
- cognitive:
 - development of language skills, from early communication in infancy to more complex use of language
 - memory development, including short-term and long-term memory capacities
 - reasoning and thinking abilities, evolving from concrete thinking in childhood to abstract thinking in adolescence and adulthood
 - strengthening problem-solving skills, essential for navigating life's challenges
 - growth in abstract and creative thinking, particularly in adolescence and adulthood
 - insights from neuroscience on brain development and functioning at different life stages
- physical developments:
 - the development of gross and fine motor skills, particularly in infancy and early childhood
 - puberty and the changes it brings during adolescence, including physical growth and hormonal changes
 - achieving sexual maturity and understanding its impact on identity and relationships
 - the onset of perimenopause, leading to changes in hormone levels in middle adulthood
 - menopause and its physical and emotional impact on individuals in later life

2.2.3 The interdependency of social, emotional, cognitive, and physical development:

- how social development (for example, relationships and social skills) influences emotional wellbeing, cognitive growth, and physical health, and vice versa
- the ways in which emotional development (for example, self-esteem and emotional security) can affect social interactions, cognitive processes, and even physical health
- the role of cognitive development (for example, problem-solving and memory) in shaping social relationships, emotional regulation, and physical co-ordination
- how physical development (for example, motor skills and puberty) interacts with cognitive growth, emotional maturity, and social interactions, creating a holistic development process where each area supports and influences the others

2.3 Understand influences which impact upon human growth and development

2.3.1 The nature-versus-nurture debate in relation to human growth and development:

- nature:
 - how genetic factors play a role in shaping human development
 - the influence of inherited characteristics and biological factors on behaviour and development
- nurture:
 - the impact of environmental influences on development
 - how life experiences and external conditions contribute to shaping behaviours, attitudes, and overall human growth

2.3.2 The medical model of health and wellbeing:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how the medical model focuses on biological/physical aspects of health and how it views illness as a result of biological factors
- how diagnosis is used in the medical model to identify diseases or conditions through symptoms, tests, and medical examinations
- how treatment is approached in the medical model, including medical interventions such as medications and surgeries to manage or alleviate symptoms
- how the medical model aims for cure, focusing on eliminating disease and restoring normal physical health

2.3.3 The social model of health and wellbeing:

- how individual experience plays a role in the social model of health, focusing on how personal circumstances impact wellbeing
- how social perception influences health and wellbeing, including how societal attitudes and stigma can affect individuals
- how the social model promotes equality by addressing social determinants of health and ensuring equitable access to care and resources
- how inclusion is emphasised in the social model, with a focus on ensuring all individuals are valued and included regardless of their health status
- how participation is encouraged, highlighting the importance of individuals actively engaging in decisions about their own health and wellbeing

2.4 Understand theories of human growth and development

2.4.1 Theories of human growth and development:

- how cognitive development is understood through theories such as Piaget's stages of cognitive development, Kohlberg's theory of moral development, and Vygotsky's social interaction theory
- how Erikson's psychosocial stages of development outline the emotional and social challenges faced at different life stages
- how Maslow's humanist approach, with the hierarchy of needs, explains human motivation and self-actualisation
- how learning and conditioning theories, such as Skinner's behaviourist model, focus on how behaviour is shaped by reinforcement and punishment
- how Bandura's social learning theory highlights the role of observation and imitation in learning
- how Bronfenbrenner's ecological systems theory considers the multiple layers of environment that influence human development, from family to society at large

2.5 Understand significant life events within each stage of human development

2.5.1 Significant life events that can occur at each stage of human development:

- how events such as separation, starting nursery, self-feeding, and toilet training occur during infancy
- how life events such as starting school, gaining siblings, experiencing childhood illnesses, adapting to blended families, and moving home occur during childhood
- how key milestones in adolescence, such as puberty, forming relationships, and taking exams, shape emotional and social development
- how life events in early, middle, and late adulthood, such as employment, redundancy, relationships, parenthood, marriage, divorce, bereavement, retirement, leisure time, and leaving home, occur throughout an individual's life trajectory



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how health-related factors, such as age-related medical conditions and menopause, emerge during adulthood

2.5.2 The short and long-term impacts that significant life events may have on individuals:

- how significant life events may affect an individual's independence in both the short and long-term
- how these events can influence an individual's health, including physical and mental wellbeing
- how life events can shape an individual's perspective on life, influencing their outlook and decision-making
- how relationships might be impacted, considering both immediate and long-term effects on connections with others
- how emotions may fluctuate and the emotional toll that significant events can take, including changes in stress levels
- how significant life events could influence self-identity and self-esteem, both in the short-term and as part of long-term personal growth
- how changes in behaviour may occur following major life events, potentially leading to adaptation or maladaptive coping mechanisms
- how life events might lead to isolation, either socially or emotionally, and how this can persist over time

2.5.3 Factors which contribute to positive transitions through life stages:

- how extrinsic factors, such as the level of support provided by family, friends, or services, can influence positive transitions
- how whether a transition is planned or unplanned can impact an individual's ability to navigate changes successfully
- how the philosophy of service or the ethos of care providers can shape an individual's experience during life transitions
- how the availability of resources, such as financial, educational, or social, contributes to smoother transitions through different life stages
- how positive relationships with family, friends, and professionals support individuals during key transitions
- how intrinsic factors, such as an individual's needs and preferences, influence their ability to adapt to changes
- how personal perceptions and attitudes toward change can shape the transition experience
- how an individual's aspirations and goals can motivate and guide them through transitions
- how personal resilience and the ability to cope with stress can impact the success of navigating life changes and challenges

2.6 Understand how health care services meet the needs of individuals throughout the lifespan

2.6.1 Care needs of individuals through the life stages:

- how the care needs in infancy include physical care, such as nutrition, sleep, and hygiene, as well as emotional support through bonding and security
- how childhood care needs may focus on education, emotional development, and maintaining physical health, including vaccinations and addressing childhood illnesses
- how the care needs during adolescence evolve, including support for mental health, social development, guidance through puberty, and managing academic and personal pressures
- how care needs change in early, middle, and late adulthood, including managing physical health, relationships, career changes, and emotional wellbeing



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how care needs related to menopause in adulthood may include physical health management, emotional support, and guidance through hormonal changes

2.6.2 How health and social care services meet the care needs of individuals through the life stages:

- how primary health care services, such as GPs and community nurses, meet day-to-day health needs across different life stages
- how secondary health care services, such as specialist care or hospital treatments, provide more targeted interventions for specific health conditions across different life stages
- how tertiary health care services, such as highly specialised medical treatments and rehabilitation, cater to complex and chronic health needs across the lifespan
- how children and young people's services in social care support the developmental, emotional, and physical needs of children and adolescents
- how adult care services provide assistance for older adults or individuals with disabilities, including long-term care and support for independent living
- how informal care provided by non-professional care givers including family members, friends, or neighbours plays a critical role in meeting the needs of individuals across all life stages, particularly in the home or community setting

2.6.3 The role and purpose of individualised care planning:

- how the role of individualised care planning helps to meet individual care and support needs
- how care planning involves action planning and goal setting to support individuals in achieving desired outcomes and improving their quality of life
- how risk management is a key part of individualised care planning
- how care planning promotes consistency and continuity of care
- how the care-planning cycle is person-centred
- how the cycle involves assessing the individual's needs, followed by implementing the care plan
- how progress is monitored over time and how the care plan is regularly reviewed to ensure it remains relevant and effective
- how the care plan may be revised as needed to adapt to changing circumstances or needs



3. Empowerment in health and social care



Content area summary			
The aim of this content area is to provide learners with knowledge and understanding of empowerment in health and social care			
Assessment			
Externally set, internally marked, and externally quality assured: extended writing			
Mandatory Teaching content must be covered by the tutor during the delivery of this qualification	Graded P/M/D	Level 3	50 GLH (refer to the GLH breakdown on page 5 for the allocated non-examined assessment time for NEA 1)

Subject topic	Teaching content
3.1 Understand empowerment in health and social care	3.1.1 Importance of empowering individuals: <ul style="list-style-type: none"> to respect and meet individuals' needs, wishes and preferences to enable individuals to gain control of their own life to support individuals to fulfil their capacity and achieve own aspirations to support individuals to become self-reliant and reduce dependency to enable individuals' active participation and informed decision-making to develop individuals' sense of belonging and contribution to increase individuals' self-identity, self-esteem, and self-confidence to enhance individuals' health and wellbeing
	3.1.2 How factors impact on empowerment of individuals: <ul style="list-style-type: none"> mental capacity discrimination communication availability of resources maintaining duty of care risk to self risk to others ability of services and practitioners to adapt to changing needs resistance of individuals self-deprecation
	3.1.3 Strategies used to empower individuals: <ul style="list-style-type: none"> person-centred practice care planning promoting inclusion overcoming barriers challenging discrimination information sharing and management referral and access to relevant services



Subject topic	Teaching content
	<ul style="list-style-type: none"> • accessible complaints procedures • advocating and enabling access to advocacy services • personalisation and self-directed support • participation to inform service design • review and decision-making
3.2 Understand risk management when empowering individuals in health and social care settings	<p>3.2.1 Tensions when balancing the rights of the individual against the health and social care practitioner's professional practice:</p> <ul style="list-style-type: none"> • individuals' rights and the rights of others • identified risks versus individual wishes • individual expectations versus available resources • requirements in relation to safeguarding the individual and others • confidentiality <p>3.2.2 How the health and social care practitioner can manage risks when empowering individuals:</p> <ul style="list-style-type: none"> • work in line with policies and procedures: <ul style="list-style-type: none"> ○ inclusion ○ health and safety ○ safeguarding and protection ○ whistleblowing • risk assessment and management • partnership working
3.3 Understand the role of advocacy in relation to empowerment	<p>3.3.1 Key values of advocacy:</p> <ul style="list-style-type: none"> • duty to involve • enablement • positive risk-taking • rights relating to complaints and appeals • rights relating to choices and decision-making (including unwise decisions) • values in relation to: <ul style="list-style-type: none"> ○ disability ○ mental health ○ human rights ○ participation ○ best interests <p>3.3.2 Models of advocacy:</p> <ul style="list-style-type: none"> • self-advocacy • group advocacy • peer advocacy • citizen advocacy • professional advocacy • non-instructed advocacy <p>3.3.3 When an individual may require an advocate:</p> <ul style="list-style-type: none"> • independent advocacy and an appropriate person • statutory advocacy duties • advocacy relating to complaints and appeals • advocacy relating to mental capacity



Teaching guidance	
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.	
3.1	Understand empowerment in health and social care
3.1.1	Importance of empowering individuals: <ul style="list-style-type: none"> • how empowering individuals helps to respect and meet their needs, wishes, and preferences, ensuring personalised care • how empowerment enables individuals to gain control over their own lives, promoting independence and self-determination • how supporting individuals to fulfil their potential and achieve aspirations contributes to their sense of purpose and wellbeing • how empowerment helps individuals become more self-reliant and reduce dependency on services or others • how enabling individuals to actively participate in decisions and make informed choices promotes autonomy • how empowerment fosters a sense of belonging and contribution to their community or support system • how empowerment increases self-identity, self-esteem, and self-confidence, contributing to overall health and wellbeing
3.1.2	How factors impact on empowerment of individuals: <ul style="list-style-type: none"> • how factors such as mental capacity and discrimination can impact an individual's ability to feel empowered • how challenges in communication and the availability of resources may limit the empowerment of individuals in making decisions • how balancing duty of care with risk management (both to the individual and others) can impact the level of empowerment provided • how the ability of services and practitioners to adapt to changing needs plays a crucial role in maintaining empowerment • how resistance from individuals or self-deprecation can act as internal barriers to empowerment
3.1.3	Strategies used to empower individuals: <ul style="list-style-type: none"> • how person-centred practice and care planning contribute to empowering individuals by prioritising their needs and choices • how promoting inclusion and overcoming barriers can help foster empowerment in diverse groups • how challenging discrimination and sharing information effectively support individuals in feeling empowered • how referrals and access to services facilitate empowerment by connecting individuals to the appropriate support systems • how accessible complaints procedures and enabling advocacy services ensure that individuals can voice concerns and seek representation • how strategies such as personalisation, self-directed support, and participation in service design help individuals take control of their care • how regular review and decision-making processes keep individuals actively involved in their care and support planning advocating and enabling access to advocacy services
3.2	Understand risk management when empowering individuals in health and social care settings
3.2.1	Tensions when balancing the rights of the individual against the health and social care practitioner's professional practice:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how the rights of individuals may sometimes conflict with the rights of others, and how practitioners must navigate these tensions
- how identified risks in a care setting can sometimes contradict an individual's personal wishes, and how this impacts decision-making
- how individual expectations around care or services may not always align with the available resources, leading to challenges in meeting needs
- how the need for safeguarding both the individual and others can create tensions when trying to empower individuals while maintaining safety
- how the duty of confidentiality may come into tension with the need to share information for safeguarding or risk management purposes

3.2.2 How the health and social care practitioner can manage risks when empowering individuals:

- how working in line with policies and procedures helps practitioners manage risks while empowering individuals:
 - inclusion policies ensure equal access to care and promote empowerment for all individuals
 - health and safety policies help manage risks to the individual and others
 - safeguarding and protection policies ensure that vulnerable individuals are kept safe while their rights are respected
 - whistleblowing policies empower practitioners to raise concerns when risks are identified without fear of repercussion
- how risk assessment and management tools can be used to identify and mitigate risks while respecting individual autonomy
- how partnership working between health and social care professionals, non-professional care givers including families and friends, and the individual supports safe and effective empowerment by ensuring a collaborative approach to risk management

3.3 Understand the role of advocacy in relation to empowerment

3.3.1 Key values of advocacy:

- how advocacy involves a duty to involve individuals in decisions that affect their lives and wellbeing
- how enablement through advocacy allows individuals to have a voice and be active participants in decision-making
- how positive risk-taking within advocacy promotes individual autonomy while considering safety and wellbeing
- how advocacy supports individuals' rights relating to complaints and appeals, ensuring their concerns are addressed
- how advocacy upholds the rights related to choices and decision-making, including supporting individuals in making unwise decisions while respecting their autonomy
- how advocacy supports key values related to disability, mental health, human rights, participation, and acting in the best interests of the individual

3.3.2 Models of advocacy:

- how different models of advocacy support individuals in various situations:
 - self-advocacy empowers individuals to represent themselves and speak up for their own rights
 - group advocacy involves individuals coming together to represent common interests or concerns
 - peer advocacy uses shared experiences to support and represent others in similar situations



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- citizen advocacy involves volunteers who advocate on behalf of individuals unable to speak for themselves
- professional advocacy is carried out by trained professionals who represent individuals in complex or formal settings
- non-instructed advocacy supports individuals who cannot express their own wishes, ensuring their rights and best interests are upheld

3.3.3 When an individual may require an advocate:

- how independent advocacy is required when an individual needs someone who is free from conflicts of interest to support their decisions
- how statutory advocacy duties ensure individuals have access to advocacy in certain circumstances, such as during safeguarding investigations or assessments of mental capacity
- how advocacy is important when individuals are navigating complaints and appeals, providing guidance and support through complex processes
- how advocacy is particularly relevant when an individual has mental capacity issues, ensuring their rights are protected and that they are involved in decisions about their care



4. Health promotion



Content area summary			
The aim of this content area is to provide learners with knowledge and understanding of health promotion			
Assessment			
Externally set, internally marked, and externally quality assured: case study			
Mandatory Teaching content must be covered by the tutor during the delivery of this qualification	Graded P/M/D	Level 3	70 GLH (refer to the GLH breakdown on page 5 for the allocated non-examined assessment time for NEA 2)

Subject topic	Teaching content
4.1 Understand healthy lifestyles	<p>4.1.1 The components of a healthy lifestyle:</p> <ul style="list-style-type: none"> • food and nutrition • physical activity • rest, relaxation, and sleep <p>4.1.2 Benefits to individuals and societies of healthy lifestyles:</p> <ul style="list-style-type: none"> • individuals: <ul style="list-style-type: none"> ○ physical, mental, and emotional health ○ quality of life ○ life expectancy ○ level of dependency • societies: <ul style="list-style-type: none"> ○ disease prevention
4.2 Understand how a range of practitioners contribute to health promotion	<p>4.2.1 How a range of practitioners contribute to health promotion:</p> <ul style="list-style-type: none"> • nurses and midwives • dieticians • dentists and hygienists • occupational therapists • social workers
4.3 Understand the relationship between health promotion and health education	<p>4.3.1 The relationship between health promotion and health education:</p> <ul style="list-style-type: none"> • response to different health challenges • health promotion: <ul style="list-style-type: none"> ○ as an umbrella term ○ enabling control over own health • health education: <ul style="list-style-type: none"> ○ increasing knowledge and skills to make changes to improve health and wellbeing
4.4 Understand approaches to health promotion	<p>4.4.1 Approaches to health promotion:</p> <ul style="list-style-type: none"> • medical • behaviour change • educational • client-centred/directed • societal changes



Subject topic	Teaching content
	<p>4.4.2 Methods of communication used in health promotion:</p> <ul style="list-style-type: none"> • digital media • leaflets and learning materials • information-sharing sessions • community programmes • advertising
4.5 Understand behaviour change in health promotion	<p>4.5.1 Models of behaviour change:</p> <ul style="list-style-type: none"> • health belief model • transtheoretical model (stages of change) • social learning theory • theory of planned behaviour • theory of reasoned action <p>4.5.2 How barriers impact on behaviour change:</p> <ul style="list-style-type: none"> • individual: <ul style="list-style-type: none"> ○ personal beliefs ○ motivation ○ self-esteem • social: <ul style="list-style-type: none"> ○ relationships ○ support ○ peer pressure ○ media • environmental: <ul style="list-style-type: none"> ○ cost ○ time ○ accessibility of resources
4.6 Understand the role of the professional in health promotion	<p>4.6.1 The role of the professional in health promotion:</p> <ul style="list-style-type: none"> • raise awareness of health issues • advocate • assess individual and community needs • provide information • support informed decision-making • empower individuals • promote community education surrounding health issues • increase self-awareness in relation to health • support behaviour change • carry out research to inform evidence-based practice
4.7 Understand the purpose and stages of health campaigns	<p>4.7.1 Reasons for health campaigns:</p> <ul style="list-style-type: none"> • public health issues • improve health and wellbeing • to aid understanding of causes of ill health • encourage use of preventative methods • research • needs assessment



Subject topic	Teaching content
	<p>4.7.2 Stages of developing a health campaign:</p> <ul style="list-style-type: none"> • information gathering • identify target audience • set clear aims and objectives • agree approaches • implementation • undertake review • evaluate outcomes
	<p>4.7.3 Methods of evaluating a health campaign:</p> <ul style="list-style-type: none"> • target groups • sample data collection • qualitative and quantitative data analysis • reporting • dissemination • recommendation and actions
4.8 Understand current health campaigns	<p>4.8.1 Public health issues:</p> <ul style="list-style-type: none"> • mental health • child and maternal health • sexual health • obesity • smoking • alcohol • physical activity
	<p>4.8.2 Current health campaigns:</p> <ul style="list-style-type: none"> • in relation to public health issues • national and local

Teaching guidance
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.
4.1 Understand healthy lifestyles
<p>4.1.1 The components of a healthy lifestyle:</p> <ul style="list-style-type: none"> • the role of food and nutrition in maintaining a healthy lifestyle, including the importance of balanced diets and proper hydration • the significance of physical activity, including regular exercise in promoting physical health and wellbeing • the importance of rest, relaxation, and sleep for overall health, emphasising the impact on recovery, mental health, and physical performance
<p>4.1.2 Benefits to individuals and societies of healthy lifestyles:</p> <ul style="list-style-type: none"> • individuals: <ul style="list-style-type: none"> ○ how healthy lifestyles contribute to physical, mental, and emotional health, helping individuals manage stress, prevent illness, and maintain wellbeing ○ how a healthy lifestyle can improve an individual's quality of life, enabling greater enjoyment and participation in everyday activities ○ how adopting healthy habits can positively impact life expectancy, helping individuals live longer and healthier lives



Teaching guidance	
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.	
<ul style="list-style-type: none"> ○ how a healthy lifestyle can reduce an individual's level of dependency on health care services and support systems, promoting independence • societies: <ul style="list-style-type: none"> ○ how healthy lifestyles contribute to disease prevention, reducing the strain on health care systems, and improving public health outcomes 	
4.2	Understand how a range of practitioners contribute to health promotion
4.2.1	How a range of practitioners contribute to health promotion:
<ul style="list-style-type: none"> • how nurses and midwives contribute to health promotion by educating individuals on preventative health care, supporting maternal and child health, and promoting lifestyle changes such as smoking cessation and vaccination programs • how dietitians play a crucial role in promoting healthy eating habits and providing nutritional advice to individuals and communities, helping to prevent diet-related conditions such as obesity, diabetes, and heart disease • how dentists and hygienists promote oral health through education on dental hygiene practices, regular check-ups, and early detection of oral diseases, contributing to overall health and wellbeing • how occupational therapists contribute to health promotion by supporting individuals in adapting to or preventing health conditions, improving their ability to perform daily tasks and maintain independence • how social workers contribute to health promotion by addressing the social determinants of health, such as housing, access to health care, and community resources, ensuring individuals have the support needed to maintain wellbeing 	
4.3	Understand the relationship between health promotion and health education
4.3.1	The relationship between health promotion and health education:
<ul style="list-style-type: none"> • how both health promotion and health education are responses to different health challenges, addressing a wide range of issues such as lifestyle diseases, mental health, and access to health care • how health promotion serves as an umbrella term that encompasses various strategies and interventions aimed at improving public health • how health education specifically targets increasing knowledge and skills to empower individuals to make informed decisions about their health 	
4.4	Understand approaches to health promotion
4.4.1	Approaches to health promotion:
<ul style="list-style-type: none"> • the medical approach, which focuses on preventing and treating diseases through medical interventions, screenings, and vaccinations • the behaviour change approach, which encourages individuals to adopt healthier habits by addressing specific lifestyle changes, such as quitting smoking or increasing physical activity • the educational approach, which focuses on providing individuals with information and skills to make informed decisions about their health and wellbeing • the client-centred or directed approach, where individuals actively participate in designing their own health plans based on personal preferences, needs, and goals • the societal changes approach, which aims to improve public health through broader policy and environmental changes, such as creating smoke-free zones or promoting walkable communities 	
4.4.2	Methods of communication used in health promotion:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how digital media is used in health promotion to reach a wide audience through social media, websites, apps, and online campaigns
- how leaflets and learning materials provide accessible information on health topics to individuals in clinics, hospitals, and community settings
- the use of information-sharing sessions, such as workshops or seminars, where health professionals directly engage with individuals to educate and promote healthy behaviours
- how community programmes promote health by involving local groups and organisations in initiatives tailored to community-specific health needs
- how advertising campaigns are used to raise awareness of health issues and encourage behaviour change through mass media channels like TV, radio, and billboards
- treating individuals with dignity, valuing their rights, and maintaining a non-judgmental approach

4.5 Understand behaviour change in health promotion

4.5.1 Models of behaviour change:

- the health belief model, which suggests that an individual's decision to change behaviour is based on their perception of the risks, benefits, and barriers to health behaviours
- the transtheoretical model (stages of change), which outlines the stages individuals go through when changing a behaviour
- the social learning theory, which suggests that people learn behaviours through observation and imitation of others, and how this can be applied to health promotion
- the theory of planned behaviour, which emphasises that behaviour is influenced by intention, attitudes, perceived control, and social norms
- the theory of reasoned action, which suggests that individuals make rational decisions to engage in specific behaviours based on their attitudes and social norms

4.5.2 How barriers impact on behaviour change:

- how individual barriers, such as personal beliefs, motivation, and self-esteem, can hinder a person's ability to make health-related behaviour changes
- how social barriers, including relationships, support systems, peer pressure, and media influence, can impact an individual's willingness or ability to change behaviours
- how environmental barriers, such as cost, time, and accessibility of resources (for example, healthy food, exercise facilities), can limit an individual's capacity to engage in healthy behaviours

4.6 Understand the role of the professional in health promotion

4.6.1 The role of the professional in health promotion:

- the role of professionals as advocates, representing and supporting individuals in accessing appropriate health services and resources
- how professionals assess individual and community needs, identifying key areas where interventions or education may be needed to improve health outcomes
- how professionals provide information that is accurate, relevant, and accessible, enabling individuals to make informed decisions about their health and wellbeing
- how professionals support informed decision-making, ensuring that individuals understand their options and the consequences of health-related choices
- how professionals empower individuals by fostering autonomy and encouraging them to take control of their health and lifestyle choices



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how professionals promote community education, organising programs or initiatives to address common health concerns within a population
- how professionals work to increase self-awareness in relation to health, helping individuals understand the importance of preventative measures and regular health check-ups
- the role of professionals in supporting behaviour change, using strategies to help individuals adopt and maintain healthier lifestyles
- how professionals carry out research to inform evidence-based practice, ensuring that the methods used in health promotion are scientifically sound and effective

4.7 Understand the purpose and stages of health campaigns

4.7.1 Reasons for health campaigns:

- how health campaigns address public health issues, raising awareness and encouraging preventative behaviours
- how campaigns aim to improve health and wellbeing by promoting healthier lifestyles and providing education on key health topics
- how campaigns help aid understanding of causes of ill health, increasing public knowledge of risk factors and conditions
- how campaigns encourage the use of preventative methods, such as vaccinations, screenings, or lifestyle changes, to reduce the occurrence of diseases
- how research and needs assessment are important components in identifying the focus of a campaign based on current health challenges and gaps in knowledge

4.7.2 Stages of developing a health campaign:

- the importance of information gathering, including collecting relevant data and understanding the health issue being addressed
- how identifying the target audience ensures the campaign is tailored to the specific needs and demographics of those most affected by the health issue
- how setting clear aims and objectives helps define the campaign's goals and what it aims to achieve
- how agreeing on approaches ensures that methods used are appropriate for the audience and align with the campaign's aims
- the process of implementation, where the campaign is launched, and key activities take place
- the importance of undertaking a review during or after implementation to assess progress and make adjustments if necessary
- how evaluating outcomes helps measure the success of the campaign and identify areas for improvement

4.7.3 Methods of evaluating a health campaign:

- how evaluating a campaign involves analysing its impact on target groups, such as assessing behaviour change or increased awareness
- how sample data collection is used to gather feedback or measure engagement with the campaign
- how qualitative and quantitative data analysis helps determine the campaign's effectiveness by looking at numerical data and personal experiences
- the importance of reporting the findings of the campaign to stakeholders and funders, providing a clear understanding of its impact
- how dissemination involves sharing the results of the campaign with the public, professionals, or relevant organisations



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how recommendations and actions based on the campaign's evaluation can lead to further improvements in public health initiatives

4.8 Understand current health campaigns

4.8.1 Public health issues:

- how mental health has become a prominent public health issue, with campaigns focused on raising awareness, reducing stigma, and encouraging individuals to seek support for mental wellbeing
- how child and maternal health campaigns aim to improve outcomes for children and mothers by promoting prenatal care, vaccinations, and early childhood development
- how sexual health campaigns address issues such as contraception, sexually transmitted infections (STIs) prevention, and sexual education to improve public understanding and reduce health risks
- the significance of obesity as a public health issue, with campaigns focusing on promoting healthier eating, exercise, and lifestyle changes to reduce the incidence of obesity-related illnesses
- how campaigns focused on smoking cessation work to reduce the prevalence of smoking by highlighting the health risks and offering resources for quitting
- how alcohol-related health campaigns promote responsible drinking and raise awareness of the health risks associated with excessive alcohol consumption
- how campaigns promoting physical activity encourage individuals to incorporate regular exercise into their lives, helping to prevent chronic diseases and improve overall health

4.8.2 Current health campaigns:

- how current health campaigns relate to these public health issues, addressing topics such as mental health awareness, obesity reduction and smoking cessation
- the impact of national and local campaigns, discussing examples of large-scale efforts such as Public Health England's Better Health campaign or local community initiatives aimed at improving specific health outcomes in targeted populations



5. Anatomy and physiology in health and social care



Content area summary			
The aim of this content area is to provide learners with knowledge and understanding of anatomy and physiology of the human body			
Assessment			
Externally set and externally marked: written examination			
Mandatory Teaching content must be covered by the tutor during the delivery of this qualification	Graded P/M/D	Level 3	70 GLH (refer to the GLH breakdown on page 5 for the allocated examined assessment (EA) time)

Subject topic	Teaching content
5.1 Understand the structure and functions of the organ systems of the human body	<p>5.1.1 The structures and functions of the endocrine system and hormonal control:</p> <ul style="list-style-type: none"> location and function of the hypothalamus and pituitary gland location and function of key glands for hormone production and actions of key hormones: <ul style="list-style-type: none"> pituitary: <ul style="list-style-type: none"> somatotropin prolactin luteinising hormone (LH) follicle stimulating hormone (FSH) oxytocin antidiuretic hormone (ADH) thyroid: <ul style="list-style-type: none"> thyroxine calcitonin parathyroid glands: <ul style="list-style-type: none"> parathyroid hormone pancreas: <ul style="list-style-type: none"> insulin glucagon adrenal gland: <ul style="list-style-type: none"> adrenaline ovaries: <ul style="list-style-type: none"> oestrogen progesterone testes: <ul style="list-style-type: none"> testosterone disorders of the endocrine system: <ul style="list-style-type: none"> diabetes: <ul style="list-style-type: none"> Type 1 Type 2 hypothyroidism
	<p>5.1.2 The structures and functions of the nervous system:</p> <ul style="list-style-type: none"> structure and function of the central nervous system: <ul style="list-style-type: none"> brain spinal cord



Subject topic	Teaching content
	<ul style="list-style-type: none"> • structure and function of the peripheral nervous system: <ul style="list-style-type: none"> ○ somatic ○ autonomic • neurones: <ul style="list-style-type: none"> ○ types of neurones: <ul style="list-style-type: none"> ▪ motor ▪ sensory ▪ relay ○ structure of a neurone: <ul style="list-style-type: none"> ▪ cell body ▪ dendrite ▪ axon ▪ myelin sheath ▪ axon terminal • mechanisms of transmission of an impulse: <ul style="list-style-type: none"> ○ somatic pathways ○ sensory pathways ○ motor nerve pathways ○ spinal reflex arc ○ synaptic transmission • disorders of the nervous system: <ul style="list-style-type: none"> ○ dementia ○ multiple sclerosis ○ motor neurone disease
	<p>5.1.3 The structures and functions of the digestive system:</p> <ul style="list-style-type: none"> • structure and function of the alimentary canal: <ul style="list-style-type: none"> ○ mouth ○ oesophagus ○ stomach ○ small intestine ○ large intestine ○ colon ○ rectum • process of digestion and absorption: <ul style="list-style-type: none"> ○ mechanical digestion: <ul style="list-style-type: none"> ▪ mastication ▪ peristalsis ○ chemical digestion ○ role of enzymes in the digestive process: <ul style="list-style-type: none"> ▪ amylase ▪ protease ▪ lipase • role of digestion in providing material for respiration and cell growth • role of digestion in elimination of waste products • disorders of the digestive system: <ul style="list-style-type: none"> ○ irritable bowel syndrome ○ coeliac disease
	<p>5.1.4 The structures and functions of the cardiovascular system:</p> <ul style="list-style-type: none"> • types of blood vessels:



Subject topic	Teaching content
	<ul style="list-style-type: none"> ○ arteries and arterioles ○ veins venules and veins ○ capillaries • structure of the heart: <ul style="list-style-type: none"> ○ superior vena cava ○ inferior vena cava ○ right atrium ○ tricuspid valve ○ right ventricle ○ pulmonary valve ○ pulmonary artery ○ pulmonary vein ○ left atrium ○ bicuspid/mitral valve ○ left ventricle ○ semi-lunar valve ○ aorta ○ septum ○ pericardium ○ epicardium ○ myocardium ○ endocardium • mechanism of electrical conduction in the heart: <ul style="list-style-type: none"> ○ role of the sinoatrial (SA) node ○ atrioventricular (AV) node ○ bundle of His • circulatory pathways: <ul style="list-style-type: none"> ○ systemic ○ pulmonary (for example double-loop circuit) • components of blood: <ul style="list-style-type: none"> ○ red blood cells ○ white blood cells ○ plasma ○ platelets • function of components of blood: <ul style="list-style-type: none"> ○ delivers oxygen and nutrients ○ transporting hormones ○ removes waste products • disorders of the cardiovascular system: <ul style="list-style-type: none"> ○ hypertension ○ coronary heart disease <p>5.1.5 The structures and functions of the excretory/urinary system:</p> <ul style="list-style-type: none"> • structure and function of the kidney: <ul style="list-style-type: none"> ○ capsule ○ cortex ○ medulla ○ renal pelvis ○ renal artery ○ renal vein • bladder



Subject topic	Teaching content
	<ul style="list-style-type: none"> • urethra • ureter • structure and function of the nephron: <ul style="list-style-type: none"> ○ process of reabsorption ○ role in osmoregulation ○ effect of antidiuretic hormone (ADH) • elimination of waste products • disorders of the excretory/urinary system: <ul style="list-style-type: none"> ○ urinary tract infections ○ renal failure ○ chronic kidney disease <p>5.1.6 The structures and functions of the muscular system:</p> <ul style="list-style-type: none"> • location and function of the major muscles that make up the muscular system: <ul style="list-style-type: none"> ○ shoulder: <ul style="list-style-type: none"> ▪ deltoid ▪ trapezius ○ arm: <ul style="list-style-type: none"> ▪ biceps ▪ triceps ○ anterior thorax: <ul style="list-style-type: none"> ▪ pectorals ▪ diaphragm ○ posterior thorax: <ul style="list-style-type: none"> ▪ latissimus dorsi ▪ erector spinae ○ abdominal region: <ul style="list-style-type: none"> ▪ rectus abdominis ▪ obliques ○ hip: <ul style="list-style-type: none"> ▪ gluteus maximus ▪ iliopsoas ○ upper leg: <ul style="list-style-type: none"> ▪ quadriceps ▪ hamstrings ○ lower leg: <ul style="list-style-type: none"> ▪ gastrocnemius ▪ soleus • structure of the main muscle types: <ul style="list-style-type: none"> ○ smooth/visceral ○ cardiac ○ skeletal • mechanism of muscle contraction including the function of: <ul style="list-style-type: none"> ○ actin ○ myosin ○ sarcomeres • disorders of the muscular system: <ul style="list-style-type: none"> ○ Duchenne muscular dystrophy <p>5.1.7 The structures and functions of the skeletal system:</p> <ul style="list-style-type: none"> • function of the skeletal structure:



Subject topic	Teaching content
	<ul style="list-style-type: none"> ○ support ○ protection ○ attachment of muscles ○ storage of calcium ○ production of blood cells ○ movement • types of bone: <ul style="list-style-type: none"> ○ long ○ short ○ flat ○ irregular ○ sesamoid • structure of the axial skeleton, including the location of the following bones: <ul style="list-style-type: none"> ○ cranium and facial bones ○ cervical vertebrae (atlas and axis) ○ thoracic vertebrae ○ lumbar vertebrae ○ sacral vertebrae ○ coccygeal vertebrae ○ intervertebral discs ○ ribs ○ sternum ○ clavicle ○ scapula ○ pelvic girdle ○ ilium, ischium, and pubis • structure of the appendicular skeleton including the location of the following bones: <ul style="list-style-type: none"> ○ humerus ○ radius ○ ulna ○ carpals ○ metacarpals: <ul style="list-style-type: none"> ▪ phalanges ○ femur ○ patella ○ tibia and fibula ○ tarsals ○ metatarsals: <ul style="list-style-type: none"> ▪ phalanges • bone growth and development • types of joint: <ul style="list-style-type: none"> ○ fibrous ○ cartilaginous ○ synovial • movement of joints: <ul style="list-style-type: none"> ○ flexion ○ extension ○ abduction



Subject topic	Teaching content
	<ul style="list-style-type: none"> • disorders of the skeletal system: <ul style="list-style-type: none"> ○ osteoarthritis ○ osteoporosis <p>5.1.8 The structures and functions of the immune/lymphatic system:</p> <ul style="list-style-type: none"> • structure and function of the lymph system: <ul style="list-style-type: none"> ○ lymph vessels ○ location of major lymph nodes: <ul style="list-style-type: none"> ▪ neck ▪ armpit ▪ groin ○ lymph • lymph organs: <ul style="list-style-type: none"> ○ spleen ○ thymus ○ tonsils • immune system and response: <ul style="list-style-type: none"> ○ innate immunity (non-specific) defence mechanisms: <ul style="list-style-type: none"> ▪ skin ▪ phagocytes ▪ mucus ▪ inflammation ▪ fever ○ specific immunity defence mechanisms: <ul style="list-style-type: none"> ▪ antigens as chemical markers ▪ role of lymphocytes (white cells) ▪ role of antibodies ▪ adaptive immunity • acquired immunity • types and functions of lymphocytes: <ul style="list-style-type: none"> ○ T lymphocytes ○ B lymphocytes • disorders of the immune system: <ul style="list-style-type: none"> ○ Hodgkin's disease ○ leukaemia ○ rheumatoid arthritis <p>5.1.9 The structures and functions of the integumentary system:</p> <ul style="list-style-type: none"> • layers of the skin: <ul style="list-style-type: none"> ○ epidermis ○ dermis ○ subcutaneous • structure of the components of the dermis: <ul style="list-style-type: none"> ○ papillary and reticular layer-blood capillaries ○ sebaceous glands ○ lymphatic capillaries ○ hair ○ sweat glands ○ sensory and motor nerve endings ○ collagen ○ elastin fibres • functions of the skin:



Subject topic	Teaching content
	<ul style="list-style-type: none"> ○ protection ○ temperature regulation ○ sensation ○ excretion ○ vitamin D synthesis • disorders of the integumentary system: <ul style="list-style-type: none"> ○ eczema ○ skin cancer
	<p>5.1.10 The structures and functions of the reproductive system:</p> <ul style="list-style-type: none"> • structure and function of the female reproductive system: <ul style="list-style-type: none"> ○ ovaries ○ fallopian tubes ○ uterus ○ cervix ○ vagina ○ ovulatory cycle • structure and function of the male reproductive system: <ul style="list-style-type: none"> ○ testes ○ vas deferens ○ seminal vesicles ○ scrotum ○ prostate gland ○ urethra ○ penis • disorders of the reproductive system: <ul style="list-style-type: none"> ○ female polycystic ovary syndrome ○ male prostate cancer
	<p>5.1.11 The structures and functions of the respiratory system:</p> <ul style="list-style-type: none"> • passage of air through the respiratory system: <ul style="list-style-type: none"> ○ mouth/nose ○ pharynx ○ epiglottis ○ larynx ○ trachea ○ bronchi ○ bronchioles ○ alveoli ○ lungs ○ muscles of respiration: <ul style="list-style-type: none"> ▪ diaphragm ▪ intercostals • gaseous exchange/diffusion: <ul style="list-style-type: none"> ○ removal of waste products ○ control of ventilation: <ul style="list-style-type: none"> ▪ breathing rate ▪ respiratory centres of the brain • cellular respiration • disorders of the respiratory system: <ul style="list-style-type: none"> ○ asthma ○ chronic obstructive pulmonary disorder (COPD)



Subject topic	Teaching content
	<p>5.1.12 The relationship between the structure and function of the organ systems:</p> <ul style="list-style-type: none"> • levels of organisation, including how structure relates to function: <ul style="list-style-type: none"> ○ cells ○ tissues ○ organs ○ organ systems
	<p>5.1.13 The relationships between the organ systems in maintaining healthy body functions:</p> <ul style="list-style-type: none"> • how organ systems work together to maintain healthy body function: <ul style="list-style-type: none"> ○ excretory system and digestive system ○ nervous system and muscular/skeletal system ○ respiratory and cardiovascular system
5.2 Understand homeostasis in the human body	<p>5.2.1 The process of homeostasis in the human body:</p> <ul style="list-style-type: none"> • definition of homeostasis • self-regulating process • role of positive and negative feedback as a mechanism of regulation response to changes to internal and external environment • role of hypothalamus and pituitary gland
	<p>5.2.2 How homeostasis maintains the healthy functioning of the human body:</p> <ul style="list-style-type: none"> • role of the following regulation responses/mechanisms in gaining homeostatic control: <ul style="list-style-type: none"> ○ thermoregulation ○ osmoregulation ○ glucoregulation ○ blood pressure ○ respiration rate ○ blood pH
	<p>5.2.3 The relationship between the nervous system and the endocrine system in gaining homeostatic control:</p> <ul style="list-style-type: none"> • role of the endocrine and nervous system in maintaining homeostasis: <ul style="list-style-type: none"> ○ both systems working in conjunction ○ role of hormonal regulation ○ relationship between hypothalamus and pituitary gland



5.3 Understand the impact of physiological disorders on the wellbeing of individuals	<p>5.3.1 The impact of physiological disorders on the wellbeing of individuals:</p> <ul style="list-style-type: none"> • the wellbeing of the individual: <ul style="list-style-type: none"> ○ holistic ○ physical ○ cognitive ○ emotional ○ social
5.4 Understand physiological measurements	<p>5.4.1 Factors which may affect physiological measurements:</p> <ul style="list-style-type: none"> • biological sex • age • ill health • diet • level of activity • stress • emotion • drugs: <ul style="list-style-type: none"> ○ medication ○ recreational • hormone levels
	<p>5.4.2 Reasons for taking physiological measurements:</p> <ul style="list-style-type: none"> • monitoring of a condition: <ul style="list-style-type: none"> ○ diabetes ○ hypertension ○ cardiovascular issue • monitoring individuals who are at risk of developing a condition • clinical deterioration • diagnosis of disease • controlling treatment • monitoring individuals during operations • monitoring individuals in intensive care
	<p>5.4.3 Equipment used to measure physiological measurements:</p> <ul style="list-style-type: none"> • equipment: <ul style="list-style-type: none"> ○ thermometer ○ sphygmomanometer: <ul style="list-style-type: none"> ▪ manual ▪ automatic ○ watch ○ pulse oximetry ○ stethoscope ○ scales • physiological measurements: <ul style="list-style-type: none"> ○ temperature: <ul style="list-style-type: none"> ▪ oral ▪ ear ▪ underarm ▪ forehead ▪ rectal ○ blood pressure



	<ul style="list-style-type: none"> ○ pulse ○ respiratory rate ○ oxygen saturation ○ height and weight ○ body mass index (BMI)
	<p>5.4.4 Reasons for gaining valid consent prior to obtaining physiological measurements:</p> <ul style="list-style-type: none"> • types of consent: <ul style="list-style-type: none"> ○ voluntary ○ informed ○ capacity • awareness of the importance of gaining consent prior to obtaining physiological measurements: <ul style="list-style-type: none"> ○ professional approach ○ explanation of procedure ○ right to say no ○ measurement feedback
	<p>5.4.5 Reasons for accurate and timely recording and reporting of physiological measurements:</p> <ul style="list-style-type: none"> • policies and procedures • safeguarding • monitoring conditions and treatments • appropriate and timely intervention • recognising changes in health • recognise causes for concern requiring escalation • recognise early signs of deterioration in condition • know when and how to escalate concerns to the appropriate person • documentation and record keeping • care plan • assists diagnosis

Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

5.1 Understand the structure and functions of the organ systems of the human body

5.1.1 The structures and functions of the endocrine system and hormonal control:

- location and function of the hypothalamus and pituitary gland:
 - the role of the hypothalamus as the control centre for the endocrine system, located in the brain, and how it regulates the pituitary gland
 - how the pituitary gland, controls various hormonal functions in the body by releasing specific hormones
- location and function of key glands for hormone production and actions of key hormones:
 - pituitary:
 - somatotropin (growth hormone) – stimulates growth and cell reproduction
 - prolactin – promotes milk production after childbirth
 - luteinising hormone (LH) – triggers ovulation in females and testosterone production in males



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- follicle stimulating hormone (FSH) – stimulates the growth of ovarian follicles in females and sperm production in males
 - oxytocin – stimulates uterine contractions during childbirth and milk release during breastfeeding
 - antidiuretic hormone (ADH) – helps regulate water balance by reducing urine production
- thyroid:
 - thyroxine (T4) – regulates metabolism, energy production, and growth
 - calcitonin – helps regulate calcium levels in the blood
- parathyroid glands:
 - parathyroid hormone (PTH) – increases blood calcium levels by stimulating calcium release from bones
- pancreas:
 - insulin – lowers blood glucose levels by facilitating glucose uptake into cells
 - glucagon – increases blood glucose levels by stimulating the liver to release stored glucose
- adrenal gland:
 - adrenaline – prepares the body for "fight or flight" responses by increasing heart rate and energy availability
- ovaries:
 - oestrogen – regulates the development of female secondary sexual characteristics and the reproductive system
 - progesterone – prepares the uterus for pregnancy and regulates the menstrual cycle
- testes:
 - testosterone – regulates the development of male secondary sexual characteristics and sperm production
- disorders of the endocrine system:
 - diabetes:
 - Type 1 – The body's immune system attacks insulin-producing cells in the pancreas, requiring insulin therapy
 - Type 2 – The body becomes resistant to insulin or does not produce enough, often managed with lifestyle changes and medication
 - hypothyroidism – A condition where the thyroid gland does not produce enough hormones, leading to fatigue, weight gain, and other symptoms

5.1.2 The structures and functions of the nervous system:

- structure and function of the central nervous system (CNS):
 - the brain's role as the control centre of the body, regulating functions such as thought, memory, emotion, and voluntary and involuntary actions
 - the spinal cord's function in transmitting signals between the brain and the rest of the body, and its role in reflex actions
- structure and function of the peripheral nervous system:
 - how the somatic system controls voluntary movements by transmitting signals from the brain to skeletal muscles
 - the autonomic system's role in regulating involuntary functions, such as heart rate, digestion, and breathing, through the sympathetic and parasympathetic divisions
- neurones:
 - types of neurones:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- motor – transmit signals from the CNS to muscles and glands to stimulate movement
 - sensory – carry signals from sensory receptors to the CNS for processing
 - relay – transmit signals between sensory and motor neurones within the CNS
- structure of a neurone:
 - cell body – contains the nucleus and is responsible for maintaining the neurone's function
 - dendrite – receives signals from other neurones or sensory receptors and transmits them toward the cell body
 - axon – transmits impulses away from the cell body to other neurones or muscles
 - myelin sheath – a protective layer that insulates the axon and speeds up signal transmission
 - axon terminal – the endpoint of a neurone where signals are transmitted to the next cell or effector
- mechanisms of transmission of an impulse:
 - how impulses travel along somatic nerve pathways to control voluntary muscle movements
 - how sensory signals are transmitted from receptors to the CNS for processing
 - how motor signals travel from the CNS to muscles to initiate movement
 - how reflexes occur without direct involvement of the brain, using the spinal cord to quickly respond to stimuli
 - the process of synaptic transmission, where electrical signals are converted to chemical signals to pass between neurones
- disorders of the nervous system:
 - the impact of dementia on cognitive function, memory, and overall brain function
 - how multiple sclerosis affects the myelin sheath of neurones, leading to impaired transmission of nerve impulses
 - how motor neurone disease progressively damages motor neurones, leading to muscle weakness and loss of motor control

5.1.3 The structures and functions of the digestive system:

- structure and function of the alimentary canal:
 - mouth – the starting point of digestion where mastication (chewing) breaks food down mechanically, and saliva begins chemical digestion
 - oesophagus – the muscular tube that uses peristalsis to move food from the mouth to the stomach
 - stomach – a muscular organ where food is mixed with gastric juices, initiating chemical digestion of proteins
 - small intestine – the site of most digestion and nutrient absorption, where enzymes and bile further break down food
 - large intestine – absorbs water and electrolytes, preparing waste for elimination
 - colon – a part of the large intestine that processes waste material
 - rectum – stores waste before it is expelled from the body
- process of digestion and absorption:
 - mechanical digestion:
 - mastication involves chewing food to break it down into smaller pieces
 - peristalsis is the wave-like muscle contractions that move food through the digestive tract
 - chemical digestion – breakdown of food using digestive enzymes and gastric acids to convert large molecules into smaller ones that can be absorbed



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- role of enzymes in the digestive process:
 - amylase – breaks down carbohydrates into simple sugars
 - protease – breaks down proteins into amino acids
 - lipase – breaks down fats into fatty acids and glycerol
- role of digestion in providing material for respiration and cell growth:
 - how digestion provides the body with essential nutrients, such as glucose, amino acids, and fatty acids, which are used for cell growth and respiration to produce energy
- role of digestion in elimination of waste products:
- how digestion not only absorbs nutrients but also removes indigestible materials and waste products from the body through the elimination process
- disorders of the digestive system:
 - irritable bowel syndrome – a chronic disorder that affects the large intestine, causing symptoms such as abdominal pain, bloating, and altered bowel habits
 - coeliac disease – an autoimmune disorder where ingestion of gluten leads to damage in the small intestine, impairing nutrient absorption

5.1.4 The structures and functions of the cardiovascular system:

- types of blood vessels:
 - arteries and arterioles – transport oxygenated blood away from the heart to the body
 - veins venules and veins – return deoxygenated blood back to the heart
 - capillaries – tiny blood vessels where the exchange of gases, nutrients, and waste products occurs between the blood and tissues
- structure of the heart:
 - superior vena cava – returns deoxygenated blood from the upper body to the heart
 - inferior vena cava – returns deoxygenated blood from the lower body to the heart
 - right atrium – receives deoxygenated blood from the body
 - tricuspid valve – prevents backflow of blood from the right ventricle to the right atrium
 - right ventricle – pumps deoxygenated blood to the lungs via the pulmonary artery
 - pulmonary valve – controls blood flow from the right ventricle into the pulmonary artery
 - pulmonary artery – carries deoxygenated blood from the heart to the lungs
 - pulmonary vein – returns oxygenated blood from the lungs to the heart
 - left atrium – receives oxygenated blood from the lungs
 - bicuspid/mitral valve – prevents backflow of blood from the left ventricle to the left atrium
 - left ventricle – pumps oxygenated blood to the body through the aorta
 - semi-lunar valve – prevents backflow into the ventricles
 - aorta – the largest artery in the body that distributes oxygenated blood to the systemic circulation
 - septum – the wall that separates the left and right sides of the heart
 - pericardium – the protective outer sac surrounding the heart
 - epicardium, myocardium, endocardium – the three layers of the heart wall, each serving a different function in protection and contraction
- mechanism of electrical conduction in the heart:
 - role of the sinoatrial (SA) node – known as the heart's natural pacemaker, it initiates the electrical impulse that causes the heart to beat
 - atrioventricular (AV) node – delays the electrical signal before it passes to the ventricles, ensuring the atria contract before the ventricles
 - bundle of His – transmits the electrical impulse from the AV node to the ventricles, leading to their contraction



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- circulatory pathways:
 - systemic – the pathway that carries oxygenated blood from the heart to the body and returns deoxygenated blood back to the heart
 - pulmonary (for example, double-loop circuit) – the pathway that carries deoxygenated blood from the heart to the lungs for oxygenation and returns oxygenated blood back to the heart, completing the double-loop circuit
- components of blood:
 - red blood cells – transport oxygen from the lungs to the body and carry carbon dioxide back to the lungs for exhalation
 - white blood cells – play a crucial role in the immune response by fighting infections
 - plasma – the liquid part of blood that carries nutrients, hormones, and waste products
 - platelets – help with blood clotting to prevent excessive bleeding
- function of components of blood:
 - delivers oxygen and nutrients – red blood cells transport oxygen and nutrients to tissues and organs
 - transporting hormones – plasma carries hormones to target organs
 - removes waste products – blood carries waste products like carbon dioxide and urea to the lungs and kidneys for excretion
- disorders of the cardiovascular system:
 - hypertension – a condition where the blood pressure is persistently high, leading to an increased risk of heart disease and stroke
 - coronary heart disease – occurs when the coronary arteries become narrowed or blocked, reducing blood flow to the heart, potentially leading to a heart attack

5.1.5 The structures and functions of the excretory/urinary system:

- structure and function of the kidney:
 - capsule – a tough, fibrous outer layer that protects the kidney
 - cortex – the outer region of the kidney where filtration occurs
 - medulla – the inner part of the kidney, consisting of pyramids where urine is concentrated
 - renal pelvis – a funnel-shaped structure that collects urine from the nephrons and channels it to the ureter
 - renal artery – carries oxygenated blood to the kidney for filtration
 - renal vein – carries filtered, deoxygenated blood away from the kidney
- bladder – a muscular sac that stores urine before it is excreted from the body
- urethra – a tube that carries urine from the bladder to the outside of the body
- ureter – a pair of tubes that transport urine from the kidneys to the bladder
- structure and function of the nephron:
 - process of reabsorption – nephrons filter the blood, reabsorbing essential substances like glucose, salts, and water back into the bloodstream while removing waste
 - role in osmoregulation – nephrons regulate the balance of water and electrolytes in the body, maintaining homeostasis
 - effect of antidiuretic hormone (ADH) – ADH increases water reabsorption in the kidneys, reducing urine output and maintaining the body's water balance
- elimination of waste products:
 - how the urinary system eliminates metabolic waste products (for example, urea, creatinine, and excess salts) through the process of urine formation and excretion
- disorders of the excretory/urinary system:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- urinary tract infections (UTIs) – infections affecting any part of the urinary system, typically the bladder and urethra, causing symptoms like pain and frequent urination
- renal failure – a condition where the kidneys lose their ability to filter waste effectively, potentially leading to the accumulation of toxins in the body
- chronic kidney disease – a long-term condition where kidney function gradually declines, often leading to renal failure

5.1.6 The structures and functions of the muscular system:

- location and function of the major muscles that make up the muscular system:
 - shoulder:
 - deltoid – responsible for lifting the arm and giving the shoulder its rounded shape
 - trapezius – moves, rotates, and stabilises the shoulder blades and extends the neck
 - arm:
 - biceps – flexes the elbow and rotates the forearm
 - triceps – extends the elbow, helping to straighten the arm
 - anterior thorax:
 - pectorals – control arm movements and help with respiration
 - diaphragm – primary muscle used in breathing
 - posterior thorax:
 - latissimus dorsi – extends, adducts, and rotates the arm
 - erector spinae – helps with the movement and stabilisation of the spine
 - abdominal region:
 - rectus abdominis – flexes the vertebral column and compresses the abdominal contents
 - obliques – help with the rotation and lateral bending of the trunk
 - hip:
 - gluteus maximus – extends and rotates the hip
 - iliopsoas – flexes the hip, important for walking and running
 - upper leg:
 - quadriceps – extends the knee and is crucial for standing and walking
 - hamstrings – flexes the knee and extends the hip
 - lower leg:
 - gastrocnemius – involved in plantar flexing the foot and flexing the knee
 - soleus – works with the gastrocnemius to plantarflex the foot
- structure of the main muscle types:
 - smooth/visceral – found in internal organs and blood vessels, controlling involuntary movements
 - cardiac – found in the heart, responsible for pumping blood through rhythmic contractions
 - skeletal – attached to bones, responsible for voluntary movements
- mechanism of muscle contraction including the function of:
 - actin and myosin – Key proteins that slide past each other during muscle contraction, enabling movement
 - sarcomeres – The basic unit of a muscle's striated muscle tissue, responsible for contraction
- disorders of the muscular system:
 - Duchenne muscular dystrophy – a genetic disorder characterised by progressive muscle degeneration and weakness

5.1.7 The structures and functions of the skeletal system:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- function of the skeletal structure:
 - support – provides structure and shape to the body
 - protection – protects vital organs, such as the brain, heart, and lungs
 - attachment of muscles – muscles attach to bones to facilitate movement
 - storage of calcium – bones act as a reservoir for calcium, crucial for various body functions
 - production of blood cells – bone marrow produces red and white blood cells
 - movement – bones and joints work together to facilitate movement
- types of bone:
 - long – (for example, femur, humerus – provide leverage and support)
 - short – (for example, carpals, tarsals – allow for fine movements)
 - flat – (for example, skull, ribs – provide protection)
 - irregular – (for example, vertebrae – serve various functions)
 - sesamoid – (for example, patella – protect tendons from stress and wear)
- structure of the axial skeleton, including the location of the following bones:
 - cranium and facial bones – protect the brain and form the face
 - vertebrae (cervical, thoracic, lumbar, sacral, coccygeal) – provide support and protection to the spinal cord, allow flexibility, and act as attachment points for muscles
 - intervertebral discs – cushion and provide flexibility between vertebrae
 - ribs and sternum – protect the heart and lungs
 - clavicle and scapula – support the arm and provide shoulder movement
 - pelvic girdle (ilium, ischium, and pubis) – supports the weight of the body and protects the reproductive organs
- structure of the appendicular skeleton including the location of the following bones:
 - humerus, radius, and ulna – form the arm and forearm, enabling arm movement
 - carpals, metacarpals, and phalanges – bones of the wrist, hand, and fingers, allowing for dexterity and movement
 - femur, patella, tibia, and fibula – form the leg and knee, supporting weight and enabling walking
 - tarsals, metatarsals, and phalanges – bones of the foot, allowing for balance and movement
- bone growth and development:
 - how bones grow through the process of ossification, where cartilage is gradually replaced by bone as a person matures
- types of joint:
 - fibrous joints – immovable (for example, skull sutures)
 - cartilaginous joints – allow limited movement, (for example, between vertebrae)
 - synovial joints: freely movable (for example, knees, elbows)
- movement of joints:
 - flexion – bending a joint
 - extension – straightening a joint
 - abduction – movement away from the body's midline
- disorders of the skeletal system:
 - osteoarthritis – degeneration of joint cartilage, causing pain and stiffness
 - osteoporosis – a condition where bones become weak and brittle due to loss of bone density

5.1.8 The structures and functions of the immune/lymphatic system:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- structure and function of the lymph system:
 - lymph vessels – carry lymph fluid throughout the body
 - location of major lymph nodes:
 - neck, armpit, groin – filter lymph and trap harmful particles like bacteria and viruses
 - lymph – a clear fluid containing white blood cells that help fight infections
 - lymph
- lymph organs:
 - spleen – filters blood, removes old red blood cells, and helps fight infections
 - thymus – matures T lymphocytes, which are critical for immune response
 - tonsils – trap pathogens and produce antibodies
- immune system and response:
 - innate immunity (non-specific) defence mechanisms:
 - skin, phagocytes, mucus, inflammation, fever – first line of defence against pathogens
 - specific immunity defence mechanisms:
 - antigens – chemical markers on pathogens
 - lymphocytes – T and B cells that identify and neutralise pathogens
 - antibodies – proteins that neutralise pathogens
 - adaptive and acquired immunity – body's learned response to specific pathogens
- types and functions of lymphocytes:
 - T lymphocytes – destroy infected cells
 - B lymphocytes – produce antibodies
- disorders of the immune system:
 - Hodgkin's disease, leukaemia, rheumatoid arthritis – affect immune function and blood cells

5.1.9 The structures and functions of the integumentary system:

- layers of the skin:
 - epidermis – outer protective layer
 - dermis – contains blood vessels, nerves, and glands
 - subcutaneous – fat layer that insulates and cushions
- structure of the components of the dermis:
 - papillary and reticular layer-blood capillaries – contains blood capillaries
 - sebaceous glands – produce oil to moisturise skin
 - lymphatic capillaries, hair, sweat glands – help with fluid balance, temperature regulation, and hair growth
 - sensory and motor nerve endings – provide sensation
 - collagen and elastin fibres – provide structure and elasticity
- functions of the skin:
 - protection, temperature regulation, sensation, excretion, vitamin D synthesis – maintain body homeostasis
- disorders of the integumentary system:
 - eczema, skin cancer – affect skin health and function

5.1.10 The structures and functions of the reproductive system:

- structure and function of the female reproductive system:
 - ovaries, fallopian tubes, uterus, cervix, vagina – involved in egg production, fertilisation, and pregnancy
 - ovulatory cycle – regular release of an egg
- structure and function of the male reproductive system:



Teaching guidance	
The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.	
	<ul style="list-style-type: none"> ○ testes, vas deferens, seminal vesicles, scrotum, prostate gland, urethra, penis – involved in sperm production and delivery • disorders of the reproductive system: <ul style="list-style-type: none"> ○ polycystic ovary syndrome ○ prostate cancer – affects reproductive health
5.1.11	<p>The structures and functions of the respiratory system:</p> <ul style="list-style-type: none"> • passage of air through the respiratory system: <ul style="list-style-type: none"> ○ mouth/nose, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, alveoli, lungs – carry air in and out of the lungs for gas exchange ○ muscles of respiration: <ul style="list-style-type: none"> ▪ diaphragm and intercostals – facilitate breathing by expanding and contracting the chest cavity • gaseous exchange/diffusion: <ul style="list-style-type: none"> ○ removal of waste products – exchange of oxygen and carbon dioxide in the alveoli ○ control of ventilation – regulated by breathing rate and brain's respiratory centres • cellular respiration: <ul style="list-style-type: none"> ○ production of energy – oxygen is used in cells to generate energy, with carbon dioxide as a waste product • disorders of the respiratory system: <ul style="list-style-type: none"> ○ asthma, chronic obstructive pulmonary disorder (COPD) – affect breathing and lung function
5.1.12	<p>The relationship between the structure and function of the organ systems:</p> <ul style="list-style-type: none"> • cells, tissues, organs, organ systems: <ul style="list-style-type: none"> ○ how each level works together to perform essential body functions, with structure directly related to function
5.1.13	<p>The relationships between the organ systems in maintaining healthy body functions:</p> <ul style="list-style-type: none"> • excretory and digestive system: <ul style="list-style-type: none"> ○ how the digestive system breaks down food, while the excretory system removes waste products • nervous and muscular/skeletal system: <ul style="list-style-type: none"> ○ how the nervous system controls movement, and the muscular/skeletal system enables physical movement • respiratory and cardiovascular system: <ul style="list-style-type: none"> ○ how the respiratory system provides oxygen, and the cardiovascular system transports it to cells throughout the body
5.2	Understand homeostasis in the human body
5.2.1	<p>The process of homeostasis in the human body:</p> <ul style="list-style-type: none"> • definition of homeostasis: <ul style="list-style-type: none"> ○ homeostasis refers to the body's ability to maintain a stable internal environment despite external changes, ensuring optimal functioning • self-regulating process: <ul style="list-style-type: none"> ○ how the body constantly adjusts physiological processes to maintain balance, involving organs, cells, and systems



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- role of positive and negative feedback:
 - negative feedback – counteracts deviations from a set point, such as regulating body temperature or blood glucose levels
 - positive feedback – amplifies changes, such as during childbirth where contractions intensify until delivery
- role of hypothalamus and pituitary gland:
 - how the hypothalamus detects changes in the body's internal environment and signals the pituitary gland to release hormones that trigger responses to restore balance

5.2.2 How homeostasis maintains the healthy functioning of the human body:

- thermoregulation:
 - regulates body temperature through mechanisms like sweating and shivering, keeping it within a healthy range
- osmoregulation:
 - controls the balance of water and electrolytes in the body to prevent dehydration or overhydration
- glucoregulation:
 - maintains stable blood glucose levels through insulin and glucagon release
- blood pressure:
 - ensures blood pressure stays within normal limits, using mechanisms like vasodilation or vasoconstriction
- respiration rate:
 - adjusts breathing to maintain oxygen and carbon dioxide balance in response to activity or environmental changes
- blood pH:
 - regulates acidity levels in the blood to prevent harmful pH fluctuations, ensuring enzymatic and metabolic processes function correctly

5.2.3 The relationship between the nervous system and the endocrine system in gaining homeostatic control:

- endocrine and nervous systems working in conjunction to maintain homeostasis:
 - how both systems send signals to each other; the nervous system provides rapid, short-term responses through electrical impulses, while the endocrine system delivers slower, longer lasting effects using hormones released into the blood stream
- role of hormonal regulation:
 - how hormones released by the endocrine system, such as insulin, cortisol, and adrenaline, regulate processes critical for maintaining homeostasis
- relationship between hypothalamus and pituitary gland:
 - how the hypothalamus monitors internal conditions and signals the pituitary gland to release hormones, such as ADH for water regulation or thyroid-stimulating hormone for metabolism control

5.3 Understand the impact of physiological disorders on the wellbeing of individuals

5.3.1 The impact of physiological disorders on the wellbeing of individuals:

- holistic wellbeing:
 - how physiological disorders affect multiple aspects of an individual's life, not just their physical health



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- physical wellbeing:
 - how physiological disorders can lead to pain, fatigue, mobility issues, and other physical limitations, impacting daily activities and independence
- cognitive wellbeing:
 - how disorders may affect cognitive functions such as memory, attention, and problem-solving abilities (for example, neurological conditions like multiple sclerosis can impair cognitive processing)
- emotional wellbeing:
 - how living with a physiological disorder can lead to emotional challenges, such as anxiety, depression, frustration, and low self-esteem, due to the stress of managing symptoms or limitations in activities
- social wellbeing:
 - how disorders can impact social relationships and participation in community life
 - how individuals may experience isolation, difficulties maintaining relationships, or reduced social interactions due to physical limitations or emotional distress

5.4 Understand physiological measurements

5.4.1 Factors which may affect physiological measurements:

- biological sex:
 - how differences in sex can influence factors like body temperature, heart rate, and hormone levels
- age:
 - how younger and older individuals may have different baseline measurements, such as heart rate and blood pressure
- ill health:
 - how existing medical conditions can alter measurements, such as high blood pressure in hypertensive individuals
- diet:
 - how nutritional intake can impact measurements like blood glucose levels or cholesterol
- level of activity:
 - how more physically active individuals may have lower resting heart rates and better overall cardiovascular health
- stress and emotion:
 - how emotional states, like anxiety, can temporarily increase heart rate and blood pressure
- drugs (medication and recreational):
 - how medications can alter measurements such as blood pressure, and recreational drugs may affect heart rate or oxygen levels
- hormone levels:
 - how hormonal changes, such as during menstruation or menopause, can affect physiological measurements

5.4.2 Reasons for taking physiological measurements:

- monitoring of a condition:
 - how measurements are taken to track the progression of conditions like diabetes, hypertension, or cardiovascular issues
- monitoring individuals at risk:



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

- how regular checks for those at risk of developing certain conditions help with early detection
- clinical deterioration:
 - how observing changes in measurements helps identify if a patient's condition is worsening
- diagnosis of disease:
 - how physiological measurements provide critical information in diagnosing health issues
- controlling treatment:
 - how measurements ensure that treatments are effective and appropriately adjusted
- monitoring during operations:
 - how patients' vitals are monitored to maintain stability during surgeries
- monitoring in intensive care:
 - how continuous measurements are crucial for patients in a critical condition

5.4.3 Equipment used to measure physiological measurements:

- thermometer:
 - measures body temperature (oral, ear, underarm, forehead, rectal)
- sphygmomanometer:
 - measures blood pressure (manual or automatic)
- watch:
 - used to measure pulse and respiratory rate
- pulse oximetry:
 - measures oxygen saturation levels in the blood
- stethoscope:
 - used for listening to heart and lung sounds
- scales:
 - measures weight, often used with height to calculate body mass index (BMI)

5.4.4 Reasons for gaining valid consent prior to obtaining physiological measurements:

- types of consent:
 - voluntary consent – the individual must willingly agree to the procedure
 - informed consent – the individual must be fully informed about what the procedure entails
 - capacity to consent – the individual must have the mental capacity to understand and consent
- importance of gaining consent:
 - professional approach – demonstrates respect for the individual's autonomy and rights
 - explanation of procedure – ensures individuals understand what will happen and why
 - right to say no – acknowledges that individuals have the right to refuse the procedure
 - measurement feedback – provides an opportunity to inform individuals about their health status



Teaching guidance

The assessments will be based on the mandatory content and teaching guidance. While the teaching guidance provides examples, these are not exhaustive.

5.4.5 Reasons for accurate and timely recording and reporting of physiological measurements:

- policies and procedures:
 - ensures adherence to organisational standards for patient care
- safeguarding:
 - protects individuals by identifying signs of harm or neglect
- monitoring conditions and treatments:
 - allows health care professionals to track how conditions or treatments are progressing
- appropriate and timely intervention:
 - early detection of abnormal measurements can prompt necessary interventions
- recognising changes in health:
 - observing patterns in measurements helps identify significant changes in health status
- recognising causes for concern:
 - alerts health care professionals to potential problems that require further investigation or escalation
- recognising early signs of deterioration:
 - vital for identifying alternative interventions and treatments that may be required
- know when and how to escalate concerns:
 - ensures that abnormal findings are reported to the appropriate health care provider for further action
- documentation and record keeping:
 - provides a clear medical history for ongoing care and decision-making
- care plan:
 - informs adjustments to the individual's care plan based on measurement trends
- assists diagnosis:
 - helps health care professionals identify underlying conditions



NCFE assessment strategy

The key requirements that relate to the non-examined assessment (NEA) are covered in section 1 of the specification.

The centre must ensure that individuals undertaking assessor or quality assurer roles within the centre conform to the assessment requirements for the content area they are assessing or quality assuring.

- assessors will need to be both occupationally knowledgeable and qualified to make assessment decisions
- internal quality assurers (IQAs) will need to be both occupationally knowledgeable and qualified to make quality assurance decisions

The centre with whom the learners are registered will be responsible for making all assessment decisions. Assessors must be **contracted** to work directly with the centre, contributing to all aspects of standardisation. The centre must ensure a process of training is followed, including during induction and quality assurance activities.



Section 3: support

Support materials

The following support materials are available to assist with the delivery of this qualification and are available on the NCFE website:

- Qualification Factsheet
- Learner Guidance to Referencing
- Plagiarism Guidance
- Sample NEA brief
- Assessment schedule

Useful websites

Centres may find the following websites helpful for information, materials and resources to assist with the delivery of this qualification:

- www.cqc.org.uk/
- www.england.nhs.uk/
- www.health.org.uk/
- www.ageuk.org.uk/
- www.mind.org.uk/
- www.mentalhealth.org.uk/
- www.scope.org.uk/
- www.mencap.org.uk/
- <https://www.healthcareers.nhs.uk/>
- www.skillsforcare.org.uk/
- www.scie.org.uk/
- www.hcpc-uk.org/
- www.nmc.org.uk/
- www.socialworkengland.org.uk/
- www.nhs.uk/
- www.skillsforhealth.org.uk/

These links are provided as sources of potentially useful information for delivery/learning of this subject area. NCFE does not explicitly endorse these websites or any learning resources available on these websites. For official NCFE-endorsed learning resources, please see the additional and teaching materials sections on the qualification's page on the NCFE website.



Other support materials

The resources and materials used in the delivery of this qualification must be age-appropriate and due consideration should be given to the wellbeing and safeguarding of learners in line with your institute's safeguarding policy when developing or selecting delivery materials.

Products to support the delivery of this qualification may be available. For more information about these resources and how to access them, please visit the NCFE website.

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Appendix A: content areas

To simplify cross-referencing assessments and quality assurance, we have used a sequential numbering system in this document for each content area.

Mandatory content areas



Content area number	Content area title	Level	GLH
Content area 1	Health and social care provision	3	90
Content area 2	Human growth and development	3	90
Content area 3	Empowerment in health and social care	3	50
Content area 4	Health promotion	3	70
Content area 5	Anatomy and physiology for health and social care	3	70