NCFE CACHE

Qualification specification

NCFE CACHE Level 1/2 Technical Award in Health and Social Care
QN: 603/7013/0

Qualification summary

Qualification title	NCFE CACHE Level 1/2 Technical Award in Health and Social Care		
Ofqual qualification number (QN)	603/7013/0	Aim reference	60370130
Guided learning hours (GLH)	137	Total qualification time (TQT)	151
Qualification purpose	This qualification is part of a suite of technical award qualifications that have been developed to meet the Department for Education's (DfE's) requirements for high-quality, rigorous qualifications that: • have appropriate content for the learner to acquire core knowledge and practical skills • allow the qualification to be graded • provide synoptic assessment • enable progression to a range of study and employment opportunities		
Grading	Level 1 pass/merit/distinction (L1P/L1M/L1D) Level 2 pass/merit/distinction/distinction* (L2P/L2M/L2D/L2D*)		
Assessment method	Externally-set: non-exam assessment (NEA) and an examined assessment (EA)		
Performance points	Please check with the DfE for the most up-to-date information, should there be any changes		

Contents

Qualification summary

Summary of changes

This section summarises the changes to this qualification specification since the last version.

Version	Publication date	Summary of amendments
V1.1	December 2022	Information has been added in assessment guidance to clarify how the non-exam assessment (NEA) will be moderated by NCFE.
V1.2	June 2023	Two additional hours have been added to the NEA assessment time to allow learners 2 hours of open book preparation and research time before sitting their NEA. The GLH has been increased from 135 to 137 and the TQT has been increased from 149 to 151. The moderation section has been updated for clarification by removing the statement advising that moderators are not aware of the marks awarded by the centre's assessors while looking at samples of work. The 'How the qualification is assessed' section has been updated to clarify that there is only one attempt permitted for each assessment.
V1.3	August 2023	The heading in content area 2.2 has been revised to clarify the content and the list of values given in 2.2 is now called care values.
V1.4	August 2025	Inactive weblinks have been updated in teaching guidance section
V1.5	January 2026	Minimum age removed from qualification summary and NEA brief release date updated.

Section 1: introduction

If you are using this qualification specification for planning purposes, please make sure that you are using the most recent version.

Aims and objectives

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
- provide opportunities to acquire a number of practical and technical skills

The objectives of this qualification are to:

- provide an understanding of health and social care provision and services in the UK
- identify job roles within health and social care and the values that underpin professional practice
- provide an understanding of legislation, policies and procedures in health and social care and their importance for a health and social care practitioner
- promote understanding of human development across the life span
- identify the individual's care needs and understand how these are met through working in partnership with other professionals
- provide an understanding of the purpose of care planning in health and social care to meet the preferences and needs of the individual

Support handbook

This qualification specification must be used alongside the support handbook where appropriate, 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 of the qualification-specific information you will need that is not covered in the support handbook, such as information regarding moderation.

Entry guidance

This qualification is designed for learners aged 14 to 16 in schools and colleges, but is also accessible for post-16 learners.

It is a vocational qualification equivalent to GCSE grades 8.5 to 1.

There are no specific prior skills/knowledge a learner must have for this qualification.

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

Centres are responsible for ensuring that all learners are capable of achieving the aims and objectives 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 be awarded this qualification, learners are required to successfully demonstrate the knowledge and skills to meet the requirements of all content areas of this qualification.

The awarding of this qualification is compensatory. Learners must obtain enough marks to achieve a minimum of a level 1 pass to achieve the overall qualification. Marks can be obtained from the NEA and/or the externally set EA.

Qualification title		NCFE CACHE Level 1/2 Technical Award in Health and Social Care
Qualification number (QN)		603/7013/0
Level		Combined level 1/2
Guided learning hours (GLH) (Total GLH has been rounded up to the nearest hour)		137
GLH breakdown		• 120 hours delivery • 1 hour 30 minutes examined assessment • 13 hours non-exam assessment plus 2 hours preparation and research time
Non-exam assessment (NEA)	Weighting (50%)	Externally-set, internally marked and externally moderated: • synoptic project
Examined assessment (EA)	Weighting (50%)	Externally set and externally marked: • written exam
Total	100%	Overall qualification grades: L1P, L1M, L1D, L2P, L2M, L2D, L2D*

Please refer to the content area summaries in section 2 for further information.

Progression

Learners could progress to level 2 and level 3 qualifications and/or GCSE/A Levels/T Levels.

Learners who achieve at level 1 might consider progression to level 2 qualifications post-16, such as:

• GCSE Health and Social Care
• GCSE Childcare
• study at level 2 in a range of technical routes that have been designed for progression to employment, apprenticeships and further study – examples might include:
   o Level 2 Technical Certificate in Child Development and Care in the Early Years

Learners who achieve at level 2 might consider progression to level 3 qualifications, post-16 such as:

- level 3 applied generals in
  - health and social care
  - early years, childcare and education
- Level 3 technical level qualifications, including T Level programmes allow for entry to the workforce and higher education – opportunities are available in:
  - health and science
  - health and social care
  - education and childcare, including a range of options for early years education and teaching assistants

Learners could also progress onto an apprenticeship. The understanding and skills gained through this qualification could be useful to progress onto an apprenticeship in the health and social care sector through a variety of occupations that are available within the sector, such as lead/adult care worker or senior/healthcare support worker.

Staffing requirements

There are no additional staffing requirements for this qualification. Please see the staffing requirements section in the support handbook.

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 content areas.

Real work environment requirement/recommendation

This is a knowledge-only qualification. Experience in the real work environment is not required.

Work/industry placement experience

This is a knowledge-only qualification. Work/industry placement experience is not required.

Purpose statement

Who is this qualification for?

The Level 1/2 Technical Award in Health and Social Care is designed for learners who want an introduction to health and social care that includes a vocational and project-based element. The qualification will appeal to learners who wish to pursue a career in the health and social care sector or progress onto further study.

The Level 1/2 Technical Award in Health and Social Care complements GCSE qualifications. It is aimed at 14 to 16-year-olds studying key stage 4 (KS4) curriculum who are interested in the health and social care sector. This qualification is designed to match the rigour and challenge of GCSE study. The qualification is graded at level 1 pass/merit/distinction and level 2 pass/merit/distinction/distinction* (equivalent to GCSE grades 8.5 to 1). More information on grading can be found in the grading information in section 2 of this document.

This qualification has been designed to sit alongside the requirements of core GCSE subjects and is appropriate for learners who are motivated and challenged by learning through practical opportunities and experiences.

The qualification focuses on an applied study of health and social care, and learners will gain a broad knowledge and understanding of working in the sector. It encourages the learner to apply their knowledge through problem solving and exploration to focus on understanding health and social care principles and values.

The study of health and social care involves gaining an understanding of provision in the UK, the role of the health and social care practitioner, the importance of legislation in the sector, human development across the life span, the individual's care needs and how the individual may access health and social care provision, partnership working, and how to create a care plan for the individual.

What will the learner study as part of this qualification?

This qualification will promote the learner's understanding of:

- health and social care provision and services
- the variety of job roles in the health and social care sector and care values that underpin professional practice
- the importance of legislation, policies and procedures in health and social care and how they relate to a practitioner working in health and social care settings
- human development across the life span
- care needs of the individual
- how the individual accesses health and social care services
- how the individual's needs are met through partnership working with other professionals
- the care planning cycle to meet the needs and preferences of the individual

What knowledge and skills will the learner develop as part of this qualification and how might these be of use and value in further studies?

Learners will develop the following knowledge, which will inform future training and work in the health and social care sector:

- an understanding of the purpose, role and function of health and social care provision in the UK
- roles and responsibilities of those working in the health and social care sector and the purpose of partnership working
- legislation that governs health and social care and the relationship between legislation, policies, and procedures
- ways in which the individual develops across the life span and the impact of transitions on the individual
- the individual's care needs
- how health and social care provision in the UK is accessed
- the person-centred approach to planning in health and social care
- the importance of meeting the individual's preferences relating to their care needs
- reinforcement of the importance of continuing professional and personal development

Learners will develop the following skills, which will inform future training and work in the health and social care sector:

- decision making
- observation
- resourcefulness
- problem solving
- planning
- evaluation
- reflection
- interpersonal skills
- professional behaviours
- respect and appreciation of others
- an ability to reflect upon their preferred learning style and identify relevant study skills

Which subjects will complement this qualification?

Learners may wish to study the Level 1/2 Technical Award in Child Development and Care in the Early Years alongside this qualification as it serves as an introduction to the sector. These qualifications will provide a starting point for learners to decide whether a career in health and social care or childcare is right for them.

The following subject areas will complement this qualification:

- mathematics
- English
- science

This list is not exhaustive, and a range of other subject areas may also be appropriate.

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.

The qualification has **2** assessments externally set by NCFE: **one** non-exam assessment and **one** written examined assessment. Only one attempt at each assessment is permitted.

Unless stated otherwise in this qualification 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)	
Assessment method	**Description**
NEA Externally set Internally marked and externally moderated	50% of the technical award 84 marks The completion time for the NEA is 13 hours plus 2 hours preparation and research time. The NEA will assess the learner's ability to effectively draw together their knowledge, understanding and skills from across the whole vocational area. The NEA will target the following assessment objectives (AOs): AO1, AO2, AO3, AO4 and AO5.
NEA availability	The learner should not undertake the NEA until all content areas have been delivered. This is to ensure learners are in a position to complete the NEA successfully. A different NEA brief will be released during the first term of each academic year.

Non-exam assessment (NEA)

NEA encourages the learner to combine elements of their learning and to show accumulated knowledge and understanding across the content areas.

NEA enables the learner to show their ability to integrate and apply knowledge, understanding and skills with breadth and depth. It also requires them to demonstrate their capability to apply knowledge, understanding and skills across all content areas that are being assessed.

The NEA is internally assessed work and should be completed by the learner in accordance with 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 qualification page under support materials. A representative number of assessment hours should be timetabled into the scheme of work. Internal assessment hours must be administered outside of scheduled teaching and learning hours and should be supervised and assessed by the teacher.

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 teacher 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.

Prior to commencing the formal NEA time learners should be allocated 2 hours of preparation and research time. This 2 hour time period is entirely open book where learners can access their teaching and learning materials, text books, internet and other published materials. From this they should develop a research support pack which can be used as their source of information when completing the NEA. For more information on the 2 hours of preparation and research time please see the tutor guidance.

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

Each learner must create a portfolio of evidence generated from appropriate assessment tasks that demonstrates achievement of all content areas. The assessment tasks should allow the learner to respond to a real-life situation that they may face when in employment. On completion, learners must declare that the work produced is their own and the assessor must countersign this. Examples of suitable evidence for the portfolio are provided in section 2.

Examined assessment (EA)	
Assessment method	**Description**
(EA) Externally set Written examination Externally marked	50% of the technical award Written examination: • 80 marks • 1 hour 30 minutes • a mixture of multiple choice, short answer and extended-response questions The written EA is a terminal assessment and will assess the learner's knowledge and understanding of all content areas and target the following AOs: AO1, AO2 and AO3.
EA availability	The examination date is expected to take place in May/June every year Please refer to the external assessment timetable available on the NCFE website.

Examined assessment (EA)

EAs are set and marked by NCFE. The assessment assesses learners' knowledge and understanding of 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 and must adhere to the required exam regulations at all times.

The EA is on a set date and time (invigilated). NCFE specifies the date and time that the EA must be administered at the centre and also publishes in advance the dates on which external assessment results will be released.

A variety of assessment questions will be used, including multiple-choice, short-answer and extended-response questions. This will enable learners to demonstrate their breadth of knowledge and understanding of the subject and ensure achievement at the appropriate level, including stretch and challenge. Questions will be written in plain English and in a way that is supportive and accessible to learners of all abilities.

As far as possible, real-world case studies and contexts that are relevant to the sector will be used. This is to engage and stimulate learners under examination conditions and to facilitate the drawing out of a wide range of knowledge and skills developed throughout their learning.

All questions will have available marks clearly identified. The EA will be carefully constructed following a rigorous quality control process to ensure that the assessment is valid.

For further information including instructions for conducting an external assessment, centres must ensure they have read/are familiar with the regulations for the conduct of external assessment, and qualification specific instructions for delivery documents available on the policies & documents page on the NCFE website.

The EA material will be sent out in time for the start of the assessment. Assessment materials must be kept secure at all times in line with the requirement of the regulations for the conduct of external assessment.

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

Rationale for synoptic assessment

Synoptic assessment encourages the learner to combine elements of their learning and to show accumulated knowledge and understanding across content areas.

Synoptic assessment enables the learner to show their ability to integrate and apply knowledge, understanding and skills with breadth and depth. It also requires them to demonstrate their capability to apply knowledge, understanding and skills across a range of content areas that are being assessed.

Enquiries about results

All enquiries relating to learners' results must be submitted in line with our enquiries and appeals about results and assessment decisions policy, which is available on the policies & documents page on the NCFE website.

External assessment conditions

For more information on external assessment conditions and conducting external assessments, please see the regulations for the conduct of external assessments and qualification specific instructions for

delivery on the policies & documents page on the NCFE website.

To access the external assessment, centres need to ensure that learners are entered for the external assessment through the online assessment platform as appropriate.

There is one assessment window during the year. Please refer to the external assessment timetable on the NCFE website for the specific date.

Assessment windows

For assessments sat in windows, the centre must enter learners to the specified window. This will be either a set date and time assessment or a window in which the assessment will be completed.

For qualifications with 'entry on registration', the centre will choose the assessment window at the point of registering the learner. The last date that we will accept learner work for a specified assessment window is by that assessment window's cut-off date.

Please note: the 'cut-off date' is the last day that returned scripts will be accepted for the specified assessment window.

On completing their work at the end of the assessment window, learners must sign the assessment declaration to authenticate the work produced as their own. Centres must ensure that all assessments are submitted for marking in accordance with the assessment windows.

Scheme of assessment

The following table summarises the qualification's scheme of assessment.

Assessments	Assessment time	% weighting	Raw marks	Scaling factor	Scaled marks*	Assessment conditions	Marking
NEA	13 hours (plus 2 hours preparation and research time)	50%	84	1.000	84	Supervised	Internal, with external moderation
EA	1 hour 30 minutes	50%	80	1.050	84	Invigilated	External
Assessment total	**14 hours 30 minutes** (plus 2 hours preparation and research time)	**100%**			168		

Assessment objectives

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

The AOs that will be assessed against the content in our technical awards are:

AO1	**Recall knowledge and show understanding** The emphasis here is for learners to recall and communicate the fundamental elements of knowledge and understanding.
AO2	**Apply knowledge and understanding** The emphasis here is for learners to apply their knowledge and understanding to real-world contexts and novel situations.
AO3	**Analyse and evaluate knowledge and understanding** The emphasis here is for learners to develop analytical thinking skills to make reasoned judgements and reach conclusions.
AO4	**Demonstrate the application of relevant vocational skills, processes, working practices and documentation** The emphasis here is for learners to demonstrate the essential skills relevant to the vocational sector by applying the appropriate processes, working practices and documentation.
AO5	**Analyse and evaluate the demonstration of relevant vocational skills, processes, working practices and documentation** The emphasis here is for learners to analyse and evaluate the essential skills, processes, working practices and documentation relevant to the vocational sector.

Assessment objective (AO) weightings

The table below shows the approximate weightings for each of the AOs in the technical award assessments.

AOs	Non-exam assessment (NEA) (%)	Examined assessment (EA) (%)	Overall weighting (%)
AO1	19.04%	40–45%	30–32%
AO2	23.80%	35–40%	29.4–31.9%
AO3	14.28%	20–25%	17.1–19.6%
AO4	33.33%	N/A	16.7%
AO5	9.52%	N/A	4.8%
Overall weighting of assessments	**50%**	**50%**	**100%**

The purpose of the qualification means that it is necessary to assess understanding through 2 means of assessment, an internal (NEA) and an external (EA). The variance in assessment methods used allows for a range of knowledge, understanding and skills 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 NEA, and this will then be submitted to NCFE for moderation.

Examined assessment (EA)

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

Moderation

Moderation occurs before results are issued and helps us to ensure assessment judgements made by centres are in line with NCFE's guidelines and are reliable across centres. During moderation the moderator will re-assess a sample of learners' non-exam assessments (NEA) marked by assessors within the centre.

Moderators will look at a subsample of learner work (either remotely or through a visit). The sample size will be selected using JCQ sampling guidelines and include assessments from across a range of centre marks, which include a learner with the highest centre mark and a learner with the lowest non-zero centre-mark. Where an assessment has been carried out by more than one assessor, all assessors will be included in the sample, where possible.

Overall grading descriptors

To achieve a level 2 distinction, learners will be able to:

- recall and apply highly relevant knowledge and understanding, in a highly comprehensive manner, regarding human development, factors that influence development, care provision, services and individual care needs, legislation, policies and procedures, partnership working and the roles and responsibilities within the health and social care sector and care values that underpin professional practice
- analyse and evaluate to make reasoned judgements and reach well-supported conclusions on care planning, health and social care provision and services, strategies and activities, partnership working, human development and basic care needs
- effectively demonstrate highly relevant vocational skills, processes, working practices and documentation applicable to the sector when assessing care and holistic development needs, using the care planning cycle, and when planning highly relevant and effective activities and routines and creating and completing procedures and risk assessments
- analyse and evaluate their own demonstration of relevant vocational skills, processes, working practices and documentation relevant to the sector when reflecting on the effectiveness of planned activities and care routines, processes and procedures to support an individual's care needs and holistic development in a highly comprehensive manner

To achieve a level 2 pass, learners will be able to:

- recall and apply mostly relevant knowledge and understanding, in a mostly detailed manner, regarding human development, factors that influence development, care provision, services and individual care needs, legislation, policies and procedures, partnership working and the roles and responsibilities within the health and social care sector. and care values that underpin professional practice
- analyse and evaluate, to make mostly reasoned judgements and reach coherent conclusions regarding care planning, health and social care provision and services, strategies and activities, partnership working, human development and basic care needs
- effectively demonstrate mostly relevant vocational skills, processes, working practices and documentation applicable to the sector, when assessing care and holistic development needs, using the care planning cycle, and when planning mostly relevant and effective activities and routines and creating and completing procedures and risk assessments
- analyse and evaluate their own demonstration of mostly relevant vocational skills, processes, working practices and documentation applicable to the sector when reflecting on the effectiveness of planned activities and care routines, processes and procedures to support an individual's care needs and holistic development in a mostly detailed manner

To achieve a level 1 pass, learners will be able to:

- recall and apply limited knowledge and understanding in a limited manner that has limited relevance and some detail of human development, factors that influence development, care provision, services and individual care needs, legislation, policies and procedures, partnership working and the roles and responsibilities within the health and social care sector and care values that underpin professional practice
- analyse and evaluate to make adequate judgements and reach straightforward conclusions regarding care planning, health and social care provision and services, strategies and activities, partnership working, human development and basic care needs
- safely and effectively demonstrate a limited level of skill regarding processes, working practices and documentation relevant to the sector, when assessing care and holistic development needs, using the care planning cycle and when planning reasonably relevant and effective activities and routines, and creating and completing procedures and risk assessments
- analyse and evaluate their own demonstration of relevant vocational skills, processes, working practices and documentation, when reflecting on the effectiveness of planned activities and care routines, processes and procedures to support an individual's care needs and holistic development is completed in a limited, straightforward manner with limited detail

Grading information

The following grades are available for the qualification: level 1 pass, level 1 merit, level 1 distinction, level 2 pass, level 2 merit, level 2 distinction, level 2 distinction*.

The qualification is linear, meaning both assessments must be taken in the same assessment series and cannot be combined across different assessment series. After both assessments are complete, the marks for each assessment are combined to give a final mark for each learner. Where raw marks do not reflect the required weighting of the assessment, a scaling factor is applied to the raw mark prior to aggregation.

Scaling factors can be found in the table below.

Assessment	Maximum raw mark	Weighting	Scaling factor	Maximum scaled mark
NEA	84 marks	50%	1.000	84
EA	80 marks	50%	1.050	84
			Total	168

For each series, grade boundaries are set by NCFE using a variety of statistical and judgemental evidence. Each learner's overall grade is determined by comparing their combined final mark with the grade boundaries for that series.

Where a learner achieves insufficient marks across the 2 assessments in the series to achieve a level 1 pass they will be awarded an unclassified (U) result.

Section 2: teaching content and assessment guidance

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

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

The verb 'understand' encompasses both 'knowledge' and 'understanding' within the content areas of this qualification. Each content area will read 'the learner will understand'.

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.

Anything within the teaching guidance is advisory and optional and is intended to provide useful advice and guidance to support delivery of the teaching content.

The types of evidence listed are for guidance purposes only. Within learners' portfolios, other types of evidence are acceptable if all content areas are covered.

Whilst 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

This qualification consists of 8 content areas.

Content area number	Content area title	Suggested GLH
Content area 1	Health and social care provision and services	10
Content area 2	Job roles in health and social care and the care values that underpin professional practice	10
Content area 3	Legislation, policies and procedures in health and social care	18
Content area 4	Human development across the life span	30
Content area 5	The care needs of the individual	25
Content area 6	How health and social care services are accessed	7
Content area 7	Partnership working in health and social care	10
Content area 8	The care planning cycle	10

Content areas

Content areas

1. Health and social care provision and services
1.1 Health and social care provision:
    1.1.1 Types of health and social care provision
    1.1.2 Purpose of health and social care provision
    1.1.3 Functions of healthcare services
    1.1.4 Functions of social care services

2. Job roles in health and social care and the care values that underpin professional practice 2.1 Practitioner roles in health and social care 2.2 The 6 Cs and care values underpinning practice 2.3 Continuing professional development

3. Legislation, policies and procedures in health and social care
3.1 Legislation, policies, procedures:
    3.1.1 The terms 'legislation', 'policy' and 'procedure'
    3.1.2 The relationship between legislation, policy and procedure
    3.1.3 Legislation governing health and social care services
3.2 Policies and procedures in health and social care:
    3.2.1 Key policies and procedures
3.3 The role of regulatory and inspection bodies
3.4 Roles and responsibilities of the practitioner

4. Human development across the life span 4.1 The life stages of human development 4.2 Areas of human development 4.3 Nature and nurture 4.4 Factors which may impact human development 4.5 Transitions 4.6 Transitions experienced by the individual 4.7 The impact of transitions and biological and environmental factors 4.8 The role of the practitioner when preparing and supporting the individual for transition
5. The care needs of the individual 5.1 Holistic needs of the individual 5.2 Conditions and disabilities that require health and social care support 5.3 How conditions and disabilities may impact on care needs 5.4 Care values in practice
6. How health and social care services are accessed 6.1 Types of referral used to access health and social care services 6.2 Barriers to access health and social care services for the individual
7. Partnership working in health and social care 7.1 Partnership working 7.2 How partnership working meets the needs and preferences of the individual 7.3 Potential barriers to partnership working and strategies to overcome barriers

8. The care planning cycle
   8.1 The purpose and impact of person-centred practice
   8.2 A care plan
   8.3 Care planning cycle

Teaching content

Information in this section must be covered by the teacher during the delivery of this qualification.

1. Health and social care provision and services

The learner will understand types, purpose and functions of health and social care provision and services.

1.1	Health and social care provision
1.1.1	**Types of health and social care provision**
	The learner will understand types of health and social care provision: • statutory – provided in statute and funded by the government • private – profit making business where services are chargeable • voluntary – charities and not-for-profit organisations set up to meet an identified need • informal – unpaid care provided by someone who has a personal relationship with the individual
1.1.2	**Purpose of health and social care provision**
	The learner will understand the purpose of health and social care provision is to: • provide a standard of care to meet government legislative and regulatory requirements • provide types of intervention specific to the individual's needs and preferences • provide individualised care to meet long- and short-term needs and preferences
1.1.3	**Functions of healthcare services**

	The learner will understand the functions of each healthcare service across each of the provisions:
	
	• hospitals provide:
	    o accident and emergency treatment and aftercare
	    o treatment of infection, diseases and conditions
	    o surgery for identified conditions
	    o follow up in outpatient departments and clinics
	    o health and wellbeing centres
	• general practitioner (GP) surgeries provide:
	    o consultations
	    o minor surgery
	    o practice nurse services
	    o clinical advice and diagnostics
	    o referral to other services
	    o guidance on healthy lifestyles
	• clinics provide:
	    o mobile screening
	    o family planning services
	    o addiction services
	    o sexual health services

	- pharmacies provide: - non-emergency medical advice - dispensing services - non-prescription medication - dental services provide: - regular and emergency treatment - oral health advice - referral to hospital services - ambulance services provide: - emergency assessment and transfer to hospital - initial treatment to stabilise a condition - transport services from home to clinics - rehabilitation centres provide: - support for the individual to develop and regain abilities needed for daily life
1.1.4	**Functions of social care services**
	The learner will understand the functions of social care services across each of the provisions: - residential services provide long-term care: - care homes for adults, children and young people provide: 24-hour support and care for an individual with particular needs - foster care provides short and long-term care: - day-to-day care to support wellbeing, education and to advocate on behalf of the child or young person - respite services provide short-term care: - hospice, respite holiday, day care, sitting services provide: - a short break for families in need - community services are targeted services to meet local need: - community centres, family centres, homecare services provide: - a local service to promote wellbeing, meet a range of individual needs and support the individual's independence

2. Job roles in health and social care and the care values that underpin professional practice

The learner will understand the range of practitioner roles in health and social care, the importance of care values and the benefits of continuing professional development.

2.1	Practitioner roles in health and social care
	The learner will understand the role of different practitioners in healthcare: • 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 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 – 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 learner will understand 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 coordinator – organises activities to support the holistic wellbeing of the individual • social care prescriber – signposts individuals to community support for wellbeing
2.2	The 6Cs and care values underpinning professional practice

	The learner will understand health and social care values which underpin professional practice and how they are integral to person-centred practice:
	
	• person-centred practice – the individual is central and in control of their care
	• the 6Cs:
	   o care: consistent tailored care throughout life
	   o compassion: how care is underpinned by emphatic, respectful and dignified relationships
	   o competence: delivery of evidence-based care and treatment
	   o communication: key to caring relationships and facilitating team working

	- o courage: raise concerns and be open to innovative ways of working - o commitment: dedicated to improving care and experience of the individual and embrace future challenges - care values: - o duty of care: maintains legal requirement to protect the individual and act in their best interests - o safeguarding: ensures safety of the individual and protects from harm and abuse - o dignity: promotes the individual's self-respect - o respect: acknowledges diversity through recognising and responding to the individual's needs and preferences - o rights: promotes entitlements set out in law - o confidentiality: maintains privacy and security of personal information - o independence: enables the individual to make own decisions
2.3	**Continuing professional development**
	The learner will understand the importance of continuing professional development to enable positive outcomes: - continuing professional development – engage in activities to develop and enhance both personal and professional skills - the importance of continuing professional development: - o ensures knowledge and practice is current - o meets regulatory requirements - o ensures the quality of care - o improves outcomes for the individual or service - o enhances professional and personal growth of the practitioner

3. Legislation, policies and procedures in health and social care

The learner will understand key legislation, related policies and procedures and how they define the practitioner's roles and responsibilities.

3.1	Legislation, policies and procedures
3.1.1	The terms 'legislation', 'policy' and 'procedure'
	The learner will understand the meaning of the different terms 'legislation', 'policy' and 'procedure': • legislation – a law or set of laws that have been passed by parliament • policy – a set of guidelines or rules adopted by an organisation • procedure – an official or established way of carrying out tasks within guidelines
3.1.2	Relationship between legislation, policies and procedures
	The learner will understand the relationship between legislation, policies and procedures: • legislation underpins policies and procedures • policies and procedures reflect legislative requirements and inform organisational purposes and working practices
3.1.3	Legislation governing health and social care services
	The learner will understand that legislation governs health and social care services and the underpinning principles of key acts: • Equality Act (2010) – defines protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation • Health and Safety at Work etc. Act (1974) – defines responsibilities for maintaining health and safety at work • The Data Protection Act (2018) – defines data protection principles which require fair, lawful, and transparent handling and processing of personal information • Health and Social Care Act (2012) – defines the planning, delivering and monitoring of healthcare services • Care Act (2014) – defines duties in relation to assessment of needs and their eligibility for publicly funded care and support
3.2	Policies and procedures in health and social care
3.2.1	Key policies and procedures

	The learner will understand key policies and procedures in health and social care:
	
	• procedures in relation to the equality and inclusion policy:
	  o inclusive practice which promotes:
	    ▪ a person-centred approach
	    ▪ dignity
	    ▪ respect

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-     o   equal access which ensures:
  - non-discriminatory practice
  - barriers to access faced by the individual are overcome
  - adaptations to environment are put in place to meet the individual's needs and preferences
  - aids and equipment are secured to meet the individual's needs and preferences
  - valuing diversity – which celebrates individual differences: values, beliefs, traditions
- procedures in relation to the health and safety policy:
  - o   risk management:
    - risk assessment
  - o   infection prevention and control:
    - hand washing
    - use and disposal of personal protective equipment (PPE)
    - disposal of waste and body fluids
  - o   security:
    - security checks: identity and the environment
  - o   manual handling:
    - correct moving and handling techniques
  - o   accident and incident:
    - reporting and recording
    - emergency evacuation
- procedures in relation to the confidentiality policy:
  - o   information management:
    - sharing information:
      - gain consent
      - need to know basis
    - storage of information:
      - maintain secure environment
      - password protected
      - locked filing cabinet
  - o   reporting and recording:
    - timely
    - factual
    - legible

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<tr><td>**3.3**</td><td>**The role of regulatory and inspection bodies**</td></tr>
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The learner will understand the regulatory and inspection bodies within health and social care and their role in relation to ensuring quality of provision:

- regulatory and inspection bodies:
  - o   Care Quality Commission (CQC): regulates health and adult social care services
  - o   Office for Standards in Education, Children's Services and Skills (Ofsted): regulates education, children's services and schools
  - o   The Health and Care Professions Council (HCPC): register of health and care professionals
  - o   Nursing and Midwifery Council (NMC): register of those who can practise nursing and midwifery
  - o   Social Work England: register of those who can practise social work

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	• key role of regulatory bodies:
	  o uphold standards
	  o ensure public confidence
	  o register services
	  o monitor, rate and inspect services
	  o protect the individual

3.4	**Roles and responsibilities of the practitioner**
	The learner will understand the roles and responsibilities of the practitioner in relation to legislation, policies and procedures: • understand the related legislation, policies and procedures • adhere to the underpinning policies and procedures • work within own professional boundaries • understand how to escalate any concerns • allow for access to quality health and social care services

4. Human development across the life span

The learner will understand the life stages of human development, the areas of development and their interdependency. The learner will understand the impact of different factors and transitions on the development and wellbeing of the individual and the role of the practitioner in preparing and supporting the individual for a transition.

4.1	The life stages of human development
	The learner will understand the life stages of human development: • infancy (0–2 years) • childhood (3–10 years) • adolescence (11–17 years) • early adulthood (18–29 years) • middle adulthood (30–60 years) • late adulthood (60 years+)
4.2	**Areas of human development**

	The learner will understand the different areas of development and how they are interdependent:
	
	• physical – the advancement and control of the individual's bodily movements and functions:
	  ○ infancy:
	    ▪ can sit
	    ▪ can roll over
	    ▪ can walk
	  ○ childhood:
	    ▪ can stand on one leg
	    ▪ can ride a tricycle
	    ▪ cut along a line
	    ▪ legible handwriting
	    ▪ confident at handling large equipment during sports
	    ▪ greater coordination and speed when carrying out fine and gross motor skills
	  ○ adolescence:
	    ▪ puberty and sexual maturity reached
	    ▪ muscle mass increase
	    ▪ changes in body shape and height
	  ○ early adulthood:
	    ▪ full height is reached
	    ▪ body strength at maximum
	  ○ middle adulthood:
	    ▪ menopause occurs
	    ▪ loss and greying of hair
	    ▪ muscles start to lose strength

- late adulthood:
  - decline in mobility
  - visual and hearing degeneration
  - loss of bone density
- cognitive – the individual's ability to recognise, remember, form concepts and problem solve – cognition includes the development of language and communication:
  - infancy:
    - learns and responds through senses
    - points to body parts
    - language develops (for example, babbling, single words, range of 200 words)
    - responds to simple commands
  - childhood:
    - develops pre-reading then reading skills
    - problem solves
    - gives reasons for actions
    - talks with increasing fluency and confidence
  - adolescence:
    - develops complex thinking skills
    - memory functions efficiently
    - has ability to think, reason and make choices
  - early adulthood:
    - application of analytical skills to work environment or home
    - becomes more established in the workplace
  - middle adulthood:
    - cognitive thinking begins to decrease
    - has a range of life experiences which may affect their future
  - late adulthood:
    - short-term memory loss
    - decline in attention span
- social – the individual's ability to build relationships and interact with others:
  - infancy:
    - waves 'bye-bye'
    - communicates by smiling
    - can become wary of strangers
  - childhood:
    - willing to share toys
    - can enjoy team games
    - often has a 'best friend'
  - adolescence:
    - increasing independence from parents
    - friendships become very important
  - early adulthood:
    - relationships form with people from work
    - friends and social relationships often change
  - middle adulthood:
    - relationships with grandchildren are important
    - friendships continue from school, through work and outside activities
  - late adulthood:
    - can develop new relationships through new interests
    - isolation due to lack of social contact in the workplace

- emotional – the individual's ability to develop, manage and express feelings and show empathy for others:
  - o infancy:
    - attachments form with main carer
    - may develop temper tantrums
  - o childhood:
    - shows affection for younger children
    - develops fairness and sympathy for others
  - o adolescence:
    - mood swings are common
    - development of more intimate relationships
    - can become self-conscious
    - influenced by views, opinions and behaviours of friends (peer pressure)
  - o early adulthood:
    - stress due to work, finances and relationship problems
    - emotional bonds may form with partners and own children
  - o middle adulthood:
    - changes in relationships
    - feelings of loss when children leave home
    - period of self-doubt and mid-life crisis
  - o late adulthood:
    - loneliness due to isolation
    - less anxiety in life due to no work pressure
    - self-esteem and confidence may decrease
    - anxiety over reduced income and care costs

Through the life span, development is refined and often areas of development decline as a result of the ageing process or disease:

- holistic development – sees the individual as a whole person where all areas of development are incorporated
- interdependency – the relationship and the dependency of each area of development and its impact on the individual's wellbeing

4.3	**Nature and nurture**
	The learner will understand the influence of nature and nurture and their interdependency in relation to human behaviour and development: • nature – biological influences; characteristics inherited from parents • nurture – environmental influences; characteristics affected by lifestyle and include social situation, relationships and circumstances, the individual experiences these at home or in the wider world
4.4	**Factors which may impact human development**
	The learner will understand a range of factors which may impact on human development: • biological – inherited characteristics and health conditions

	- environmental:
	  - lifestyle:
	    - rest
	    - physical activity
	    - diet
	    - drugs and alcohol
	  - socio-economic:
	    - education
	    - employment
	    - income
	  - relationships:
	    - family
	    - partners
	    - friendships
	  - culture:
	    - values
	    - traditions and expectations
	  - physical environment:
	    - urban
	    - rural

4.5	**Transitions**
	The learner will understand the term 'transition': - transition – the change from one stage or state to another in the individual's life, a transition can be expected or unexpected
4.6	**Transitions experienced by the individual**

	The learner will understand a range of transitions which may be experienced by the individual across the life stages:
	
	- infancy – starting nursery
	- childhood – arrival of new siblings
	- adolescence:
	  - onset of puberty
	  - sitting examinations
	  - leaving home
	- early, middle, late adulthood:
	  - employment
	  - marriage/civil partnerships
	  - parenthood
	  - divorce
	  - bereavement
	  - retirement
	  - diagnosis of medical conditions

4.7	The impact of transitions and biological and environmental factors
	The learner will understand the potential impact of transitions and biological and environmental factors on the healthy growth and development of the individual: • health and wellbeing: 　○ physical 　○ mental • relationships: 　○ belonging 　○ loneliness • life chances: 　○ expectations 　○ opportunities • independence: 　○ self-care 　○ dependency
4.8	The role of the practitioner when preparing and supporting the individual for transition
	The learner will understand how the practitioner can prepare and support the individual for transition: • building and maintaining positive relationships with the individual • involving the individual in planning for the transition • discussing exploring and reassuring the individual in relation to the transition • working in partnership with the individual, relevant others and other practitioners • providing information and advice, signposting the individual to appropriate services referring the individual for specialist support as required

5. The care needs of the individual

The learner will understand the holistic needs of the individual and how conditions and disabilities may impact on care needs. The learner will understand the support required to meet the individual's needs.

5.1	Holistic needs of the individual

	The learner will understand Maslow's hierarchy and the holistic needs of the individual:
	
	• within Maslow's hierarchy of needs, individuals are motivated to fulfil lower-level needs before progressing to higher-level needs:
	  o physiological and biological requirements for human survival:
	    ▪ food and water
	    ▪ rest and sleep
	    ▪ personal care
	  o safety, security and control in the individual's life:
	    ▪ environment
	    ▪ healthcare
	    ▪ emotional security
	    ▪ financial security
	  o love and belonging:
	    ▪ positive relationships
	  o esteem, dignity and respect from others:
	    ▪ self-confidence
	    ▪ independence
	  o self-actualisation and realisation of the individual's full potential:
	    ▪ personal growth
	    ▪ self-fulfilment

5.2	Conditions and disabilities that require health and social care support

	The learner will understand the definition of chronic condition, acute condition, and disability:
	
	• chronic condition – a physical or mental condition that is long-lasting in its effects (lasts at least 3 months but usually lasts a year and is often lifelong)
	• acute condition – a physical or mental condition which is of short duration, intense, develops quickly but generally has no lasting effects
	• disability – physical or mental condition that has a substantial* and long-term+ impact or effect on an individual's lifestyle (Equality Act 2010) (*substantial is more than minor or trivial) (+ long term is longer than 12 months):
	  o types of disability include:
	    ▪ cognitive
	    ▪ physical
	    ▪ mental
	    ▪ sensory

5.3	How conditions and disabilities may impact on care needs
	Using Maslow's hierarchy of needs, the learner will understand how conditions and disabilities impact on the individual's care needs: • physiological and biological requirements for human survival:

- food and drink:
  - ability to prepare food and drink
  - ability to meet own nutritional requirements
  - ability to eat and drink unaided
- rest and sleep – disruption to sleep pattern
- personal care:
  - toileting:
    - incontinence because of a health condition
    - incontinence because of mobility
  - ability to care for skin, hair and teeth
  - ability to dress/undress
  - ability to select clothing for the season
- safety, security and control in the individual's life:
  - environment:
    - ability to maintain own safety
    - ability to maintain own security
  - healthcare:
    - ability to access services and treatment
    - ability to manage own medication
  - emotional security:
    - ability to cope with anxiety and stress
    - level of resilience
  - financial security:
    - employment status
    - available funds to maintain lifestyle and meet needs
- love and belonging and need for positive relationships:
  - maintain active relationships:
    - with family, partners, friends and community
    - level of involvement with others
    - level of isolation and loneliness
- esteem, dignity and respect from others:
  - self-confidence:
    - level of self-confidence
  - independence:
    - level of dependency:
      - ability to self-care:
- self-actualisation and realisation of the individual's full potential:
  - personal growth:
    - ability to achieve own potential
  - self-fulfilment:
    - desire to achieve own potential

5.4	**Care values in practice**

	The learner will understand the person-centred approach and how care values are applied in practice during daily routines to ensure the physiological, safety, love and belonging, esteem and self-actualisation needs of the individual are met:
	
	- mealtimes:
	  ○ overcome potential barriers to communication through tailored approaches
	  ○ offer choice of mealtimes and preferences to meet the individual's requirements

- o   ensure the individual's dietary and cultural needs and preferences are met
  - o   agree with the individual the level of assistance required
  - o   provide necessary aids and adaptations to promote independence
  - o   ensure safe food handling and preparation is maintained
  - o   facilitate social interaction
  - o   refer to other professionals or services as required
  - o   complete appropriate records
  - o   report any concerns
  - o   maintain confidentiality
- personal care and toileting:
  - o   overcome potential barriers to communication through tailored approaches
  - o   gain consent from the individual
  - o   agree support required
  - o   meet preferences in choice of care and dressing
  - o   provide aids and adaptations to promote independence
  - o   ensure privacy and dignity by:
    - ▪   shutting doors
    - ▪   closing curtains
    - ▪   being unobtrusive
  - o   offer choice of toiletries
  - o   work within health and safety requirements as required
  - o   ensure use of PPE:
    - ▪   manage waste
    - ▪   correct moving and handling techniques
  - o   encourage social interaction
  - o   refer to other professionals or services as required
  - o   complete appropriate records
  - o   report any concerns
  - o   maintain confidentiality
- activities:
  - o   overcome potential barriers to communication through tailored approaches
  - o   find out the individual's interests and preferences
  - o   involve family, friends and others at the request of the individual
  - o   provide activities to meet choices
  - o   facilitate access to a range of services
  - o   maintain a tailored approach to support the engagement of the individual
  - o   encourage group activities to support positive relationships
  - o   risk assess all activities to ensure a hazard-free environment
  - o   refer to other professionals or services as required
  - o   complete appropriate records
  - o   report any concerns
  - o   maintain confidentiality

6. How health and social care services are accessed

The learner will understand how services can be accessed, the barriers to accessing services and how these may be overcome.

6.1	Types of referral used to access health and social care services
	The learner will understand the different types of referral and how they are used to access health and social care services: • self: o the individual initiates direct access: ▪ makes an appointment with a health or social care practitioner ▪ attends a walk-in service • professional: o professional initiates access to: ▪ another health or social care practitioner or service • third party: o family member or friend: ▪ accesses a service on behalf of the individual
6.2	Barriers to accessing health and social care services for the individual
	The learner will understand a range of barriers to accessing health and social care services and recognise strategies to overcome the barriers: • communication: o barriers that impact on accessing and understanding information: ▪ sensory impairment ▪ cognitive impairment ▪ English as an additional language o overcome barriers: ▪ ensure effective tailored communication skills are maintained by: • providing information in alternative formats • providing access to specialist professional services • culture: o barriers that impact on the individual's acceptance of medical treatment and support: ▪ values ▪ beliefs o overcome barriers: ▪ ensure inclusive practice to meet the individual's values and beliefs ▪ ensure practitioner awareness of a range of culture, values and beliefs and their impact on care needs and preferences • location: o barriers that impact on the individual's ability to access services: ▪ transport ▪ cost ▪ capability of the individual to access building o overcome barriers: ▪ provide community services ▪ provide aids and adaptations

		▪ online/telephone consultations ▪ online prescription ordering and delivery

7. Partnership working in health and social care

The learner will understand partnership working, how partnership working meets the needs and preferences of the individual, the potential barriers to partnership working and how these can be overcome.

7.1	Partnership working
	The learner will understand the term 'partnership working': • partnership working – different practitioners and the individual working together to meet needs
7.2	**How partnership working meets the needs and preferences of the individual**
	The learner will understand how partnership working meets the needs and preferences of the individual and improves outcomes: • using the expertise of other practitioners' knowledge, skills and experience • working together towards shared goals to ensure consistent and continuous care for the individual • clarifying roles and responsibilities of all practitioners • establishing care to meet the individual's needs and preferences • enabling interventions to meet the individual's needs and preferences • ensuring safeguarding
7.3	**Potential barriers to partnership working and strategies to overcome barriers**

	The learner will understand barriers to partnership working and strategies to overcome the barriers:
	
	 • barriers:
	    o communication:
	       ▪ level of understanding
	       ▪ level of trust
	       ▪ assumptions
	    o time management:
	       ▪ ineffective time management skills
	       ▪ conflicts in priorities
	       ▪ workload
	 • strategies to overcome the barriers:
	    o communication:
	       ▪ agree shared goals
	       ▪ be inclusive
	       ▪ avoid use of jargon
	       ▪ build respect and confidence
	       ▪ acknowledge and understand viewpoints of others
	    o time management:
	       ▪ establish practitioners' commitment and availability
	       ▪ select agreed dates, times and venues
	       ▪ use appropriate mode of communication

8. The care planning cycle

Learners will understand the role of person-centred care planning and how the care planning cycle is applied to meet the individual's needs and preferences.

8.1	The purpose and impact of person-centred practice
	The learner will understand the purpose and impact on the individual of person-centred practice: • purpose: o to work with individuals as equal partners when planning and implementing their care o the individual is central and in control of their care • impact: o builds trust between the individual and the health and social care practitioner o meets the individual's needs and preferences and establishes support required o enhances the individual's confidence and self esteem o promotes the individual's independence o empowers the individual
8.2	A care plan
	The learner will understand the purpose of a care plan: • care plan – a record that outlines the standardised care and support required to meet the individual's holistic needs and preferences with reference to Maslow's hierarchy of needs • holistic needs: o physical o cognitive o social and emotional
8.3	Care planning cycle
	The learner will understand the stages of the care planning cycle and how to plan care for the individual using a person-centred approach. The learner will understand the information recorded in a care plan and how these are completed: • assess: o identify the individual's needs and preferences o identify any risks o discuss and agree care and support required with the individual and relevant others o communicate agreed outcomes with the individual and relevant others o record information and outcomes on the individual's care plan • implement: o agree strategies to meet the individual's needs and preferences o work in partnership with other professionals and services as appropriate o offer advice and guidance to the individual and relevant others o obtain required aids and adaptations o set target and review dates

	o carry out agreed care and support to meet the needs and preferences of the individual
	o monitor and record information and outcomes on the individual's care plan
	• review:
	   o observe the extent to which the individual's needs and preferences have been met
	   o agree any changes required
	   o update the care plan

Teaching guidance

In this section we provide useful advice and suggested guidance to support the delivery of the teaching content.

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

1. Teaching guidance – health and social care provisions and services
This content area provides learners with an understanding of the different types of health and social care provision and the purposes and functions of each of these types of provision.   Areas covered must include: • types of health and social care provision   • purpose of health and social care provision   • functions of healthcare services   • functions of social care services
1.1.1 Types of health and social care provision
You could begin this content area with an introduction to the 4 types of health and social care provision, providing an example of each type: • statutory – provided in statute and funded by the government (for example, NHS hospital)   • private – profit making business where services are chargeable (for example, private physiotherapist)   • voluntary – charities and not-for-profit organisations set up to meet an identified need (for example, support groups)   • informal – unpaid care provided by someone who has a personal relationship with the individual   **Task**   Put learners into pairs or small groups to complete the table below, which has been started for them. Ask the groups to identify at least **2** health and social care services for each **type of health and social care provision**, provided in the local area.

Type of health and social care provision	Example 1	Example 2
Statutory		
Private		
Voluntary		

1. Teaching guidance – health and social care provisions and services

Informal	Grandparent looking after grandchildren while their parent works.	Someone regularly going to the supermarket for an older friend who is unable to go by themself.

1.1.2 Purpose of health and social care provision

You could explain the 3 different **purposes of health and social care provision** to learners**,** showing an example of each purpose:

- provide a standard of care to meet government legislative and regulatory requirements (for example, **Care Quality Commission (CQC***)* regulates many services including, care homes, hospitals, mental health services)
- provide types of intervention specific to the individual's needs and preferences (for example, **support groups** for an individual who chooses to stop their reliance on alcohol)
- provide individualised care to meet long and short-term needs and preferences (for example**, person-centred care** – to work together with the individual to plan their care and support needs, considering their preferences and wishes)

Suggested task:

Ask learners to work in pairs to complete the table below (ask them to include information that is different to the examples given above).

2 services that are regulated by the CQC	
Give one example of an intervention to meet an individual's needs that can be found in your local area	
Suggest one way that the care of an older aged adult can be planned to meet their long-term needs (it must be individualised so think about what a person's own preferences may be)	

1.1.3 Functions of healthcare services

(This could be taught alongside 1.1.4 as suggested tasks relate to both).

You could introduce the learner to the range of healthcare services that are available across each of the provisions (statutory, private, voluntary, and informal), including information on the functions of each healthcare service.

Ask learners to research local/regional services to include the following services listed in the content:

1. Teaching guidance – health and social care provisions and services

- hospitals:
  - accident and emergency treatment and aftercare
  - treatment of infection, diseases and conditions
  - operations for identified conditions
  - follow up in outpatient departments and clinics
  - health and wellbeing centres
- GP surgeries:
  - consultations
  - minor surgery
  - practice nurse services
  - clinical advice and diagnostics
  - referral to other services
  - guidance on healthy lifestyles
- clinics:
  - mobile screening
  - family planning services
  - addiction services
  - sexual health services
- pharmacies:
  - non-emergency medical advice
  - dispensing services
  - non-prescription medication
- dental services:
  - regular and emergency treatment
  - oral health advice
  - referral to hospital services
- ambulance services:
  - emergency assessment and transfer to hospital
  - initial treatment to stabilise a condition
  - transport services from home to clinics
- rehabilitation centres – support for the individual to develop and regain abilities needed for daily life

1.1.4 Functions of social care services

This area could be taught alongside 1.1.3 as suggested tasks relate to both.

The learner should understand the social care services that are available across each of the provisions to include the functions of each social care service.

You could introduce the learner to the range of social care services that are available within communities, including information on the functions of each social care service.

You could ask the learners to research local/regional services including:

- residential services
- care homes for adults
- foster care
- respite services

1. Teaching guidance – health and social care provisions and services

- community services

Suggested task

Working in small groups of 3 or 4, give each group of learners a scenario or ask them to create a different family/individual situation (see examples below).

Start by asking the groups to personalise the individuals within the scenario by giving them names. The groups could write down the range of services that may be needed to meet the needs of the people in their given/own scenario.

Scenario 1

A single parent caring for 2 children under the age of 4 years. One of the children has asthma, which is sometimes severe and requires stays in hospital.

What services might the parent and children use?

Remind learners that as well as routine services that may be required by the family, the need may arise for emergency support.

Scenario 2

A married couple who are 87 and 84 years of age have lived in the same house for almost 60 years. The couple both have health conditions and increasing difficulty with their mobility, and getting out of the house is difficult, so they rely on a range of services to help them.

What services might the couple need to use?

Remind learners to think about the services that may support the couple to stay in their own home.

Scenario 3

A family have 3 children aged 7, 11 and 14. The child aged 14 is a wheelchair user and has a disability that affects their speech and mobility, meaning that they require constant care.

What services might the family use?

Remind learners to think about the services the whole family might use, as well as the specialist services the child with the disability may require.

Scenario 4

A college student aged 16 years who lives in foster care struggles with their mental health.

What services might the young person use?

Remind learners to think about the support that the young person may have had when foster care was being arranged.

1. Teaching guidance – health and social care provisions and services
Suggested health and social care provisions and services websites and resources for teachers/learners: www.cqc.org.uk/ www.england.nhs.uk/integrated-care-pioneers/resources/patient-care www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf www.ageuk.org.uk/information-advice/care/ www.ageuk.org.uk/services/ www.mind.org.uk/information-support/guides-to-support-and-services/ www.mentalhealth.org.uk/getting-help www.scope.org.uk/ www.mencap.org.uk/advice-and-support/services-help-you

2. Teaching guidance – job roles in health and social care and the care values that underpin professional practice

This content area provides learners with an understanding of the range of practitioner roles in health and social care, the importance of care values and the benefits of continuing professional development:

- practitioner roles in health and social care
- care values underpinning professional practice
- continuing professional development

2.1 Practitioner roles in health and social care

The scenarios in content area 1 could be developed to include information about job roles within the identified services. This would enable learners to apply the knowledge they have gained.

You could discuss the role of different practitioners in healthcare:

- nurse – collaborates with teams to plan patient care, monitors and records the individual's health status, administer medication and supports holistic care needs
- doctor – (hospital based or GP) 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 – 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
- speech and language therapist – provides support for individuals with communication difficulties and individuals with eating, drinking and swallowing problems

Suggested task

Put learners into groups of up to 8 to produce an information booklet to inform learners interested in working towards a career in healthcare.

Give each learner in the group a healthcare job role. Ask them to research the role and write down the main responsibilities/duties. Include this information on one page of their group booklet. On completion, this could be presented to the whole group.

You could discuss the different job roles 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
- outreach worker – provides emotional and practical support to individuals within the community to help them take part in all aspects of everyday life

2. Teaching guidance – job roles in health and social care and the care values that underpin professional practice

- family support worker – establishes relationships with individuals and families in need to provide tailored support
- activities coordinator – organises activities to support the holistic wellbeing of the individual
  social care prescriber: signposts individuals to community support for wellbeing

Suggested task

You could give learners 2 job roles and ask them to research the main responsibilities/duties. They could then produce a fact sheet/poster to include this information to be displayed in a local community centre. On completion, this could be presented to the whole group.

2.2 The 6Cs and care values underpinning professional practice

The health and social care values which underpin professional practice should be understood by learners, along with recognising how the care values are integral to person-centred practice.

Learners must understand that person-centred practice means that the individual's needs and preferences are considered and that they are in control of their care and how this is provided.

The 6Cs:

- **care** – that meets the needs throughout life
- **compassion** – how care must ensure dignity of individuals, empathy must be shown, and respect given to individuals and their families
- **competence** – care and treatment which is known to be effective
- **communication** – very important when giving care and working in a team
- **courage** – to speak up when things do not seem right and being open to new ways of working
- **commitment** – to focus on improving care and the experience for the individual and welcoming future challenges

Suggested task

Ask learners to explain (in no more than 80 words) person-centred practice then complete the diagram below to include information about the 6Cs.

2. Teaching guidance – job roles in health and social care and the care values that underpin professional practice
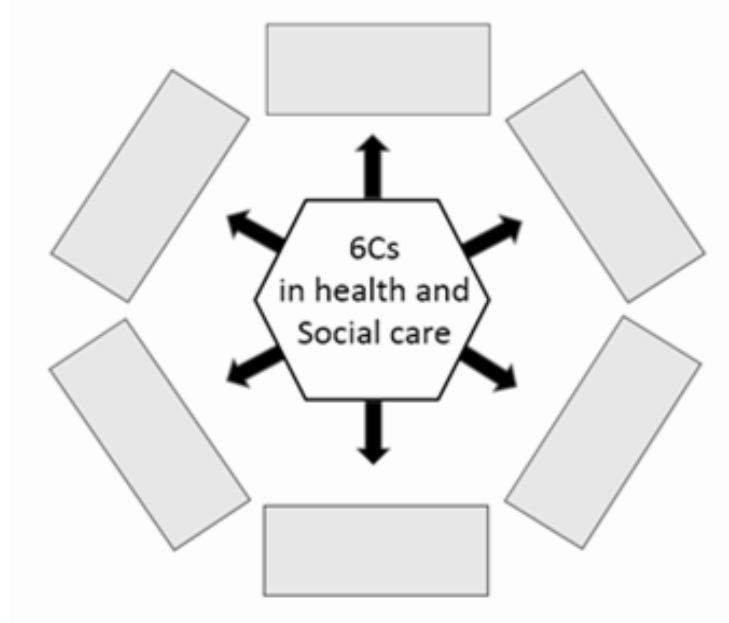
Learners should be introduced to the health and social care values underpinning practice to include:

- care values:
    - duty of care – maintains legal requirement to protect the individual and act in their best interests
    - safeguarding – ensures safety of the individual and protects from harm and abuse
    - dignity – promotes the individual's self-respect
    - respect – acknowledges diversity through recognising and responding to the individual's needs and preferences
    - rights – promotes entitlements set out in law
    - confidentiality – maintains privacy and security of personal information
    - independence – enables the individual to make own decisions

Suggested task

Ask learners to complete the table below, in their own words.

Professional practice in health and social care

Complete the table below to show your **own understanding** of health and social care values (do not copy definitions).

2. Teaching guidance – job roles in health and social care and the care values that underpin professional practice

Duty of care	
Safeguarding	
Dignity	
Respect	
The rights of individuals	
Confidentiality	
Independence	

2.3 Continuing professional development

You could introduce the learner to the importance of continuing professional development (CPD) for those working in health and social care and to recognise the benefits to people using health and social care services, to include:

- ensures knowledge and practice is current, so job roles are carried out effectively meets regulatory requirements – many job roles in health and social care require training to be undertaken regularly, particularly when new laws or working practice comes into effect
- ensures the quality of care to individuals
- improves outcomes for the individual or service
- enhances professional and personal growth of the practitioner, meaning they may progress into roles with more responsibility or that require more skill

Suggested task

In a group discussion, give learners a job role, such as a nurse working in a hospital, and discuss why it is important for the nurse to remain up to date with knowledge and skills, or ask learners to write a list with as many reasons as possible that CPD should be undertaken by the nurse.

Engage in activities to develop and enhance both personal and professional skills

Learners need to recognise ways CPD can be undertaken through a range of activities, (for example, taking qualifications, undertaking training/courses, observing others, research and reading).

Suggested task

2. Teaching guidance – job roles in health and social care and the care values that underpin professional practice

Ask learners to produce a presentation on the importance of CPD for those working in health and social care and the benefits to people using health and social care services, to include a list of ways/activities to engage in CPD.

www.healthcareers.nhs.uk/working-health/working-social-care
https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Job-roles.aspx
www.health.org.uk/topics/person-centred-care
https://www.scie.org.uk/providing-care/personalised-and-person-centred-care/
www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/03/cip-6cs.pdf
www.hcpc-uk.org/cpd/
www.healthcareers.nhs.uk/career-planning/developing-your-health-career/personal-and-professional-development/continuing-professional-development-cpd

3. Teaching guidance – legislation, policies and procedures in health and social care

In this content area, learners will understand key legislation, related policies and procedures and how they define the practitioner's roles and responsibilities.

Areas covered should include:

- the terms 'legislation', 'policy' and 'procedure'
- relationship between legislation, policies and procedures
- legislation governing health and social care services
- key policies and procedures
- the role of regulatory and inspection bodies
- responsibilities of the practitioner

3.1 Legislation, policies and procedures

3.1.2 Relationship between legislation, policies and procedures

These criteria are best taught together.

You could begin the content area with an introduction to the different terms: 'legislation', 'policy', 'procedure':

- legislation – a law or set of laws that have been passed by parliament
- policy – a set of guidelines or rules put in place by an organisation to meet legislation
- procedure – a way of carrying out tasks to comply with the organisational policy

You could use simple examples such as:

The **law** passed by government to ensure road safety states that the speed limit on a motorway is set at 70 miles per hour (mph). The **policy** is that speed signs are displayed, and drivers must pass a driving test showing understanding of the law. The **procedure** is that drivers of cars keep their speed to 70mph or below. If this speed is exceeded the law is broken and drivers could be fined or prosecuted.

Suggested task

Ask learners to create a diagram or picture showing how procedures are informed by organisational policy that is put in place to recognise the requirements of the law. For example:

3. Teaching guidance – legislation, policies and procedures in health and social care

3.1.3 Legislation governing health and social care services

You could introduce legislation that governs health and social care services and explain the underpinning principles of key acts including:

- **Equality Act (2010)** – defines protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation
- **Health and Safety at Work etc. Act (1974)** – defines rules and responsibilities for maintaining health and safety of everyone at work
- **Data Protection Act (2018)** – defines data protection principles which require fair, lawful, and transparent handling and processing of personal information
- **Health and Social Care Act (2012)** – defines the planning, delivering and monitoring of healthcare services
- **Care Act (2014)** – defines duties in relation to assessment of needs and their eligibility for publicly funded care and support

Suggested task

Put learners into pairs or small groups to research the legislation to answer the following questions.

Legislation	Key principles of the legislation
Equality Act (2010)	What are the protected characteristics identified in the legislation?
Health and Safety at Work etc. Act (1974)	How many people need to be employed to make this Act relevant?
Data Protection Act (2018)	What is the maximum fine an organisation can be given if this there is a lack of protection of data?

3. Teaching guidance – legislation, policies and procedures in health and social care
3.2.1 Key policies and procedures

The learner should understand key policies and procedures in health and social care, and roles and responsibilities of the health and social care practitioner including:

- equality policies/procedures that include ways to work to ensure non-discriminatory practice, to ensure barriers to access faced by the individual are overcome and adaptations, or changes, to the environment are put in place to meet the individual's needs and preferences, along with aids and equipment available to meet the individual's needs and preferences
- inclusive practice procedures which promote a person-centred approach to care which ensures service users are treated with dignity and respect
- valuing diversity which celebrates all individual differences:
  - values
  - beliefs
  - traditions
- health and safety policy/procedures in relation to assessing and managing risks within the environment and when carrying out activities or undertaking procedures
- infection prevention and control to include:
  - correct hand washing
  - use and disposal of PPE
  - disposal of waste and body fluids
- security that includes checks to verify the identity of individuals and security of the environment to ensure safe access and exit by people authorised to be in the environment
- manual handling to ensure correct moving and handling techniques are used when moving around or undertaking tasks
- accident and incident management to include reporting and recording of all accidents and incidents and ensuring safe emergency evacuation procedures are in place
- confidentiality policy/procedures in relation to storing information appropriately - sharing information appropriately on a need-to-know basis and with relevant consent from individuals the information relates to (unless there are safeguarding concerns, which takes priority over consent)
- storage of information to ensure a secure environment is maintained in which information is password protected and, if required, in a locked filing cabinet
- reporting and recording procedures ensure reports and information are recorded in a timely way – as soon as possible after the event and that the information includes only the facts and not personal opinion – records should be legible (written clearly) so that others can read the information

Suggested task

You could produce a whole class information booklet for a new health and social care worker, explaining the different policies and procedures and why these should be followed. Pairs of learners could be given one page to complete in the booklet by taking one of the 11 policies/procedures identified. Research could be carried out and the information given above could be supported by an example of practice.

Example

Equality: the example could be to include the need to make adaptations to the environment for a wheelchair user.

3. Teaching guidance – legislation, policies and procedures in health and social care

Diversity: the example could be around celebrations recognised by all cultures/religions within a care home (for example, celebrating Eid, Chinese New Year, Christmas).
Storing of information: the example may include the storage of medical records.

This booklet could be shared with the whole group and used as a revision resource.

3.3 The role of regulatory and inspection bodies

The learner should understand the regulatory and inspection bodies within health and social care and understand their role in relation to ensuring quality of provision, to include:

Regulatory and inspection bodies:

- **Care Quality Commission (CQC)** – this organisation inspects and reports on health and adult social care services to ensure expected standards are maintained
- **Office for Standards in Education, Children's Services and Skills (Ofsted)** – an organisation that regulate and inspect education, children's services and schools
- **The Health and Care Professions Council (HCPC)** – register of health and care professionals
- **Nursing and Midwifery Council (NMC)** – register of those who can practise nursing and midwifery
- **Social Work England** – register of those who can practise social work

The key role of the regulatory bodies (organisations) stated above include:

- ensure expected standards are met
- ensure public confidence so that individuals accessing the services feel safe and valued
- registering of services so that standards can be checked before offering health/care services
- the quality of service/care is monitored, rated and inspected to give an understanding of the quality of that service – this informs users who can make choices and poor quality can be identified and measures put in place

All the above is with the main aim of protecting individuals/service users.

Suggested task

Ask learners to work in pairs to research the regulatory bodies to find out about the key roles and complete the table below:

Regulatory body	Key roles of the regulatory body
Care Quality Commission **(CQC)**	

3. Teaching guidance – legislation, policies and procedures in health and social care	
Office for Standards in Education, Children's Services and Skills **(Ofsted)**	

3.4 Responsibilities of the practitioner

The learners should understand the responsibilities the practitioner has in relation to legislation, policies and procedures.

Responsibilities of the practitioner include:

- to understand the related legislation, policies and procedures
- to know how to adhere to the underpinning policies and procedures
- to understand how to work within own professional boundaries so that practitioners protect themselves and others by not undertaking tasks outside of their job role
- understanding of the correct way to report any concerns about other practitioners or care standards
- knowing how to give users access to quality health and social care services

Suggested task

Ask learners to produce a fact sheet for a new care worker explaining reasons why they should always understand and follow legislation, policies and procedures.

Suggested 'health and social care provisions and services' websites and resources for teachers/learners:

www.cqc.org.uk
www.hcpc-uk.org/
www.nmc.org.uk/
www.socialworkengland.org.uk/
www.qcs.co.uk/care-policies-and-procedures
www.england.nhs.uk/contact-us/pub-scheme/pol-proc/
https://www.health.org.uk/
https://www.policypartnersproject.co.uk/free-resources/legislation/

4. Teaching guidance – human development across the life span

The learner will understand the life stages of human development, the areas of development and their interdependency. The learner will understand the impact of different factors and transitions on the development and wellbeing of the individual.

Areas covered must include:

- the life stages of human development
- areas of human development
- nature and nurture
- factors which may impact human development
- transitions
- the impact that factors and transitions may have on the individual
- the role of the health and social care practitioner when preparing and supporting the individual for a transition

4.1 The life stages of human development

Introduce the learners to the life stages of human development:

- infancy (0–2 years)
- childhood (3–10 years)
- adolescence (11–17 years)
- early adulthood (18–29 years)
- middle adulthood (30–60 years)
- late adulthood (60 years+)

Suggested task

Ask learners to match stages with ages:

Stages	Ages
Early adulthood	(3–10 years)
Childhood	(0–2 years)
Infancy	(11–17 years)
Late adulthood	(18–29 years)
Middle adulthood	(60 years+)
Adolescence	(30–60 years)

4.2 Areas of human development

The learner should be introduced to the different areas of development and how areas of development are interdependent:

- physical – the advancement and control of the individual's bodily movements and functions
- cognitive – the individual's ability to recognise, remember, form concepts and problem solve (cognition includes the development of language and communication)
- social – the individual's ability to build relationships and interact with others

4. Teaching guidance – human development across the life span

- emotional – the individual's ability to develop, manage and express feelings and show empathy for others

The learner should know the areas of development and expected normal patterns. Within middle adulthood there should be a recognition that some adults in their 40s and 50s could potentially be at the peak of their fitness or cognitive development and not necessarily on the decline. Decline within this age range is usually associated with other factors such as disability or illness.

Learners should understand that these are what are referred to as 'norms' of development and that development depends on many factors (to be covered later in the unit).

Suggested task

Learners could produce a table or pictorial overview of areas of development.

Age	Physical	Cognitive	Social	Emotional
Infancy (0–2 years)	Can sit, roll over, walk	Learns and responds through senses Points to body parts Language develops: babbling, single words, range of 200 words Responds to simple commands	Waves 'bye-bye' Communicates by smiling Can become wary of strangers	Attachments form with main carer May develop temper tantrums
Childhood (3–10 years)				
Adolescence (11–17 years)				
Early adulthood (18–29 years)				
Middle adulthood (30–60 years)				
Late adulthood (60 years+)				

4. Teaching guidance – human development across the life span

Learners should know that through our lives development in one or more areas can either improve or decline if we become ill or as we get into old age.

Suggested task

Ask learners to find a definition of holistic development and interdependency and write the definition in their own words:

- holistic development – sees the individual as a whole person where all areas of development are incorporated
- interdependency – the relationship and the dependency of each area of development and its impact on the individual's wellbeing

Suggested task

Ask learners to think about development becoming refined or declining over the life stages.

Give learners the examples below. Ask them to think about:

How easy or difficult these tasks may be throughout the life stages?

What is the interdependency between areas of development?

How might disability or disease affect skills?

- playing with friends walking along a beam (physical/social)
- offer support to a bereaved person (emotional, social)
- learn new IT skills (physical/cognitive)
- follow a recipe (physical/cognitive)
- get dressed (physical)
- meet friends in town (physical, cognitive, social)

For example, to walk along a beam with friends, balance and physical control is needed and to play with friends on the beam, social skills, such as turn taking need to be used. These physical and social skills are developed in childhood (3–10). Balancing and physical skills usually improve during childhood, adolescence and adulthood but usually decline in late adulthood (60 years+).

Cognitive disability that affects social skills may impact on playing with others.

Physical or sensory disability might impact on the individual's ability to balance or to develop the physical skills needed to walk along a beam.

4. Teaching guidance – human development across the life span
4.3 Nature and nature

The learners should be introduced to the terms '**nature'** and '**nurture'**:

- **nature -** (what we are born to be) our genes, physical appearance
- **nurture -** (what we experience and learn to be) our childhood experiences, the environment and culture around us, our social relationships and family expectations

Learners could be introduced to the influence of nature and nurture and their interdependency to human development. Start by giving the learners information about nature and nurture.

Nature

Biological influences such as characteristics passed on from parents, and include eye colour, curly hair, natural skin colour, which are out of the control of the individual.

Nurture

Environmental influences from home or the world around us, such as lifestyle, social situations, relationships and circumstances.

Suggested task

Ask learners to categorise the following into nature (NA) or nurture (NU):

- our height (NA)
- the way we speak to each other (NU)
- the colour of our eyes (NA)
- the amount of fat in our bodies (NU)
- the size of our feet (NA)

Discuss awareness of the extent to which aspects of health and development are a product of genetic characteristics or environmental influence.

Suggested task

Ask learners to think about a child's language development and decide if nature or nurture plays the biggest role.

Nature provides the ability to speak, but nurture determines the language we speak, the accent we have and the way we speak to others, which is learnt/copied from those around us.

4. Teaching guidance – human development across the life span
4.4 Factors which may impact human development

The learner will understand a range of factors which may impact on human development.

Biological influences:

* inherited characteristics and health conditions

Environmental influences

Learners should know that as we become independent, these are chosen influences (for example, when we go to bed, the diet we chose and the choices we make around levels of alcohol and drug use). Lifestyle includes:

* rest
* physical activity
* diet
* drugs and alcohol

Socioeconomic

Learners should know that socioeconomic influences link with the other types of influence (for example, an individual's diet and sleep patterns (**environmental influences**) or having an opportunity to exercise in the outdoors (**physical environment**) can support their engagement in learning). The value that is placed on education, family support (**relationships**) and expectations of attendance and engagement within school/college (**culture**), which can then affect outcomes and opportunities:

* education
* employment
* income
* relationships:
    o family
    o partners
    o friendships
* culture:
    o values
    o traditions and expectations
* physical environment:
    o urban
    o rural

Suggested task

Learners could complete the table below to identify influences on development:

	Positive influences on healthy growth and development	Potential negative effects
Biological influences		
Environmental influences		
Socioeconomic		
Relationships		
Culture		
Physical environment		
Lifestyle		

4.5 Transitions

Suggested task

The learner could be asked to define the term 'transition' in their own words.

Agreed definition of transition:

- the change from one stage or state to another in the individual's life, a transition can be expected or unexpected

4.6 Transitions experienced by the individual

Learners should know about a range of transitions which may be experienced by the individual across the life stages.

Learners should understand the possible positive and negative impact that factors and transitions may have on the individual.

The learner will understand the individual's **expected** and **unexpected transitions.**

Expected transitions are transitions that the individual can be prepared for before they happen **(**for example, taking a young child to visit the nursery a few times before their start date to become familiar with the building and to get to know the practitioners who will be caring for them).

Unexpected transitions are transitions that are sudden and cannot usually be prepared for before they happen (for example, a partner suddenly leaving a relationship, the death of a person or pet).

Expected transitions can usually be prepared for and unexpected transitions often require individuals to be supported after they experience the sudden transition.

Learners should recognise that transitions affect individuals in different ways and when a transition can be prepared for it can be easier for the individual to cope with:

- **infancy** – starting nursery
- **childhood** – arrival of new siblings
- **adolescence:**
    - onset of puberty
    - sitting examinations
    - leaving home
- **early, middle, late adulthood:**
    - employment
    - marriage/civil partnerships
    - parenthood
    - divorce
    - bereavement
    - retirement
    - diagnosis of medical conditions

Suggested task

Complete the middle column in the table below, identifying ways to prepare individuals for an expected transition.

Type of transition	(a) Ways to prepare for the transition	(b) What the practitioner could do to support the individual
2 year old starting nursery	*Gradually introduce the child to the nursery by visiting before their start date to become familiar with the building and to get to know the practitioners who will be caring for them.*	*Work in partnerships with the parent/carers to provide information and advice and to listen to information about the child's individual needs and preferences.*
11 year old moving to high school		
A child aged 7 years having a new sibling (baby brother or sister)		
An 18 year old going to university		
A child aged 9 years moving to a new house		
Two families joining together when the	*Take time to listen to the child's concerns/excitement and offer*	*Encourage family intervention and wider support if the transition*

parents are in a relationship (children aged 5, 7 and 8)	*reassurance, read stories about blended families (age-appropriate responses).*	*becomes difficult for a child/children.*
A 12 year old coping with the expected death of a grandparent		
A couple in middle adulthood thinking about their retirement		

4.7 The impact of transitions and biological and environmental factors

Learners should be aware that we are all individual, and that the way one factor may affect one person will be different to the way it might affect another.

For example, a family may provide a good balanced diet, but an individual may choose to eat high sugar and high fat foods in addition to the healthy diet offered. There may be a culture of valuing education around an individual, but that individual may not choose to engage positively in education.

The learner could be introduced to the links between biological and environmental factors on both supporting (as identified above in 4.4) and negatively impacting on healthy growth and development of the individual:

Negative impacts:

- reduced life chances (could link to most identified factors – education, income biological influences)
- ill health and wellbeing (could be linked to – health conditions, diet, relationships, environment)
- isolation (could be linked to – health conditions, income, relationships)
- access to health care, transport, and education
- limited expectations (family, culture, education)
- obesity (environmental/socioeconomic links)
- reduced mobility (linked to biological factors)
- anxiety and mental health issues (linked to all factors, such as poor diet, drug/alcohol use, lack of suitable environment, financial/employment issues)
- poor attachments (linked to relationships)

Suggested task

Ask learners to make links between the impacts (as identified in the brackets above) for example:

Health and wellbeing → **health conditions   diet   physical activity   income**

rest/sleep   alcohol/drugs   relationships   environment
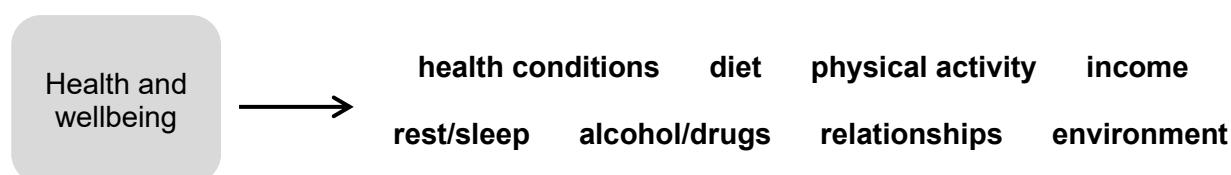
4. Teaching guidance – human development across the life span
4.8 The role of the health and social care practitioner when preparing and supporting the individual for transition
Learners should understand the ways to support the individual through transitions. The role of the health and social care practitioner should be considered when preparing and supporting the individual for transition. This should include: • building and maintaining positive relationships with the individual • involving the individual in planning for the transition • discussing exploring and reassuring the individual in relation to the transition • working in partnership with the individual, relevant others, and other practitioners • providing information and advice and signposting the individual to appropriate services • referring the individual for specialist support as required • organise one-to-one meetings either face to face or remotely • listen to the individual's views • visit to the new environment if appropriate • introduce any changes gradually • refer to bereavement support, counselling • encourage family intervention and wider support **Suggested task** Learners could use the table from the previous task and complete column B. Learners could consider how the practitioner might offer support.

5. Teaching guidance – the care needs of the individual

This content area provides learners with an understanding of the holistic needs of the individual and how conditions and disabilities may impact on care needs. The learner will understand the support required to meet the individual's needs:

- holistic needs of the individual
- conditions and disabilities that require health and social care support
- how conditions and disabilities may impact on care needs
- care values in practice

5.1 Holistic needs of the individual

You could begin this area of content with an introduction to Maslow's hierarchy of needs using a recognised image.

Suggested task

Ask learners to think about their own lives or the lives of young children and how basic needs must be met before they can move up the Maslow triangle (for example, having regular food and drink, adequate sleep, wearing warm clothing and care routines will help children learn they are not hungry, thirsty or cold). Children also need to feel safe, secure and valued, otherwise they will not feel settled or have emotional security and therefore might not be able to engage in their learning.

Needs:
- physiological – biological requirements for human survival:
  - food and drink:
    - provide nutritious food and snacks
    - provide access to drinking water
  - rest and sleep:
    - ensure individual sleep routines are maintained
  - personal care:
    - provide access to appropriate resources
    - ensure privacy is maintained
    - offer support as required
- safety – security and control in the individual's life:
  - environment:
    - ensure environment is warm and safe
  - healthcare:
    - provide access to required care
  - emotional security:
    - listen to the individual
    - value their opinion
  - financial security:
    - ensure access to appropriate finance
- love and belonging – need for positive relationships:
  - maintain active relationships
  - provide opportunities to interact with others
- esteem – dignity and respect from others:
  - self-confidence:
    - offer praise as appropriate

5. Teaching guidance – the care needs of the individual

- ▪ ensure dignity is maintained
  - o independence:
    - ▪ allow individuals time to meet their own needs
    - ▪ give choice to individual
- self-actualisation − realisation of the individual's full potential:
  - o personal growth:
    - ▪ encourage individual future plans
    - ▪ support individuality:
      - • self-fulfilment
    - ▪ support spontaneity

Suggested task

Separate learners into pairs or small groups and ask them to consider the positive impact a need would have on an individual's life.

5.2 Conditions and disabilities that require health and social care support

The learner should understand what is meant by chronic condition, acute condition and disability:

- chronic condition – a physical or mental condition which is long lasting in its effects (at least 3 months but usually lasts a year and is often life-long)
- acute condition – a physical or mental condition that is of short duration, intense, develops quickly but generally has no lasting effects
- disability – physical or mental condition that has a substantial impact (more than minor or trivial) which affects the individual's lifestyle for longer than 12 months

Types of disability include:

- cognitive – this is a limited mental functioning (such as, communication, self-help, and social skills)
- physical – this is limited physical functioning (such as, mobility, dexterity or stamina)
- mental – this is mental illness and has a long-term effect on the individual's ability to carry out normal day to day activities
- sensory – this is blindness, deafness, a severe vision or hearing impairment, and/or severe speech impediment

Suggested task

Ask learners to research definitions and complete the table in their own words:

	In your own words describe what each of the terms means
Chronic condition	
Acute condition	

5. Teaching guidance – the care needs of the individual	
Disability	A disability is a physical, sensory or mental condition lasting more than 12 months, that limits a person in a particular way. Disabilities may include: movements, communication, senses, or daily activities.
Cognitive disability	
Physical disability	
Mental disability	
Sensory disability	

5.3 How conditions and disabilities may impact on care needs

Learners should be able to see how conditions and disabilities may affect the individual's care needs by making links to Maslow's hierarchy of needs.

Learners should see the link between disability and health conditions and how these may impact on the individual in relation to care needs.

Suggested task

Small groups/pairs of learners could use their tables with descriptions of conditions/disability to show understanding of the links between disability and Maslow's hierarchy of needs (5.2).

Give learners a condition or disability, select a **need** from the list below and ask learners to show how the conditions or disability may impact on Maslow's hierarchy of needs. Learners could then suggest how this may affect care needs.

After the criteria have been discussed, learners could complete the last column to suggest ways to support the individual through a person-centred approach.

Example

Need	Disability	How this may be impacted by a disability/condition	How care needs may be affected	Care values in practice (5.4) Select practice from the list in section 5.4
Food and water	An adult with a cognitive disability	Adults with a cognitive disability may be unable to meet their own food	The adult may need support with everyday food and drink routines, as without	Offer the individual a choice of mealtimes and food preferences.

5. Teaching guidance – the care needs of the individual

		and drink needs or communicate their needs and preferences to others.	others providing food and drink the individual would quickly become unwell.	Ensure the individual's dietary and cultural needs and preferences are met.

Physiological – biological requirements for human survival:

- food and drink:
    - ability to prepare food and drink
    - ability to meet own nutritional requirements
    - ability to eat and drink unaided
- rest and sleep – disruption to sleep pattern
- personal care:
    - toileting:
        - incontinence because of a health condition
        - incontinence because of mobility
    - ability to care for skin, hair and teeth
    - ability to dress/undress
    - ability to select clothing for the season

Safety – security and control in the individual's life:

- environment:
    - ability to maintain own safety
    - ability to maintain own security
- healthcare:
    - ability to access services and treatment
    - ability to manage own medication
- emotional security:
    - ability to cope with anxiety and stress
    - level of resilience
- financial security:
    - employment status
    - available funds to maintain lifestyle and meet needs

Love and belonging – the need for positive relationships:

- maintain active relationships:
    - with family, partners, friends and community
    - level of involvement with others
    - level of isolation and loneliness

Esteem – dignity and respect from others:

- self-confidence – level of self-confidence
- independence – level of dependency

5. Teaching guidance – the care needs of the individual

- ability to self-care

Self-actualisation – realisation of the individual's full potential:

- personal growth – ability to achieve own potential
- self-fulfilment – desire to achieve own potential

5.4 Care values in practice

The learner should understand that the person-centred approach, which focuses on the needs of the individual, can be used to make sure individual needs are met. Learners should understand that by meeting these needs Maslow's hierarchy of needs can be fulfilled.

This list shows what practitioners can do to support Maslow's physiological, safety, love and belonging, esteem and self-actualisation through care practice.

Mealtimes – practitioners should:

- overcome potential barriers to communication through tailored approaches
- offer choice of mealtimes and preferences to meet the individual's requirements
- ensure the individual's dietary and cultural needs and preferences are met
- agree with the individual the level of assistance required
- provide necessary aids and adaptations to promote independence
- ensure safe food handling and preparation is maintained
- facilitate social interaction
- refer to other professionals or services as required
- complete appropriate records
- report any concerns
- maintain confidentiality

Personal care and toileting – practitioners should:

- overcome potential barriers to communication through tailored approaches
- gain consent from the individual
- agree support required
- meet preferences in choice of care and dressing
- provide aids and adaptations to promote independence

Practitioners should ensure privacy and dignity during personal care by:

- shutting doors
- closing curtains
- being unobtrusive
- offer choice of toiletries

Practitioners should work within health and safety requirements as required by:

- ensuring use of PPE

5. Teaching guidance – the care needs of the individual

- managing waste
- using correct moving and handling techniques

Practitioners should always:

- encourage social interaction
- refer to other professionals or services as required
- complete appropriate records accurately
- report any concerns they have about an individual or a service following procedures
- maintain appropriate confidentiality

Practitioners should provide activities that:

- overcome potential barriers to communication through tailored approaches
- find out the individual's interests and preferences
- involve family, friends and others at the request of the individual
- provide activities to meet choices
- facilitate access to a range of services
- maintain a tailored approach to support the engagement of the individual
- encourage group activities to support positive relationships
- risk assess all activities to ensure a hazard-free environment
- refer to other professionals or services as required
- complete appropriate records
- report any concerns
- maintain confidentiality

6. Teaching guidance – how health and social care services are accessed

This content area provides learners with an understanding of how services can be accessed, the barriers to accessing services and how these may be overcome:

- types of referral used to access health and social care services
- barriers to accessing health and social care services for the individual

6.1 Types of referral used to access health and social care services

You could introduce this content area by asking learners to think about when they or their families, including older aged adults, may have used any health or social care services. Ask them to decide the type of referral (using the information below):

Self:

- the individual initiates direct access by either making an appointment with a health or social care practitioner or attending a walk-in service

Professional:

- professional initiates access to another health or social care practitioner or service

Third party:

- family member or friend accesses a service on behalf of the individual

Suggested task

You could provide learners with a list of scenarios and ask them to categorise into self, professional or third-party referrals:

- a son calls the doctor as he is concerned about the health of his 80 year old mother
- a young person attends the emergency department at the local hospital after a football injury
- an adult attends a sexual health clinic
- a doctor refers a patient to the hospital to have some tests
- a man falls in the street and bangs his head on the kerb; someone passing by calls the emergency services who send out an ambulance to the scene
- a neighbour calls social services as she is concerned that the older aged adult next door is not able to look after themselves

6.2 Barriers to accessing health and social care services for the individual

The learner should be introduced to the range of barriers that may prevent the individual from accessing health and social care services. The learners should also be aware of the strategies to overcome barriers.

Communication: barriers that impact on accessing and understanding information to include potential examples such as:

- sensory impairment – unable to access information

6. Teaching guidance – how health and social care services are accessed

- cognitive impairment – not able to understand information or make choices
- English as a second language – unable to access or share information

Culture: barriers that impact on the individual's acceptance of medical treatment and support:
- values – may not trust the treatments or accept support
- beliefs – may mean an individual refuses some treatments

Location: barriers that impact on the individual's ability to access services to include:

- transport – lack of transport routes to access appointments or collect medication
- cost
- capability of the individual to access building – physical disability, sensory impairment or mental health difficulties may prevent individuals from accessing buildings

Suggested task

Before introducing strategies to overcome barriers, you could ask learners to complete the table below suggesting their own strategies. Use learners' ideas to develop a group discussion and compare with the list below – ask learners to add missing strategies to their table.

Barrier	Ways to overcome the barriers
Sensory impairment	
Cognitive impairment	
English as a second language	
Values and beliefs	
Transport	
Cost	
Building access difficulties	

6. Teaching guidance – how health and social care services are accessed

Strategies to overcome barriers

Overcome communication barriers by:

- providing information in alternative formats, recorded messages, braille, information in different languages, large print
- providing access specialist professional services such as interpreters, signers, digital communication

Overcome culture barriers by:

- using inclusive practice to meet the individual's values and beliefs
- practitioners being aware of a range of culture, values and beliefs and how these differences may impact on care needs and preferences

Overcome location barriers by providing:

- services such as pharmacy or clinics in the local community
- aids and adaptations such as wheelchairs/wheelchair access and transport services
- online/telephone consultations

7. Teaching guidance – partnership working in health and social care
This content area provides learners with an understanding of partnership working, how partnership working meets the needs and preferences of the individual, the potential barriers to partnership working and how these can be overcome. Areas covered must include: • partnership working • how partnership working meets the needs and preferences of the individual • potential barriers to partnership working and strategies to overcome barriers

7.1 Partnership working
Suggested task You could begin by asking learners to define **partnership working** in their own words. Discuss the recognised definition 'different practitioners and the individual working together to meet needs'. Partnership working may be best explained by asking learners to think about different professionals/organisations that work together to provide services (for example, doctors and nurses work together in a hospital to care for patients).

7.2 How partnership working meets the needs and preferences of the individual
You could begin by explaining the term 'improved outcomes' as; the type of service or support put in place means that the individual ends up being better supported or having better care. Learners should be introduced to the role of partnership working in meeting the needs and preferences of the individual and improving outcomes, as below:

Benefits of partnership working	
Using the expertise of other practitioners' knowledge, skills and experience	A
Work together towards shared goals to ensure consistent and continuous care for the individual	B
Clarifying roles and responsibilities of all practitioners	C
Establishing care to meet the individual's needs and preferences	D
Enabling interventions to meet the individual's needs and preferences	E
Ensuring safeguarding	F

7. Teaching guidance – partnership working in health and social care

Suggested task

In pairs, learners could use the table above to match the statements given below (the correct matches are at the end of the statement):

1. a new practitioner checks with his supervisor if he is allowed to give out medication to an older aged adult living in a care home, who says he has a headache (C)
2. a practitioner notices marks on a young child's arm and follows the nursery policy, reporting this to their supervisor (F)
3. a doctor shows a practice nurse a new way treating a skin condition that may benefit their patient (A)
4. a social worker and a health visitor meet with an older aged adult and their family to plan a future move to a care home (B)
5. providing an individual with a hearing impairment with a suitable a hearing device (E)
6. a care assistant meeting with an individual needing assistance with personal care to discuss if they prefer to have a shower in the morning or the evening (D)

7.3 Potential barriers to partnership working and strategies to overcome barriers

Learners should be introduced to barriers to partnership working and the strategies to overcome these barriers.

Barriers:

- **communication,** which can be affected by level of understanding, level of trust, assumptions
- **time management,** which can be the result of ineffective time management skills, conflicts in priorities, workload (too much work at any one time so tasks must be prioritised)

Suggested task

The previous matching task may be extended by asking learners to look at each benefit and matching scenario and discuss the reasons why a practitioner may not work in partnership, for example:

Benefits of partnership working	Examples of partnership working (7.2)	Barriers to partnership working (7.3)
Using the expertise of other practitioners' knowledge, skills and experience	A doctor shows a practice nurse a new way treating a skin condition that may benefit their patient.	The doctor or nurse may not have the time to meet. The doctor may not share their knowledge/skill.
Work together towards shared goals to ensure consistent and continuous care for the individual	A social worker and a health visitor meet with an older aged adult and their family to plan a future move to a care home.	The family may not trust the practitioners or there may be a language barrier.

7. Teaching guidance – partnership working in health and social care		
Clarifying roles and responsibilities of all practitioners	A new practitioner checks with his supervisor if he can give out medication to an older aged adult living in a care home, who says he has a headache.	The new practitioner may not want to bother his supervisor, or may just assume this is ok without checking if it is within his role.
Establishing care to meet the individual's needs and preferences	A care worker meeting with an individual needing assistance with personal care to discuss if they prefer to have a shower in the morning or the evening.	The individual may not understand their choices or may lack confidence to express their preferred choice.
Enabling interventions to meet the individual's needs and preferences	A care worker, takes an individual to an appointment with a hearing specialist to provide an individual with a hearing impairment with a suitable hearing device.	The specialist may use jargon that is not understood by the care worker or may not want to go to the appointment at the arranged time.
Ensuring safeguarding	A practitioner notices marks on a young child's arm and follows the nursery policy, reporting this to her supervisor.	The practitioner may worry that she is reporting something that was not due to harm being caused to the child, so the family may feel they are not trusted.

Strategies to overcome the barriers:

- **communication** – agree shared goals, be inclusive, avoid use of jargon, build respect and confidence, acknowledge and understand viewpoints of others
- **time management** – establish practitioners' commitment and availability for meetings, select agreed dates, times and places, use appropriate method of communication to meet the needs of the individual

Suggested task

Ask the learners to choose 3 examples from their table and select an appropriate strategy to overcome the barrier.

8. Teaching guidance – the care planning cycle

This content area provides learners with an understanding of the role of person-centred care planning and how the care planning cycle is applied to meet the individual's needs and preferences.

Areas covered must include:

- the purpose and impact of person-centred practice
- a care plan
- care planning cycle

8.1 The purpose and impact of person-centred practice

The learner should consider what they already understand about person-centred practice.

Begin by reminding learners of person-centred practice as covered in content area 2.2.

Discuss the recognised definition: person-centred practice means the individual is central and in control of their care.

This understanding can be extended to include an understanding that person-centred practice requires working with individuals as equal partners when planning and implementing their care.

Suggested task

Scenario:

Isaac, an older aged adult who lives alone, is struggling to care for himself. On the advice of practitioners at his local surgery, Isaac has agreed to have some help from a care team. Iqbal, a care worker, will visit Isaac to introduce himself and find out about Isaac's current situation. He will also ask what care Isaac feels he needs.

Questions:

Why do you think is this person-centred care?

What questions do you think the care worker could ask Isaac to make sure person-centred care is offered?

To encourage learners to consider the **impact** on Isaac of using the person-centred care approach, extend the task by asking learners to think about the impact.

Ask learners to write down why the scenario will:

- build trust between Isaac and the health care practitioner
- meet Isaac's needs and preferences and give him the support he wants
- support Isaac's confidence and self esteem
- promote Isaac's independence
- empower Isaac

8. Teaching guidance – the care planning cycle

8.2 A care plan

The learner should understand that a care plan is a plan that outlines the care and support required to meet the individual's holistic needs and preferences.

Suggested task

Discuss what is meant by the individual's 'holistic needs'.

Holistic needs means 'all of the individual's needs both physical and emotional'.
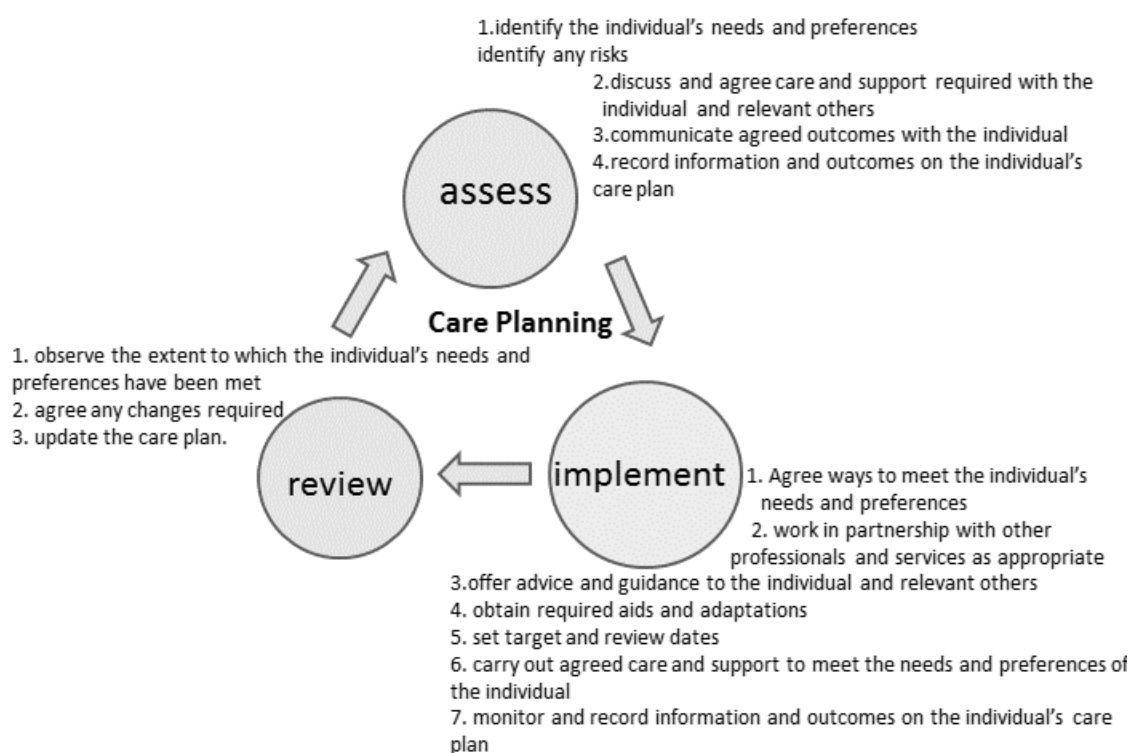
Learners should recognise that when a practitioner considers only a few care needs or overlooks a person's own preferences, then holistic care is not being given.

8.3 Care planning cycle

You could introduce learners to the planning cycle and the idea that this is a cycle that is continually revisited to ensure that planning meets individuals' current needs and preferences.

Learners should understand that the:

- **assess** stage is to gain information and find out about needs and preferences
- **implement** stage is to work with others to put in place the agreed care and to keep records of how this is working and if it is meeting needs
- **review** stage is deciding if the plan is working and to make any changes needed

1.identify the individual's needs and preferences identify any risks

2.discuss and agree care and support required with the individual and relevant others
3.communicate agreed outcomes with the individual
4.record information and outcomes on the individual's care plan

assess

Care Planning

1. observe the extent to which the individual's needs and preferences have been met
2. agree any changes required
3. update the care plan.

review

implement

1. Agree ways to meet the individual's needs and preferences
2. work in partnership with other professionals and services as appropriate
3.offer advice and guidance to the individual and relevant others
4. obtain required aids and adaptations
5. set target and review dates
6. carry out agreed care and support to meet the needs and preferences of the individual
7. monitor and record information and outcomes on the individual's care plan

8. Teaching guidance – the care planning cycle

Suggested task

In pairs, learners could use the information above and the list of needs and preferences below to write an implementation stage of a care plan for Isaac.

Iqbal has carried out the assessment stage and has found out that:

- Isaac misses being able to have a bath as he worries about falling
- Isaac would like his shopping delivered but does not have the necessary IT skills
- Isaac sometimes forgets his medical appointments
- Isaac's medicine sometimes runs out
- Isaac struggles to keep his home clean and tidy

What support could be implemented?

Useful websites

www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf
www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-and-support-plans/
www.england.nhs.uk/ourwork/patient-participation/

Synoptic connections

Synoptic assessment requires learners to combine elements of their learning and show accumulated knowledge and understanding across the qualification content. It enables learners to evidence their capability to integrate and apply knowledge, understanding and skills gained with breadth and depth in context.

It is therefore essential when planning for teaching and throughout delivery that the interdependencies and links build across the content of the qualification and are highlighted and reinforced.

The qualification comprises 8 content areas. All content areas are mandatory and must be taught.

The teaching content does not have to be delivered in a linear way; the content areas are interdependent in knowledge, skills and concepts.

Teachers may take a synoptic approach across the qualification. This will enable learners to be able to apply theories and concepts from across the qualification specification in context to skills-based situations. Through combining content and developing holistic connections, learners will be able to demonstrate and evidence their full knowledge and understanding of the subject area and the health and social care sector.

Learners will have the opportunity to identify relevant study skills and reflect upon their preferred learning style throughout the qualification.

NCFE assessment strategy

Knowledge LOs:

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

Competence/skills LOs:

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

Section 3: additional information

School accountability measures (performance points)

This technical award has been developed to meet the criteria set by the DfE to be included in the key stage 4 performance tables. Each grade has been assigned a points value. Please check the Register of Regulated Qualifications website (https://www.gov.uk/find-a-regulated-qualification) for further information.

Discounting

If a learner is taking a GCSE and a technical award in the same year with the same discount code, such as a GCSE in Physical Education and the NCFE Level 1/2 Technical Award in Health and Fitness (603/7007/5), the first entry will count. For more information about discounting and discount codes, please refer to the performance tables guide on the NCFE website.

Discount codes for technical awards can be found on the NCFE website. We advise centres to refer to the discounting and early entry guidance document provided by the DfE. For more information on discounting please contact the DfE directly.

Qualification dates

Regulated qualifications have operational end dates and certification end dates.

We review qualifications regularly, working with sector representatives, vocational experts and stakeholders to make any changes necessary to meet sector needs and to reflect recent developments.

If a decision is made to withdraw a qualification, we will set an operational end date and provide reasonable notice to our centres. We will also take all reasonable steps to protect the interest of learners.

An operational end date will only show on the Ofqual Register of Regulated Qualifications (https://www.gov.uk/find-a-regulated-qualification) if a decision has been made to withdraw a qualification. After this date we can no longer accept learner registrations. However, certification is allowed until the certification end date so that learners have time to complete any programmes of study. The certification end date will only show on the Ofqual Register once an operational end date has been set. After this date we can no longer process certification claims.

Where a qualification has an external assessment, this can only be taken up to the last assessment date set by us. No external assessments will be permitted after this date so learners will need to be entered in sufficient time.

Support materials

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

- resource packs containing:
  - schemes of work
  - PowerPoint presentations
  - learner workbooks
- qualification factsheet

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 centre's safeguarding policy when developing or selecting delivery materials.

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