

NCFE

CACHE

Qualification specification

**NCFE CACHE Level 3 Applied General Award in
Health and Social Care
QN: 603/2913/0**

**NCFE CACHE Level 3 Applied General
Certificate in Health and Social Care
QN: 603/2914/2**

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Summary of changes

This section summarises the changes to this Qualification Specification

Version	Publication Date	Summary of amendments
v1.0	September 2018	First publication
v1.1	March 2019	Safeguarding guidance added
v1.2	October 2019	Added UCAS points into Qualification Summary tables
v1.3	November 2019	Resources section added – information regarding the wellbeing and safeguarding of learners Aggregation section added – information regarding the aggregation methods and grade thresholds
v1.4	January 2020	Correction within Rationale for synoptic assessment section for units covered by the assessment.
v1.5	March 2020	Information added to External Assessment section regarding additional retake opportunity.
v1.6	November 2021	Update to spelling error in unit 01 AC 3.2 The piece of legislation Children Act 1989 had been incorrectly referenced as Children’s Act 1989.
v1.7	January 2022	Paragraph added in regarding external quality assurance for graded qualifications.
v1.8	February 2022	The statement regarding the Key Stage 5 performance tables has been updated.
v1.9	May 2022	The Approach to assessment section has been updated as information relating to grade aggregation and uniform mark scale (UMS) points has been moved into a separate document called ‘UMS scores for CACHE Applied General qualifications’ and is now published on our website.
v1.10	June 2022	Further information added to the assessment method section to confirm that unless otherwise stated in this specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English. Information added to the entry guidance section to advise that registration is at the discretion of the centre, in accordance with equality legislation and should be made on the Portal. Information added regarding the support handbook . Unit 01: Included the following acts: <ul style="list-style-type: none"> • The Domestic Abuse Act 2021 • The Modern Slavery Act 2015 • The Children and Social Work Act 2017

Version	Publication Date	Summary of amendments
		<ul style="list-style-type: none">• The Children and Families Act 2014 <p>Reference to Public Health England updated to UK Health Security Agency and Office for Health Improvement and Disparities.</p> <p>Serious case reviews updated to Child Safeguarding Practice Reviews and Safeguarding Adults Reviews.</p> <p>Guide to the General Data Protection Regulation (GDPR) 2018 updated to UK GDPR.</p>
v2.0	June 2023	Information regarding UCAS added to About this qualification, Qualification Summary.

Section 1:

General introduction

About this Qualification Specification

This Qualification Specification contains details of all the units and assessments learners will be required to complete to gain these qualifications. It also contains extra information for Tutors and/or Assessors.

These qualifications are made up of units each representing a small step of learning. This allows the qualifications to be completed at the learner's own pace.

All of the units achieved can be 'banked'. This means that if the learner wants to take another qualification which includes the same units, the learner does not have to take them again.

Example Unit layout

HSC M1: Equality, diversity and rights in health and social care



Unit reference	L/508/3709		Unit level	2
Unit hours	Guided learning	60	Non-guided learning	10
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of equality, diversity and rights in health and social care.			

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learners will:	Content: Scope of learning:
1. Understand equality, diversity and inclusion in health and social care.	1.1. The terms: <ul style="list-style-type: none"> • equality • diversity • inclusion. 1.2. Legislation, policies, procedures and codes of practice in relation to equality, diversity and inclusion: <ul style="list-style-type: none"> • Care Act 2014

For each unit the following information has been provided:	
Unit title	Provides a clear, concise explanation of the content of the unit.
Organisation unit reference number	The unique number assigned by the owner of the unit (NCFE CACHE).
Unit reference	The unique reference number given to each unit by Ofqual.
Unit level	Denotes the level of the unit within the framework.
Unit guided learning hours	The average number of hours of supervised or directed study time or assessment required to achieve a qualification or unit of a qualification.
Unit non-guided learning hours	The average number of hours of private study, or other unsupervised activities, required to achieve a qualification, or a unit of a qualification.
Unit aim	Provides a brief outline of the unit content.
Learning outcome	A statement of what a learner will know, understand or be able to do, as a result of a process of learning.
Content	Contains the scope of knowledge and understanding that must be delivered within each learning outcome. Tutors may wish to include other relevant content during delivery.
Assessment grading criteria	This table shows what the learner must do to achieve each grading criterion. Learners must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Total Qualification Time/Guided Learning: Definitions

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

TQT comprises the following two elements:

- the number of hours which we have allocated to a qualification for Guided Learning
- an estimated number of hours a learner will reasonably be likely to spend in preparation, study, or any other form of participation in education or training, but not under the immediate supervision of a Tutor or Assessor.

Guided Learning (GL)

- GL and TQT apply to the qualification as a whole
- We use GL to refer to the estimated guided learning hours at unit level.

Recognition of Prior Learning (RPL)

Centres may recognise prior learning at their discretion, if they are satisfied that the evidence provided meets the requirements of a qualification. Where RPL is to be used extensively (for a whole unit or more), advice must be given by your External Quality Advisor.

Qualification dates

The qualification review date is the date by which we'll have carried out a review of the qualification. We will communicate changes relating to extensions to qualifications to centres. .

Understanding learning outcomes

There are two main types of learning outcome:

- **Skills** that can be performed
- **Knowledge** that can be learnt.

Sometimes they can cover a combination of the two.

Competence/Skills based learning outcomes:

- Usually begin with 'Be able to'.

Knowledge-based learning outcomes:

- Usually begin with 'Know', 'Understand' or 'Know how to'.



For your convenience, knowledge-only units are indicated by a star in both the Unit Achievement Log and at the top of the units.

If a unit is not marked with a star, it is a skills unit or contains a mix of knowledge and skills.

This is a knowledge-only qualification requiring no work placement experience.

How to sign off a unit

Knowledge learning outcomes

The **evidence record** in the ‘Assessment Grading Criteria’ table must be completed in order to achieve the unit. Please see example below:

		Assessment of learning	Evidence record
B2	2.3.	Explain how to support others in promoting equality and rights. Explanation must demonstrate a range of ways that others can be supported to promote equality and rights.	

Unit sign off

The Unit Submission Form (see Section 6: Unit Submission Form) must be completed for every unit achieved.

Explanation of terms used at Level 3 (not all verbs are used in this qualification)

Apply	Explain how existing knowledge can be linked to new or different situations in practice.
Analyse	Break the subject down into separate parts and examine each part. Show how the main ideas are related and why they are important. Reference to current research or theory may support the analysis.
Clarify	Explain the information in a clear, concise way.
Classify	Organise according to specific criteria.
Collate	Collect and present information arranged in sequence or logical order.
Compare	Examine the subjects in detail and consider the similarities and differences.
Critically compare	This is a development of compare where the learner considers the positive aspects and limitations of the subject.
Consider	Think carefully and write about a problem, action or decision.
Demonstrate	Show an understanding by describing, explaining or illustrating using examples.
Describe	Write about the subject giving detailed information in a logical way.
Develop (a plan/idea which ...)	Expand a plan or idea by adding more detail and/or depth of information.
Diagnose	Identify the cause based on valid evidence.
Differentiate	Identify the differences between two or more things.
Discuss	Write a detailed account giving a range of views or opinions.
Distinguish	Explain the difference between two or more items, resources, pieces of information.
Draw conclusions (which ...)	Make a final decision or judgement based on reasons.

Estimate	Form an approximate opinion or judgement using previous knowledge or considering other information.
Evaluate	Examine strengths and weaknesses, arguments for and against and/or similarities and differences. Judge the evidence from the different perspectives and make a valid conclusion or reasoned judgement. Reference to current research or theory may support the evaluation.
Explain	Provide detailed information about the subject with reasons showing how or why. Responses could include examples to support these reasons.
Extrapolate	Use existing knowledge to predict possible outcomes which might be outside the norm.
Identify	Recognise and name the main points accurately. (Some description may also be necessary to gain higher marks when using compensatory marking.)
Implement	Explain how to put an idea or plan into action.
Interpret	Explain the meaning of something.
Judge	Form an opinion or make a decision.
Justify	Give a satisfactory explanation for actions or decisions.
Plan	Think about and organise information in a logical way using an appropriate format.
Perform	Carry out a task or process to meet the requirements of the question.
Provide	Identify and give relevant and detailed information in relation to the subject.
Review and revise	Look back over the subject and make corrections or changes.
Reflect	Learners should consider their actions, experiences or learning and the implications of this for their practice and/or professional development.
Select	Make an informed choice for a specific purpose.
Show	Supply evidence to demonstrate accurate knowledge and understanding.
State	Give the main points clearly in sentences or paragraphs.

Summarise

Give the main ideas or facts in a concise way.

Making use of our website

The most recent version of our qualification specification and supporting documents can be found on the NCFE website. To ensure that you're using the most up-to-date version, please check the version number in the page footers against that of the qualification specification.

The website also contains information about all our qualification, including a qualification factsheet and other support materials.

The Public Website

The NCFE website contains information about all our qualifications which contains:

- Key Facts
- Qualification Specifications
- Other support materials

There are also some other key documents that can be referred to when required. For example:

- Complaints Policy
- Enquiries and Appeals Policy
- Diversity and Equality Policy

It also contains regular news updates and case studies and links to websites from other organisations that might be of interest.

The Centre Secure Website

More specific information to support Centre delivery can be found on our secure website.

To access the secure site, click the link on the NCFE website and log in using the details provided by the Centre administrator.

Plagiarism

Plagiarism means claiming work to be your own which has been copied from someone or somewhere else. All the work learners submit must be their own and not copied from anyone else unless the source of the information is clearly referenced. Tutors should explain to learners how to provide a reference list that shows where they found their information. If a Centre discovers evidence that a learner's work is copied from elsewhere, it will not be accepted and the learner may be subject to the Centre's or our disciplinary procedure. If this happens, the learner will have to submit an additional piece of work for assessment. We will be notified of any cases of plagiarism.

Buying and selling assignments

Offering to buy or sell assignments is not allowed. This includes using sites such as eBay. If this happens we reserve the right not to accept future entries from you.

Equal opportunities

We fully support the principle of equal opportunities and oppose all unlawful or unfair discrimination on the grounds of ability, age, colour, culture, disability, domestic circumstances, employment status, gender, marital status, nationality, political orientation, racial origin, religious beliefs, sexual orientation and social background. We aim to ensure that equality of opportunity is promoted and that unlawful or unfair discrimination, whether direct or indirect, is eliminated both in its own employment practices and in access to its qualifications. A copy of our Diversity and Equality policy is available on the NCFE website.

Diversity, access and inclusion

Our qualifications and associated assessments are designed to be accessible, inclusive and non-discriminatory. We regularly evaluate and monitor the six diversity strands (gender, age, race, disability, religion, sexual orientation) throughout the development process as well as delivery, external moderation and external assessment processes of live qualifications. This ensures that positive attitudes and good relations are promoted, discriminatory language is not used and our assessment procedures are fully inclusive.

Learners who require reasonable adjustments or special consideration should discuss their requirements with their Tutor, who should refer to our Reasonable Adjustments and Special Considerations policy for guidance. For more information on the Reasonable Adjustments and Special Considerations policy please see the NCFE website.

Support handbook

This qualification specification must be used alongside the mandatory support handbook which can be found on the NCFE website. This contains additional supporting information to help with planning, delivery and assessment.

This qualification specification contains all the qualification-specific information you will need that is not covered in the support handbook.

Section 2:

About these qualifications

Qualifications introduction and purpose

The Level 3 Applied General Award and Certificate in Health and Social Care enable learners to develop a range of knowledge and skills in the health and social care sector, which will allow them to progress to further education, the workplace and higher education.

The Award consists of two mandatory units with 182 guided learning hours. The Certificate comprises the two Award units and three further mandatory units with 370 guided learning hours.

Each unit consolidates new areas of learning by complementing other unit content across the qualification. For example, knowledge of theoretical concepts involving empowerment can be found throughout the qualification, enabling learners to apply their knowledge and understanding, as well as show an appreciation of the required skills of a health and social care practitioner.

The content is arranged as Learning Outcomes and Associated Scope of Learning. The Scope of Learning indicates teaching and learning for delivery. Assessment grading criteria at the end of each unit are clearly indicated through an Assessment of Learning. The grading for each unit is Pass/Merit/Distinction (P/M/D). The marking is not compensatory, meaning that all of the Assessment of Learning for the P grade must be achieved in order to be considered for achieving M, and so on. The Assessment of Learning includes reference to the scope of learning for each learning outcome within each unit, and these have been arranged in the most straightforward way for coherent work.

Assessment of Learning at P covers the scope of learning and this is built upon at M and D as appropriate. Learners may achieve unit-only certification outside the perimeters of the Award and Certificate.

To achieve the Award, learners must achieve a minimum Pass grade for each of the units as well as the external assessment. To achieve the Certificate, learners must achieve a minimum Pass grade in all units and both external assessments.

All internal assessment results are subject to NCFE CACHE's internal quality assurance requirements and external quality assurance processes.

Qualification summary: Award	
Title	NCFE CACHE Level 3 Applied General Award in Health and Social Care
Qualification number	603/2913/0
Aim	This qualification is designed for learners who want to study health and social care at a higher level. Applied General qualifications are designed to be rigorous advanced qualifications that enable learners to develop subject-specific and transferable skills, which facilitate their progression to higher learning
Total Qualification Time (hours)	200
Guided Learning (hours)	182 (180 GL from the units + 2 hours from the external assessment)
Minimum age of learner	16
Rules of combination	To be awarded the Level 3 Applied General Award in Health and Social Care, learners must achieve a minimum of a Pass in the two mandatory units and the external synoptic assessment.
Progression including job roles (where applicable)	Upon achievement of this qualification, learners will be able to progress to higher learning in health and social care and other relevant sectors.
Assessment methods	<p>Portfolio of evidence: Learners must complete a portfolio of evidence for all units, achieving a minimum Pass grade for each one.</p> <p>External assessment: Learners must achieve a minimum Pass grade in the Short Answer Examination.</p> <p>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.</p>
How is the qualification graded?	Pass/Merit/Distinction/Distinction*

UCAS points	This qualification has been allocated UCAS points. Please refer to the UCAS website for further details of the points allocation and the most up-to-date information.
How long will it take to complete?	This qualification can usually be completed in one year.
Entry requirements / recommendations	Registration is at the discretion of the centre, in accordance with equality legislation and should be made on the Portal. Learners must be at least 16 years old. We do not set any other entry requirements but Centres may have their own guidelines.
Regulation information	This is a regulated qualification. The regulated number for this qualification is 603/2913/0.

Qualification summary: Certificate	
Title	NCFE CACHE Level 3 Applied General Certificate in Health and Social Care
Qualification number	603/2914/2
Aim	This qualification is designed for learners who want to study health and social care at a higher level. Applied General qualifications are designed to be rigorous advanced qualifications that enable learners to develop subject-specific and transferable skills, which facilitate their progression to higher learning.
Total Qualification Time (hours)	415
Guided Learning (hours)	370 (360 GL from the units + 2 hours from the first external assessment and 8 hours from the second)
Minimum age of learner	16
Rules of combination	To be awarded the Level 3 Applied General Certificate in Health and Social Care, learners must achieve a minimum of a Pass in the five mandatory units and the two external synoptic assessments.
Progression including job roles (where applicable)	Upon achievement of this qualification, learners will be able to progress to higher learning in health and social care and other relevant sectors.
Assessment methods	<p>Portfolio of evidence: Learners must complete a portfolio of evidence for all units, achieving a minimum Pass grade for each one.</p> <p>External assessment: Learners must achieve minimum Pass grades in the Short Answer Examination and the Controlled Extended Assessment</p> <p>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.</p>
How is the qualification graded?	Pass/Merit/Distinction/Distinction*

UCAS points	This qualification has been allocated UCAS points. Please refer to the UCAS website for further details of the points allocation and the most up-to-date information.
How long will it take to complete?	This qualification can usually be completed in two years.
Entry requirements / recommendations	Registration is at the discretion of the centre, in accordance with equality legislation and should be made on the Portal. Learners must be at least 16 years old. We do not set any other entry requirements but Centres may have their own guidelines.
Regulation information	This is a regulated qualification. The regulated number for this qualification is 603/2914/2.

Rationale for synoptic assessment

Synoptic assessment encourages learners to combine elements of their learning and to show their accumulated knowledge and understanding across units and/or learning outcomes.

Synoptic assessment enables learners to show their ability to integrate and apply their knowledge, understanding and skills with breadth and depth. It also requires that learners demonstrate the capability to apply their knowledge, understanding and skills across a range of units and learning outcomes, on which they are being assessed.

There will be one externally set and externally marked synoptic assessment for the Award and two externally set and externally marked synoptic assessments for the Certificate; one covering the content of units 01 and 02 (at which point you can achieve the Award) and one covering the content of units 01-05.

External Assessment

There are two externally set and externally marked assessments, covering the mandatory units of these qualifications.

The Award has **one** externally set and externally marked synoptic Scenario Based Short Answer Examination.

- 100% of the qualification's content may be subject to external assessment.
- The external assessment contributes 50% to the overall grade.

The Scenario Based Short Answer Examination will be graded Pass, Merit or Distinction. Learners must achieve a Pass grade in the Scenario Based Short Answer Examination to gain the Award.

The Certificate has **one** externally set and externally marked synoptic Scenario Based Short Answer Examination and **one** externally set and externally marked synoptic Controlled Extended Assessment.

- 100% of the qualification's content may be subject to external assessment.
- The external assessment contributes 50% to the overall grade.

The two external assessments will be graded Pass, Merit or Distinction. Learners must achieve a Pass grade in both external assessments to gain the Certificate.

The synoptic Scenario Based Short Answer Examination will be an examination, lasting one hour and forty-five minutes, which will challenge learners on the application of knowledge and understanding of the two units of the Award:

- Functions of health and social care
- Human growth and development.

A Uniform Mark Scale (UMS) score will be added to the grades already achieved, from the two internal assessments. The aggregated grades will be used to calculate each learner's overall final grade.

The externally set and externally marked Controlled Extended Assessment will be taken under controlled supervision.

The Controlled Extended Assessment will synoptically challenge learners on the application of knowledge and understanding of all five units of the Certificate:

- Functions of health and social care
- Human growth and development
- Anatomy and physiology for health and social care
- Empowerment in health and social care
- Health education.

Learners will have eight hours to complete the Controlled Extended Assessment. Two hours will be unsupervised, allowing learners to collate resources and materials. Learners should carefully use the two hours' preparation time to select up to one page of A4 of quotations to support their exam answers as required. In the remaining six hours, learners will complete their extended writing, under controlled supervision, making use of their collated notes.

The Controlled Extended Assessment should be 1,500 words (with a 10% margin allowing for extra writing). References will not contribute towards the final word count. A bibliography must be included.

Points will be added to the grades, already achieved, from the five internal assessments and the Scenario Based Short Answer Examination. The aggregated grades will be used to calculate each learner's overall final grade.

An overall grade of D* is awarded in circumstances where learners have performed exceptionally well in their external and internal assessments and amassed a UMS score that deserves a D*.

Sample assessment materials

Sample assessment materials can be found on the qualification page of our secure website.

Assessment windows

Each window will specify a time period for collation and writing as well as a submission date when work must be returned for external marking. Within each qualification there is a maximum of one further opportunity after the first submission for you to submit the external assessments to achieve a Pass grade or to improve a grade. The second attempt will be a new externally set and externally marked assessment. Please see our website for further details of each assessment window.

Re-mark requests for extended assessments

Centres may request a re-mark if they and the learner do not think that the result is a true reflection of the learner's performance. This request must be made within 10 working days of the result reaching the Centre. A re-mark result may be decreased as well as increased.

Extended assessment – Not Yet Achieved

A result that does not achieve a Pass grade will be graded Not Yet Achieved. If the learner intends to submit an extended assessment for another attempt to achieve a Pass grade or above, they will be required to make a new submission of an alternative assessment provided by us.

Improving your grade for your extended assessment (upgrade your result)

When learners have achieved a Pass grade or above for their extended assessments, they may want to improve their grade. If learners intend to attempt to improve their grade they will be required to make a new submission of an alternative assessment provided by us. Tutors will be able to advise learners on how you can do this. The higher of the grades achieved for the assessment will be the final result.

Within each qualification there is a maximum of one further opportunity after the first submission for learners to submit the extended assessments to improve a grade.

These qualifications are approved in the Key Stage 5 Performance Tables.

The DfE have confirmed that the additional retake opportunity in place for the 2018/19 academic year for all Tech Levels and Applied General qualifications will continue to be offered while the moratorium for 16–18 performance tables is in place. This includes Tech Levels and Applied General qualifications which will be counted in performance tables.

Examination conditions

For more information on examination conditions, please see the **Regulations for the Conduct of External Assessment** on the NCFE website.

For more information on reasonable adjustments, please refer to the **Guidance on Accessing Reasonable Adjustments** on the NCFE website.

Assessment Structure (Award)

To gain the Award, you will need to achieve in the following:

- ✓ **Unit 01: Functions of health and social care**
Unit 02: Human growth and development
Units graded P/M/D – internally assessed

- ✓ **Scenario Based Short Answer Paper covering the content of units 01 and 02:**
Synoptic assessment – graded P/M/D – externally assessed.

Full achievement of the qualification will not be possible until **all** components are achieved. Unit certification will be available.

There is no compensation for units or external assessments that are Not Yet Achieved.

Assessment Structure (Certificate)

To gain the Certificate, you will need to achieve in the following:

- ✓ **Unit 01: Functions of health and social care**
Unit 02: Human growth and development
Units graded P/M/D – internally assessed

- ✓ **Externally set and externally marked Scenario Based Short Answer Examination covering the content of units 01 and 02**
Synoptic assessment – graded P/M/D – externally assessed

- ✓ **Unit 03: Empowerment in health and social care**
Unit 04: Health education
Unit 05: Anatomy and physiology for health and social care
Units graded P/M/D – internally assessed

- ✓ **Externally set and externally marked Controlled Extended Assessment covering the content of all five units**
Synoptic assessment – graded P/M/D – externally assessed

Full achievement of the qualification will not be possible until **all** components are achieved. Unit certification will be available.

There is no compensation for units or external assessments that are Not Yet Achieved.

Section 3:

Units

Unit achievement log – Level 3 Applied General Award and Certificate in Health and Social Care

Mandatory Units

	Unit ref.	Unit no.	Unit title	Unit type	Level	GL	Award	Cert
★	Y/616/8613	01	Functions of health and social care	Knowledge	3	90	✓	✓
★	D/616/8614	02	Human growth and development	Knowledge	3	90	✓	✓
★	H/616/8615	03	Empowerment in health and social care	Knowledge	3	60		✓
★	K/616/8616	04	Health education	Knowledge	3	60		✓
★	M/616/8617	05	Anatomy and physiology for health and social care	Knowledge	3	60		✓

Unit 01: Functions of health and social care



Unit reference	Y/616/8613		Unit level	3
Unit hours	Guided learning	90	Non-guided learning	9
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of the health and social care sector.			

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learner will:	Content: Scope of learning:
1. Understand health and social care provision.	1.1 Types of health and social care services: <ul style="list-style-type: none"> • statutory • private • voluntary.
	1.2 Functions of health and social care provision: <ul style="list-style-type: none"> • promote health and well-being • ensure provision and improvement of high quality, cost-effective care, support and treatment • provide services to meet on-going needs and utilise the health and social care practitioner's expertise.
	1.3 Roles within the health and social care provision of: <ul style="list-style-type: none"> • NHS England • Health Education England (HEE) • National Institute for Health and Care Excellence (NICE) • UK Health Security Agency and Office for Health Improvement and Disparities • Healthwatch England • Health and Well-being boards.
	1.4 Factors that influence national and local service delivery: <ul style="list-style-type: none"> • availability of resources • needs-led versus service – to meet diverse needs • referral protocol/eligibility criteria • accessibility of services • demand for services • location of services • liaison with individuals, practitioners, colleagues, parents/carers

Learning outcomes The learner will:	Content: Scope of learning:
	<ul style="list-style-type: none"> • partnerships between statutory, private and voluntary organisations • service autonomy – dependency on funding • community involvement in relation to needs • formal versus informal care. <p>1.5 Practitioner roles within health and social care: across national and local statutory, private and voluntary provision.</p>
<p>2. Understand the impact of drivers on health and social care provision.</p>	<p>2.1 Impact of drivers on health and social care provision:</p> <ul style="list-style-type: none"> • demographics • personalisation • co-production • integration • community capacity • whole-systems approach • information management • prevention, early intervention and reduction • reablement • rehabilitation • well-being • values based.
<p>3. Understand legislation and policies in relation to health and social care.</p>	<p>3.1 Relationship between legislation, policies and procedures:</p> <ul style="list-style-type: none"> • legislation underpins policies and procedures • policies and procedures reflect legislative requirements and inform organisational purposes and working practices. <p>3.2 Legislation in relation to health and social care:</p> <ul style="list-style-type: none"> • Care Act 2014 • Health and Social Care Act 2012 • Equality Act 2010 • Mental Health Act 2007 • Mental Capacity Act 2005 • Human Rights Act 1998 • UK GDPR • Children Act 1989, 2004 • Health and Safety at Work Act 1974 • current legislation as relevant to Home Nation • ensures public confidence • defines accountability and monitoring requirements of activities. • Domestic Abuse Act 2021 • The Modern Slavery Act 2015 • The Children and Social Work Act 2017 • The Children and Families Act 2014

Learning outcomes The learner will:	Content: Scope of learning:
	3.3 How legislation informs policies and procedures in health and social care provision: <ul style="list-style-type: none"> • ensures duty of care to individuals and others • establishes clear protocols which meet legal requirements and guidance in relation to agreed standards • identifies key aspects of service delivery • ensures practice is current in line with legislative changes • enables consistency of practice and continuity of provision • ensures public confidence • defines accountability and monitoring requirements of activities.
4. Understand the roles and responsibilities of health and social care practitioners.	4.1 Responsibilities of the health and social care practitioner: <ul style="list-style-type: none"> • policies/procedures and agreed ways of working • job description, person specification • codes of practice • continuous professional development.
	4.2 Skills, behaviours and attributes of the health and social care practitioner: <ul style="list-style-type: none"> • 6 Cs – care, compassion, competence, communication, courage and commitment • be trustworthy • be objective • be patient • be respectful • show empathy • show commitment • use communication and interpersonal skills • use initiative • use observation skills • show professionalism • be able to problem solve • be able to work as part of the team • be a reflective practitioner.
	4.3 How the health and social care practitioner’s own values, beliefs and experiences can influence delivery of care: <ul style="list-style-type: none"> • self-awareness • acknowledging belief systems, attitudes and behaviours • influences on own belief systems attitudes and behaviours eg, others, media, family and peer pressure • professional versus personal values • respect and value diversity.

Learning outcomes The learner will:	Content: Scope of learning:
5. Understand care values.	5.1 How care values are promoted and applied in practice: <ul style="list-style-type: none"> • duty of care • safeguarding • person-centred • partnership • dignity • respect • equality, diversity and rights • communication • confidentiality • independence. <p>Consider: individual needs and preferences, daily routines, informed choice, decision-making, active support, aids and adaptations and health and safety.</p>
6. Understand partnership working.	6.1 Roles and responsibilities of practitioners within partnership working: <ul style="list-style-type: none"> • disseminate information • exchange knowledge, understanding and skills • practise positive communication • carry out care assessments and care planning • intervene • protect and safeguard • manage risk • make referrals • advocate • secure resources • manage information. 6.2 How health and social care practitioners work in partnership: <ul style="list-style-type: none"> • multi-agency – organisations (agencies) working together to meet an individual’s needs • multi-disciplinary – health and social care practitioners with different roles and responsibilities (disciplines) working together to meet an individual’s needs • to include national and local approaches to safeguarding eg safeguarding boards, Team around the Child.

Learning outcomes The learner will:	Content: Scope of learning:
	<p>6.3 Barriers to partnership working and strategies to overcome:</p> <p>Barriers:</p> <ul style="list-style-type: none"> • agency priorities • ways of working • use of jargon • availability of resources • time constraints • trust between partners • assumptions/incongruence. <p>Strategies:</p> <ul style="list-style-type: none"> • effective communication • co-operation and collaboration • problem solving • conflict resolution • assertiveness techniques • managing stress • define and agree shared goals.
<p>7. Understand regulation and inspection in health and social care.</p>	<p>7.1 The roles of regulatory and inspection bodies:</p> <ul style="list-style-type: none"> • Care Quality Commission (CQC) • Ofsted • Nursing and Midwifery Council (NMC) • Health and Care Professions Council (HCPC) • Monitor. <p>Consider: regulation and inspection processes and outcomes.</p>
<p>8. Understand Child Safeguarding Practice Reviews and Safeguarding Adults Reviews</p>	<p>8.1 Why Child Safeguarding Practice Reviews and Safeguarding Adults Reviews are required:</p> <ul style="list-style-type: none"> • undertaken following death or injury where abuse or neglect is suspected. <p>8.2 How outcomes of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform practice:</p> <ul style="list-style-type: none"> • identify areas for improvement and/or change • inform review and action planning across provision.

Unit 01: Assessment grading criteria

The table below shows what you (the learner) must do to achieve each grading criterion. You must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment of learning	Evidence record
P1	1.1 1.5 4.1 1.2	<p>Give one (1) example of a health and social care service from each of the following types of provision:</p> <ul style="list-style-type: none"> • statutory • private • voluntary. <p>Describe the roles and responsibilities of health and social care practitioners working in each of the services identified.</p> <p>Explain three (3) functions of one (1) of the services identified.</p>	
	4.2 5.1	Describe two (2) key attributes and two (2) care values required to work in health and social care services.	
	4.3	Discuss how the values, beliefs and experiences of the health and social care practitioner can influence delivery of care.	

		Assessment of learning	Evidence record
P4	2.1	Identify two (2) drivers in health and social care.	
P5	1.3	List three (3) aims of NHS England in relation to health and social care.	
P6	1.4	Describe two (2) factors that influence national and local service delivery.	
P7	3.2	*Outline two (2) key pieces of legislation in relation to health and social care.	
	3.1 3.3	Give two (2) examples of ways legislation is embedded through policy and procedures in health and social care services.	
P8	8.1 8.2	Explain the purpose of Child Safeguarding Practice Reviews and Safeguarding Adults Reviews for health and social care.	
P9	6.1 6.2 6.3	Outline three (3) characteristics of effective partnership working in health and social care.	
		Describe two (2) ways barriers to partnership working may be overcome.	
P10	7.1	Identify one (1) regulatory body in health and social care.	

		Assessment of learning	Evidence record
P11		Two (2) relevant references from different sources must be included.	
M1	1.1 1.2 1.3 5.1	Describe how health and social care services promote health and well-being through professional care values.	
M2	1.3	Explain the role of Health and Well-being Boards and the implications for health and social care service delivery.	
M3	1.5 4.1	Explain the significance for the health and social care practitioner of following a Job Description and Code of Practice.	
M4	4.2	Analyse the role of continual professional development to health and social care practice.	
M5	8.1 8.2	Use an example to explain how Child Safeguarding Practice Reviews and Safeguarding Adults Reviews inform, review and promote new ways of working in health and social care.	
D1	1.2 1.5 5.1 6.1	Analyse care planning for person-centred practice.	

		Assessment of learning	Evidence record
D2	2.1	Explain the impact of one (1) driver on health and social care provision.	
D3	7.1	Summarise any impact of regulatory outcomes on the sustainability of health and social care services.	

* Current legislation as relevant to Home Nation.

Unit 02: Human growth and development



Unit reference	D/616/8614		Unit level	3
Unit hours	Guided learning	90	Non-guided learning	9
Unit aim	The aim of this unit is to provide the learner with knowledge and understanding of human growth and development through the lifespan.			

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learner will:	Content: Scope of learning:
1. Understand development from conception to birth.	<p>1.1 Stages of development from conception to birth:</p> <ul style="list-style-type: none"> • within 36 hrs of fertilisation, the single cell divides. This is known as the zygote. The zygote continues to divide to form the morula. The morula leaves the fallopian tube and enters the uterus • by 4 weeks, the cells are referred to as the embryo. The placenta develops • at 5 weeks, the brain and spinal cord develop as the neural tube. Brain circulation begins and the heart starts to develop • at 7 weeks, the brain develops distinct areas. Ears and eyes begin to form and 'limb buds' appear (early arm and leg development) • by 9 weeks, the baby is referred to as a foetus. The face forms, hands and feet grow and there are early signs of fingers and toes developing • at 12 weeks, the baby is fully formed, including organs and structures • by 20 weeks, the head and body size are more in proportion. The eye brows and eye lashes begin to form • by 26 weeks, the baby's eyelids open and lanugo is present • by 29 weeks, the heartbeat can be heard and vernix is present • by 32–40 weeks, the baby turns downwards and engages in preparation for birth. <p>1.2 The potential effects on development of:</p> <ul style="list-style-type: none"> • pre-conception experiences –alcohol, drugs, smoking, diet, health, environment • pre-birth experiences – antenatal care, alcohol, drugs, smoking, diet, health, environment • complications during pregnancy.

Learning outcomes The learner will:	Content: Scope of learning:
2. Understand the key elements of development across human lifespan.	2.1 Life stages and key milestones of human development: <ul style="list-style-type: none"> • infancy • childhood • adolescence • early, middle and late adulthood.
	2.2 Social, emotional, cognitive and physical developments within each life stage. <ul style="list-style-type: none"> • social: social skills, relationships, independence, cultural, interaction • emotional: bonding and attachment, emotional security, self-image, self-esteem • cognitive: language, memory, reasoning and thinking, problem-solving skills, abstract and creative thinking, what neuroscience tells us about brain functioning • physical: gross and fine motor skills, puberty, sexual maturity.
	2.3 Holistic development: <ul style="list-style-type: none"> • the ways individuals develop holistically through the interdependency of each area.
3. Understand influences which impact upon human growth and development.	3.1 Factors which affect human growth and development: <ul style="list-style-type: none"> • biological • lifestyle • health • education • employment • socio-economic • culture • environment • relationships • bullying • aspirations.
	3.2 The nature-versus-nurture debate in relation to human growth and development: <ul style="list-style-type: none"> • nature: genetic, inherited characteristics and biological influences related to human development and behaviour. • nurture: environmental influences related to human development and behaviour.
	3.3 The medical model of health and well-being: <ul style="list-style-type: none"> • biological/physical, diagnosis, treatment, cure.

Learning outcomes The learner will:	Content: Scope of learning:
	3.4 The social model of health and well-being: <ul style="list-style-type: none"> • individual experience, social perception, equality, inclusion, participation.
4. Understand theories of human growth and development.	4.1 Theories of human growth and development: <ul style="list-style-type: none"> • cognitive – Piaget, Kohlberg, Vygotsky • psychosocial – Erikson • humanist – Maslow • learning/conditioning – Skinner • social learning – Bandura • ecological – Bronfenbrenner.
5. Understand significant life events within each stage of human development.	5.1 Significant life events that can occur at each stage of human development: <ul style="list-style-type: none"> • infancy: separation, nursery, feeding, toilet training • childhood: school, siblings, illness, blended family, moving home • adolescence: puberty, relationships, exams, leaving home • early, middle, late adulthood: employment, redundancy, relationships, parenthood, marriage, divorce, loss of parents, loss of life partner, retirement, leisure time, age-related medical conditions.
	5.2 The impact that significant life events may have on individuals: <ul style="list-style-type: none"> • health • perspective • relationships • emotions • stress • self-identity and self-esteem • behaviour • isolation • age-related medical conditions. <p>Consider: short- and long-term impacts.</p>
	5.3 Factors which contribute to positive transitions: <ul style="list-style-type: none"> • extrinsic (level of support, planned or unplanned, philosophy of service, resources, positive relationships) • intrinsic (individual needs and preferences, perceptions, aspirations, resilience, coping strategies).

Learning outcomes The learner will:	Content: Scope of learning:
6. Understand how health and care services meet the needs of individuals throughout the lifespan.	6.1 Care needs of individuals through the life stages: <ul style="list-style-type: none"> • infancy • childhood • adolescence • early, middle, late adulthood.
	6.2 How health and social care services meet the care needs of individuals through the life stages: Consider: national and local statutory, private and voluntary provision.
	6.3 The role and purpose of individualised care planning: <ul style="list-style-type: none"> • meet individual care and support needs • action planning and goal setting • risk management • consistency and continuity of care. Consider: the care-planning cycle – person-centred, assess, implement, monitor, review, revise.

Unit 02: Assessment grading criteria

The table below shows what you (the learner) must do to achieve each grading criterion. You must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment of learning	Evidence record
P1	1.1 1.2	Identify significant stages of development from conception to birth. Explain one (1) potential effect of pre-conception lifestyle choices on development. Explain one (1) factor that potentially could affect development during gestation.	
	2.1 2.2 2.3	Identify significant developmental milestones within each life stage. Use an example to describe what is meant by the term holistic development.	

		Assessment of learning	Evidence record
P3	5.1 5.2	<p>Identify potentially significant life events at each stage of human development.</p> <p>Describe the potential impact of one (1) significant life event on an individual.</p>	
P4	5.3	<p>Explain two (2) factors that contribute to positive transition during one (1) stage of human development.</p>	
P5	6.1 6.2	<p>Identify two (2) different potential care needs of individuals at each life stage.</p> <p>Describe how health and social care services meet an individual's care needs at one (1) life stage.</p>	
P6	3.1	<p>Identify two (2) biological factors and two (2) environmental factors that may affect human growth and development.</p>	
P7	3.2	<p>Outline the nature/nurture debate in relation to human growth and development.</p>	
P8	4.1	<p>Contrast two (2) theories of human growth and development.</p>	

		Assessment of learning	Evidence record
P9	3.3 3.4	Outline the medical and social models of health and well-being in the context of health and social care.	
P10	6.3	Describe three (3) benefits of care planning in relation to person-centred practice.	
P11		Two (2) relevant references from different sources must be included.	
M1	5.3 6.1 6.2	Analyse the potential effects in later life of care needs left unmet during childhood.	
M2	1.2 2.1 2.2 2.3 3.1 4.1	Use an example to explain potential effects of biological factors on holistic development. A minimum of two (2) relevant theories must be included.	
D1	3.3 3.4	Compare and contrast the significance of the medical and social model to an individual's health and well-being.	

Unit 03: Empowerment in health and social care



Unit reference	H/616/8615		Unit level	3
Unit hours	Guided learning	60	Non-guided learning	9
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of empowerment in health and social care.			

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learner will:	Content: Scope of learning:
1. Understand empowerment.	<p>1.1 Importance of empowering individuals:</p> <ul style="list-style-type: none"> • to respect and meet individuals’ needs, wishes and preferences • to enable individuals to gain control of own life • to support individuals to fulfil their capacity and achieve own aspirations • to support individuals to become self-reliant and reduce dependency • to enable individuals’ active participation and informed decision-making • to develop individuals’ sense of belonging and contribution • to increase individuals’ self-identity, self-esteem and self-confidence • to enhance individuals’ health and well-being. <p>1.2 How factors may impact on empowerment of individuals:</p> <ul style="list-style-type: none"> • mental capacity – in relation to the Mental Capacity Act 2005 • discrimination – direct, indirect, harassment and victimisation • communication • availability of resources • maintaining duty of care • risk • ability of services and practitioners to adapt to changing needs • resistance of individuals, self-depreciation.

Learning outcomes The learner will:	Content: Scope of learning:
	1.3 Strategies used to empower individuals: <ul style="list-style-type: none"> • person-centred practice – individual central and in control • care planning – the cycle of care planning • promoting inclusion and overcoming barriers • challenging discrimination • information sharing and management to ensure consistency and continuity of care • referral and access to relevant services • accessible complaints procedures to enable views to be heard • advocating and enabling access to advocacy services • personalisation and self-directed support • participation to inform service design, review and decision-making.
2. Understand risk management when empowering individuals in health and social care settings.	2.1 Tensions when balancing the rights of the individual against the health and social care practitioner's duty of care: <ul style="list-style-type: none"> • individuals' rights and the rights of others • identified risks versus individual wishes • individual expectations versus available resources • requirements in relation to safeguarding the individual and others • confidentiality.
	2.2 How the health and social care practitioner can manage risks when empowering individuals: <ul style="list-style-type: none"> • work in line with policies and procedures – inclusion, health and safety, safeguarding and protection, whistleblowing • risk assessment and management – to uphold individual rights and maintain duty of care, role of informed decision-making and positive risk-taking • working in partnership.
3. Understand the role of advocacy in relation to empowerment.	3.1 Key principles and values of advocacy: <ul style="list-style-type: none"> • duty to involve • enablement • positive risk-taking • rights relating to complaints and appeals • rights relating to choices and decision-making (including unwise decisions) • values in relation to disability, mental health, human rights, participation and best interests • ethical considerations.

Learning outcomes The learner will:	Content: Scope of learning:
	3.2 Models of advocacy: <ul style="list-style-type: none">• self-advocacy• group advocacy• peer advocacy• citizen advocacy• professional advocacy• non-instructed advocacy.
	3.3 When an individual may require an advocate: <ul style="list-style-type: none">• independent advocacy and appropriate person• statutory advocacy duties• advocacy relating to complaints and appeals• advocacy relating to mental capacity.

Unit 03: Assessment grading criteria

The table below shows what you (the learner) must do to achieve each grading criterion. You must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment of learning	Evidence record
P1	1.1 1.2	Define empowerment in health and social care. List four (4) factors that may impact on the empowerment of individuals. Use an example to explain the impact of empowerment on individuals.	
P2	1.3	Identify two (2) strategies that can be used to empower individuals.	
P3	2.1	Explain why tensions may exist when balancing the rights of the individual against the health and social care practitioner's duty of care.	
P4	2.2	Describe the health and social care practitioner's role when managing risk in relation to empowerment.	

		Assessment of learning	Evidence record
P5	3.1 3.2 3.3	<p>Define the role of advocacy in relation to health and social care.</p> <p>Identify four (4) models of advocacy.</p> <p>List three (3) key principles and values of advocacy.</p> <p>Use an example to describe when an individual may require an advocate.</p>	
P6		Two (2) relevant references from different sources must be included.	
M1	1.3	Analyse strategies for empowerment in health and social care.	
M2	3.1	Discuss ethical considerations to the role of advocacy.	
D1	3.2	Compare and contrast two (2) different models of advocacy in relation to empowerment.	
D2	1.1 1.2 2.1	Analyse the impact of empowerment on an individual's rights.	

Unit 04: Health education



Unit reference	K/616/8616		Unit level	3
Unit hours	Guided learning	60	Non-guided learning	9
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of health education.			

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learner will:	Content: Scope of learning:
1. Understand healthy lifestyles.	1.1 The impact of lifestyle choices on health and well-being: <ul style="list-style-type: none"> • diet • exercise • substance use • unprotected sex • rest, relaxation and sleep <p>Consider: social, emotional, cognitive, physical, positive, negative, short-term and long-term impacts.</p>
	1.2 Benefits to individuals and societies of healthy lifestyles: <p>Individuals:</p> <ul style="list-style-type: none"> • physical, mental and emotional health • quality of life • life expectancy • level of dependency. <p>Societies:</p> <ul style="list-style-type: none"> • disease prevention
	1.3 How practitioners contribute to health promotion: <ul style="list-style-type: none"> • nurses and midwives • dieticians • dentists and hygienists • occupational therapists • social workers • teachers.

Learning outcomes The learner will:	Content: Scope of learning:
2. Understand the relationship between health promotion and health education.	2.1 The relationship between health promotion and health education: <ul style="list-style-type: none"> • response to different health challenges • health promotion as an umbrella term • health promotion – enabling control over own health • health education – increasing knowledge and skills to make changes to improve health.
3. Understand approaches to health education.	3.1 Approaches to health education: <ul style="list-style-type: none"> • medical • behaviour change • educational • client-centred/directed • preventative. <p>Consider: aims and methods of each approach.</p>
	3.2 Methods of communication used in health education: <ul style="list-style-type: none"> • digital media • leaflets and learning materials • information-sharing sessions • community programmes • advertising.
4. Understand behaviour change in health education.	4.1 Models of behaviour change used in health education: <ul style="list-style-type: none"> • health belief model • transtheoretical model (stages of change) • social learning theory • theory of planned behaviour • theory of reasoned action.
	4.2 How barriers impact on behaviour change: <ul style="list-style-type: none"> • individual – personal beliefs, motivation, self-esteem • social – relationships, support, peer pressure, media • environmental – cost, time, accessibility of resources.

Learning outcomes The learner will:	Content: Scope of learning:
5. Understand the role of the health educator.	5.1 The roles and responsibilities of the health educator: <ul style="list-style-type: none"> • raise awareness of health issues • advocate • assess individual and community needs • provide information, support informed decision-making and empower individuals • promote community education surrounding health issues • increase self-awareness in relation to health • support behaviour change • research, evidence-based practice.
6. Understand the purposes and stages of health education campaigns.	6.1 Reasons for health education campaigns: <ul style="list-style-type: none"> • public health issues • improve health and well-being • to aid understanding of causes of ill health • encourage use of preventative methods • research • needs assessment.
	6.2 Stages of developing a health education campaign: <ul style="list-style-type: none"> • information gathering • identify target audience • set clear aims and objectives • agree approaches • implementation • undertake review • evaluate outcomes.
	6.3 Methods of evaluating a health education campaign: <ul style="list-style-type: none"> • target groups • sample data collection • qualitative and quantitative data analysis • reporting • dissemination • recommendation and actions.

Learning outcomes The learner will:	Content: Scope of learning:
7. Understand current health education campaigns.	7.1 Public health issues: <ul style="list-style-type: none">• mental health• child and maternal health• sexual health• obesity• smoking• alcohol• physical activity.
	7.2 Current health education campaigns: <ul style="list-style-type: none">• in relation to public health issues• national and local.

Unit 04: Assessment grading criteria

The table below shows what you (the learner) must do to achieve each grading criterion. You must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment of learning	Evidence record
P1	1.1	Outline the impact of two (2) lifestyle choices on holistic development, health and well-being.	
P2	1.2	List three (3) benefits of following a healthy lifestyle for an individual and explain the benefits this may have on society.	
P3	1.3	Identify two (2) practitioner roles and describe three (3) ways each of these roles contribute to health promotion in practice.	
P4	2.1 3.1 3.2 5.1	Compare the roles of health promotion and health education. List key roles and responsibilities of the health educator. Identify two (2) approaches to health education. Summarise methods of communication used in health education (learners must summarise all examples that are included in the scope of learning).	

		Assessment of learning	Evidence record
P5	6.1	Explain two (2) reasons for health education campaigns.	
	6.2	Identify stages in developing a health education campaign (learners must summarise all examples that are included in the scope of learning).	
	6.3		
P6	7.1	Describe the aims of a current health education campaign to address a public health issue in the UK.	
	7.2		
P7	4.1	Describe two (2) models of behaviour change used for health education.	
	4.2		
P8		Two (2) relevant references from different sources must be included.	
M1	1.1	Analyse short- and long-term benefits of following healthy lifestyles:	
	1.2		

		Assessment of learning	Evidence record
M2	3.1	Compare and contrast the aims and methods within approaches to health education.	
D1	6.1 6.2 6.3	Select a health education campaign. Evaluate the outcomes of the health education campaign.	
D2	5.1	Analyse the role of the health educator for health promotion.	

Unit 05: Anatomy and physiology for health and social care



Unit reference	M/616/8617	Unit level	3
Unit hours	Guided learning	60	Non-guided learning 9
Unit aim	The aim of this unit is to provide learners with knowledge and understanding of anatomy and physiology of the human body.		

Learner name:		Centre no:	
PIN:		ULN:	

Learning outcomes The learner :	Content: Scope of learning:
1. Understand the structure and functions of the organ systems of the human body.	<p>1.1 The structures and functions of the organ systems of the human body:</p> <ul style="list-style-type: none"> • endocrine system: the endocrine system and hormonal control; the location and function of the hypothalamus and pituitary gland; the thyroid gland; the action of hormones on key glands; for example, insulin and glucagon in control of blood sugar level. Disorders of the endocrine system, eg, diabetes, hypothyroidism • nervous system: the mechanism of transmission of an impulse; action potential; saltatory conduction and synoptic transmissions; outline structure of the central nervous system; peripheral nervous system and autonomic nervous system and their functions; somatic, sensory and motor nerve pathways; spinal reflex arc. Disorders of the nervous system eg, dementia, multiple sclerosis • digestive system: anatomy and physiology of alimentary canal; process of digestion and absorption; role of enzymes in the digestive process; role of digestion in providing material for respiration and cell growth; elimination of waste products. Disorders of the digestive system e.g. - irritable bowel syndrome, coeliac disease • cardio-vascular system: cardio-vascular system and the mechanism of blood circulation (heart, blood and blood vessels); transport of blood gases; pulmonary and systemic circulation; structure and function of blood. Disorders of the cardio-vascular system eg, hypertension, coronary heart disease

Learning outcomes The learner will:	Content: Scope of learning:
	<ul style="list-style-type: none"> • excretory/urinary system: the anatomy of the kidney and excretory system; the structure of the nephron and its function of filtration; reabsorption; excretion, osmoregulation and electrolyte balance; role of Antidiuretic Hormone (ADH); elimination of waste products. Disorders of the excretory/urinary system eg, UTIs, renal failure • muscular system: muscle types (visceral, cardiac and skeletal); names; locations; function; movement; joints; types of muscle contractions. Disorders of the muscular system eg, muscular dystrophy • skeletal system: skeletal structure; regions; spinal structure; bone growth and development; types of bones; movement; joints. Disorders of the skeletal system eg, osteoarthritis, osteoporosis • immune system: structures: lymph organs; lymph nodes; lymphocytes; types of immunity; immune response; immunisation. Disorders of the immune system eg, Hodgkin’s disease, leukaemia • integumentary system: layers of the skin; hair; nails; glands; purpose; protection; sensation; excretion. Disorders of the integumentary system eg, eczema, skin cancer • reproductive system: anatomy and physiology of the male and female reproductive system. Disorders of the reproductive system: eg, female polycystic ovary syndrome, male prostate cancer. <p>1.2 The relationship between the structure and function of the organ systems:</p> <ul style="list-style-type: none"> • contribution of structure to function • cell, tissues, organ, organ systems. <p>1.3 The relationships between the organ systems in maintaining healthy body functions:</p> <ul style="list-style-type: none"> • how systems work together eg, excretory system and digestive system, nervous system and muscular/skeletal system.

Learning outcomes The learner will:	Content: Scope of learning:
2. Understand homeostasis in the human body.	2.1 The process of homeostasis in the human body: <ul style="list-style-type: none"> • homeostatic mechanisms • self-regulating process • feedback control • role of hypothalamus and pituitary gland.
	2.2 How homeostasis maintains the healthy functioning of the human body: <ul style="list-style-type: none"> • positive and negative feedback mechanisms • examples of control, eg, blood glucose levels, osmoregulation, thermoregulation, blood pH, respiration rate.
	2.3 The relationship between the nervous system and the endocrine system in gaining homeostatic control: <ul style="list-style-type: none"> • both systems working in conjunction • hormonal regulation • hypothalamus functions pituitary gland.
3. Understand physiological measurements.	3.1 Factors which may affect changes in physiological measurements: <ul style="list-style-type: none"> • gender • age • ill health • diet • level of activity • stress • emotion • drugs • hormones.
	3.2 Equipment used to measure: <ul style="list-style-type: none"> • temperature • blood pressure • pulse • respiratory rate • oxygen saturation. <p>Consider: thermometer, sphygmomanometer, watch, pulse oximetry, stethoscope, specialised equipment for recording physiological measurements.</p>

Learning outcomes The learner will:	Content: Scope of learning:
	<p>3.3 Reasons for taking physiological measurements:</p> <ul style="list-style-type: none">• monitoring of a condition, i.e. diabetes, hypertension, cardio-vascular issue• monitoring individuals who are at risk of a condition• diagnosis of disease• controlling treatment• monitoring individuals during operations• monitoring individuals in intensive care• work role requires regular health checks eg, athletes, air crew. <p>Whilst practical application will not formally be assessed learners should be given the opportunity to practise taking physiological measurements wherever possible. All such practical delivery must be under the guidance of skilled and competent staff in relation to undertaking physiological measurements.</p>

Unit 05: Assessment grading criteria

The table below shows what you (the learner) must do to achieve each grading criterion. You must achieve all the criteria for a grade to be awarded. A higher grade may not be awarded before a lower grade has been achieved, although component criteria of a higher grade may have been achieved.

Learner name:		PIN:		Centre no:		ULN:	
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		Assessment of learning	Evidence record
P1	1.1 1.2 1.3	Outline the structure and functions of four (4) organ systems of the human body. Describe the relationship between the structures and functions of two (2) organ systems of the human body. Use an example to explain how organ systems work together to maintain healthy body functions.	
	2.1 2.2 2.3	Explain the process of homeostasis in the human body and its role within maintaining healthy functioning. Describe the relationship between the nervous system and the endocrine system in gaining homeostatic control.	

		Assessment of learning	Evidence record
P3	3.1 3.2 3.3	<p>Describe how to use equipment for measuring:</p> <ul style="list-style-type: none"> • temperature • blood pressure • pulse • respiratory rate • oxygen saturation. <p>Give two (2) reasons for taking physiological measurements.</p> <p>Explain two (2) separate factors which may affect changes in physiological measurements.</p>	
	P4	Two (2) relevant references from different sources must be included.	
M1	1.3	Use an example to analyse the relationships between organ systems in maintaining healthy body functions.	
D1	2.1 2.2 2.3	Examine the relationship between the nervous system and the endocrine system in gaining homeostatic control.	

Section 4:

Assessment and quality assurance information

Recommended assessment methods

A recommended range of assessment methods has been identified, which may be used for the units in these qualifications. This gives the opportunity for different learners' individual needs to be taken into account.

If you are proposing to use an assessment method that is not included within the recommended list you should contact your External Quality Assurer with full details of your proposed method. It will need formal approval from us before it can be used.

Each learner must generate evidence from appropriate assessment tasks which demonstrate achievement of all the learning outcomes associated with each unit.

Please refer to the notes relating to **expert witness testimony** and **simulation** which follow this table.

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
A	Direct observation of learner by Assessor <ul style="list-style-type: none"> by an assessor who meets the relevant Sector Skills Council's or other assessment strategy/principles and includes inference of knowledge from this direct observation of practice 	Yes	Yes
B	Professional discussion	Yes	Yes
C	Expert Witness evidence*: <ul style="list-style-type: none"> when directed by the Sector Skills Council or other assessment strategy/principles 	Yes	Yes
D	Learner's own work products	Yes	Yes
E	Learner log or reflective diary	Yes	Yes
F	Activity plan or planned activity	Yes	Yes
G	Observation of children, young people or adults by the learner	Yes	Yes

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
H	Portfolio of evidence <ul style="list-style-type: none"> • may include simulation** 	Yes	Yes
I	Recognition of prior learning	Yes	Yes
J	Reflection on own practice in real work environment	Yes	Yes
K	Written and pictorial information	No	Yes
L	Scenario or case study	No	Yes
M	Task set by CACHE (for knowledge learning outcomes)	No	Yes
N	Oral questions and answers	Yes	Yes

* **Expert Witness testimony** should be used in line with the relevant assessment strategy/principles. This method must be used with professional discretion, and only selected when observation would not be appropriate. Those providing an expert witness testimony must be lead practitioners with experience of making judgements around competence. The circumstances that may allow for an expert witness testimony include:

- when assessment may cause distress to an individual, such as supporting a child with a specific need
- a rarely occurring situation, such as dealing with an accident or illness
- confidential situations, such as Safeguarding Strategy meetings, where it would be inappropriate for an assessor to observe the learner's performance.

** **Simulation.** A learner's Portfolio of Evidence may only include simulation of skills where simulation is permitted by the relevant assessment strategy/principles.

Assessment strategies and principles relevant to these qualifications

The units we offer have been developed in line with the specific **assessment strategies or principles** of different Sector Skills Councils (SSCs) or by us where there is no SSC lead.

The key requirements of the assessment strategies or principles that relate to units in this qualification are **summarised** below. More detailed strategies or principles can be found in **Delivering our Qualifications – Assessment and Internal Quality Assurance Guidance**, which can be found on the NCFE website.

The Centre needs to ensure that individuals undertaking Assessor or Quality Assurer roles within your Centre conform to the SSC or CACHE assessment requirements for the **unit** they are assessing or quality assuring.

Staffing requirements

Centres delivering any of NCFE CACHE's qualifications must:

- have a sufficient number of appropriately qualified/experienced Assessors to assess the volume of learners they intend to register
- have a sufficient number of appropriately qualified/experienced Internal Quality Assurers to internally quality assure the anticipated number of Assessors and learners
- ensure that all staff involved in assessment and internal quality assurance are provided with appropriate training and undertake meaningful and relevant continuing professional development
- implement effective internal quality assurance systems and processes to ensure all assessment decisions are reliable, valid, authentic, sufficient and current. This should include standardisation to ensure consistency of assessment
- provide all staff involved in the assessment process with sufficient time and resources to carry out their roles effectively.

Assessors and Internal Quality Assurance

Staff involved in the Assessment and Internal Quality Assurance of these qualifications should be appropriately qualified to make assessment decisions. Although it is not a specific requirement of these qualifications, we consider it to be good practice for Assessors to hold, or be working towards, a recognised qualification in assessment. Where a recognised qualification is not held, Assessors should be able to demonstrate relevant and current experience of assessment.

External Quality Assurance (CACHE and NCFE graded qualifications)

Summatively assessed and internally quality assured grades for at least one completed unit must be submitted via the Portal, prior to an EQA review taking place. Following the EQA review, the unit grades will either be accepted and banked by your External Quality Assurer or, if they disagree with the grades, they will be rejected. If a grade is rejected, centres must reassess, regrade, internally quality assure and resubmit the new unit grade in line with EQA actions.

Assessment Strategy

Knowledge learning outcomes

- **Assessors** will need to be both occupationally knowledgeable and qualified to make assessment decisions
- **Internal Quality Assurers** need to be both occupationally knowledgeable and qualified to make quality assurance decisions

Competence / Skills learning outcomes

- **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.

Approach to Assessment

The CACHE Applied General qualifications are both internally and externally assessed.

The internal assessment component represents 100% coverage of the qualification content, and 100% of the qualification's content may also be subject to external assessment.

We need to be able to compare performance on the same assessment components across different papers.

We achieve this using a uniform mark scale (UMS).

Please see the document on our website entitled 'UMS scores for CACHE Applied General qualifications' for a detailed summary of how UMS points are shared across the different qualification components, to help estimate or predict final grades for these qualifications.

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.

Aggregation

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

Section 5:

Documents and resources

Useful documents

This section refers to useful documents that can be found on the secure website, some of which may assist with the delivery of these qualifications.

- Delivering our Qualifications – Assessment and Internal Quality Assurance Guidance

Mandatory documents

The completion of an 'Evidence Record' and 'Record of Assessment Cycle' form is **mandatory**. We have devised these templates for your convenience; however, you may design your own forms which comply with the content of our templates.

- Evidence Record
- Record of Assessment Cycle

We have also provided notes to guide you when completing these forms:

- Completing the Evidence Record
- Completing the Record of Assessment Cycle

The forms and guidance documents are included within **Delivering our Qualifications – Assessment and Internal Quality Assurance Guidance** on our website.

Safeguarding guidance

To support early years settings, the UKCIS Education Working Group has developed two documents to help early years settings managers and staff consider their practice and to take steps to safeguard both children and adults online. To access the documents, please visit:

www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations.

Resources

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

Resource requirements

There are no specific resource requirements for these qualifications, but Centres must ensure learners have access to suitable resources to enable them to cover all the appropriate learning outcomes.

Learning resources

We offer a wide range of learning resources and materials to support the delivery of our qualifications. Please check the qualification page on our website for more information and to see what is available for this qualification.

Section 6:

Unit Submission Form

Unit Submission Form

Level 3 Applied General Award in Health and Social Care

You must complete this form and attach it to your assessment on submission. The unit assessment will not be accepted without this form.

Learner

Name:

PIN:

Site/Centre no.

Learner declaration

Unit –

I declare that this is my own work and I understand that any grades are provisional until internal moderation has taken place.

Learner signature:

Date:

Comments: refer to assessment of learning

Signatures

Tutor:

Date:

Internal Quality Assurer signature:
(if chosen for sample)

Date:

Unit Submission Form

Level 3 Applied General Certificate in Health and Social Care

You must complete this form and attach it to your assessment on submission. The unit assessment will not be accepted without this form.

Learner

Name:

PIN:

Site/Centre no.

Learner declaration

Unit –

I declare that this is my own work and I understand that any grades are provisional until internal moderation has taken place.

Learner signature:

Date:

Comments: refer to assessment of learning

Signatures

Tutor:

Date:

Internal Quality Assurer signature:
(if chosen for sample)

Date:

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Qualification title and reference number:

NCFE CACHE Level 3 Applied General Award in Health and Social Care
NCFE CACHE Level 3 Applied General Certificate in Health and Social Care

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