



Non-Exam Assessment

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

Centre copy

SAMPLE

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Introduction

The internal non-exam assessment (NEA) is a formal internal synoptic assessment that requires the learner to independently apply an appropriate selection of knowledge, understanding, skills and techniques, developed through the full course of study, in response to a real-world situation, to enable them to demonstrate an integrated connection and coherence between the different elements of the qualification.

The non-exam assessment (NEA) will contribute **50%** towards the overall qualification grade and therefore it is important that the learner produces work to the highest standard that they can. The learner, therefore, should not be entered for the NEA until they have been taught the full course of study, to ensure that they are in the best position to complete the NEA successfully.

What is synoptic assessment?

Synoptic assessment is an important part of a high-quality vocational qualification because it shows that learners have achieved a holistic understanding of the sector and that they can make effective connections between different aspects of the subject content and across the breadth of the assessment objectives in an integrated way. The Department for Education (DfE) has consulted with Awarding Organisations and agreed the following definition for synoptic assessment:

“A form of assessment which requires a candidate to demonstrate that s/he can identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the whole vocational area, which are relevant to a key task.”

Synoptic assessment enables learners to show that they can transfer knowledge and skills learnt in one context to resolve problems raised in another. To support the development of a synoptic approach, the qualification encourages learners to make links between elements of the course and to demonstrate how they have integrated and applied their increasing knowledge and skills.

As learners progress through the course, they will use and build upon knowledge and skills learnt across units. The NEA will test the learners' ability to respond to a real-world situation.

Information for learners

Introduction

The internal non-exam assessment is a formal assessment that will contribute **50%** towards your overall qualification grade. It takes the form of a synoptic project that will require you to draw on your knowledge and understanding of the entire qualification, it is therefore important that you produce work to the highest standard that you can.

You will be assessed on your ability to independently select, apply and bring together the appropriate knowledge, understanding, skills and techniques you have learnt throughout your course of study, in response to a brief, set in a real-world-situation.

The non-exam assessment (NEA) will be assessed holistically using a levels of response mark grid and against five integrated assessment objectives. These assessment objectives and their weightings are shown below.

Assessment objective (AO)**AO1 – Recall knowledge and show understanding**

The emphasis here is for learners to recall and communicate the fundamental elements of knowledge and understanding.

16 marks (19.04%)

AO2 – Apply knowledge and understanding

The emphasis here is for learners to apply their knowledge and understanding to real-world contexts and novel situations, including finding creative solutions.

20 marks (23.80%)

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.

12 marks (14.28%)

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.

28 marks (33.33%)

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 demonstration of essential skills; processes, working practices and documentation relevant to the vocational sector.

8 marks (9.52%)

Preparation and research task

Maximum time: 2 hours

In addition to the allocated assessment time for this non-exam assessment (NEA), you are permitted to spend a maximum of **2** hours to undertake research and develop a pack of resources that you can refer to during the formal NEA assessment time. During this 2 hour period, you may access all learning materials, internet access and other published materials.

You should use this time to create your own resource pack and it is this pack alone that you may use during the allocated time given to the NEA. This is the only support material that is permitted during the completion of NEA tasks (unless otherwise stated within each task instructions).

All research or data used in your final NEA **must** be referenced appropriately. As a minimum this should include the following:

- the use of quotation marks to clearly identify any passages not of your own words
- date accessed
- name of source / author.

Evidence requirements: research pack of no more than four sides of A4, font size 12 (if word processed) to be returned to your tutor at the end of each task / session and submitted with the completed NEA.

Maximum completion time

You have been provided with a total of **13** hours to complete this non-examined assessment (plus 2 hours for preparation and research).

You may use some or all of the time provided for each task.

You are allowed to use any remaining time allocated to one task to rework previous tasks up to the maximum time allowed.

You are not allowed to exceed the total number of hours.

You should not start your NEA until you have been taught the full course of study. This will ensure that you are in the best position to complete the NEA successfully.

NCFE Level 1/2 Technical Award in Health and Social care (603/7013/0)

Non-Exam Assessment

Sample

To be given to learners on or after XX XXXX XX

Learner instructions

- Read the project brief carefully before you start the work.
- You **must** clearly identify and label all the work you produce during the supervised time.
- You **must** hand in all your work to the Supervisor at the end of each timed session.

Learner information

- This non-exam assessment (NEA) will assess your knowledge and understanding from across the qualification.
- The maximum mark for this assessment is **84**.
- The maximum completion time for this NEA is **13** hours (plus 2 hours preparation and research time).
- All of the work you submit **must** be your own.

Resources

You have been provided with the following documents to use during the assessment:

- Individual profile- required for Task 1
- Social worker report- required for Tasks 3 and 4.

Please complete the details below clearly and in BLOCK CAPITALS.

Learner name _____

Centre name _____

Centre number

Learner number

Learner signature _____

Project Brief - Case study

John is 68 years old. He lives on his own since his wife died 2 years ago.

Four months ago, John suffered a stroke. He has spent time in residential care to recuperate and is due to return home next week. The stroke has left John with difficulties with his mobility, co-ordination, and speech.

John and his son have met with the social worker, and it has been agreed that for John to safely return home, he will need support from a care assistant from home care services. They will provide care and support 3 times a day to meet John's needs and support his independence. John's son will visit once a day and a neighbour will be able to get John's shopping.

Using the case study and the two resources complete Tasks 1–5.

Assessment tasks and mark scheme

Task 1 – Care planning – Assess and implement	
Maximum time	4 hours
Content areas assessed	<ol style="list-style-type: none"> 1. Health and social care provision and services 2. Job roles in health and social care and the care values that underpin professional practice 3. Legislation, policies and procedures in health and social care 4. Human development across the life span 5. The care needs of the individual 6. How health and social care services are accessed 7. Partnership working in health and social care 8. The care planning cycle
Assessment objectives	AO1 = 4 marks AO2 = 4 marks AO3 = 4 marks AO4 = 12 marks
<p>You are required to:</p> <ul style="list-style-type: none"> • write a report assessing John’s care needs using the case study and individual profile (Appendix 1) • create and complete a detailed care plan template that will be used by the home care services to instruct the care assistants on how to meet John’s individual care needs at home for the first month that includes detailed information relating to: <ul style="list-style-type: none"> ○ John’s current care and support needs ○ John’s own future objectives ○ support required to meet John’s objectives including the care values of professional practice. <p style="text-align: right;">[24 marks]</p>	
Evidence	<ul style="list-style-type: none"> • Written report and care plan: <ul style="list-style-type: none"> ○ word processed or ○ handwritten.

Task 1 – Care planning report – Assess and implement		
Band	Marks	Descriptors
4	10–12	<p>AO3 – Excellent analysis and evaluation of the case study and individual profile to assess and identify John’s care needs and support required that is comprehensive and highly relevant.</p> <p>AO2 – Excellent application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that is comprehensive and highly detailed and highly relevant to the case study and task.</p> <p>AO1 – Excellent recall of knowledge and understanding of care planning that is comprehensive.</p>
3	7–9	<p>AO3 – Good analysis and evaluation of the case study and individual profile to assess and identify John's care needs and the support required that is detailed and mostly relevant.</p> <p>AO2 – Good application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that is detailed and mostly relevant to the case study and task.</p> <p>AO1 – Good recall of knowledge and understanding of care planning that is mostly detailed.</p>
2	4–6	<p>AO3 – Reasonable analysis and evaluation of the case study and individual profile to assess and identify John’s care needs and support required that has some detail and some relevance, though this may be underdeveloped.</p> <p>AO2 – Reasonable application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of John that has some detail, although this may be underdeveloped. With some relevance to the case study and task.</p> <p>AO1 – Reasonable recall of knowledge and understanding of care planning that has some detail.</p>
1	1–3	<p>AO3 – Limited analysis and evaluation of the case study and individual profile to assess and identify John's care needs and support required.</p> <p>AO2 – Limited application of knowledge and understanding of care planning, care needs and support to meet the individual needs of John that has minimal detail and are mostly superficial. With minimal relevance to the case study and task.</p> <p>AO1 – Limited recall of knowledge and understanding of care planning that has minimal detail.</p>
0	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the care plan evidence.

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to create and complete John's care plan required of AO4.

AO1 – Learners will recall knowledge and show understanding of the planning cycle and care plans that may include the following:

- **care plan** – a record that outlines the individualised care and support required to meet the individual's needs and preferences with reference to Maslow's hierarchy of needs:
 - holistic needs:
 - physical
 - cognitive
 - social and emotional
- Maslow's hierarchy of needs:
 - physiological: biological requirements for human survival:
 - food and water
 - rest and sleep
 - personal care
 - safety: security and control in the individual's life:
 - environment
 - healthcare
 - emotional security
 - financial security
 - love and belonging:
 - positive relationships
 - esteem: dignity and respect from others:
 - self-confidence
 - independence
 - self-actualisation: realisation of the individual's full potential:
 - personal growth
 - self-fulfilment.

Assess:

- identify the individual's needs and preferences including John's objectives
- identify any risks
- discuss and agree care and support required with the individual and relevant others, communicate agreed outcomes with the individual and relevant others
- record information and outcomes on the individual's care plan.

Implement:

- agree strategies to meet the individual's needs and preferences
- work in partnership with other professionals and services as appropriate
- offer advice and guidance to the individual and relevant others
- obtain required aids and adaptations
- set target and review dates
- carry out agreed care and support to meet the needs and preferences and objectives of the individual - monitor and record information and outcomes on the individual's care plan.

Review:

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

AO2 – Learners will apply knowledge and understanding of care planning, care needs and support to meet John's individual needs and objectives that may include the following:

Assess

Identify John's objectives: needs and preferences:

- mobility – John mobilises using a walking frame.
- speech – John cannot communicate easily
- food and water – John is eating and drinking, however, John may be unable to prepare and cook his own food and may not manage with standard cutlery
- personal care – John has difficulty washing and dressing
- maintain own safety – John may forget to extinguish cigarettes, he may trip and fall, he may forget to lock doors
- Love and belonging – John will not be able to go out socially as much as previously. John's ability to maintain friendships, John can no longer fulfil his interests outside the home
- dignity and privacy – John will be more reliant on others and may have lost confidence. John requires support with personal care.

Identify any risk:

- John may be unsteady on his feet
- John may smoke alone in the house
- John may not be able to use the cooker safely
- John may not be able to remember to secure his house at night
- John may forget to take his medication.

Implement care and support required with John and relevant others:

- check if John's' son can visit daily and any other support from neighbours can be carried out on a regular basis

- communicate agreed outcomes with John and relevant others
- John's mobility – ensure John has access to appropriate aids (walking frame, ramps) which have been provided by the Occupational Therapist
- John's speech – allow John to have access to his communication aids, prompt sheet, give John time when he is speaking, do not prompt John or interrupt. Ensure access to mobile phones, landlines and internet is appropriate. Practitioners to take advice about communicating with John from relevant professionals
- John's ability to eat and drink – ensure John has adapted aids when eating and can access his food, discuss with son, and neighbour, who will bring John's food which he will be able to cook for himself in a microwave
- John's personal care – ensure all aids are in situ and assistance is given only as required. Ask John if he wants a shower or a bath when the time arises. Practitioners to ensure John can apply moisturising cream after showering or give help as required
- John's ability to maintain own safety – ensure rugs are removed, house is secure and encourage him not to smoke when alone. John can be supplied with a personal contact alarm that he can wear round his neck. Educate John on safe methods of cooking such as the use of a microwave only. Practitioners to discuss with John access to smoking cessation support
- John's ability to maintain friendships – encourage John to keep contact with his son and other friends. Ensure John can access his telephone to speak to friends and family. Support John to ensure he can access any of his IT devices
- John's dignity – ensure that help is only given if John wishes to have support. Ensure that John can keep his private parts covered when being offered help with personal care. Practitioners should treat John as an individual and always give him choice at all times.

Record information and outcomes on John's care plan:

- clear and concise outcomes must be written and dated.

AO3 – Learners will analyse and evaluate knowledge and understanding with the assessment of the individual profile and case study to identify John's care and support needs to meet his objectives that may include:

Assess

Identify John's needs and preferences:

- mobility – John mobilises using a walking frame he is sometimes a little instead when rushing
- speech – John cannot communicate easily; his stroke has made it difficult for John to speak clearly
- food and water – John is eating and drinking, however, John may be unable to prepare and cook his own food and may not manage with standard cutlery
- personal care – John has difficulty washing and dressing, he cannot stand for long periods or fasten any buttons
- maintain own safety – John may forget to extinguish cigarettes, he may trip and fall, he may forget to lock doors
- love and belonging – ability to maintain friendships, John can no longer fulfil his interests outside the home since he cannot leave the house independently

- dignity and privacy – John will require support with personal care since he cannot put on his own clothes independently.

Identify any risk:

- John may be unsteady on his feet and could fall and injure himself.
- John may smoke alone in the house and hence increase the possibility of a fire
- John may not be able to use the cooker safely since he has difficulty standing and coordinating
- John may not be able to remember to secure his house at night
- John may forget to take his medication.

Assessment of support that will meet John's needs and objectives, may include:

- Mobility – walking aid is checked; correct aid is provided to ensure that John is safe and able to move as much and as easily as possible.
- Speech – practitioners give support to ensure that John does not become frustrated and can communicate easily in a variety of ways and therefore his needs are met.
- Food and water – practitioners to ensure that aids allow John to access appropriate nutritional meals, which he selects for himself. Therefore, maintaining overall health and wellbeing. John may have carers visit to prepare a light meal in the evening and ensure access to drinks is maintained.
- Personal care – by ensuring that John's bathing and toileting needs are met in a safe way and no complications could result from inadequate equipment and support. Practitioners to ensure John's skin health is supported to avoid breakdown and deterioration. Carers may visit once a day to support John's needs.
- Safety – practitioners must check that all risks are reduced to a minimum to avoid any accident, injury, or stress, which could result in a further hospital stay or even mortality. Practitioners should discuss with John all risks to ensure he understands fully his role in maintaining his own safety. If John is willing to take part in strategies to stop smoking this would reduce the fire risk in his own home. Practitioners to implement strategies to remind John about his medication or allow his son to administer the medication when visiting.
- Love and belonging / Friendships – to ensure John has a positive attitude by maintaining contact with friends and relatives, carers speaking to John about his life encourages self-fulfilment and reduces feelings of loneliness.
- Dignity – by consulting John on all decisions, this will ensure he feels empowered and still has control over different aspects of his life. Practitioners should follow good working practices when undertaking personal care routines to reduce embarrassment to John.

Task 1 – Care planning care plan – Assess and implement		
Band	Marks	Descriptors
4	10–12	<p>AO4 – Excellent demonstration of vocational skills for the creation of a care plan that is comprehensive and highly detailed.</p> <p>AO4 – Excellent demonstration of vocational skills for the completion of a care plan that is comprehensive and highly detailed.</p> <p>AO4 – Excellent demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support relevant to meet John’s holistic needs and preferences, that is comprehensive and highly detailed and highly relevant to the case study and task.</p>
3	7–9	<p>AO4 – Good demonstration of vocational skills for the creation of a care plan that is detailed.</p> <p>AO4 – Good demonstration of vocational skills for the completion of a care plan that is detailed.</p> <p>AO4 – Good demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support relevant to meet John’s holistic needs and preferences, that is detailed and mostly relevant to the case study and task.</p>
2	4–6	<p>AO4 – Reasonable demonstration of vocational skills for the creation of a care plan that has some detail although this may be underdeveloped.</p> <p>AO4 – Reasonable demonstration of vocational skills for the completion of a care plan that has some detail although this may be underdeveloped.</p> <p>AO4 – Reasonable demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support relevant to meet John’s holistic needs and preferences, that has some detail although this may be underdeveloped. With some relevance to the case study and task.</p>
1	1–3	<p>AO4 – Limited demonstration of vocational skills for the creation of a care plan that have minimal detail and are mostly superficial.</p> <p>AO4 – Limited demonstration of vocational skills for the completion of a care plan that have minimal detail and are mostly superficial.</p> <p>AO4 – Limited demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support relevant to meet John’s holistic needs and preferences, that has minimal detail and is mostly superficial. With minimal relevance to the case study and task.</p>
0	0	No rewardable material.

Indicative content

AO4 – Learners will demonstrate the application of vocational skills with the creation and completion of a care plan that considers and includes all relevant aspects of care planning. The plan will include the following:

- **care plan** – a record that outlines the individualised care and support required to meet the individual’s holistic needs and preferences with reference to Maslow’s hierarchy of needs:
 - holistic needs:
 - physical
 - cognitive
 - social and emotional
- Maslow’s hierarchy of needs:
 - physiological: biological requirements for human survival:
 - food and water
 - rest and sleep
 - personal care.
 - safety: security and control in the individual’s life:
 - environment
 - healthcare
 - emotional security
 - financial security
 - love and belonging:
 - positive relationships
 - esteem: dignity and respect from others:
 - self-confidence
 - independence
 - self-actualisation: realisation of the individual’s full potential:
 - personal growth
 - self-fulfilment
- person-centred care
- the individual’s needs and preferences
- risks – health and safety
- care and support required with the individual and relevant others
- record information and outcomes on the individual’s care plan
- strategies and support required to meet the individual’s needs and preferences
- work in partnership with other professionals and services as appropriate
- any required aids and adaptations
- partnership working
- roles and responsibilities of the practitioners involved in the provision of care
- health and social care services that may need to be accessed to include barriers to access.

NB: the care plan template as created by the learner does not need to take on any set structure or format, however as per the mark grid the care plan template is rewarded for its quality.

Task 2 – Health and safety – Procedures	
Maximum time	1 hour
Content areas assessed	3. Legislation, policies and procedures in health and social care
Assessment objectives	AO1 = 4 marks AO2 = 4 marks AO3 = 4 marks
You are required to:	
<ul style="list-style-type: none"> analyse safe working practices in relation to Personal Protective Equipment (PPE) and write a procedure for its safe use and disposal. <p style="text-align: right;">[12 marks]</p>	
Evidence	<ul style="list-style-type: none"> Written procedure: <ul style="list-style-type: none"> word processed handwritten.

Task 2 – Health and safety – Procedures		
Band	Marks	Descriptors
4	10–12	<p>AO3 – Excellent analysis and evaluation of safe working practices in relation to personal protection equipment (PPE) that is highly detailed and entirely relevant. Supported with excellent justifications for the choice and appropriateness of the safe working practices that are comprehensive and highly detailed.</p> <p>AO2 – Excellent application of knowledge and understanding of safe working practices in the use and disposal off PPE that is comprehensive and relevant to the procedure.</p> <p>AO1 – Excellent recall of knowledge and understanding of procedures for the safe working practices in relation to the use and disposal of PPE that is accurate and highly detailed.</p>
3	7–9	<p>AO3 – Good analysis and evaluation of safe working practices in relation to PPE that is detailed and mostly relevant. Supported with good justifications for the choice and appropriateness of the safe working practices that are detailed.</p> <p>AO2 – Good application of knowledge and understanding of safe working practices in the use and disposal of PPE that is detailed and mostly relevant to the procedure.</p> <p>AO1 – Good recall of knowledge and understanding of procedures for the safe working practices in relation to the use and disposal PPE that is mostly accurate and detailed.</p>
2	4–6	<p>AO3 – Reasonable analysis and evaluation of safe working practices in relation to PPE that has some detail and some relevance, though this may be underdeveloped. Supported with reasonable justifications for the choice and appropriateness of safe working practices that have some detail, though these may be underdeveloped.</p> <p>AO2 – Reasonable application of knowledge and understanding of safe working practices in the use and disposal of PPE that has some detail although this may be underdeveloped. With some relevance to the procedure.</p> <p>AO1 – Reasonable recall of knowledge and understanding of procedures for the safe working practices in relation to the use and disposal of PPE that has some accuracy and detail.</p>

1	1–3	<p>AO3 – Limited analysis and evaluation of safe working practices in relation to PPE. Supported with limited justifications for the choice and appropriateness of safe working practices that have minimal detail and are mostly superficial.</p> <p>AO2 – Limited application of knowledge and understanding of safe working practices in the use and disposal of PPE that have minimal detail and are mostly superficial. Minimal relevance to the procedure.</p> <p>AO1 – Limited recall of knowledge and understanding of procedures for the safe working practices in relation to the use and disposal of PPE that have minimal accuracy and detail.</p>
0	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the procedure evidence.

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to write a procedure for the use and disposal of PPE.

AO1 – Learners will recall knowledge and understanding of procedures for the safe working practices related to the use and disposal of PPE that may include the following:

- use and disposal of:
 - apron or gown
 - surgical mask or respirator
 - eye protection
 - gloves
- hand hygiene:
 - before putting on any PPE
 - after removing all PPE
- bins for disposal:
 - receptacles for reusable equipment
 - disposal of PPE from infectious patients – appropriately lined bin
 - disposal of PPE from non-infectious patients – appropriately lined bin.

AO2 – Learners will apply knowledge and understanding of safe working practices in the use and disposal of PPE that may include the following:

Use of personal protective equipment (PPE):

- perform hand hygiene before putting on any PPE
- the order for putting on PPE is:
 - apron or gown

- surgical mask
- eye protection (where required)
- gloves
- apron:
 - pull over head
 - fasten at back of waist
- gown / fluid repellent coverall:
 - fully cover torso, neck to knees, arms to end of wrist
 - wrap around the back.
 - fasten at the back
- surgical mask (or respirator):
 - secure ties or elastic bands at middle of head and neck
 - fit flexible band to bridge of nose
 - fit snug to face and below chin
 - fit / check respirator if being worn
- eye protection (goggles / face shield):
 - place over face and eyes and adjust to fit
- gloves:
 - select according to hand size.
 - extend to cover wrist.

Disposal of personal protective equipment (PPE):

- the order for removing PPE is:
 - gloves
 - apron or gown
 - eye protection
 - surgical mask
- gloves:
 - grasp the outside of the glove with the opposite gloved hand and peel off
 - hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist
 - peel the second glove off over the first glove
 - discard into an appropriate lined waste bin
- apron:
 - unfasten or break ties
 - pull apron away from neck and shoulders, touching inside only
 - fold and roll into a bundle
 - discard into an appropriate lined waste bin
- gown / fluid repellent coverall:
 - unfasten neck then waist ties
 - remove using a peeling motion; pull gown / fluid repellent coverall from each shoulder towards the same hand
 - gown / fluid repellent coverall will turn inside out
 - hold removed gown/fluid repellent coverall away from body, roll into a bundle and discard into an appropriately lined bin or linen receptacle
- eye protection:
 - handle only by the headband or the sides

- discard into a lined waste bin or place into a receptacle for reprocessing / decontamination
- surgical mask (or respirator):
 - unfasten the ties – first the bottom, then the top
 - pull away from the face without touching the front of the mask / respirator
 - discard disposable items into an appropriate lined waste bin
 - for reusable respirator, place in designated receptacle for processing / decontamination
- perform hand hygiene immediately on removal of PPE
- PPE from non-infectious patients:
 - disposed of in “offensive” waste (eg yellow, and black striped bags)
 - or clinical or infectious waste (orange bags) streams
- PPE from patients who are infectious:
 - must go into clinical infectious waste streams (eg orange bags)
 - usually for incineration
 - could be autoclaved for shredding or landfill.

AO3 – Learners will analyse and evaluate the safe working practices in relation to PPE that may include the following:

NB: Analysis of safe working practices in relation to PPE is implied through the creation of a suitable procedure.

- The use of PPE is one part of the process of reducing cross-contamination and infection. It is not a ‘solution’.
- All staff have a responsibility to check that the PPE they are using is fit-for-purpose.
- Staff must ensure that individual items of PPE are compatible with other items of PPE.
- Not touching the front of PPE when removing reduces the risk of cross-contamination.
- Hand hygiene is an important part of this process – start and end.
- Gloves must be changed if torn or heavily contaminated.
- Practitioners should try and limit the surfaces they touch when wearing PPE.
- The type of PPE used will depend upon the exposure anticipated. Not all PPE will always be needed.
- PPE is removed in a certain order to reduce the chances of cross-contamination.
- It is important to use the correct bins so that the waste is treated accordingly. This is just one part of a longer, waste disposal process.

Task 3 (a) – Planning an activity	
Maximum time	3 Hours
Content areas assessed	2. Job roles in health and social care and the care values that underpin professional practice 4. Human development across the life span 5. The care needs of the individual
Assessment objectives	AO1 = 4 marks AO2 = 4 marks AO4 = 8 marks
<p>John has now been at home for 4 weeks. He has had a visit from his Social Worker who has completed a written report of John’s progress.</p> <p>You are required to:</p> <p>Review the Social Worker’s report (appendix 2).</p> <ul style="list-style-type: none"> create and produce an activity plan, planning out a day of activities for John, based around his previously enjoyed activities and care needs. <p>The activity plan must include:</p> <ul style="list-style-type: none"> activities with timings (including breaks and travel where applicable) how each activity will support John’s development the family member or practitioners’ role during the activity resources required. <p>If your plan does not include all of the above, you will not be able to access all of the marks.</p> <p style="text-align: right;">[16 marks]</p>	
Evidence	<ul style="list-style-type: none"> Activity plan – written document: <ul style="list-style-type: none"> word processed or handwritten.

Task 3 (a) – Planning an activity – Activity Plan		
Band	Marks	Descriptors
4	7–8	<p>AO2 – Excellent application of knowledge and understanding of John’s holistic needs is comprehensive and highly detailed and highly relevant to John’s development.</p> <p>AO1 – Excellent recall of knowledge and understanding of holistic needs that is comprehensive.</p> <p>The activity plan meets all requirements of the task: timings, resources, practitioners’ role and how each activity will support John</p>
3	5–6	<p>AO2 – Good application of knowledge and understanding of John’s holistic needs that is detailed and mostly relevant to John’s development.</p> <p>AO1 – Good recall of knowledge and understanding of holistic needs that is mostly detailed.</p> <p>The activity plan meets most requirements of the task: timings, resources, practitioners’ role and how each activity will support John</p>
2	3–4	<p>AO2 – Reasonable application of knowledge and understanding of John’s holistic needs that has some detail, although this may be underdeveloped. With some relevance to John’s development.</p> <p>AO1 – Reasonable recall of knowledge and understanding of holistic needs that has some detail.</p> <p>The activity plan meets some requirements of the task: timings, resources, practitioners’ role and how each activity will support John</p>
1	1–2	<p>AO2 – Limited application of knowledge and understanding of John’s holistic needs that has minimal detail and are mostly superficial. With minimal relevance to John’s development.</p> <p>AO1 – Limited recall of knowledge and understanding of holistic needs that has minimal detail.</p> <p>The activity plan meets limited requirements of the task: timings, resources, practitioners’ role and how each activity will support John.</p>
0	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the activity plan evidence.

A learner’s demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) can be implied through the learner’s ability to create an activity plan required for AO4.

AO1 – Learners will recall knowledge and show understanding of holistic needs that may include the following:

- developing John's mobility
- developing John's co-ordination
- developing John's speech
- providing intellectual stimulation
- providing social interaction
- ensuring that John's previous hobbies and interests are part of his activity plan
- ensuring that rest breaks are added as usual tasks will require more energy.

AO2 – Learners will apply knowledge and understanding of holistic needs and activities to support John's development that must include the following:

- activities with timings (including breaks and travel where applicable)
- how each activity will support John's development
- the family member or practitioners' role during the activity
- resources required.

AO2 – Learners will apply knowledge and understanding of holistic needs and activities to support John's development that must include the following:

Developing John's mobility:

- taking the bus to the pub that he previously attended, indicating the seats at the front of the bus for him to sit on
- deciding which bus stop to get off at in advance so that John has the opportunity to be mobile (eg getting off a stop earlier than usual).

Developing John's co-ordination:

- exercises recommended by Physiotherapist
- armchair aerobic type exercises at the day centre
- playing cards with friends to strengthen fine motor skills
- jigsaws for hand-eye co-ordination.

Developing John's speech:

- coping and communication strategies developed with the speech and language therapist
- practising tone of voice, facial expressions and body language
- build confidence in speech through communicating with son, neighbour, practitioners he comes into contact with and friends
- conversation groups where he can practice speech with other people, including informally at the day centre
- partner schemes where John is put into contact with someone else that has difficulties with speech so they can practice together
- websites and apps designed to improve speech through exercises

- communication cards / passport to help John as needed.

Intellectually stimulating John:

- show John how to use a smart phone – apps for speech practice, physical exercise, video calls with friends
- brain training activities and apps to help with co-ordination, memory, problem solving
- jigsaws for problem solving.

Socially interacting with John:

- attend the day centre, ensuring that staff understand John's changing needs, perhaps via a care card
- contact with any local befriending organisations
- arranging for John's friends to visit him at home.

Meeting physical needs:

- the therapy and practice John will participate in will make him tired. Plan rest breaks. Ensure John knows when to listen to his body and stop
- order supermarket shopping online for delivery at home. Note for delivery driver to help.

Holistic needs:

- understanding that each of these strategies has multiple benefits and should be considered as such in planning to meet John's care needs.

Task 3 (a) – Planning an activity – Activity plan		
Band	Marks	Descriptors
4	7–8	AO4 – Excellent demonstration of vocational skills for the creation of an activity plan that is comprehensive and highly detailed and highly relevant to the case study and task.
		AO4 – Excellent demonstration of vocational skills for the completion of an activity plan that is comprehensive and highly detailed and highly relevant to the case study and task.
3	5–6	AO4 – Good demonstration of vocational skills for the creation of an activity plan that is detailed and mostly relevant to the case study and task.
		AO4 – Good demonstration of vocational skills for the completion of an activity plan that is detailed and mostly relevant to the case study and task.
2	3–4	AO4 – Reasonable demonstration of vocational skills for the creation of an activity plan that has some detail , although this may be underdeveloped . With some relevance to the case study and task.
		AO4 – Reasonable demonstration of vocational skills for the completion of an activity plan that has some detail , although this may be underdeveloped . With some relevance to the case study and task.
1	1–2	AO4 – Limited demonstration of vocational skills for the creation of an activity plan that has minimal detail and is mostly superficial . With minimal relevance to case study and task.
		AO4 – Limited demonstration of vocational skills for the completion of an activity plan that has minimal detail and is mostly superficial . With minimal relevance to the case study and task.
0	0	No rewardable material.

AO4 – Learners will demonstrate the application of vocational skills with a plan that considers and includes all relevant aspects of planning for activities. The plan could include the following:

- holistic needs:
 - physical: John must be able to access a social activity according to his preferences and requirements and needs
 - social and emotional: the activity allows John to be able to take part in an activity of his choice with the required support provided
- person-centred care and support: John must be able to take part in an activity of his choice with the required support
- the individual’s needs and preferences: John’s preferences should be met as far as possible after detailed discussion with John
- risks – health and safety: John will be safe from falls and accidents during an activity

The plan **must** include:

- activities with timings (including breaks and travel where applicable)

- how each activity will support John's development. John will improve and progress as much as his condition allows
- the practitioners' role during the activity to ensure the practitioner supports but does not control the situation for John
- resources required: resources will be accessed from various services by the involvement of other practitioners for example the occupational therapist.

NB: where a learner has not included all aspects of the activity plan as required of the task, learners will have therefore demonstrated some or limited detail and marks should be awarded accordingly.

Task 3 (b) Planning an activity – Risk assessment	
Maximum time	2 Hours
Content areas assessed:	3. Legislation, policies and procedures in health and social care
Assessment objectives	AO1 = 4 marks AO2 = 4 marks AO4 = 4 marks
You are required to:	
<ul style="list-style-type: none"> create a risk assessment template and using this template, carry out a risk assessment for one of the activities in 3 (a). <p style="text-align: right;">[12 marks]</p>	
Evidence	<ul style="list-style-type: none"> Completed risk assessment: <ul style="list-style-type: none"> word processed or handwritten.

Task 3 (b) – Planning an activity – Risk assessment		
Band	Marks	Descriptors
4	10–12	<p>AO4 – Excellent demonstration of vocational skills for the completion of a risk assessment that is comprehensive and highly detailed and highly relevant to the activity.</p> <p>AO2 – Excellent application of knowledge and understanding of assessing risk to the specific activity that is comprehensive and highly detailed and highly relevant to the activity.</p> <p>AO1 – Excellent recall of knowledge and understanding of the elements of a risk assessment that is comprehensive.</p>
3	7–9	<p>AO4 – Good demonstration of vocational skills for the creation and completion of a risk assessment that is detailed and mostly relevant to the activity.</p> <p>AO2 – Good application of knowledge and understanding assessing risk to the specific activity that is detailed and mostly relevant to the activity.</p> <p>AO1 – Good recall of knowledge and understanding of the elements of a risk assessment that is mostly detailed.</p>
2	4–6	<p>AO4 – Reasonable demonstration of vocational skills for the creation and completion of a risk assessment that has some detail, although this may be underdeveloped. With some relevance to the activity.</p> <p>AO2 – Reasonable application of knowledge and understanding of assessing risk to the specific activity that has some detail, although this may be underdeveloped. With some relevance to the activity.</p> <p>AO1 – Reasonable recall of knowledge and understanding of the elements of a risk assessment that has some detail.</p>
1	1–3	<p>AO4 – Limited demonstration of vocational skills for the creation and completion of a risk assessment that has minimal detail and is mostly superficial. With minimal relevance to the activity.</p> <p>AO2 – Limited application of knowledge and understanding of assessing risk to the specific activity that has minimal detail and are mostly superficial. With minimal relevance to the activity.</p> <p>AO1 – Limited recall of knowledge and understanding of the elements of a risk assessment that has minimal detail.</p>
0	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the risk assessment evidence.

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) can be implied through the learner's ability to create and complete a risk assessment required for AO4.

AO1 – Learners will recall knowledge and show understanding of the elements of a risk assessment:

- the hazards identified
- who might be harmed and how?
- what is already being done to control the risks?
- what further action is needed to take to control the risks?
- who needs to carry out the action?
- when the action needs to be completed by.

AO2 – Learners will apply knowledge and understanding of assessing risk specific to the chosen activity, these will be dependent on the activity chosen but may include:

Hazards:

- trip hazards (eg cables, carpets / rugs)
- staff not having the required training for a task / activity
- broken equipment
- unclean equipment
- manual handling
- stress.

Risks:

- falls
- electrical shocks or burns
- bruising and fractures
- back pain.

Who might be harmed:

- member of staff
- participant / John
- volunteers.

Action to be carried out:

- appropriate signage and communication
- training for staff on specific activities
- qualified first aider available
- first aid kit available
- appropriate staff-participant ratio
- checks on all equipment prior to use.

AO4 – Learners will demonstrate the application of vocational skills with the creation and completion of a risk assessment template that considers and includes all relevant elements of assessing risk:

The risk assessment template that is created and completed will record and detail the following:

- the hazards identified
- who might be harmed and how?
- what is already being done to control the risks?
- what further action is needed to take control of the risks?
- who needs to carry out the action?
- when does the action need to be completed by.

Task 4 – Care planning – Review	
Maximum time	2 hours
Content areas assessed	<ol style="list-style-type: none"> 1. Health and social care provision and services 2. Job roles in health and social care and the care values that underpin professional practice 4. Human development across the life span 5. The care needs of the individual 7. Partnership working in health and social care 8. The planning cycle
Assessment objectives	AO2 = 4 marks AO3 = 4 marks AO4 = 4 marks
<p>John has now been at home for 4 weeks. He has had a visit from his Social Worker who has completed a written report of John's progress.</p> <p>You are required to:</p> <p>Review the Social Worker's report (appendix 2):</p> <ul style="list-style-type: none"> • assess the extent to which John's individual's needs and preferences have been met • assess the changes required to John's care plan to support his ongoing development • write a written report of your findings. <p>Using a different colour font:</p> <ul style="list-style-type: none"> • update the care plan you created in task 1 with any changes required. <p style="text-align: right;">[12 marks]</p>	
Evidence	<ul style="list-style-type: none"> • A written report – with the recommended changes and why: <ul style="list-style-type: none"> ○ word processed or ○ handwritten • An updated care plan: <ul style="list-style-type: none"> ○ word processed or ○ handwritten.

Task 4 – Care planning – Review		
Band	Marks	Descriptors
4	10–12	<p>AO4 – Excellent demonstration of vocational skills for the completion of a care plan that is comprehensive and highly detailed and highly relevant to the case study and task.</p> <p>AO3 – Excellent analysis and evaluation of the Social Worker’s report and John’s development that is comprehensive and highly relevant. Supported with excellent justifications for the recommended changes to John’s care needs that are comprehensive and highly detailed.</p> <p>AO2 – Excellent application of knowledge and understanding of John’s ongoing care needs to the care plan that is comprehensive and highly detailed and highly relevant to John’s development.</p>
3	7–9	<p>AO4 – Good demonstration of vocational skills for the completion of a care plan that is detailed and mostly relevant to the case study and task.</p> <p>AO3 – Good analysis and evaluation of the Social Workers report and John’s development that is detailed and mostly relevant. Supported with good justifications for the recommended changes to John’s care needs that are detailed.</p> <p>AO2 – Good application of knowledge and understanding of John’s ongoing care needs to the care plan that is detailed and mostly relevant to John’s development.</p>
2	4–6	<p>AO4 – Reasonable demonstration of vocational skills for the completion of a care plan that has some detail although this may be underdeveloped. With some relevance to the case study and task.</p> <p>AO3 – Reasonable analysis and evaluation of the Social Worker’s report and John’s development that has some detail and some relevance, though this may be underdeveloped. Supported with reasonable justifications for the recommended changes to John’s care needs that have some detail, though these may be underdeveloped.</p> <p>AO2 – Reasonable application of knowledge and understanding of John’s ongoing care needs to the care plan that has some detail although this may be underdeveloped. With some relevance to the Johns’ development.</p>
1	1–3	<p>AO4 – Limited demonstration of vocational skills for the completion of a care plan that have minimal detail and are mostly superficial. With minimal relevance to the case study and task.</p> <p>AO3 – Limited analysis and evaluation of the Social Worker’s report and John’s development. Supported with limited justifications for the recommended changes to John’s care needs that have minimal detail and are mostly superficial.</p> <p>AO2 – Limited application of knowledge and understanding of John’s ongoing care needs to the care plan that have minimal detail and are mostly superficial. With minimal relevance to the John’s development.</p>

0	0	No rewardable material.
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Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response.

A learner's demonstration of application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to update John's care plan required of AO4.

AO2 – Learners will apply knowledge and understanding of John's ongoing care needs to the care plan that may include the following:

- Mobility – ensure John still uses the appropriate aid, challenges himself but does not become overconfident. Ensure John continues with the exercise identified by the Physiotherapist despite no further visits.
- Speech – John's speech is improving but he still accesses appropriate aids such as prompt sheets. Practitioners need to listen carefully to John and give him time to respond. The Speech and Language Therapist continues to visit and review John's progress.
- Food and Water – John still requires support, he needs to pay attention to maintaining a healthy diet, may need a Dietician / carer to monitor and support John's diet.
- Personal care – John has found some personal tasks easier than others; shaving is still proving difficult and he continues to need some support from carers or family.
- Safety – John has gained better balance and mobility but there is still a risk of falling within the home. John continues to smoke, and this could prove to be a fire hazard for John. Carers to ask John again if he would consider the smoking cessation support. John may wish to take responsibility for taking his own medication.
- Love and belonging – John's son continues to visit. Discuss with John if he would like to attend a day centre or the involvement of a voluntary service to encourage a wider social circle. Discuss with John and his son if he feels ready to visit the local pub for a short time to see his long-term friends.
- Dignity – John can have a little more control of his life but still continues to require some support, practitioners to continue to give John choice and time to make his own decisions.

AO3 – Learners will Analyse and evaluate knowledge and understanding with the assessment of the social workers report to assess Johns progress and to identify the required changes to Johns care needs that may include:

- Mobility – John to continue his regular exercises since this will help his future progress with mobility. He should be encouraged to use appropriate aids when mobilising; this will improve his balance and co-ordination and his confidence will continue to grow.
- Speech – John's language is improving; the inclusion of some aids will give John further confidence when communicating with others and he can use these for support if he wishes to widen his social circle. Practitioners will enhance John's confidence and empower him by listening carefully to his speech.
- Food and water – practitioners need to monitor John's diet as he could become susceptible to infections and could become lethargic if he has an insufficient intake of appropriate

nutrients. Giving John time and support when eating is essential to meet his own needs. Further support by a Dietician may be required to advise on any food supplements.

- Personal care – continue with some support with personal care since a lack of personal hygiene will make John feel undervalued and there could be a risk of infection.
- Safety – fire risks must be minimised to ensure John’s personal safety in the home. Outbreak of fire could impact on other residents in the same building. Falls in the home could result in a major deterioration in John’s condition. If John wishes to take control over his own medication, practitioners to offer aids to support his independence in this and monitor regularly.
- Love and belonging – if John agrees to attend day care or other avenues of support, this will enhance his confidence, self-esteem and allowed him to feel valued.
- Dignity – all actions by practitioners will result in John feeling empowered, valued and will enhance his progress with his rehabilitation.

AO4 – Learners will demonstrate the application of vocational skills with a care plan that has been updated to further consider all relevant aspects of care planning and John’s ongoing care needs identified in AO2 and AO3. The care plan could include updates to the following areas:

- **care plan** – a record that outlines the individualised care and support required to meet the individual’s needs and preferences with reference to Maslow’s hierarchy of needs:
 - holistic needs:
 - physical
 - cognitive
 - social and emotional
- Maslow’s hierarchy of needs:
 - physiological: biological requirements for human survival:
 - food and water
 - rest and sleep
 - personal care
 - safety: security and control in the individual’s life:
 - environment
 - healthcare
 - emotional security
 - financial security
 - love and belonging:
 - positive relationships
 - esteem: dignity and respect from others:
 - self-confidence
 - independence
 - self-actualisation: realisation of the individual’s full potential:
 - personal growth
- self-fulfilment
- person-centred care
- the individual’s needs and preferences
- risks – health and safety
- care and support required with the individual and relevant others
- record information and outcomes on the individual’s care plan
- strategies and support required to meet the individual’s needs and preferences

- work in partnership with other professionals and services as appropriate
- any required aids and adaptations
- partnership working.

Task 5 – Evaluation of your care plan	
Maximum time:	1 hour
Content areas assessed:	8. The planning cycle
Assessment objectives:	AO5 = 8 marks
<p>You are required to:</p> <p>Complete an evaluation of the updated care plan you have created in task 4. Your evaluation should include:</p> <ul style="list-style-type: none"> • how well your care plan records and outlines John’s care and support • How well your care plan meets John’s holistic needs and preferences. <p style="text-align: right;">[8 marks]</p>	
Evidence	<ul style="list-style-type: none"> • An evaluation: <ul style="list-style-type: none"> ○ word processed or ○ handwritten

Task 5 – Evaluation of your care plan		
Band	Marks	Descriptors
4	7–8	<p>AO5 – Excellent analysis and evaluation of how well their care plan records and outlines John’s care and support that is comprehensive and highly detailed, supported by highly relevant examples of what could be improved.</p> <p>AO5 – Excellent analysis and evaluation of the support provided in the care plan in meeting John’s holistic needs and preferences that is comprehensive and highly detailed, supported by highly relevant examples of what could be improved.</p>
3	5–6	<p>AO5 – Good analysis and evaluation of how well their care plan records and outlines John’s care and support that is mostly detailed, supported by mostly relevant examples of what could be improved.</p> <p>AO5 – Good analysis and evaluation of the support provided in the care plan in meeting John’s holistic needs and preferences that is mostly detailed, supported by mostly relevant examples of what could be improved.</p>
2	3–4	<p>AO5 – Reasonable analysis and evaluation of how well their care plan records and outlines John’s care and support that has some detail, supported by examples that have some relevance of what could be improved.</p> <p>AO5 – Reasonable analysis and evaluation of the support provided in the care plan in meeting John’s holistic needs and preferences that has some detail, supported by examples that have some relevance of what could be improved.</p>
1	1–2	<p>AO5 – Limited analysis and evaluation of how well their care plan records and outlines John’s care and support that has minimal detail, supported by examples that have minimal or no relevance of what could be improved, and are mostly superficial.</p> <p>AO5 – Limited analysis and evaluation of the support provided in the care plan in meeting John’s holistic needs and preferences that have minimal detail, supported by examples that have minimal or no relevance of what could be improved, and are mostly superficial.</p>
0	0	No rewardable material.

Indicative content

AO5 – Learners will analyse and evaluate their own care plan to include how well their care plan records and outlines John’s care and support, this may include the following:

- holistic needs:
 - physical: how well John’s diet may have been improved by the inclusion of appropriate services, for example practitioner observing and effectively recording John’s dietary intake
 - social and emotional: has John been given the opportunity to mix with friends and family as he requires? has this supported him to feel more confident and supported?

- person-centred care: how well does the care plan consider and include all aspects of John's holistic care needs?
- the individual's needs and preferences: how well John's needs have been considered throughout the care plan by discussion with John and / or family and friends
- risks – health and safety: has the care plan included the opportunity to assess and record any risks to John's safety?
- care and support required with the individual and relevant others
- record information and outcomes on the individual's care plan: John's care plan has the opportunity to record the necessary outcomes and information that may change on a daily basis, how well has this been done?
- strategies and support required to meet the individual's needs and preferences: how well have all of the appropriate professionals been included and used to support John with his care?
- work in partnership with other professionals and services as appropriate
- any required aids and adaptations: have adaptations been implemented appropriately and used as required? How well have these been revised as John's condition improves?
- partnership working: how well does the care plan evidence that each professional has communicated effectively and shared information as a team and in addition has this been recorded?

AO5 – Learners will analyse and evaluate the support provided in their care plan in meeting John's holistic needs and preferences including:

- consideration of a range of Maslow's needs: how well have all of John's needs, according to Maslow, been considered on the care plan, for example physiological needs (diet) and love and belonging needs (friendships and family)?
- consideration of a range of adequate support: how well does the care plan document John's support requirements, do these meet his needs?
- emphasis on John's needs and preferences as an individual: all care should demonstrate the needs of John as an individual, his personal preferences, dislikes and likes, for example his favourite food, clothes etc. How well does the care plan do this?
- review of John's needs is comprehensive and linked to social work report: how well is the care plan linked to social worker's report? John's care plan should reflect any issues raised or improvements in his health, as identified within the social work report, and address all of these needs
- range of vocational skills: how well have the following been documented:
 - communication with John, family and other professionals
 - empathy to John's needs and preferences,
 - accurate record keeping which has been shared and agreed with John,
 - application of all relevant policies and procedures
- care plan is shared with John, other professionals, and family: how well does the care plan demonstrate that discussion has taken place with John and his family, and the care implemented should reflect this?

This is the end of the non-exam assessment.

Mark scheme

The purpose of this Mark Scheme is to give you:

- examples and criteria of the types of response expected from a learner
- information on how individual marks are to be awarded
- the allocated assessment objective(s) and total marks for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all learners, who must receive the same treatment. You must mark the first learner in exactly the same way as you mark the last.

- The Mark Scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward learners positively, giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the learner's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the assessment.

Guidelines for using extended response marking grids

Extended response mark grids have been designed to assess learners' work holistically. They consist of levels-based descriptors and indicative content.

Levels-based descriptors

Each level is made up of several descriptors for across the assessment objective (AO) range – AO1–AO5, which when combined provide the quality of response that a learner needs to demonstrate. Each level-based descriptor is worth varying marks.

The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

Indicative content reflects content-related points that a learner may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Learners must be credited for any other appropriate response.

Application of extended response marking grids

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over / under credit a response.

The weightings of each assessment objective can be found in the Qualification Specification.

Documentation

Declaration of Authenticity

The learner and assessor must complete the form at the end of the assessment and before any marking takes place. The assessor must check the number of tasks submitted by the learner is accurate.

The completed form must be retained within the centre and is not to be sent to the moderator or NCFE unless specifically requested.

Learner name:	
Task(s) submitted:	
Learner declaration:	
I certify that the work submitted for this non-exam assessment is my own. I have clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice.	
Learner signature:	
Date:	

Assessor name:	
Assessor declaration:	
I certify that the work submitted is the learner's own. The learner has clearly referenced any sources used in the work. I confirm that all work was conducted under conditions designed to assure the authenticity of the learner's work.	
Assessor signature:	
Date:	

NB: Once completed, the declaration of authenticity must be stored securely within the centre, in line with the following NCFE Regulations for Conduct of NEA. A copy of this declaration form must be made available to NCFE upon request.