

NCFE

CACHE

Qualification specification

**NCFE CACHE Level 3 Alternative Academic
Qualification in Health and Social Care
(Certificate)
QN: 610/4003/4**

Qualification summary

Qualification title	NCFE CACHE Level 3 Alternative Academic Qualification in Health and Social Care (Certificate)		
Ofqual qualification number (QN)	610/4003/4	Aim reference	61040034
Guided learning hours (GLH)	384	Total qualification time (TQT)	435
Minimum age	16		
Qualification purpose	<p>The Level 3 Alternative Academic Qualification in Health and Social Care (Certificate) is designed to support progression to higher education.</p> <p>This qualification focuses on an applied study of the health and social care sector and learners will gain a broad knowledge and understanding of working in the sector.</p> <p>This qualification has been designed to sit alongside other programmes that would form a two-year course of study.</p>		
Grading	Pass/merit/distinction/distinction*		
Assessment method	<p>Externally set, internally marked and externally moderated:</p> <ul style="list-style-type: none"> • Non-exam assessment (NEA) 1: case study assignment • Non-exam assessment (NEA) 2: extended writing assignment <p>Externally set and externally marked:</p> <ul style="list-style-type: none"> • Examined assessment (EA) 1: written examination • Examined assessment (EA) 2: written examination (anatomy and physiology in health and social care) 		
Work/industry placement experience	This is a knowledge-only qualification. Work/industry placement experience is recommended but not required.		
UCAS	Please refer to the UCAS website for further details of points allocation and the most up-to-date information		
Regulation information	This is a regulated qualification. The regulated number for this qualification is 610/4003/4.		
Funding	This qualification may be eligible for funding. For further guidance on funding, please contact your local funding provider.		
Performance points	Please check with the DfE for the most up-to-date information, should there be any changes.		

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Summary of changes

This document summarises the changes to this qualification specification.

Version	Publication date	Summary of amendments
v1.0	July 2023	First publication
v1.1	February 2024	New content added to teaching content: 1. Health and social care provision
v1.2	February 2024	Award content removed from the qualification
v1.3	March 2024	Qualification regulated

Section 1: introduction

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

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

Aims and objectives

The core aim of these qualifications is to support progression to higher education.

These qualifications aim to:

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

The objectives of these qualifications are to:

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

Support handbook

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

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

Guidance for entry and registration

These qualifications are designed for learners who must be at least 16 years old. We do not set any other entry requirements, but centres may have their own guidelines.

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

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

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

Achieving these qualifications

To be awarded these qualifications, learners are required to successfully demonstrate the knowledge and understanding to meet the requirements within all content areas of these qualifications and the assessments within the tables below.

Please refer to [appendix A](#) at the end of this document to view the number of mandatory content areas required to achieve these qualifications.

Qualification title		NCFE CACHE Level 3 Alternative Academic Qualification in Health and Social Care (Certificate)
Qualification number (QN)		610/4003/4
Level		3
Guided learning hours (GLH) (Total GLH has been rounded up to the nearest hour)		384
GLH breakdown		<ul style="list-style-type: none"> • 370 hours delivery • 2 hours examined assessment for written examination • 2 hours 30 minutes non-exam assessment for case study assignment • 1 hour 30 minutes examined assessment for written examination (anatomy and physiology in health and social care) • 8 hours non-exam assessment for extended writing assignment
Non-exam assessment (NEA) 1	Weighting (25%)	Externally-set, internally marked and externally moderated: <ul style="list-style-type: none"> • case study assignment
Examined assessment (EA) 1	Weighting (25%)	Externally set and externally marked: <ul style="list-style-type: none"> • written examination
Non-exam assessment (NEA) 2	Weighting (35%)	Externally-set, internally marked and externally moderated: <ul style="list-style-type: none"> • extended writing assignment
Examined assessment (EA) 2	Weighting (15%)	Externally set and externally marked: <ul style="list-style-type: none"> • written examination (anatomy and physiology in health and social care)
Total	100%	Overall qualification grades: Pass/merit/distinction/distinction*

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

Progression

Learners who achieve these qualifications could progress to the following:

- higher education:
 - health and social care
 - childhood studies
 - community, youth, and families
 - social work
 - early years
 - primary teaching
 - nursing

Progression to higher level studies

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

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

Resource requirements

There are no mandatory resource requirements for these qualifications, but centres must ensure learners have access to suitable resources to enable them to cover all the appropriate LOs.

Work/industry placement experience

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

How the qualifications are assessed

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

These qualifications are externally assessed and externally quality assured.

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

Non-exam assessment (NEA)	
Assessment method	Description
<p>NEA</p> <p>Externally set</p> <p>Internally marked and externally moderated</p>	<p>NCFE CACHE Level 3 Alternative Academic Qualification in Health and Social Care (Certificate)</p> <p>Case study assignment is 25% of the certificate</p> <p>60 marks</p> <p>The completion time for NEA 1 is 2 hours 30 minutes.</p> <p>Extended writing assignment 35% of the certificate</p> <p>120 marks</p> <p>The completion time for the NEA 2 is 8 hours.</p> <p>The NEA will assess the learner's ability to effectively draw together their knowledge and understanding from across the whole vocational area. The NEA will target the following assessment objectives (AOs): AO1, AO2 and AO3.</p>
<p>NEA availability</p>	<p>The learner should not undertake the NEA until all content areas have been delivered. This is to ensure learners can complete the NEA successfully.</p>

Non-exam assessment (NEA)

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

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

The NEA is internally assessed work and should be completed by the learner in accordance with the qualification specification. Information on delivery guidance and assessment hours for the internal assessment will be available in the NEA brief. To support with this, we have also created a sample NEA brief, which is available on the qualification page under support materials. A representative number of assessment hours should be timetabled into the scheme of work. Internal assessment hours must be administered outside of scheduled teaching and learning hours and should be supervised and assessed by the teacher.

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

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

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

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Examined assessment (EA)	
Assessment method	Description
(EA) Externally set Written examination Externally marked	<p>NCFE CACHE Level 3 Alternative Academic Qualification in Health and Social Care (Certificate)</p> <p>Written examination is 25% of the certificate</p> <p>90 marks</p> <p>The completion time for EA 1 is 2 hours</p> <p>Written examination (anatomy and physiology in health and social care) is 15% of the certificate</p> <p>60 marks</p> <p>The completion time for EA is 1 hour 30 minutes</p> <p>The written EA is a terminal assessment and will assess the learner's knowledge and understanding of all content areas and target the following AOs: AO1, AO2 and AO3.</p>
EA availability	<p>The examination date is expected to take place in XXX/XXX every year</p> <p>Please refer to the external assessment timetable available on the NCFE website.</p>

Examined assessment (EA)

EAs are set and marked by NCFE. The assessment assesses learners' knowledge and understanding of the content areas of this qualification. Centres must not assess, internally quality assure or otherwise access or review any EA materials or learner responses at any time and must adhere to the required exam regulations at all times.

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

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

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

For further information including instructions for conducting an external assessment, centres must ensure they have read/are familiar with the regulations for the conduct of external assessment, and

qualification specific instructions for delivery documents available on the policies & documents page on the NCFE website.

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

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

Rationale for synoptic assessment

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

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

Enquiries about results

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

External assessment conditions

For more information on external assessment conditions and conducting external assessments, please see the regulations for the conduct of external assessments and qualification specific instructions for delivery on the policies & documents page on the NCFE website.

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

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

Assessment windows

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

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

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

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

Scheme of assessment

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

NCFE CACHE Level 3 Alternative Academic Qualifications in Health and Social Care (Certificate)

Assessments	Assessment time	% weighting	Raw marks	UMS	Assessment conditions	Marking
NEA 1	2 hours 30 minutes	25%	60	100	Controlled	Internal, with external moderation
EA 1	2 hours	25%	90	100	Invigilated	External
NEA 2	8 hours	35%	120	140	Controlled	Internal, with external moderation
EA 2	1 hour 30 minutes	15%	60	60	Invigilated	External
Assessment total	14 hours	100%		400		

Assessment objectives

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

The AOs that will be assessed against the content in our alternative academic qualifications are:

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

Assessment objective weightings

The table below shows the approximate weightings for the certificate

AOs	Overall weighting (%)
AO1	45%
AO2	35%
AO3	20%
Overall weighting of assessments	100%

The purpose of these qualifications mean it is necessary to assess knowledge and understanding through two means of assessment, an internal (NEA) and an external (EA). The variance in assessment methods used allows for a range of knowledge and understanding to be assessed using the most fit for purpose method.

Non-exam assessment (NEA)

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

Centres will mark the NEA, and this will then be submitted to NCFE for moderation.

Examined assessment (EA)

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

Moderation

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

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

Overall grading descriptors for the certificate

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

- demonstrate a broad and comprehensive knowledge and understanding of health and social care provision, including the relevant legislation, regulation, safeguarding policies and their impact on upholding standards
- demonstrate a high degree of awareness of the importance of care values and how they are applied in practice
- carry out highly effective analysis of how health and social care services meet the needs of individuals
- effectively demonstrate, understand and analyse how social, emotional, cognitive and physical developments relate to each other across the life stages
- demonstrate high levels of knowledge of the theories of human growth and development, as well as how life events affect human development
- demonstrate a broad and comprehensive knowledge and understanding of the health promotion and health campaigns, including the benefits to individuals of healthy lifestyles
- demonstrate comprehensive knowledge and understanding of empowerment in health and social care, including understanding the role of advocacy in relation to empowerment
- carry out highly effective analysis of health promotion and health campaigns, including the benefits of healthy lifestyles to individuals
- effectively demonstrate, knowledge and understanding of the structure and function of the organ systems in the human body, and effectively demonstrate evaluative skills in relation to disorders of the organ systems in the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis
- demonstrate high levels of knowledge of the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis

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

- identify key aspects of the health and social care provision, including legislation, regulation, safeguarding policies, and provide a basic outline of their requirements with some minor errors
- demonstrate a limited understanding of the importance of care values and how they are applied in practice
- use basic strategies to analyse how health and social care services meet the needs of individuals, these will include limited and simplistic comments
- show an understanding of the importance of social, emotional, cognitive and physical developments across the life stage
- demonstrate basic levels of knowledge of the theories of human growth and development, including some of the factors/life events that affect human development, but may not all be relevant
- identify key aspects of health promotion and health campaigns, including the benefits to individuals of healthy lifestyles with some minor errors

- identify key aspects of empowerment in health and social care, understanding the role of advocacy in relation to empowerment with minor inaccuracies
- use basic strategies to analyse health promotion and health campaigns, these will include limited and simplistic comments
- show an understanding of the structure and function of the organ systems in the human body, including disorders of the organ systems in the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis, but may not all be relevant.
- demonstrate limited knowledge of the human body, and the relationship between body systems in maintaining healthy body functions and homeostasis

Grading information

The following grades are available for the qualification; distinction*, distinction, merit, pass.

The assessments within this qualification are modular, which means that a learner can take and resit the assessments in different assessment windows. Assessments may vary slightly in levels of difficulty and, therefore as an example, the mark that represented a pass grade in the written examination in one assessment window may not be appropriate in the following assessment window.

To address this, we convert raw marks to uniform marks. The uniform mark scale (UMS) also allows us to account for the relative weighting of the assessment to the qualification as a whole. The maximum UMS points available for each assessment, and the UMS points relating to each grade boundary, are fixed. These are shown in the following tables:

NCFE CACHE Level 3 Alternative Academic Qualifications in Health and Social Care (Certificate)

Grade boundary	NEA 1	EA 1	NEA 2	EA 2	Overall
Max	100	100	140	60	400
Distinction*	90	90	54	126	360
Distinction	80	80	48	112	320
Merit	60	60	36	84	240
Pass	40	40	24	56	160
Not yet achieved	0	0	0	0	0

The raw mark grade boundaries are set after each assessment window. NCFE sets these boundaries judgements, following both qualitative and quantitative analysis, and then converts them to UMS.

For each series, grade boundaries are set by NCFE using a variety of statistical and judgemental evidence. Each learner's overall grade is determined by comparing their combined final mark with the grade boundaries for that series. NCFE sets these boundaries judgements, following both qualitative and quantitative analysis, and then converts them to UMS.

Section 2: teaching content

This section provides details of the structure and content of these qualifications.

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

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

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

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

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

For further information or guidance about this qualification, please contact our customer support team.

Content areas

Content areas
<p>1. Health and social care provision</p> <ul style="list-style-type: none">1.1 Understand health and social care provision:<ul style="list-style-type: none">1.1.1 Types of health and social care services1.1.2 Functions of health and social care provision1.1.3 Roles of organisations within health and social care1.1.4 Factors that influence national and local service delivery1.1.5 Practitioner roles within health and social care1.2 Understand the impact of drivers on health and social care provision:<ul style="list-style-type: none">1.2.1 Impact of drivers on health and social care provision1.3 Understand legislation and policies in relation to health and social care:<ul style="list-style-type: none">1.3.1 Relationship between legislation, policies, and procedures1.3.2 Legislation in relation to health and social care1.3.3 How legislation informs policies and procedures in health and social care provision1.4 Understand the roles and responsibilities of health and social care practitioners:<ul style="list-style-type: none">1.4.1 Responsibilities of the health and social care practitioner1.4.2 Skills, behaviours and attributes of the health and social care practitioner1.4.3 How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care1.5 Understand care values:<ul style="list-style-type: none">1.5.1 How care values are promoted and applied in practice1.6 Understand partnership working:<ul style="list-style-type: none">1.6.1 Roles and responsibilities of practitioners within partnership working1.6.2 How health and social care practitioners work in partnership1.6.3 Barriers to partnership working and strategies to overcome1.7 Understand regulation and inspection in health and social care:<ul style="list-style-type: none">1.7.1 The roles of regulatory and inspection bodies1.8 Understand child safeguarding practice reviews and safeguarding adults reviews<ul style="list-style-type: none">1.8.1 Why child safeguarding practice reviews and safeguarding adults reviews are required1.8.2 How outcomes of child safeguarding practice reviews and safeguarding adults reviews inform practice
<p>2. Human growth and development</p> <ul style="list-style-type: none">2.1 Understand development from conception to birth:<ul style="list-style-type: none">2.1.1 Stages of development from conception to birth2.1.2 The potential effects on development2.2 Understand the key elements of development across the human lifespan:<ul style="list-style-type: none">2.2.1 Life stages and key milestones of human development2.2.2 Social, emotional, cognitive, and physical developments within each life stage2.2.3 The interdependency of social, emotional, cognitive, and physical development2.3 Understand influences which impact upon human growth and development:<ul style="list-style-type: none">2.3.1 The nature-versus-nurture debate in relation to human growth and development2.3.2 The medical model of health and wellbeing2.3.3 The social model of health and wellbeing2.4 Understand theories of human growth and development:<ul style="list-style-type: none">2.4.1 Theories of human growth and development2.5 Understand significant life events within each stage of human development:

- 2.5.1 Significant life events that can occur at each stage of human development
- 2.5.2 The short and long-term impacts that significant life events may have on individuals
- 2.5.3 Factors which contribute to positive transitions through life stages
- 2.6 Understand how health and care services meet the needs of individuals throughout the lifespan:
 - 2.6.1 Care needs of individuals through the life stages
 - 2.6.2 How health and social care services meet the care needs of individuals through the life stages
 - 2.6.3 The role and purpose of individualised care planning

3. Empowerment in health and social care

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

4. Health promotion

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

5. Anatomy and physiology in health and social care

- 5.1 Understand the structure and functions of the organ systems of the human body:
 - 5.1.1 The structures and functions of the endocrine system and hormonal control

- 5.1.2 The structures and functions of the nervous system
- 5.1.3 The structures and functions of the digestive system
- 5.1.4 The structures and functions of the cardio-vascular system
- 5.1.5 The structures and functions of the excretory/urinary system
- 5.1.6 The structures and functions of the muscular system
- 5.1.7 The structures and functions of the skeletal system
- 5.1.8 The structures and functions of the immune/lymphatic system
- 5.1.9 The structures and functions of the integumentary system
- 5.1.10 The structures and functions of the reproductive system
- 5.1.11 The structures and functions of the respiratory system
- 5.2 Understand homeostasis in the human body:
 - 5.2.1 The process of homeostasis in the human body
 - 5.2.2 How homeostasis maintains the healthy functioning of the human body
 - 5.2.3 The relationship between the nervous system and the endocrine system in gaining homeostatic control
- 5.3 Understand the impact of physiological disorders on the wellbeing of individuals:
 - 5.3.1 The impact of physiological disorders on the wellbeing of individuals
- 5.4 Understand physiological measurements:
 - 5.4.1 Factors which may affect physiological measurements
 - 5.4.2 Reasons for taking physiological measurements
 - 5.4.3 Equipment used to measure physiological measurements
 - 5.4.4 Reasons for gaining valid consent prior to obtaining physiological measurements
 - 5.4.5 Reasons for accurate and timely recording and reporting physiological measurements

Teaching content

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

1. Health and social care provision

The aim of this content area is to provide learners with knowledge and understanding of the health and social care sector.

1.1	Understand health and social care provision
1.1.1	Types of health and social care services
	<ul style="list-style-type: none"> • statutory – provided in statute and funded by the government • private – profit-making business where services are chargeable • voluntary – charities and not-for-profit organisations set up to meet an identified need • informal – unpaid care provided by someone who has a personal relationship with the individual
1.1.2	Functions of health and social care provision
	<ul style="list-style-type: none"> • promotes health and wellbeing • provides services to meet ongoing long- and short-term needs and preferences • safeguards vulnerable individuals • provides individualised care to meet long- and short-term needs and preferences
1.1.3	Roles of organisations within health and social care
	<ul style="list-style-type: none"> • local authorities – facilitates commissioning of health and care services • National Health Service (NHS) England – leads the NHS to deliver high quality services • National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care • Healthwatch England – escalates concerns about health and social care services to the Care Quality Commission (CQC)
1.1.4	Factors that influence national and local service delivery
	<ul style="list-style-type: none"> • availability of resources • needs-led versus service-led to meet diverse needs • referral protocol/eligibility criteria • accessibility of services • demand for services • location of services • collaboration with individuals, practitioners, colleagues, parents/carers • partnerships between statutory, private and voluntary organisations • service autonomy • dependency on funding • community involvement in relation to needs • formal versus informal care • across national and local statutory, private and voluntary provision

1.1.5	Practitioner roles within health and social care
	<ul style="list-style-type: none"> • the role of different practitioners in healthcare: <ul style="list-style-type: none"> ○ nurse – collaborates with teams to plan patient care, monitors and records the individual’s health status, administers medication and supports holistic care needs ○ doctor – (hospital-based or general practitioners (GPs)) diagnoses and treats physical and mental health conditions ○ paramedic – responds to emergency calls in the community, assesses the individual and provides life-saving medical intervention ○ physiotherapist – assesses and supports the individual affected by injury, illness or disability through tailored exercise programmes, manual therapy and advice ○ occupational therapist – assesses and supports the individual’s physical, psychological, social and environmental needs and provides adaptations ○ dentist – assesses oral health and provides dental treatment ○ pharmacist – dispenses medication and advises on the individual’s health issues ○ dietitian – assesses and provides nutritional advice to promote a balanced diet ○ specialist community public health nurse (health visitor) – supports and promotes health and development of children and families • the role of different practitioners in social care: <ul style="list-style-type: none"> ○ social worker – works in partnership to assess and support individuals in need to safeguard and protect from harm ○ care assistant – provides holistic care to meet the individual’s needs ○ speech and language therapist – provides support for individuals with communication difficulties and individuals with eating, drinking and swallowing problems ○ outreach worker – provides emotional and practical support to individuals within the community to help them take part in all aspects of everyday life ○ family support worker – establishes relationships with individuals and families in need to provide tailored support ○ activities co-ordinator – organises activities to support the holistic wellbeing of the individual ○ social care prescriber – signposts individuals to community support for wellbeing
1.2	Understand the impact of drivers on health and social care provision
1.2.1	Impact of drivers on health and social care provision
	<ul style="list-style-type: none"> • demographics • personalisation • integration • information management • prevention, early intervention and reduction • values based healthcare • technology and digitalisation • impact of drivers: <ul style="list-style-type: none"> ○ improve quality, efficiency and patient experience of health and social care provisions

1.3	Understand legislation and policies in relation to health and social care
1.3.1	Relationship between legislation, policies, and procedures
	<ul style="list-style-type: none"> • legislation underpins policies and procedures • policies and procedures reflect legislative requirements and inform organisational purposes and working practices
1.3.2	Legislation in relation to health and social care
	<ul style="list-style-type: none"> • Care Act 2014 – defines duties in relation to assessment of needs and their eligibility for publicly funded care and support • Health and Care Act 2022 – promotes collaboration and partnership working to integrate health and social care services to improve patient care and safeguard individuals • Health and Social Care Act 2012 – defines the planning, delivering and monitoring of healthcare services • Equality Act 2010 – defines protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation • Mental Health Act 2007 – sets out when someone can be detained and treated for a mental health disorder • Mental Capacity Act 2005 plus amendment (2019) – protect rights, safeguards and supports individuals over the age of 16, who may lack the mental capacity to make choices about their own treatment or care • Human Rights Act 1998 – sets out the fundamental rights and freedoms that individuals are entitled to • Data Protection Act 2018 – defines data protection principles that require fair, lawful, and transparent handling and processing of personal information • Children Act 2004 • Health and Safety at Work Act 1974 – defines responsibilities for maintaining health and safety at work • Children and Social Work Act 2017 – provides legal basis for how organisations deal with issues relating to children to help safeguard and promote child welfare
1.3.3	How legislation informs policies and procedures in health and social care provision
	<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

1.4	Understand the roles and responsibilities of health and social care practitioners
1.4.1	Responsibilities of the health and social care practitioner
	<ul style="list-style-type: none"> • adhering to organisational policies/procedures and relevant legislation • adhering to relevant professional codes of practice/conduct • undertaking continuing professional development (CPD) in relation to job role • carrying out tasks within scope of own role • safeguarding individuals • working within multidisciplinary teams
1.4.2	Skills, behaviours and attributes of the health and social care practitioner
	<ul style="list-style-type: none"> • skills: <ul style="list-style-type: none"> ○ working on own initiative ○ observation skills ○ problem solving ○ relevant clinical/technical skills ○ organisational ○ reflection ○ listening • behaviours: <ul style="list-style-type: none"> ○ professional ○ committed to providing care and support that is person centred ○ ability to work together with individuals and others ○ committed to learning and developing ○ ability to communicate effectively when providing care and support ○ caring and supportive ○ commitment to inclusivity • attributes: <ul style="list-style-type: none"> ○ dedication and reliability ○ positive attitude ○ empathy ○ confidence ○ respectful
1.4.3	How the health and social care practitioner's own values, beliefs and experiences can influence delivery of care
	<ul style="list-style-type: none"> • own values, beliefs and experiences may influence working practices, attitudes and behaviours shown • influences on own belief systems (for example others, media, family, and peer pressure) • lack of understanding and awareness of others values and beliefs • professional versus personal values and beliefs • important to have self-awareness, value diversity and treat individuals equally in the delivery of care

1.5	Understand care values
1.5.1	How care values are promoted and applied in practice
	<ul style="list-style-type: none"> • care values: <ul style="list-style-type: none"> ○ 6 Cs: <ul style="list-style-type: none"> ▪ care – consistent, tailored care throughout life ▪ compassion – how care is underpinned by emphatic, respectful and dignified relationships ▪ competence – delivery of evidence-based care and treatment ▪ communication – key to caring relationships and facilitating team working ▪ courage – raise concerns and be open to innovative ways of working ▪ commitment – dedicated to improving care and experience of the individual and embrace future challenges • how care values are promoted and applied in practice: <ul style="list-style-type: none"> ○ focusing on the value of every individual ○ respecting individuals' views, choices and decisions ○ providing person-centred care ○ treating individuals with dignity ○ effective multidisciplinary team working
1.6	Understand partnership working
1.6.1	Roles and responsibilities of practitioners within partnership working
	<ul style="list-style-type: none"> • share resources, responsibilities, experience and skills to achieve positive outcomes • work together in a professional, co-operative and mutually supportive way • practise positive communication • share required information • work in collaboration to support in key decisions being made • adhere to relevant legislation, policies and procedures

1.6.2	How health and social care practitioners work in partnership
	<ul style="list-style-type: none"> • integrated care systems (ICSs) – local partners working together to create better services based on local need: <ul style="list-style-type: none"> ○ Integrated Care Partnership (ICP) – alliance of partners who all have a role in improving local health, care and wellbeing ○ integrated care boards (ICBs) – NHS organisations responsible for planning health services for their local population • multi-agency: <ul style="list-style-type: none"> ○ organisations (agencies) working together to meet an individual’s needs • multidisciplinary: <ul style="list-style-type: none"> ○ health and social care practitioners with different roles and responsibilities (disciplines) working together to meet an individual’s needs • national and local approaches to safeguarding: <ul style="list-style-type: none"> ○ Safeguarding Adults Boards (SAB) ○ Local Safeguarding Children Partnerships (LSCP)
1.6.3	Barriers to partnership working and strategies to overcome
	<ul style="list-style-type: none"> • barriers: <ul style="list-style-type: none"> ○ conflicting organisational priorities ○ conflicting ways of working ○ ineffective communication ○ availability of resources ○ time constraints ○ trust between partners ○ assumptions/incongruence ○ demographics • strategies: <ul style="list-style-type: none"> ○ effective communication ○ co-operation and collaboration ○ problem solving ○ conflict resolution ○ assertiveness techniques ○ managing stress ○ define and agree shared goals

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

2. Human growth and development

The aim of this content area is to provide the learner with knowledge and understanding of human growth and development through the lifespan

2.1	Understand development from conception to birth
2.1.1	Stages of development from conception to birth
	<ul style="list-style-type: none"> • within 36 hours of fertilisation: <ul style="list-style-type: none"> ○ 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 • 4 weeks: <ul style="list-style-type: none"> ○ the cells are referred to as the embryo ○ the placenta develops • 5 weeks: <ul style="list-style-type: none"> ○ the brain and spinal cord develop as the neural tube ○ brain circulation begins and the heart starts to develop • 7 weeks: <ul style="list-style-type: none"> ○ the brain develops distinct areas ○ ears and eyes begin to form and 'limb buds' appear (early arm and leg development) • 9 weeks: <ul style="list-style-type: none"> ○ 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 • 12 weeks: <ul style="list-style-type: none"> ○ the baby is fully formed, including organs and structures • 20 weeks: <ul style="list-style-type: none"> ○ the head and body size are more in proportion ○ the eye brows and eye lashes begin to form • 26 weeks: <ul style="list-style-type: none"> ○ the baby's eyelids open and lanugo is present • 29 weeks: <ul style="list-style-type: none"> ○ the heartbeat can be heard, and vernix is present • 32-40 weeks: <ul style="list-style-type: none"> ○ the baby turns downwards and engages in preparation for birth
2.1.2	The potential effects on development
	<ul style="list-style-type: none"> • pre-conception experiences: <ul style="list-style-type: none"> ○ alcohol ○ drugs ○ smoking ○ diet ○ health ○ environment (for example physical/emotional) • pre-birth experiences: <ul style="list-style-type: none"> ○ antenatal care ○ alcohol ○ drugs

	<ul style="list-style-type: none"> ○ smoking ○ diet ○ health ○ environment (for example physical/emotional) ● complications during pregnancy: <ul style="list-style-type: none"> ○ gestational diabetes ○ pre-eclampsia
2.2	Understand the key elements of development across the human lifespan
2.2.1	Life stages and key milestones of human development
	<ul style="list-style-type: none"> ● infancy (0–2 years) ● early childhood (3–8 years) ● adolescence (9–18 years) ● early adulthood (19–45 years) ● middle adulthood (46–65 years) ● late adulthood (65 years plus)
2.2.2	Social, emotional, cognitive, and physical developments within each life stage
	<ul style="list-style-type: none"> ● social: <ul style="list-style-type: none"> ○ social skills ○ relationships ○ independence ○ cultural ○ interaction ● emotional: <ul style="list-style-type: none"> ○ bonding and attachment ○ emotional security ○ self-image ○ self-esteem ● cognitive: <ul style="list-style-type: none"> ○ language ○ memory ○ reasoning and thinking ○ problem-solving skills ○ abstract and creative thinking ○ what neuroscience tells us about brain functioning ● physical developments: <ul style="list-style-type: none"> ○ gross and fine motor skills ○ puberty ○ sexual maturity ○ perimenopause ○ menopause
2.2.3	The interdependency of social, emotional, cognitive, and physical development
	<ul style="list-style-type: none"> ● The interdependency of social, emotional, cognitive, and physical development

2.3	Understand influences which impact upon human growth and development
2.3.1	The nature-versus-nurture debate in relation to human growth and development
	<ul style="list-style-type: none"> • nature: <ul style="list-style-type: none"> ○ genetic ○ inherited characteristics and biological influences related to human development and behaviour • nurture: <ul style="list-style-type: none"> ○ environmental influences related to human development and behaviour
2.3.2	The medical model of health and wellbeing
	<ul style="list-style-type: none"> • biological/physical • diagnosis • treatment • cure
2.3.3	The social model of health and wellbeing
	<ul style="list-style-type: none"> • individual experience • social perception • equality • inclusion • participation

2.4	Understand theories of human growth and development
2.4.1	Theories of human growth and development
	<ul style="list-style-type: none"> • cognitive: <ul style="list-style-type: none"> ○ Piaget ○ Kohlberg ○ Vygotsky • psychosocial: <ul style="list-style-type: none"> ○ Erikson • humanist: <ul style="list-style-type: none"> ○ Maslow • learning/conditioning: <ul style="list-style-type: none"> ○ Skinner • social learning: <ul style="list-style-type: none"> ○ Bandura • ecological: <ul style="list-style-type: none"> ○ Bronfenbrenner

2.5	Understand significant life events within each stage of human development
2.5.1	Significant life events that can occur at each stage of human development
	<ul style="list-style-type: none"> • infancy: <ul style="list-style-type: none"> ○ separation

	<ul style="list-style-type: none"> ○ nursery ○ self-feeding ○ toilet training ● childhood: <ul style="list-style-type: none"> ○ school ○ siblings ○ childhood illnesses (for example chicken pox) ○ blended family ○ moving home ● adolescence: <ul style="list-style-type: none"> ○ puberty ○ relationships ○ exams ● early, middle, late adulthood: <ul style="list-style-type: none"> ○ employment ○ redundancy ○ relationships ○ parenthood ○ marriage ○ divorce ○ bereavement/loss ○ retirement ○ leisure time ○ age-related medical conditions ○ menopause ○ leaving home
2.5.2	The short and long-term impacts that significant life events may have on individuals
	<ul style="list-style-type: none"> ● short and long-term impacts: <ul style="list-style-type: none"> ○ independence ○ health ○ perspective ○ relationships ○ emotions ○ stress levels ○ self-identity and self-esteem ○ behaviour ○ isolation
2.5.3	Factors which contribute to positive transitions through life stages
	<ul style="list-style-type: none"> ● extrinsic: <ul style="list-style-type: none"> ○ level of support ○ planned or unplanned ○ philosophy of service ○ resources ○ positive relationships ● intrinsic: <ul style="list-style-type: none"> ○ individual needs and preferences ○ perceptions ○ aspirations ○ resilience

	<ul style="list-style-type: none"> ○ coping strategies
2.6	Understand how health and care services meets the needs of individuals throughout the lifespan
2.6.1	Care needs of individuals through the life stages
	<ul style="list-style-type: none"> • infancy • childhood • adolescence • early, middle, late adulthood menopause
2.6.2	How health and social care services meet the care needs of individuals through the life stages
	<ul style="list-style-type: none"> • health care: <ul style="list-style-type: none"> ○ primary ○ secondary ○ tertiary • social care: <ul style="list-style-type: none"> ○ children and young people’s services ○ adult care services • informal care: <ul style="list-style-type: none"> ○ unpaid care provided by someone who has a personal relationship with the individual
2.6.3	The role and purpose of individualised care planning
	<ul style="list-style-type: none"> • role and purpose: <ul style="list-style-type: none"> ○ meet individual care and support needs ○ action planning and goal setting ○ risk management ○ consistency and continuity of care • care-planning cycle: <ul style="list-style-type: none"> ○ person-centered ○ assess ○ implement ○ monitor ○ review ○ revise

3. Empowerment in health and social care

The aim of this content area is to provide learners with knowledge and understanding of empowerment in health and social care

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

3.2	Understand risk management when empowering individuals in health and social care settings
3.2.1	Tensions when balancing the rights of the individual against the health and social care practitioner's professional practice
	<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
3.2.2	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: <ul style="list-style-type: none"> ○ inclusion ○ health and safety ○ safeguarding and protection ○ whistleblowing • risk assessment and management • partnership working
3.3	Understand the role of advocacy in relation to empowerment
3.3.1	Key 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: <ul style="list-style-type: none"> ○ disability ○ mental health ○ human rights ○ participation ○ best interests
3.3.2	Models of advocacy
	<ul style="list-style-type: none"> • self-advocacy • group advocacy • peer advocacy • citizen advocacy • professional advocacy • non-instructed advocacy
3.3.3	When an individual may require an advocate
	<ul style="list-style-type: none"> • independent advocacy and an appropriate person • statutory advocacy duties • advocacy relating to complaints and appeals • advocacy relating to mental capacity

4. Health promotion

The aim of this content area is to provide learners with knowledge and understanding of health promotion

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

4.4	Understand approaches to health promotion
4.4.1	Approaches to health promotion
	<ul style="list-style-type: none"> • medical • behaviour change • educational • client-centred/directed • societal changes
4.4.2	Methods of communication used in health promotion
	<ul style="list-style-type: none"> • digital media • leaflets and learning materials • information-sharing sessions • community programmes • advertising
4.5	Understand behaviour change in health promotion
4.5.1	Models of behaviour change
	<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
4.5.2	How barriers impact on behaviour change
	<ul style="list-style-type: none"> • individual: <ul style="list-style-type: none"> ○ personal beliefs ○ motivation ○ self-esteem • social: <ul style="list-style-type: none"> ○ relationships ○ support ○ peer pressure ○ media • environmental: <ul style="list-style-type: none"> ○ cost ○ time ○ accessibility of resources

4.6	Understand the role of the professional in health promotion
4.6.1	The role of the professional in health promotion
	<ul style="list-style-type: none"> • raise awareness of health issues • advocate • assess individual and community needs • provide information • support informed decision-making • empower individuals • promote community education surrounding health issues • increase self-awareness in relation to health • support behaviour change • carry out research to inform evidence-based practice
4.7	Understand the purpose and stages of health campaigns
4.7.1	Reasons for health campaigns
	<ul style="list-style-type: none"> • public health issues • improve health and wellbeing • to aid understanding of causes of ill health • encourage use of preventative methods • research • needs assessment
4.7.2	Stages of developing a health campaign
	<ul style="list-style-type: none"> • information gathering • identify target audience • set clear aims and objectives • agree approaches • implementation • undertake review • evaluate outcomes
4.7.3	Methods of evaluating a health campaign
	<ul style="list-style-type: none"> • target groups • sample data collection • qualitative and quantitative data analysis • reporting • dissemination • recommendation and actions

4.8	Understand current health campaigns
4.8.1	Public health issues
	<ul style="list-style-type: none">• mental health• child and maternal health• sexual health• obesity• smoking• alcohol• physical activity
4.8.2	Current health campaigns
	<ul style="list-style-type: none">• in relation to public health issues• national and local

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5. Anatomy and physiology in health and social care

The aim of this content area is to provide learners with knowledge and understanding of anatomy and physiology of the human body

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

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

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

	<ul style="list-style-type: none"> • structure and function of the kidney: <ul style="list-style-type: none"> ○ capsule ○ cortex ○ medulla ○ renal pelvis ○ renal artery ○ renal vein • bladder • urethra • ureter • structure and function of the nephron: <ul style="list-style-type: none"> ○ process of reabsorption ○ role in osmoregulation ○ effect of antidiuretic hormone (ADH) • elimination of waste products • disorders of the excretory/urinary system: <ul style="list-style-type: none"> ○ urinary tract infections ○ renal failure ○ chronic kidney disease
5.1.6	The structures and functions of the muscular system
	<ul style="list-style-type: none"> • location and function of the major muscles that make up the muscular system: <ul style="list-style-type: none"> ○ shoulder: <ul style="list-style-type: none"> ▪ deltoid ▪ trapezius ○ arm: <ul style="list-style-type: none"> ▪ biceps ▪ triceps ○ anterior thorax: <ul style="list-style-type: none"> ▪ pectorals ▪ diaphragm ○ posterior thorax: <ul style="list-style-type: none"> ▪ latissimus dorsi ▪ erector spinae ○ abdominal region: <ul style="list-style-type: none"> ▪ rectus abdominis ▪ obliques ○ hip: <ul style="list-style-type: none"> ▪ gluteus maximus ▪ iliopsoas ○ upper leg: <ul style="list-style-type: none"> ▪ quadriceps ▪ hamstrings ○ lower leg: <ul style="list-style-type: none"> ▪ gastrocnemius ▪ soleus

	<ul style="list-style-type: none"> • structure of the main muscle types: <ul style="list-style-type: none"> ○ smooth/visceral ○ cardiac ○ skeletal • mechanism of muscle contraction including the function of: <ul style="list-style-type: none"> ○ actin ○ myosin ○ sarcomeres • disorders of the muscular system: <ul style="list-style-type: none"> ○ Duchenne muscular dystrophy
5.1.7	The structures and functions of the skeletal system
	<ul style="list-style-type: none"> • function of the skeletal structure: <ul style="list-style-type: none"> ○ support ○ protection ○ attachment of muscles ○ storage of calcium ○ production of blood cells ○ movement • types of bone: <ul style="list-style-type: none"> ○ long ○ short ○ flat ○ irregular ○ sesamoid • structure of the axial skeleton, including the location of the following bones: <ul style="list-style-type: none"> ○ cranium and facial bones ○ cervical vertebrae (atlas and axis) ○ thoracic vertebrae ○ lumbar vertebrae ○ sacral vertebrae ○ coccygeal vertebrae ○ intervertebral discs ○ ribs ○ sternum ○ clavicle ○ scapula ○ pelvic girdle ○ ilium, ischium, and pubis • structure of the appendicular skeleton including the location of the following bones: <ul style="list-style-type: none"> ○ humerus ○ radius ○ ulna ○ carpals ○ metacarpals: <ul style="list-style-type: none"> ▪ phalanges ○ femur ○ patella ○ tibia and fibula ○ tarsals ○ metatarsals: <ul style="list-style-type: none"> ▪ phalanges

	<ul style="list-style-type: none"> • bone growth and development • types of joint: <ul style="list-style-type: none"> ○ fibrous ○ cartilaginous ○ synovial • movement of joints: <ul style="list-style-type: none"> ○ flexion ○ extension ○ abduction • disorders of the skeletal system: <ul style="list-style-type: none"> ○ osteoarthritis ○ osteoporosis
5.1.8	The structures and functions of the immune/lymphatic system
	<ul style="list-style-type: none"> • structure and function of the lymph system: <ul style="list-style-type: none"> ○ lymph vessels ○ location of major lymph nodes: <ul style="list-style-type: none"> ▪ neck ▪ armpit ▪ groin ○ lymph • lymph organs: <ul style="list-style-type: none"> ○ spleen ○ thymus ○ tonsils • immune system and response: <ul style="list-style-type: none"> ○ innate immunity (non-specific) defence mechanisms: <ul style="list-style-type: none"> ▪ skin ▪ phagocytes ▪ mucus ▪ inflammation ▪ fever ○ specific immunity defence mechanisms: <ul style="list-style-type: none"> ▪ antigens as chemical markers ▪ role of lymphocytes (white cells) ▪ role of antibodies ▪ adaptive immunity ▪ acquired immunity • types and functions of lymphocytes: <ul style="list-style-type: none"> ○ T lymphocytes ○ B lymphocytes • disorders of the immune system: <ul style="list-style-type: none"> ○ Hodgkin's disease ○ leukaemia ○ rheumatoid arthritis

<p>5.1.9</p>	<p>The structures and functions of the integumentary system</p> <ul style="list-style-type: none"> • layers of the skin: <ul style="list-style-type: none"> ○ epidermis ○ dermis ○ subcutaneous • structure of the components of the dermis: <ul style="list-style-type: none"> ○ papillary and reticular layer-blood capillaries ○ sebaceous glands ○ lymphatic capillaries ○ hair ○ sweat glands ○ sensory and motor nerve endings ○ collagen ○ elastin fibres • functions of the skin: <ul style="list-style-type: none"> ○ protection ○ temperature regulation ○ sensation ○ excretion ○ vitamin D synthesis • disorders of the integumentary system: <ul style="list-style-type: none"> ○ eczema ○ skin cancer
<p>5.1.10</p>	<p>The structures and functions of the reproductive system</p> <ul style="list-style-type: none"> • structure and function of the female reproductive system: <ul style="list-style-type: none"> ○ ovaries ○ fallopian tubes ○ uterus ○ cervix ○ vagina ○ ovulatory cycle • structure and function of the male reproductive system: <ul style="list-style-type: none"> ○ testes ○ vas deferens ○ seminal vesicles ○ scrotum ○ prostate gland ○ urethra ○ penis • disorders of the reproductive system: <ul style="list-style-type: none"> ○ female polycystic ovary syndrome ○ male prostate cancer

5.1.11	The structures and functions of the respiratory system
	<ul style="list-style-type: none"> • passage of air through the respiratory system: <ul style="list-style-type: none"> ○ mouth/nose ○ pharynx ○ epiglottis ○ larynx ○ trachea ○ bronchi ○ bronchioles ○ alveoli ○ lungs ○ muscles of respiration: <ul style="list-style-type: none"> ▪ diaphragm ▪ intercostals • gaseous exchange/diffusion: <ul style="list-style-type: none"> ○ removal of waste products ○ control of ventilation: <ul style="list-style-type: none"> ▪ breathing rate ▪ respiratory centres of the brain • cellular respiration • disorders of the respiratory system: <ul style="list-style-type: none"> ○ asthma ○ chronic obstructive pulmonary disorder (COPD)
5.1.12	The relationship between the structure and function of the organ systems
	<ul style="list-style-type: none"> • levels of organisation, including how structure relates to function: <ul style="list-style-type: none"> ○ cells ○ tissues ○ organs ○ organ systems
5.1.13	The relationships between the organ systems in maintaining healthy body functions
	<ul style="list-style-type: none"> • how organ systems work together to maintain healthy body function: <ul style="list-style-type: none"> ○ excretory system and digestive system ○ nervous system and muscular/skeletal system ○ respiratory and cardio-vascular system
5.2	Understand homeostasis in the human body
5.2.1	The process of homeostasis in the human body
	<ul style="list-style-type: none"> • definition of homeostasis • self-regulating process • role of positive and negative feedback as a mechanism of regulation response to changes to internal and external environment • role of hypothalamus and pituitary gland
5.2.2	How homeostasis maintains the healthy functioning of the human body
	<ul style="list-style-type: none"> • role of the following regulation responses/mechanisms in gaining homeostatic control:

	<ul style="list-style-type: none"> ○ thermoregulation ○ osmoregulation ○ glucoregulation ○ blood pressure ○ respiration rate ○ blood pH
5.2.3	The relationship between the nervous system and the endocrine system in gaining homeostatic control
	<ul style="list-style-type: none"> ● role of the endocrine and nervous system in maintaining homeostasis: <ul style="list-style-type: none"> ○ both systems working in conjunction ○ role of hormonal regulation ○ relationship between hypothalamus and pituitary gland
5.3	Understand the impact of physiological disorders on the wellbeing of individuals
5.3.1	The impact of physiological disorders on the wellbeing of individuals
	<ul style="list-style-type: none"> ● the wellbeing of the individual: <ul style="list-style-type: none"> ○ holistic ○ physical ○ cognitive ○ emotional ○ social
5.4	Understand physiological measurements
5.4.1	Factors which may affect physiological measurements
	<ul style="list-style-type: none"> ● biological sex ● age ● ill health ● diet ● level of activity ● stress ● emotion ● drugs: <ul style="list-style-type: none"> ○ medication ○ recreational ● hormone levels
5.4.2	Reasons for taking physiological measurements
	<ul style="list-style-type: none"> ● monitoring of a condition: <ul style="list-style-type: none"> ○ diabetes ○ hypertension ○ cardio-vascular issue ● monitoring individuals who are at risk of developing a condition ● clinical deterioration ● diagnosis of disease ● controlling treatment ● monitoring individuals during operations ● monitoring individuals in intensive care

5.4.3	Equipment used to measure physiological measurements
	<ul style="list-style-type: none"> • equipment: <ul style="list-style-type: none"> ○ thermometer ○ sphygmomanometer: <ul style="list-style-type: none"> ▪ manual ▪ automatic ○ watch ○ pulse oximetry ○ stethoscope ○ scales • physiological measurements: <ul style="list-style-type: none"> ○ temperature: <ul style="list-style-type: none"> ▪ oral ▪ ear ▪ underarm ▪ forehead ▪ rectal ○ blood pressure ○ pulse ○ respiratory rate ○ oxygen saturation ○ height and weight ○ body mass index (BMI)
5.4.4	Reasons for gaining valid consent prior to obtaining physiological measurements
	<ul style="list-style-type: none"> • types of consent: <ul style="list-style-type: none"> ○ voluntary ○ informed ○ capacity • awareness of the importance of gaining consent prior to obtaining physiological measurements: <ul style="list-style-type: none"> ○ professional approach ○ explanation of procedure ○ right to say no ○ measurement feedback
5.4.5	Reasons for accurate and timely recording and reporting of physiological measurements
	<ul style="list-style-type: none"> • policies and procedures • safeguarding • monitoring conditions and treatments • appropriate and timely intervention • recognising changes in health • recognise causes for concern requiring escalation • recognise early signs of deterioration in condition • know when and how to escalate concerns to the appropriate person • documentation and record keeping • care plan • assists diagnosis

Section 3: support

Support materials

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

- qualification factsheet
- learner guidance to referencing
- plagiarism guidance document

Useful websites

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

- www.cqg.org.uk/
- www.england.nhs.uk/
- www.health.org.uk/
- www.ageuk.org.uk/
- www.mind.org.uk/
- www.mentalhealth.org.uk/
- www.scope.org.uk/
- www.mencap.org.uk/
- www.healthcareers.nhs.uk/
- www.skillsforcare.org.uk/
- www.scie.org.uk/
- www.hcpc-uk.org/
- www.nmc.org.uk/
- www.socialworkengland.org.uk/
- www.nhs.uk/
- www.skillsforhealth.org.uk/

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

Other support materials

The resources and materials used in the delivery of 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.

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DRAFT v1.3 March 2024

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Appendix A: content areas

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

Content areas

Content area number	Content area title	GLH	Certificate
Content area 1	Health and social care provision	90	✓
Content area 2	Human growth and development	90	✓
Content area 3	Empowerment in health and social care	60	✓
Content area 4	Health promotion	60	✓
Content area 5	Anatomy and physiology for health and social care	70	✓

NCFE CACHE Level 3 Alternative Academic Qualifications in Health and Social
Care (Certificate) (610/4003/4)