

WJEC Level 3 Certificate | Foundation Diploma | Diploma | Extended Diploma in Health and Social Care: Principles and Contexts

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

This Qualifications Wales regulated qualification is not available to centres in England.

Specification

Version 2 - October 2023





Level 3 Health and Social Care: Principles and Contexts qualifications

Certificate | Foundation Diploma | Diploma | Extended Diploma

Specification

For award from 2024 onwards

SUMMARY OF AMENDMENTS

Version	Description	Page number/s
-	The draft version has been replaced, following the addition of QiW numbers, amendment to Foundation Diploma assessment details, and Unit 7 availability within the structure table.	4, 8
2	Non examination conditions updated throughout specification AO table, Unit 8 corrected	9-30, 70-84 13
	Unit 5 controls updated	75
	Unit 8 evidence updated	77
	Bullet points under 7.2, respiratory system, relating to functions of the cardiovascular system have been removed.	52
	7.2 bullet point 'gaseous exchange' added.	52

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Qualifications at a glance

Subject area	Health and Social Care
WJEC number	4973
QiW number	Certificate: C00/3725/4 Foundation Diploma: C00/4757/5 Diploma: C00/1253/2 Extended Diploma: C00/4711/9
Age group approved	16+
Assessment	Certificate: Internal: Two non-examination assessments (NEA) External: One external examination Foundation Diploma: Internal: a minimum of three non-examination assessments (NEA) External: One external examination Diploma: Internal: five non-examination assessments External: one external examination Extended Diploma: Internal: seven non-examination assessments External: two external examinations
Approvals	Centre and qualification approval is required
Related documents	Sample Assessment Materials Guidance for Teaching Centre Administration Handbook Good practice guide to work placement
Registration and certification	Consult the Consortium website for details www.healthandcarelearning.wales

1. Introduction

About the qualifications

Area	Description
<p>Who are the qualifications for?</p>	<p>The Health and Social Care: Principles and Contexts qualifications are designed for post-16 learners who are interested in learning more about the health and social care sectors.</p> <p>The qualifications provide a suitable progression route for learners who have studied Level 2 qualifications within the health and social care, and childcare suite including:</p> <ul style="list-style-type: none"> • Level 2 Health and Social Care: Principles and Contexts • GCSE Health and Social Care, and Childcare • Level 2 Health and Social Care: Core, or • Level 2 Children's Care, Play Learning and Development: Core. <p>They are also suitable for learners who have not previously studied Health and Social Care but who are capable of Level 3 study.</p>
<p>What do the qualifications cover?</p>	<p>The qualifications enable learners to develop and demonstrate knowledge, skills and understanding within the context of health and social care services.</p> <p>The knowledge, understanding and skills a learner is required to achieve within these qualifications build on the content of the Health and Social Care: Core qualification. It is strongly recommended that a learner undertaking either of these qualifications has completed or is currently undertaking the Health and Social Care: Core qualification.</p> <p>It is a requirement of Social Care Wales that an individual working within the health and social care sector will need the Health and Social Care: Core qualification and a relevant Practice qualification to work within specific job roles. For more information on requirements to work within the Health and Social sector, please refer to Social Care Wales' website: Social Care Wales Home - Social Care Wales</p> <p>Please note that learners need to be in employment if undertaking level 2 and 3 Practice qualifications.</p> <p>Completion of the Diploma and Extended Diploma qualification requires learners to undertake a minimum of 100 hours of sector engagement, of which 60 hours must be spent undertaking a work placement.</p> <p>Centres are encouraged to ensure that, where possible, learners experience a minimum of two settings during the sector engagement.</p>

<p>What opportunities for progression are there?</p>	<p>This specification provides a suitable foundation for the study of health and social care through a range of higher education courses, or apprenticeships. Learners may also progress to other qualifications within the health and social care, and childcare suite, for example the Level 2 and Level 3 Health and Social Care Practice qualifications.</p> <p>In addition, the specification provides a coherent, satisfying and worthwhile course of study for learners who do not progress to further study in this subject.</p>
<p>Who did we develop the qualifications with?</p>	<p>This qualification has been developed by the Consortium in conjunction with stakeholders from the health and social care sectors. These included Social Care Wales, NHS Health Education and Improvement Wales, tutors, teachers and workplace assessors.</p>

The aims and objectives of the qualifications

The Level 3 Health and Social Care: Principles and Contexts qualifications enable learners to develop and demonstrate their knowledge, skills and understanding within the context of health and social care services. In particular learners will be able to demonstrate that they:

- understand the principles and values which underpin health and social care practice and apply them to a range of health and social care contexts
- understand and reflect on the ways in which individuals' unique needs can be identified and responded to
- understand ways in which effective, person-centred practice and well-being within health and social care can be promoted and supported
- analyse, interpret and evaluate theories in health and social care and reflect on how they could influence practice
- are aware of changing sector policy and how these changes affect service development and delivery
- use literacy, numeracy, research and digital competency skills as appropriate within their study.

Structure

The Level 3 Health and Social Care: Principles and Contexts qualifications are unitised:

- to achieve the Certificate in Health and Social Care: Principles and Contexts qualification, learners must complete **3** mandatory units.
- to achieve the Foundation Diploma in Health and Social Care: Principles and Contexts qualification, learners must complete **3** mandatory units and **a minimum of one** optional unit (a minimum of 180 additional GLH must be completed within the optional unit/s)
- to achieve the Diploma in Health and Social Care: Principles and Contexts qualification, learners must complete **6** mandatory units
- to achieve the Extended Diploma in Health and Social Care: Principles and Contexts qualification, learners must complete **9** mandatory units.

Unit title	GLH	Assessment	Cert	F. Dip	Dip	Ext. Dip
1. Principles of care and safe practice within outcome focused person-centred care	90	Internal	M	M	M	M
2. Factors affecting individuals' growth and development across the lifespan	180	External	M	M	M	M
3. Promoting the rights of individuals across the lifespan	90	Internal	M	M	M	M
4. Understanding how the human body is affected by common conditions	90	Internal		O	M	M
5. Supporting individuals at risk to achieve their desired outcomes	180	Internal		O	M	M
6. Working in the health and social care sector	90	Internal		O	M	M
7. Anatomy and physiology for health and social care	120	External				M
8. Supporting the health and well-being of adults in Wales to achieve positive outcomes	120	Internal		O		M
9. Investigating contemporary issues in health and social care in Wales	120	Internal				M

Guided Learning Hours (GLH) and Total Qualification Time (TQT)

Guided learning means activities such as classroom-based learning, tutorials and online learning, which is directly supervised by a teacher, tutor or invigilator. It also includes all forms of assessment which take place under the immediate guidance or supervision of a teacher, supervisor or invigilator.

Guided Learning Hours (GLH) are allocated per unit to support delivery. It is acceptable for centres to deliver this qualification holistically and, therefore, hours per unit are a recommendation only.

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a learner to achieve a qualification. It includes both the Guided Learning Hours (GLH) and additional time spent in preparation, study and some formative assessment activities. This additional time could include:

- additional assessments and tasks set by the tutor (homework)
- independent use of online learning resources
- completion of independent research including reading of publications and reports relating to the sector.

The GLH and TQT assigned to these qualifications are as follows:

Qualifications	GLH	TQT
Level 3 Certificate in Health and Social Care: Principles and Contexts	360	540
Level 3 Foundation Diploma in Health and Social Care: Principles and Contexts	Minimum 540*	810
Level 3 Diploma in Health and Social Care: Principles and Contexts	720	1080
Level 3 Extended Diploma in Health and Social Care: Principles and Contexts	1080	1620

* Guided learning hours for the Foundation Diploma may exceed 540 depending on the combination of units delivered.

2. Summary of assessments

Unit 1: Principles of care and safe practice within outcome focused person-centred care

Non-examination assessment

20 hours

100 marks

A non-examination assessment (NEA) made up of tasks both of which relate to a chosen case study. Both tasks require learners to draw on their knowledge and understanding of the principles of care and safe practice and how this is applied to outcome focused care.

An Assessment Pack will be released to centres through the WJEC secure website on the first Monday in September each year. Each Assessment Pack will include a case study which candidates will use as the stimulus for completing both tasks. Candidates must choose which Case Study they wish to use.

The task is published on www.healthandcarelearning.wales and will remain the same for the lifetime of this specification.

Unit 2: Factors affecting individuals' growth and development across the lifespan

External timetabled examination

1 hour and 45 minutes

100 marks

An examination (either taken on screen or as a written paper) comprising of a range of question types to assess all unit content related to factors affecting individuals' growth and development across the lifespan.

All questions are compulsory.

Unit 3: Promoting the rights of individuals across the lifespan

Non-examination assessment

20 hours

80 marks

A non-examination assessment (NEA) containing tasks set by WJEC. The assessment requires learners to choose a group of individuals on which to base the tasks.

The assessment requires learners to produce evidence as either a podcast, a presentation or a video, to demonstrate their knowledge and understanding of promoting the rights of individuals in supporting their health and well-being.

The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are as published in the Assessment Pack available from the WJEC secure website.

Unit 4: Understanding how the human body is affected by common conditions

Non-examination assessment

15 hours

60 marks

A non-examination assessment (NEA) containing tasks set by WJEC and that require learners to draw on their knowledge and understanding of how the human body is affected by common conditions. The task is based on two pieces of stimuli which will be included in the Assessment Pack available to centres from the WJEC secure website on the first Monday in September each year.

The task for this non-examination assessment will remain the same for the lifetime of the specification as published in the Assessment Pack available from the WJEC secure website.

Unit 5: Supporting individuals at risk to achieve their desired outcomes.

Non-examination assessment

15 hours

100 marks

A non-examination assessment (NEA) made up of two tasks both of which relate to stimulus provided. Both tasks require learners to draw on their knowledge and understanding of supporting individuals at risk to achieve their desired outcomes.

An Assessment Pack will be released to centres through the WJEC secure website on the first Monday in September each year. The Assessment Pack will include the stimulus for completing the tasks.

The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are as published in the Assessment Pack available from the WJEC secure website.

Unit 6: Working in the health and social care sector

Non-examination assessment

18 hours

120 marks

A non-examination assessment (NEA) containing tasks set by WJEC and based on the learners' sector engagement and work placement.

The task for this non-examination assessment will remain the same for the lifetime of the specification and is published in the Assessment Pack available from the WJEC secure website.

Unit 7: Anatomy and physiology for health and social care

2 hours

External timetabled examination

100 marks

An examination (either taken on screen or as a written paper) comprising of a range of question types to assess all unit content related to anatomy and physiology for health and social care.

All questions are compulsory.

Unit 8 Supporting the health and well-being of adults in Wales to achieve positive outcomes

Non-examination assessment

15 hours

60 marks

A non-examination assessment (NEA) made up of two tasks both of which relate to stimulus provided. Both tasks require learners to draw on their knowledge and understanding of Supporting the health and well-being of adults in Wales.

An Assessment Pack will be released to centres through the WJEC secure website on the first Monday in September each year. The Assessment Pack will include the stimulus for completing the tasks.

The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are as published in the Assessment Pack available from the WJEC secure website.

Unit 9 Investigating contemporary issues in health and social care in Wales.

Non-examination assessment

20 hours

82 marks

A non-examination assessment which requires candidates to undertake their own secondary research into a contemporary issue of their choice and make recommendations for further research.

The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are published in the Assessment Pack available from the WJEC secure website.

Assessment objectives

Assessment Objectives (AOs) refer to the skills that learners need to demonstrate in their responses to questions in an external assessment or non-examination assessment. The Level 3 Health and Social Care: Principles and Contexts qualifications have three assessment objectives.

Both the internal and the external assessments will target these assessment objectives in line with the weightings on the next page.

Unit	Assessment type	Time	Raw marks	AO mark		AO weighting	
				AO	Raw mark	AO	Weighting
1	Non examination assessment	Time 20 hours	100	AO1	40	AO1	40%
				AO2	36	AO2	36%
				AO3	24	AO3	26%
2	External Examination	1 hour 45 minutes	100	AO1	30-34	AO1	30-34%
				AO2	33-37	AO2	33-37%
				AO3	31-35	AO3	31-35%
3	Non examination assessment	20 hours	80	AO1	24	AO1	30%
				AO2	16	AO2	20%
				AO3	40	AO3	50%
4	Non examination assessment	15 hours	60	AO1	20	AO1	33%
				AO2	22	AO2	37%
				AO3	18	AO3	30%
5	Non examination assessment	15 hours	100	AO1	33	AO1	33
				AO2	33	AO2	33
				AO3	34	AO3	34
6	Non examination assessment	18 hours	120	AO1	36	AO1	30%
				AO2	44	AO2	37%
				AO3	40	AO3	33%
7	External Examination	2 hours	100	AO1	33-37	AO1	33-37%
				AO2	33-37	AO2	33-37%
				AO3	29-33	AO3	29-33%
8	Non examination assessment	15 hours	60	AO1	20	AO1	33%
				AO2	22	AO2	37%
				AO3	18	AO3	30%
9	Non examination assessment	20 hours	82	AO1	12	AO1	15%
				AO2	24	AO2	29%
				AO3	46	AO3	56%

3. Units

Unit format

Unit title:	Summarises, in a concise manner, the content of the unit.
Guided learning hours (GLH):	<p>Guided learning means activities such as classroom-based learning, tutorials and online learning, which is directly supervised by a teacher, tutor or invigilator. It also includes all forms of assessment which take place under the immediate guidance or supervision of a teacher, supervisor or invigilator.</p> <p>GLH has been allocated per unit to support delivery. It is acceptable for centres to deliver this qualification holistically and, therefore, hours per unit are a recommendation only.</p>
Areas of content:	Includes the list of topics covered by the unit.
Overview of unit:	Provides a summary of the unit content. It sets the context of the unit and highlights the purpose of the learning in the unit.
Assessment:	Summarises the assessment method for the unit.
Skills Development:	Identifies opportunities for the development of the Integral and Embedded Skills within the Advanced Skills Baccalaureate Wales (Level 3).

Unit 1

Unit title:	Principles of care and safe practice within outcome focused person-centred care
GLH:	90
Areas of content:	<p>1.1 Professional responsibilities, roles and accountabilities of health and social care workers.</p> <p>1.2 Legislation, national policies, codes of conduct and professional practice and how these impact on outcome focused provision in Wales and the UK.</p> <p>1.3 Ethical issues and approaches when providing outcome focused care.</p> <p>1.4 The importance of developing positive relationships, trust and effective communication with individuals.</p> <p>1.5 How to promote quality care that is outcome focused.</p> <p>It is strongly recommended that teachers teach topic areas 1.1 and 1.2 holistically.</p>
Overview of unit:	<p>In this unit learners will gain knowledge and understanding of professional responsibilities, roles and accountabilities of health and social care workers within the sector. They will learn about legislation, national policies, codes of conduct and professional practice that support health and social care workers in their roles. Learners will also gain knowledge of ethical issues and approaches when providing outcome focused care. They will also understand the importance of positive relationships, trust, effective communication and promoting quality care that is outcome focused.</p>
Assessment:	<p>A non-examination assessment (NEA) made up of two tasks both of which relate to a chosen case study. Both tasks require learners to draw on their knowledge and understanding of principles of care and safe practice and how this is applied to outcome focused care.</p> <p>An Assessment Pack will be released to centres through the WJEC secure website on the first Monday in September each year. Each Assessment Pack will include a case study which candidates will use as the stimulus for completing both tasks. Candidates must choose which Case Study they wish to use.</p> <p>The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are as published in the Assessment Pack available from the WJEC secure website.</p>

Skills development:

It is envisaged that the study of this unit will generate opportunities for the development of skills.

Examples of such opportunities are noted below:

- **communication and literacy:** through all written work and assessment
- **digital competence:** through individual online research into the key concepts of the unit
- **planning and organising:** in planning their report
- **critical thinking and problem solving:** in investigating legislation, national policies, codes of conduct and professional practice
- **creativity and innovation:** in evidence produced for the tasks
- **personal effectiveness:** in preparation for assessment.

Unit 1: Principles of care and safe practice within outcome focused person-centred care	
Content	Amplification
1.1 Professional responsibilities, roles and accountabilities of health and social care workers.	<p>Learners should know and understand the roles of health and social care workers in providing quality care, support for individuals and essential services that promote health and well-being.</p> <p>To include:</p> <ul style="list-style-type: none"> • roles in frontline care • roles in support functions • core values and principles of care, why these are important and how they benefit the individual receiving care and support. <p>Learners should know and understand professional responsibilities of health and social care workers and the differences between the two.</p> <p>To include:</p> <ul style="list-style-type: none"> • complying with codes of conduct/practice, policies and guidelines for care workers in health and social care • ensure the safety and well-being of others • understanding the responsibility of a registered professional worker • regulatory requirements – fitness to practice and why this is important in professional practice • the importance of being registered as a professional with a regulatory body. <p>Learners should know and understand accountabilities of health and social care workers in taking responsibility for their actions, ensuring they are competent to do the activity they have been asked to perform. They should know and understand that failure to do so can result in disciplinary and/or legal action.</p> <p>Learners should know and understand how codes of practice/conduct support professional practice of health and social care workers.</p> <p>To include:</p> <ul style="list-style-type: none"> • Code of Professional Practice for Social Care • Practice guidance for registered workers • Non-regulatory, e.g. NHS Wales Code of Conduct for Healthcare Support Workers in Wales, Code of Practice for NHS Wales Employers. <p>Learners should be encouraged to access codes of practice/conduct.</p> <p>Learners should know and understand that regulatory bodies set the requirements for professional development.</p> <p>To include:</p> <ul style="list-style-type: none"> • registration • requiring workers to follow professional codes of conduct/practice • undertaking fitness to practice investigations and imposing sanctions as required • building the public’s trust and confidence in the profession, valuing care workers, ensuring public safety and encouraging and supporting CPD • whistle blowing/voicing concerns.

Content	Amplification
<p>1.2 Legislation, national policies, codes of conduct and professional practice and how these impact on outcome focused provision in Wales and the UK.</p>	<p>Learners should know and understand the impact of current:</p> <ul style="list-style-type: none"> • legislation: including devolved matters, secondary legislation and regulation • national policies • codes of conduct and professional practice. <p>To include:</p> <ul style="list-style-type: none"> • More than just words: Follow on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019 • The Regulation and Inspection of Social Care (Wales) Act 2016 • Well-being of Future Generations Act (Wales) 2015 • Declaration of Rights for Older People in Wales (2014) • Social Services and Well-being (Wales) Act 2014 • Equality Act 2010 • The Mental Capacity Act 2005 and associated Code of Practice, Deprivation of Liberty Safeguards • Children Act 2004 • Human Rights Act 1998 and associated Conventions and Protocols such as UN Convention on the Rights of the Child 1990, UN Convention on the Rights of Person with Disabilities and UN Principles for Older Persons 1991. <p>Further details on the latest Welsh Government legislation and policies are available from: https://socialcare.wales/</p> <p>Learners should know and understand:</p> <ul style="list-style-type: none"> • how legislation links to national frameworks, guidance and practice, policy development implementation and its impact on outcome focused provision in Wales and the UK • strategic priorities for health and well-being in Wales compared to England, Scotland and Northern Ireland • similarities and differences in legislation across different UK nations.
<p>1.3 Ethical issues and approaches when providing outcome focused care.</p>	<p>Learners should know and understand a range of ethical issues and approaches when providing outcome focused care.</p> <p>To include:</p> <ul style="list-style-type: none"> • respecting equality, diversity and choice • duty of care • duty of candour • ethical frameworks for decision making and principles • best interest decision making for those who lack capacity • managing confidentiality when sharing information, e.g. General Data Protection Regulation (GDPR), Welsh Accord for Sharing Personal information (WASPI) – when information can be shared, why and with whom • why confidentiality is important and how this relates to the common law and legislative framework • managing services and resource allocation • supporting mental and emotional well-being.

Content	Amplification
<p>1.4 The importance of developing positive relationships, trust and effective communication with individuals.</p>	<p>Learners should know and understand the methods and skills required to develop positive relationships, trust and effective communication and understand the importance of this.</p> <p>To include:</p> <p>Positive relationships and trust:</p> <ul style="list-style-type: none"> • building trust • establishing positive relationships with colleagues and management, when providing and requesting information • establishing positive relationships with individuals, families and carers, and respecting their values and beliefs • providing person-centred care to individuals through ensuring the opportunities, knowledge, skills and confidence they need to effectively manage, and make informed decisions about, their own health and well-being • valuing individuals and giving them choices • communicating effectively using questioning, paraphrasing, reflecting, achieving change, empowering individuals and may include challenging (where necessary). <p>Effective communication –</p> <ul style="list-style-type: none"> • how to engage individuals in conversations – ‘What Matters Conversations’ • initiatives such as ‘Hello my name is’ adopted by the NHS • language preferences: ‘More than just words’ – the Active offer, Cymraeg 2050 • practical application of communication and interpersonal skills, speaking clearly using simple sentences and avoiding jargon • understand different types of communication: body language, gestures, facial expressions, written communication including images, pictures and symbols, verbal, non-verbal, digital, British Sign Language, Makaton, Braille • understanding the environment when communicating with individuals. <p>Strategies and initiatives listed above are time sensitive and should be replaced by more recent strategies and initiatives as they are launched.</p>

Content	Amplification
<p>1.5 How to promote quality care that is outcome focused.</p>	<p>Learners should know and understand that quality of care means, assisting an individual to achieve their personal outcomes by providing the care and support they need, when and where they need it, in an affordable, safe and effective manner.</p> <p>Learners should know and understand the role care workers have in delivering quality care and support that is outcome focused.</p> <p>To include:</p> <p>Outcome focused care ensures:</p> <ul style="list-style-type: none"> • strengths based approach to care and support and inclusion • person-centred care and support • what individuals can do with their own skills, strengths, abilities and network • individuals' voices are heard, listened to and acted upon in providing care and support; they are equal partners in the decisions • empowerment of individuals including self-awareness, self-care and advocacy services • service provision in health and social care which is seamless, meets the needs of individuals and is delivered as close to home as possible • safeguarding is everyone's responsibility, with each professional individual and organisation required to do everything they can to ensure that the well-being of children and adults at risk are protected from abuse, improper treatment, neglect or harm. <p>Current challenges and benefits are addressed through:</p> <ul style="list-style-type: none"> • engagement strategies to involve individuals to improve their own health and well-being: Individual participation and active involvement in caring for themselves e.g. using social media and digital platforms to promote healthy behaviours • use of personal, family and community resources: supporting prevention and early intervention • government changes: how this leads to a change in initiatives and priorities, e.g. Social Services and Well-being (Wales) Act 2014 • health and social care economics: funding, staffing, reducing waiting lists, integration of services in health and social care • new technologies and digital approaches that: <ul style="list-style-type: none"> • provide a single record that will enable health and social care providers to ensure joined up care and support • will provide early intervention to avoid the need for more formal and managed care and support services for longer • are personalised and help individuals to remain independent for longer, supporting them and keeping them safe through care and support at home using assistive technology systems that can monitor and respond as required, e.g. Telehealth and Telecare • help detect cancer much earlier from a simple blood test.

Content	Amplification
	<ul style="list-style-type: none"> • role of mixed economy of care: statutory, independent and third sector, flexibility and providing a better choice • additional treatments: GP surgeries are increasingly becoming hubs to deliver a wide range of health and well-being services • joint information, advice and assistance services: single point of contact for individuals in need of care and support e.g. care at home, courses or support in managing long term conditions • seasonal priorities: seasonal changes, e.g. incidences of flu, winter fuel payments, increased demand and pressure on health and social care services.

Unit 2

Unit title:	Factors affecting individuals' growth and development across the lifespan
GLH:	180
Areas of content:	<p>2.1 Factors affecting human growth and development across the lifespan.</p> <p>2.2 Models that relate to factors that affect growth and development across the lifespan.</p> <p>2.3 Approaches to promoting and protecting resilience.</p>
Overview of unit:	In this unit, learners will gain knowledge and understanding of the factors that affect an individuals' growth and development across the lifespan and models that relate to these factors.
Assessment	<p>An examination (either taken on screen or as a written paper) comprising of a range of question types to assess all unit content related to factors affecting individuals' growth and development across the lifespan.</p> <p>All questions are compulsory.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: in preparation for assessment • digital competence: through individual online research into the key concepts of the unit • planning and organising: in preparation for assessment • critical thinking and problem solving: when linking models and theories in relation to human growth and development • personal effectiveness: in preparation for assessment.

Unit 2: Factors affecting individuals' growth and development across the lifespan	
Content	Amplification
2.1 Factors affecting human growth and development across the lifespan.	<p>Learners should know and understand factors that affect human growth and development across the lifespan.</p> <p>To include:</p> <p>Life stages within in the lifespan are defined as:</p> <ul style="list-style-type: none"> • Infancy: 0-2 years • Childhood: 3-12 years • Adolescence: 13-19 years • Adulthood: 20-64 years • Later adulthood: 65+ years. <p>Key factors:</p> <ul style="list-style-type: none"> • Adverse Childhood Experiences (ACE): traumatic events that children can be exposed to whilst growing up but that are remembered throughout adulthood. They may increase the chances of individuals developing diseases and adopting health harming behaviours • behaviour that challenges: attention deficit hyperactivity (ADHD), Tourette's syndrome, autistic spectrum disorders • economic factors: economic status, home environment • educational experiences: support and guidance through education, level of education • lifestyle choices: use of technology, smoking, substance misuse, involvement in crime, influence of others e.g. role models • life events: predictable and unpredictable; positive and negative experiences • mental health: mental illness, eating disorders, depression, anxiety • physical factors: physical activity, physical health, nutrition and hydration, conditions prevalent in Wales, accidents, physical disabilities, long-term and life-limiting conditions • social factors: family structure, culture, religion, social networks and support. <p>Long term impact of factors affecting human growth and development across the lifespan:</p> <ul style="list-style-type: none"> • anxiety • attachment • broadening of experiences • depression • more able and talented – exceeding milestones • non-achievement of expected milestones • stigma • transition • trauma.

Content	Amplification
	<p>Addressing the long-term impact of factors affecting human growth and development across the lifespan:</p> <ul style="list-style-type: none"> • modelling, social skills training and activities that help individuals achieve greater independence, resilience or rehabilitation (social learning) • reassurance, encouragement, validation and links to attachments and developments, self-confidence, self-reliance, self-esteem, self-concept and resilience building, to provide strength and capacity to meet own needs or seek support from community resources and person-centred ideas.
<p>2.2 Models that relate to factors that affect growth and development across the lifespan.</p>	<p>Learners should know and understand the basic concepts related to well-established theories and current critiques and how they relate to each other.</p> <p>Models and Theories to include:</p> <ul style="list-style-type: none"> • Behavioural Theory: Pavlov, Skinner, Watson • Biological Theory: Gesell • Cognitive and other Development Theories: Aaron Beck, Piaget, Vygotsky, Erikson • Ecological Theory: Bronfenbrenner • Human Development Theories: Bowlby Attachment Theory, Cumming and Henry Disengagement Theory of Aging, Nature/Nurture • Humanistic Theory: Maslow, Rogers • Psychosocial Theory: Erikson • Social Learning Theory: Bandura, Vygotsky.
<p>2.3 Approaches to promoting and protecting resilience.</p>	<p>Learners should know and understand approaches to promoting and protecting resilience.</p> <p>Approaches to promoting and protecting resilience:</p> <ul style="list-style-type: none"> • encouraging individuals to take part in therapeutic and recreational activities within the local community and to increase social networks e.g. community arts and creative activities • engaging individuals to be responsible for their own physical health and well-being by making lifestyle changes • promoting a positive, problem-solving approach and an optimistic outlook • promoting positive environments that are forward-looking and promote strengths and diversity

Unit 3

Unit title:	Promoting the rights of individuals across the lifespan
GLH:	90
Areas of content:	<p>3.1 The rights of individuals</p> <p>3.2 Understanding health and well-being</p> <p>3.3 Barriers to participation</p> <p>3.4 Promoting the rights of individuals</p> <p>3.5 Legislation which underpins individual rights</p>
Overview of unit:	In this unit learners will gain knowledge and understanding of the rights of individuals and the barriers to participation they may face, how these are promoted and challenged to improve health and well-being.
Assessment:	<p>This unit is internally assessed through non-examination assessment (NEA). Learners are required to research and produce evidence on how to promote the rights of individuals from one specific group across the lifespan. Evidence can be presented as either a podcast, a presentation or a video.</p> <p>Learners may carry out their research for the tasks without direct supervision. Learners will spend 20 hours in total completing the work. The task requires learners to draw on knowledge and understanding of promoting the rights of individuals in supporting their health and well-being.</p> <p>The task is published on www.healthandcarelearning.wales and will remain the same for the lifetime of this specification.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: in presenting their evidence • numeracy: interpreting data on health and lifestyle inequalities • digital competence: through individual online research into the key concepts of the unit • planning and organising: in planning the presentation of their evidence • critical thinking and problem solving: in selecting appropriate information from their research to present as evidence • creativity and innovation: in presenting evidence as either a podcast, a presentation or a video • personal effectiveness: in preparation for assessment.

Unit 3: Promoting the rights of individuals across the lifespan.	
Content	Amplification
3.1 The rights of individuals.	<p>Learners should know and understand the rights of individuals in the health and social care sector.</p> <p>To include the right to:</p> <ul style="list-style-type: none"> • have a voice, choice and control • be communicated with in preferred method or language • be treated with dignity and respected as an individual • protection from danger and harm • have views considered • access information relevant to themselves • voluntary and informed consent • know what their rights are. <p>Learners should be aware of the fundamental rights and needs of individuals.</p> <p>To include the right to:</p> <ul style="list-style-type: none"> • an adequate standard of living (including food and housing) • an education • the highest attainable standards of physical and mental well-being • freedom of thought, religion and expression. <p>Learners should know how the support needs of the chosen group of individuals can be met.</p> <p>To include:</p> <ul style="list-style-type: none"> • practical support: food, warmth, shelter • financial support: basic living expenses, housing, utilities, expenses • emotional support: family and friends

Content	Amplification
3.2 Understanding health and well-being.	<p>Learners should know and understand that health and well-being is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</p> <p>To include:</p> <p>Health and well-being is comprised of:</p> <ul style="list-style-type: none"> • rights and entitlements • physical, mental and emotional health and well-being • protection from abuse and neglect (safeguarding) • education, training and recreation • domestic, family and personal connections (community belonging, being treated with respect, equality and diversity, loneliness and social isolation) • contribution made to society • social and economic well-being • suitability of living accommodation • control by the individual of their day-to-day life, care and support and the ways in which it is provided • personal dignity and treating individuals with respect. <p>In relation to children health and well-being also includes:</p> <ul style="list-style-type: none"> • physical, intellectual, emotional, social and behavioural development • welfare of the child: physical, emotional and educational needs. <p>Factors that affect health and well-being to include:</p> <ul style="list-style-type: none"> • economic, physical and social environment • an individual's characteristics and behaviours. <p>Learners should know and understand that the enjoyment of the highest attainable standard of health and well-being is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition and why this is important.</p>
3.3 Barriers to participation	<p>Learners should know and understand barriers to participation, challenging inequality and promoting the rights of individuals.</p> <p>To include:</p> <p>Barriers to participation:</p> <ul style="list-style-type: none"> • cultural and language barriers: language, use of inaccessible level of language, availability of interpreters, information in alternative formats e.g. audio, braille, large print • environmental barriers: appropriate building access, living in remote areas away from services, accessible transport • financial barriers: cost of accessing the service, car parking and bus fares • physical: age, disability, gender, sensory loss • psychological barriers: <ul style="list-style-type: none"> • individuals' thoughts of a service • previous experiences may not have been good • fear of unknown.

Content	Amplification
<p>3.4 Promoting the rights of individuals</p>	<p>Promoting the rights of individuals:</p> <ul style="list-style-type: none"> • knowing what the rights of individuals are • informing individuals of their rights • actively demonstrating anti-discriminatory practice • adhering to professional standards and codes • upholding choice and well-being of individuals • upholding the principles of care. <p>Approaches to promoting rights</p> <p>To include:</p> <ul style="list-style-type: none"> • empowering individuals to make decisions that affect their lives • encouraging self-determination • gaining permission from an individual before receiving treatment or care and support (informed consent) • reciprocal model, rights-based approach • partnership working and governance • policies and personal care and support plans • complying with codes of conduct/practice • encouraging active participation • collaboration through co-production and community development • developing critical consciousness • access to education • providing a voice through advocacy. <p>Learners should know and understand that there are currently several campaigns, initiatives and strategies that promote the rights of individuals to improve health and well-being.</p> <p>To include:</p> <p>Strategies and initiatives e.g. Together for Mental Health – A Mental Health and Well-being Strategy for Wales, Public Health Wales: Working to Achieve a Healthier Wales</p> <p>Campaigns run by third sector organisations e.g. Mind – Time to Change Wales, Alzheimer’s Society – Dementia Action Plan for Wales.</p> <p>Examples of strategies, initiatives and campaigns listed above are time sensitive and should be replaced by other strategies, initiatives and campaigns as they are launched.</p>

Content	Amplification
<p>3.5 Legislation which underpins individual rights</p>	<p>Learners should know and understand that legislation underpins strategies and initiatives for promoting the rights of individuals to improve health and well-being.</p> <p>To include:</p> <ul style="list-style-type: none"> • Human Rights Act 1998 (HRA): made human rights available to everyone in the UK • Children and Young Person’s Rights Measure 2011: places a duty on Welsh ministers to have due regard to the UN Convention on the Rights of the Child (UNCRC) • The Social Services and Well-being (Wales) Act 2014: requires Welsh Ministers to have due regard to the UN Principles for Older Persons (OHCHR) • The Equality Act 2010: requires Welsh ministers to have due regard to the UN Convention on the Rights of Persons with Disabilities (CRPD) • Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015: Live Fear Free, Ask and Act provides the strategic framework to improve arrangements for the prevention, protection and support of those affected by all forms of violence against women, domestic abuse and sexual violence. • Well-being of Future Generations (Wales) Act 2015: requires public bodies setting out well-being objectives, collaborative working and accountability to be in line with the seven well-being goals.

Unit 4

Unit title:	Understanding how the human body is affected by common conditions
GLH:	90
Areas of content:	<p>4.1 Types and causes of infection, ways infections are transmitted and resulting conditions.</p> <p>4.2 The causes and effects of a range of physiological conditions.</p> <p>4.3 How the human body is affected by common conditions.</p> <p>4.4 Care and support when living with physiological conditions and challenges.</p> <p>4.5 Risk reduction strategies that can be implemented to support health and well-being.</p>
Overview of unit:	<p>In this unit, learners will gain knowledge and understanding of common conditions; types and causes and will investigate how they can affect the human body, as well as examining the care and support available to individuals living with physiological conditions and the challenges they may face.</p> <p>This unit builds on knowledge and understanding gained through units 1-3.</p>
Assessment:	<p>A non-exam assessment (NEA) containing tasks set by WJEC and that require learners to draw on their knowledge and understanding of how the human body is affected by common conditions. The task is based on two pieces of stimuli which will be included in the assessment pack available to centres from the WJEC secure website on the first Monday in September each year.</p> <p>The tasks for this non-examination assessment will remain the same for the lifetime of the specification as published in the Assessment Pack available from the WJEC secure website.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: when writing their assessment • numeracy: interpreting data on physiological disorders • digital competence: through individual online research into the key concepts of the unit • planning and organising: when planning their article • critical thinking and problem solving: in investigating a physiological disease • creativity and innovation: in the design and presentation of an infographic • personal effectiveness: in preparation for assessment.

Unit 4: Understanding how the human body is affected by common conditions

Content	Amplification
<p>4.1 Types and causes of infection, ways infections are transmitted and resulting conditions.</p>	<p>Learners should know and understand that an infection is an invasion of body tissues by a foreign organism and that there are several different types of infection.</p> <p>Common terminology to include:</p> <ul style="list-style-type: none"> • infectious condition: this is a condition caused by a microorganism; an infectious condition may or may not be communicable • non-communicable condition: this is a condition that is not transferable directly from one individual to another • communicable condition: this is a condition that can be passed from one individual to another • systemic infection: this is predominantly caused by virus or bacteria which spread throughout the systems of the body e.g. sepsis • localised infection: this is predominantly caused by bacteria or virus where the symptoms are localised in one area e.g. an infected wound • acute infections: usually appear suddenly or last a short amount of time e.g. influenza • chronic infections: may occur slowly over an extended period and may last for months or years e.g. osteomyelitis • healthcare-associated infections (HAIs): associated with the delivery of healthcare services in a healthcare environment caused either due to healthcare interventions such as medical or surgical treatment or contact with a healthcare setting • pathogens: bacteria, fungi, viruses, protozoa, parasites • prion infections: a prion protein that can cause the usual proteins found in the brain to fold abnormally to cause neurodegenerative diseases. <p>Learners should know and understand the long-term challenges that can occur after contracting systemic or localised infections, e.g. Lyme disease, meningitis, malaria which may result in the need for care and support.</p> <p>Learners should know and understand the transmission cycle for infections. To include the six links in the chain of infection:</p> <ul style="list-style-type: none"> • infectious agent • reservoirs • portal of exit • means of transmission • portal of entry • susceptible host. <p>Learners should know and understand how microorganisms enter the human body. To include:</p> <ul style="list-style-type: none"> • air-borne transmission • ingestion • through body fluids • vector-borne transmission • water-borne transmission.

Content	Amplification
	<p>Learners should know and understand that the transmission cycle for infections can be broken to prevent the transmission of infection by breaking the chain of infection and removing one or more links in the chain e.g. through use of PPE, hand washing etc.</p> <p>Learners should know and understand a range of different types of infections and that the symptoms of an infection depend on the organism responsible as well as the site of the infection.</p> <p>To include common types and causes of infections:</p> <ul style="list-style-type: none"> • bacterial infection e.g. Lyme disease, meningitis, pneumonia, tuberculosis (TB) • fungal infection e.g. ring worm, eye and nail infections • viral infection e.g. influenza, gastroenteritis, chicken pox, glandular fever • protozoal infection e.g. toxoplasmosis, malaria • parasitic infection e.g. worms, mites and lice • prion infection e.g. neurodegenerative disease, Creutzfeldt-Jakob Disease (CJD).
4.2 The causes and effects of a range of physiological conditions.	<p>A physiological condition is when the organs in the body malfunction and cause symptoms which may lead to illness. Learners should know and understand the causes and effects of a range of physiological conditions.</p> <p>To include: Examples of causes of physiological conditions:</p> <ul style="list-style-type: none"> • the ageing process e.g. dementia, osteoarthritis – although ageing is a risk factor for these conditions, they are not inevitable consequences of ageing • autoimmune conditions – occur when the mechanism that enables the immune system to recognise the difference between the body's cells and external cells breaks down; this causes the body to attack its own cells mistakenly • nutritional deficiency e.g. anaemia, rickets and osteomalacia • environment/lifestyle choices e.g. alcohol related liver disease, type 2 diabetes • inherited e.g. muscular dystrophy, cystic fibrosis • injury at birth e.g. cerebral palsy. <p>Learners should know and understand the effects that physiological conditions may have on individuals and the impact on the activities of daily living.</p> <p>To include:</p> <ul style="list-style-type: none"> • impact on the mental and emotional health of the individual, their family, friends and wider circle • employment challenges e.g., adapting workstations, changing layout of workspaces, providing accessible toilets and/or changing rooms • mobility challenges e.g., due to joint pain, muscle weakness, paralysis, issues with balance, obesity • nutritional intake and hydration • personal hygiene e.g., washing, oral care, toileting, hair care, dressing

Content	Amplification
	<ul style="list-style-type: none"> • psychological impact e.g., changes to self-esteem, concern about long-term effects of condition, feelings of grief/anger/sadness, fear of treatment or medical procedures, fear of embarrassment of depending on others, concerns regarding possible physical changes to appearance or body image • Social interaction e.g., withdrawal from social activities, having to explain diagnosis, feeling embarrassed at their diagnosis.
4.3 How the human body is affected by common conditions.	<p>Learners should know and understand the common conditions that occur in Wales and the impact these have on the human body.</p> <p>To include:</p> <p>Common conditions:</p> <ul style="list-style-type: none"> • affecting the cardiovascular system e.g., coronary heart disease, angina, arrhythmia, stroke • affecting the respiratory system e.g. asthma, chronic obstructive pulmonary disease (COPD) • affecting the nervous system e.g., motor neurone disease (MND), Parkinson’s disease, spinal injury • affecting the endocrine system e.g., diabetes (type I, type II, gestational) hypothyroidism, hyperthyroidism • affecting the digestive system e.g., irritable bowel syndrome (IBS), coeliac disease, Crohn’s disease • allergies e.g., food allergies, anaphylaxis • cancer (most common cancers in Wales: breast, prostate, lung, bowel and melanoma) • Infectious conditions e.g., influenza, measles, meningitis, MRSA, mumps, norovirus, tuberculosis (TB), whooping cough. <p>Impact of the above common conditions:</p> <ul style="list-style-type: none"> • signs and symptoms • common short-term effects • common long-term effects • possible minor impact on daily living activities • possible major impact on daily living activities • likely care needs and/or support for the individual, family, friends and wider circle.

Content	Amplification
<p>4.4 Care and support when living with physiological conditions and challenges.</p>	<p>Learners should know and understand the care and support needs of individuals when living with physiological conditions and challenges.</p> <p>To include:</p> <ul style="list-style-type: none"> • identifying assets and strengths of the individual – by focussing on the assets and strengths of an individual living with a condition impacting daily living, health and social care practitioners will not ignore the challenges individuals face; instead, they will look at the positives to enable a strengths-based approach to the care provided • diagnosis and monitoring of the condition – may involve looking at the individual’s medical history, a physical examination, scans and x-rays, blood and urine tests or minor operation (such as taking a biopsy), multi-disciplinary and/or multi-agency monitoring • assessment of care and support needs to identify personal well-being outcomes – to ensure the individual’s well-being needs are being met, to ensure the individual has voice/choice/control over care and support received, to assist the individual to be as independent as possible • interventions, care, support and advice to improve health and well-being e.g., medication, home adaptations, support groups • supporting individuals with routine living tasks • respite care – provided in the individual’s own home, in day centres, hospice, residential or nursing care settings • rehabilitation programmes – e.g., cardiac rehabilitation, neurological rehabilitation, mobility rehabilitation. <p>Learners should be able to apply the differing models of health and well-being to a range of physiological conditions.</p> <p>To include:</p> <ul style="list-style-type: none"> • social model: suggests that people are excluded by barriers in society, not by their health, impairment or difference. Barriers can be physical e.g. buildings not having accessible toilets, or they can be caused by individuals’ attitudes to difference e.g. assuming individuals living with disabilities cannot do certain things. The social model helps us recognise the barriers that make life harder for people. Removing these barriers creates equality and offers people more independence, choice and control around their health and well-being • medical model: assumes the existence of illness or disease. It emphasises clinical diagnosis and medical intervention in the treatment of disease or its symptoms • biopsychosocial model: incorporates interactions between biological, psychological, and social factors to help determine why an individual might have a disorder.

Content	Amplification
<p>4.5 Risk reduction strategies that can be implemented to support health and well-being.</p>	<p>Learners should know and understand the main current initiatives and health promotion strategies that can be implemented to support health and well-being according to current legislation.</p> <p>To include:</p> <ul style="list-style-type: none"> • increasing public awareness of the conditions e.g., by organising support networks, organising local and national fundraising events to raise awareness, influencing politicians on national policies • increasing awareness of services, care and support available locally and nationally in Wales • knowledge of current initiatives and health promotion strategies to reduce impact of physiological conditions e.g., improved nutrition and hydration, reduction in body weight, adhering to prescribed medication regimes, reducing stress levels, engaging in more physical activity to maintain mobility • person-centred approach to all care and support • positive risk taking - enable individuals receiving care and support to take risks to improve their quality of life and manage those risks, enabling individuals to make an informed choice about risk taking and supporting positive risk taking • sexual health clinics – support, diagnosis and treatment, reducing stigma around STDs • substance misuse support • supporting individuals to overcome barriers to support health and well-being to include strength-based model and outcome focused care. <p>A list of the latest strategies and initiatives relevant to this qualification is available at https://www.healthandcarelearning.wales/.</p>

Unit 5

Unit title:	Supporting individuals at risk to achieve their desired outcomes
GLH:	180
Areas of content:	<p>5.1 Factors that could contribute to individuals being at risk of abuse and neglect.</p> <p>5.2 Factors that can affect the rights of individuals at risk in health and social care.</p> <p>5.3 The requirements of legislation, regulation and codes of conduct/practice for safeguarding and protecting individuals at risk in Wales and the UK.</p> <p>5.4 Approaches to securing the rights of individuals at risk in health and social care.</p> <p>5.5 The ways in which individual workers and the services they provide can promote inclusion.</p>
Overview of unit:	<p>In this unit learners will gain knowledge and understanding of factors that could contribute to individuals being at risk of abuse and neglect, the requirements of legislation, regulation and codes of conduct and practice for safeguarding and protecting individuals at risk in health and social care and approaches to securing the rights of individuals.</p> <p>This unit builds on knowledge and understanding gained through unit 3.</p>
Assessment:	<p>A non-exam assessment (NEA) made up of two tasks both of which relate to stimulus provided. Both tasks require learners to draw on their knowledge and understanding of supporting individuals at risk to achieve their desired outcomes.</p> <p>An Assessment Pack will be released to centres through the WJEC secure website on the first Monday in September each year. The Assessment Pack will include the stimulus for completing the tasks.</p> <p>The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are as published in the sample assessment material available from the WJEC secure website.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: in preparation for assessment • numeracy: through interpreting data • planning and organising: in preparation for assessment • critical thinking and problem solving: in considering approaches used in securing the rights of individuals in health and social care • personal effectiveness: in preparation for assessment.

Unit 5: Supporting individuals at risk to achieve their desired outcomes	
Content	Amplification
5.1 Factors that could contribute to individuals being at risk of abuse and neglect.	<p>Learners should know and understand factors that could contribute to individuals being at risk of abuse and neglect.</p> <p>To include:</p> <ul style="list-style-type: none"> • carer stress: e.g. frustration, feeling under pressure and unable to cope, lack of respite care, change in financial situation • dependency: e.g. children, older individuals, individuals living with disabilities (including additional learning needs and cognitive impairments) are often more vulnerable as they rely on or are dependent on others for care and support • family conflict: e.g. individuals who have experienced childhood abuse/domestic violence may believe this behaviour is acceptable • isolation: e.g. social exclusion, not able to access support networks, lack of access to information, advocacy and support in relation to how they can be protected • medical/psychological conditions: e.g. mental illness, low self-confidence and self-esteem, communication difficulties • other factors could include: religious beliefs/race/sexuality orientation/differences, substance misuse, position in family/scapegoating, lack of awareness, training or monitoring of workers to spot or deal with safeguarding issues.
5.2 Factors that can affect the rights of individuals at risk in health and social care.	<p>Learners should know and understand factors that can affect the rights of individuals at risk in health and social care.</p> <p>To include:</p> <ul style="list-style-type: none"> • age and understanding of their rights as an individual • attitudes of individuals working in settings that promote person-centred care. • availability of resources: e.g. workers, clinics, care homes, day care centres, transport to appointments • capacity to understand information or to make a decision • communication ability • family and carers input and their awareness of the rights of the individuals • isolation • issues related to when rights of the individual and the views of the families/carers conflict • lack of advocacy • personal traits of individuals who are accessing outcome focused person-centred care and support • recognising that carers have the right to be supported • young carers support services.

Content	Amplification
<p>5.3 The requirements of legislation, regulation and codes of conduct/practice for safeguarding and protecting individuals at risk in Wales and the UK.</p>	<p>Learners should know and have a fundamental understanding of the requirements of legislation, regulation and codes of conduct/practice for safeguarding and protecting individuals at risk in Wales and the UK.</p> <p>Learners should know and understand the:</p> <ul style="list-style-type: none"> • Social Services and Well-being (Wales) Act 2014 and relevant parts of the Children Act (2004) • All Wales Safeguarding Procedures (2019) • Welsh Government Safeguarding Guidance. <p>To include the role of:</p> <p>The National Independent Safeguarding Board: established following the Social Services and Well-being (Wales) Act 2014. The National Independent Safeguarding Board has three main duties:</p> <ul style="list-style-type: none"> • providing support and advice to safeguarding boards ensuring that they are effective • providing recommendations to Welsh Government as to how arrangements could be improved • reporting on the effectiveness of arrangements to safeguard children and adults in Wales. <p>Regional Safeguarding Board: have Safeguarding Children’s Boards and Safeguarding Adults Boards within them.</p> <p>Local Safeguarding Children Board (LSCB): is a multi-agency body to promote the well-being of children and set out under Part 7 of the Social Services and Well-being Act (Wales) 2014.</p> <p>Objectives are to:</p> <ul style="list-style-type: none"> • protect children within its area who are experiencing, or are at risk of abuse, neglect or other types of harm • prevent children within its area from becoming at risk of abuse, neglect or other kinds of harm. <p>Safeguarding Adults Board (SAB): is a multi-agency partnership to promote the well-being of adults as set out under Part 7 of the Social Services and Well-being Act (Wales) 2014.</p> <p>Objectives are to:</p> <ul style="list-style-type: none"> • protect adults within its area who have care and support needs (whether or not a local authority is meeting any of those needs) who are experiencing, or are at risk of, abuse or neglect • prevent adults who have care and support needs from becoming at risk of abuse or neglect. <p>Learners should have a basic awareness of safeguarding and know what, when and how to report concerns for children and adults at risk.</p>

Content	Amplification
	<p>Learners should know and understand statutory documents in relation to safeguarding.</p> <p>To include:</p> <ul style="list-style-type: none"> • Working-together-to-safeguard-people-volume-1-introduction-and-overview.pdf (gov.wales) <p>Learners should know and understand:</p> <ul style="list-style-type: none"> • what is meant by the term ‘safeguarding • what is meant by the terms ‘adult at risk,’ ‘child at risk,’ ‘abuse’ and ‘neglect’ • what actions to take if you witness or suspect abuse, harm or neglect, or if someone tells you they are being abused • that you have a duty to report abuse, harm or neglect <p>Learners should have a basic understanding of the laws concerning safeguarding.</p> <ul style="list-style-type: none"> • Working-together-to-safeguard-people-volume-5-handling-individual-cases-to-protect-children-at-risk.pdf (gov.wales) <p>Learners should be aware of the process of handing the case of a child suspected to be at risk.</p> <ul style="list-style-type: none"> • Volume-6-handling-individual-cases-to-protect-adults-at-risk.pdf (gov.wales) <p>Learners should be aware of the process of handing a case of an adult suspected to be at risk.</p>

Content	Amplification
<p>5.4 Approaches to securing the rights of individuals at risk in health and social care.</p>	<p>Learners should know and understand practices and approaches to securing the rights of individuals at risk in health and social care.</p> <p>Practices that can safeguard individuals to include:</p> <ul style="list-style-type: none"> • developing a rapport with individuals • ensuring all individuals feel that they have a voice, choice and control • ensuring all legislation and codes of practice are put in place and adhered to and the consequences if they are not • providing a safe environment. <p>Approaches to include:</p> <ul style="list-style-type: none"> • information awareness and training on safeguarding for professionals and other people who may see evidence or get disclosures e.g., taxi drivers for special schools • active participation: a way of working that supports an individual's right to participate in the activities and relationships of everyday life as independently as possible • advocacy: advocates inform individuals of their rights, they support them in expressing their views and ensure their voice is heard • empowerment: encouraging an individual to be more active in their health and in decision making regarding care and support • principles of care: describes the way health and social care workers should behave towards individuals in their care to ensure individual right to choice, dignity and respect • legislation: ensures an individual's rights are upheld • personalised care: identifies what is most important to an individual for them to achieve a good life and ensure that the care and support they receive ensures that their outcomes are achieved • governance: this is the process by which the health and social care sector ensures good quality service delivery and promotes good outcomes for individuals who use the service. Care Inspectorate Wales and Health Inspectorate Wales monitor services to ensure that people in Wales receive good quality care.

Content	Amplification																				
<p>5.5 The ways in which individual health and social care workers and the services they provide can promote inclusion.</p>	<p>Learners should know and understand ways in which individual health and social care workers and the services they provide can promote inclusion.</p> <p>Health and social care workers to include:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070C0; color: white;">Health Care Workers</th> <th style="background-color: #0070C0; color: white;">Social Care Workers</th> </tr> </thead> <tbody> <tr> <td>Nurse</td> <td>Care worker (domiciliary care worker, adult care home worker, social care worker,)</td> </tr> <tr> <td>Psychologist/Counsellor</td> <td>Nursing care provided by registered nurses</td> </tr> <tr> <td>Psychiatrist</td> <td>Social worker</td> </tr> <tr> <td>Allied health professional</td> <td>Community and outreach worker</td> </tr> <tr> <td>Speech and language therapist</td> <td>Domiciliary Care Managers</td> </tr> <tr> <td>Physiotherapist</td> <td>Adult care home manager</td> </tr> <tr> <td>Dietician</td> <td>Advocates</td> </tr> <tr> <td>Occupational Therapist</td> <td></td> </tr> <tr> <td>Midwife</td> <td></td> </tr> </tbody> </table> <p>Ways in which the individual health and social care workers and the services they provide can promote inclusion to include:</p> <ul style="list-style-type: none"> • demonstrating principles of care/agreed ways of working • building on any existing good practice they may be aware of • ensuring communication is always clear and in the language and format of choice • ensuring there is no: <ul style="list-style-type: none"> • discrimination by association: i.e., an individual's association with another person belonging to a relevant protected group such as: age, disability, gender reassignment, race, religion or belief, sex and sexual orientation • discrimination by perception: i.e., discrimination against someone because he or she is wrongly perceived to have a certain protected characteristic • harassment: i.e., aggressive pressure or intimidation • challenging any discriminatory practice and promoting inclusive practice • equity of access by ensuring equal and appropriate opportunities for all/not adopting a one-size fits all attitude/making reasonable adjustments as appropriate • having a good attitude and approach to supporting individuals to ensure that they are not excluded or isolated • knowing when 'whistle blowing' is appropriate • listening to individuals so they always have a voice • supporting diversity by accepting and welcoming individual's differences by working in non-judgemental ways • treating all individuals as unique and with dignity and respect. 	Health Care Workers	Social Care Workers	Nurse	Care worker (domiciliary care worker, adult care home worker, social care worker,)	Psychologist/Counsellor	Nursing care provided by registered nurses	Psychiatrist	Social worker	Allied health professional	Community and outreach worker	Speech and language therapist	Domiciliary Care Managers	Physiotherapist	Adult care home manager	Dietician	Advocates	Occupational Therapist		Midwife	
Health Care Workers	Social Care Workers																				
Nurse	Care worker (domiciliary care worker, adult care home worker, social care worker,)																				
Psychologist/Counsellor	Nursing care provided by registered nurses																				
Psychiatrist	Social worker																				
Allied health professional	Community and outreach worker																				
Speech and language therapist	Domiciliary Care Managers																				
Physiotherapist	Adult care home manager																				
Dietician	Advocates																				
Occupational Therapist																					
Midwife																					

Unit 6

Unit title:	Working in the health and social care sector
GLH:	90
Areas of content:	<p>6.1 Job roles, qualifications and skills needed by health and social care workers.</p> <p>6.2 The role of effective communication, co-production, collaboration, teamwork and professionalism in the care sector.</p> <p>6.3 How codes of conduct/practice are adhered to and applied in health and social care settings.</p> <p>6.4 Role of employers in promoting and protecting the rights of the employee.</p> <p>6.5 Safeguarding in practice.</p> <p>6.6 How approaches in settings are used to meet individuals' needs and requirements.</p> <p>6.7 How Welsh legislation impacts practice in health and social care settings</p> <p>6.8 Role of reflection in care settings.</p> <p>It is strongly recommended that teachers teach topic areas 6.3 and 6.7 holistically.</p>
Overview of unit:	<p>In this unit, learners will build on their knowledge and understanding of working in the health and social care sector through classroom teaching and through mandatory sector engagement (minimum 100 hours, which must include 60 hours work placement). Learners will need to keep a reflective diary of their experiences.</p> <p>Please note that the content in 6.1 builds on knowledge gained through unit 1.1.</p> <p>Centres are encouraged to ensure that, where possible, learners experience a minimum of two settings during the sector engagement'</p>
Assessment:	<p>A non-examination assessment (NEA) containing tasks set by WJEC and based on the learners' sector engagement and work placement.</p> <p>The task for this non-examination assessment will remain the same for the lifetime of the specification and is published in the Assessment Pack available from the WJEC secure website.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: in their reflective diary • digital competence: through individual online research into the key concepts of the unit • planning and organising: through planning their placement • critical thinking and problem solving: in relating principles and concepts learnt in other units to their work placement • creativity and innovation: in their reflective diary • personal effectiveness: in preparation for assessment.

Unit 6: Working in the health and social care sector	
Content	Amplification
6.1 Job roles, qualifications and skills needed by health and social care workers.	<p>Learners should know and understand a wide range of job roles within health care and social care.</p> <p>To include:</p> <p>Roles in frontline care: ambulance teams, healthcare support workers, care workers, social workers, medicine, nursing, Allied Health Professionals, activities worker, personal assistant, rehabilitation worker.</p> <p>Roles in support functions: estates and facilities, health informatics, managerial, administrator, finance, HR and marketing, cook or kitchen assistant, housekeeper/domestic, driver or transport manager, information advice and assistance worker.</p> <p>Learners should know and understand that some professional roles are regulated and that to be able to practice the worker must:</p> <ul style="list-style-type: none"> • be registered with a regulated body • hold relevant qualifications which might include an undergraduate degree or diploma. <p>Learners should know and understand:</p> <ul style="list-style-type: none"> • that job specific skills are those abilities that allow an individual to competently perform a particular job • the skills required for a minimum of two job roles within the health and social care sector. <p>Resources/sources of information to include:</p> <ul style="list-style-type: none"> • Careers Wales www.careerswales.com • NHS Wales website Home - NHS Wales • Social Care Wales Qualification framework for social care and... Social Care Wales

Content	Amplification
<p>6.2 The role of effective communication, co-production, collaboration, teamwork and professionalism in the care sector.</p>	<p>Learners should know and understand the role of effective communication, co-production, collaboration, teamwork and professionalism in the care sector, and be able to give examples of how this has been demonstrated within their sector engagement.</p> <p>To include:</p> <ul style="list-style-type: none"> • effective communication and its role in providing quality care and support to improve well-being outcomes for individuals. Care workers are expected to effectively communicate with individuals to determine their care and support needs and solve any problems in a proactive manner • co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014. It means working with and involving individuals, their family, friends and carers to make sure their care and support is the best it can be • collaboration is the basis of success in any team. When health and social care providers work in collaboration, individual outcomes and quality of care tend to improve • teamwork in health and social care brings together people with different skills, abilities and talents to provide the best possible care and treatment for individuals • professionalism in the health and social care sector is expected by individuals receiving care and support. <p>Learners should know and understand that effective communication, co-production, collaboration, teamwork and professionalism supports:</p> <ul style="list-style-type: none"> • a high standard of outcome focused care and support • a seamless service between all forms of outcome focused care and support • better working environments for staff and individuals accessing care and support, including the co-production model • improved experience for the individual's carers and families of any individuals accessing person-centred care and support • personal safety of individuals and prevents errors occurring • successful and efficient teamwork.

Content	Amplification
<p>6.3 How codes of conduct/practice are adhered to and applied in health and social care settings.</p>	<p>Learners should know and understand why and how workforce regulation and the codes of conduct and practice are adhered to and applied in health and social care settings.</p> <p>To include:</p> <p>Codes of conduct and professional practice:</p> <ul style="list-style-type: none"> • The Code of Professional Practice for Social Care • The Residential Child Care Worker: practice guidance for residential childcare workers registered with the Social Care Wales • The Health and Care Professions Council Standards • The Social Care Code of Practice for Employers • NHS Wales Code of Conduct for Healthcare Support Workers in Wales, (currently non-regulatory) • The Code of Practice for NHS Wales Employers (currently non-regulatory) • Practice guidance for social care workers registered with Social Care Wales. <p>How codes of conduct/practice are adhered to and applied through:</p> <ul style="list-style-type: none"> • communication to all staff • training to ensure the code is understood • practice and promotion by management • supervision and performance management • complaints and complementary services • registration and workforce regulation: fitness to practice investigations and proceedings • regulation and inspection services in inspecting codes of practice/conduct. <p>Learners should know and understand the role and purpose of professional bodies and the benefits of membership to care professionals.</p> <p>To include:</p> <ul style="list-style-type: none"> • professional bodies e.g., British Medical Association (BMA), Royal College of Nursing (RCN), British Association of Social Workers (BASW) • promoting professional standards of practice and ethics • providing information and advice • protecting and supporting workers • providing opportunities for members to network • publishing professional journals • providing career development. <p>Learners should know and understand the purpose of trade unions and the benefits of membership to care workers.</p> <p>To include:</p> <ul style="list-style-type: none"> • why they exist e.g., to provide better working conditions for its members • what they aim to do e.g., to protect and improve employees' pay and conditions of employment.

Content	Amplification
<p>6.4 Role of employers in promoting and protecting the rights of the employee.</p>	<p>Learners should know and understand the role of employers in promoting and protecting the rights of employees working within health and social care.</p> <p>To include:</p> <p>How the requirements of the legislation are met through policies, procedures and strategies with reference to:</p> <ul style="list-style-type: none"> • basic employment rights: minimum pay/living wage, sick leave and pay, holiday leave and pay, part time worker’s rights • discrimination issues: understanding how to identify and challenge discrimination and harassment (Equality Act 2010) • health and safety: basic principles (Health and Safety at Work Act 2005) • policies, procedures, initiatives and strategies affecting health and well-being, including confidentiality and social media policies (Well-being of Future Generations (Wales) Act 2015, General Data Protection Regulations GDPR). <p>Learners should know and understand that organisations have a duty of care towards their employees with a focus on health and well-being.</p> <p>To include:</p> <ul style="list-style-type: none"> • building a supportive culture which is holistic and comprehensive • tackling the stigma around accessing support services.
<p>6.5 Safeguarding in practice.</p>	<p>Learners should know and understand how safeguarding in practice can be achieved in different settings.</p> <p>To include:</p> <ul style="list-style-type: none"> • ensuring that safeguarding is at the centre of all practice • the importance of value-based recruitment and sound induction training of staff • regular reviewing and updating of processes and procedures • making full use of Disclosure and Barring Service (DBS) checks in settings • how feedback from individuals is used in a range of settings in line with Welsh Government policies • how individuals accessing outcome focused provision can live free from harm, abuse and neglect which is paramount to high quality care and support • ensuring an effective complaints systems • through duty to report (whistle blowing). <p>Learners should know and understand that breaching safeguarding procedures and policies could lead to:</p> <ul style="list-style-type: none"> • abuse and neglect for the individuals accessing the care and support • prosecution for the individual who is in breach and/or the organisation/care setting.

Content	Amplification
6.6 How approaches in settings are used to meet individuals' needs and requirements.	<p>Learners should know and understand how different approaches may be used in care settings to meet individuals' needs and requirements.</p> <p>To include:</p> <ul style="list-style-type: none"> • activity based approaches: life story and reminiscence work used with individuals who are living with memory loss or dementia • cognitive behaviour therapy (CBT): talking therapy used to treat individuals with anxiety, depression and grief • behaviour therapy: looks at specific learned behaviours and how the environment influences those behaviours. May help in treating conditions such as eating disorders, self-harm and substance misuse • positive behavioural support: may be used when individuals demonstrate behaviours that challenge.
6.7 How Welsh legislation impacts practice in health and social care settings	<p>Learners should know and understand how Welsh legislation, regulations and frameworks impacts practice in health and social care settings to achieve desired outcomes.</p> <p>To include:</p> <ul style="list-style-type: none"> • Regulation and Inspection of Social Care (Wales) Act 2016 • Social Services and Well-Being (Wales) Act 2014 (SSWA) • Welsh Language (Wales) Measure 2011 • Mental Capacity Act 2005. <p>Learners should know and understand how health and social care providers in Wales are inspected and regulated to ensure professional standards and guidance are adhered to.</p> <p>Inspectorates and regulators:</p> <ul style="list-style-type: none"> • Care Inspectorate Wales (CIW): register, inspect and act to improve the quality and safety of services • Health Inspectorate Wales (HIW): regulate and inspect NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations • Social Care Wales (SCW): registration of workers. <p>Learners should know and understand inspection frameworks and what is expected of settings to show positive achievements of well-being goals and outcomes.</p> <p>To include:</p> <ul style="list-style-type: none"> • Care Inspectorate Wales inspection framework • Health Inspectorate Wales inspection framework. <p>Learners should be encouraged to access service inspection reports as these are public documents.</p>

Content	Amplification
<p>6.8 Role of reflection in care settings.</p>	<p>Learners should know and understand the role of regular reflection/reflective practice in care settings.</p> <p>Reflection on processes, policies and procedures improves practice by ensuring:</p> <ul style="list-style-type: none"> • all individual needs are personalised and met • care workers can build on and improve their practice and contribute to their ongoing learning and professional development • policies, procedures and documentation are updated as required. <p>Learners should know and understand different ways in which reflective practice takes place in care settings.</p> <p>To include:</p> <ul style="list-style-type: none"> • individuals producing a reflective diary • regular team meetings and discussions • observations by senior colleagues • appraisals, supervisions and performance management reviews • awareness, self-reflection and the impact on self. <p>Learners should know and understand models and theories of reflective practice.</p> <p>To include:</p> <ul style="list-style-type: none"> • Honey and Mumford-first learner is the reflector • Kolb-reflective cycle • Schon – reflection model.

Unit 7

Unit title:	Anatomy and physiology for health and social care
Guided learning hours (GLH):	120
Areas of content:	<p>7.1 Cellular structure and function</p> <p>7.2 Structure and function of human physiological systems</p> <p>7.3 How lifestyle factors and choices can impact on human physiology</p> <p>7.4 How individuals can monitor their own health and well-being</p>
Overview of unit:	<p>To work effectively in the sectors, health and social care workers need to understand the anatomy and physiology of the human body. An understanding of how physiological systems work under normal circumstances is fundamental to maintaining good health. This understanding is also crucial to enable appropriate treatment of individuals when injury, disease or conditions occur. It is also important to understand external factors that may impact on the body, and their physiological effects.</p>
Assessment:	<p>An examination (either taken on screen or as a written paper) comprising of a range of question types to assess all unit content related to anatomy and physiology for health and social care.</p> <p>All questions are compulsory.</p>
Skills development:	<p>Identifies opportunities for the development of skills:</p> <ul style="list-style-type: none"> • communication and literacy: in preparation for assessment • numeracy: interpreting and calculating physiological systems data • digital competence: through individual online research into the key concepts of the unit • planning and organising: in preparation for assessment • critical thinking and problem solving: when linking knowledge of body systems to key physiological disorders • personal effectiveness: in preparation for assessment.

Unit 7: Anatomy and physiology for health and social care	
Content	Amplification
7.1 Cellular structure and function	<p>Learners should know and understand the main structure and function of human cells, tissues, organs and organ systems.</p> <p>To include:</p> <p>Human cellular structure:</p> <ul style="list-style-type: none"> • cell membrane • nucleus • nuclear envelope • nucleolus • rough endoplasmic reticulum • smooth endoplasmic reticulum • Golgi apparatus • mitochondria • cytoplasm • lysosomes. <p>Movement into and out of cells:</p> <ul style="list-style-type: none"> • simple diffusion • osmosis • facilitated diffusion • active transport • endo/exocytosis. <p>The main types of cells in the human body:</p> <ul style="list-style-type: none"> • stem cells • bone cells • blood cells (red blood cells, white blood cells, platelets) • adipose tissues (fat cells) • skin cells (epithelial, melanocytes, Langerhans cells, Merkel cells, connective tissue cells) • nerve cells (sensory, motor, glial) • endothelial cells • sex cells (sperm cells, ova) • pancreatic cells. <p>The organisation of cells into tissues:</p> <ul style="list-style-type: none"> • epithelial tissue (simple and stratified) • connective tissue • muscle tissue (cardiac, skeletal, smooth) • nervous tissue. <p>The organisation of tissues into organs.</p> <p>The organisation of organs into physiological systems.</p>

Content	Amplification
<p>7.2 Structure and function of human physiological systems</p>	<p>Learners should know and understand the main structure and function of the systems and organs within the body.</p> <p>To include:</p> <p>Endocrine system</p> <ul style="list-style-type: none"> • structure and functions of the system • function of the organs involved within the system: hypothalamus, pituitary, pineal, thyroid, parathyroid, thymus, adrenal and pancreas • action of hormones e.g. insulin and glucagon • action of antidiuretic hormone (ADH). <p>Nervous system</p> <ul style="list-style-type: none"> • structure and functions of the system • functions of the organs involved within the system: central nervous system (brain, spinal cord), peripheral nervous system (peripheral nerves- sensory neurones, motor neurones) • voluntary responses • autonomic nervous system (involuntary responses) • voluntary responses. <p>Musculoskeletal system</p> <ul style="list-style-type: none"> • structure and function of the system • types of bone: <ul style="list-style-type: none"> • long bones, short bones, flat bones, irregular bones, sesamoid bones. • axial skeleton: <ul style="list-style-type: none"> • cranium, ribs, sternum, vertebral column/spine (cervical vertebrae, thoracic vertebrae, lumbar vertebrae, sacrum, coccyx) • appendicular skeleton: <ul style="list-style-type: none"> • clavicle, humerus, radius, ulna, scapula, ilium, pubis, ischium, carpals, metacarpals, phalanges, femur, patella, tibia, fibula, tarsals, metatarsals • types of joints: <ul style="list-style-type: none"> • fibrous e.g., joints between skull bones, tooth and jaw • cartilaginous e.g., joints between vertebrae • synovial e.g., ball and socket (shoulder, hip), hinge (elbow, knee), gliding (wrist, foot), pivot (between head and neck) • condyloid e.g., joints between bones in the hands • types of muscle: • cardiac, musculoskeletal, smooth. • function of the musculoskeletal system: <ul style="list-style-type: none"> • support • protection • movement • red blood cell production • storage of minerals.

Content	Amplification
	<p>Digestive system</p> <ul style="list-style-type: none"> • structure and functions of the system <ul style="list-style-type: none"> • organs involved in the system: mouth, salivary gland, oesophagus, stomach, pancreas, liver, gall bladder duodenum, small intestine, large intestine, ileum, colon, rectum, anus. • function of the organs in the stages of digestion: <ul style="list-style-type: none"> • ingestion • digestion • absorption • elimination. <p>Cardiovascular system</p> <ul style="list-style-type: none"> • structure and functions of the system • main components of the system: <ul style="list-style-type: none"> • blood (plasma, platelets, red blood cells, white blood cells, blood group) • blood vessels (arteries, veins, capillaries, venules, arterioles) • heart (coronary arteries, chambers, aorta, pulmonary artery, vena cava, pulmonary vein, cardiac muscle, valves) • electrical conduction (SA node, AV node, Purkinje fibres, bundle of HIS) • functions of the cardiovascular system: <ul style="list-style-type: none"> • transport of oxygen, nutrients, hormones • removal of waste products (carbon dioxide) • protection against infection • maintenance of body temperature. <p>Respiratory system</p> <ul style="list-style-type: none"> • structure and functions of the system • main organs in the system: <ul style="list-style-type: none"> • nasal cavity, pharynx, epiglottis, lung, trachea, bronchi, bronchioles, alveoli, pleural membranes, ribs, diaphragm • mechanisms of breathing: <ul style="list-style-type: none"> • inspiration • expiration • lung volumes • tidal volume • vital capacity • residual volume • gaseous exchange.

Content	Amplification
	<p>Lymphatic system</p> <ul style="list-style-type: none"> • structure and functions of the system • main components of the system: vessels, nodes • function of the lymphatic system: <ul style="list-style-type: none"> • formation of lymph • formation of tissue fluid • tissue drainage. <p>Integumentary system</p> <ul style="list-style-type: none"> • structure and functions of the system • main organs in the system: skin, hair, nails and glands • structure of skin: epidermis, dermis, hypodermis • function of the integumentary system • thermoregulation. <p>Immune system</p> <ul style="list-style-type: none"> • structure and functions of the system • white blood cells • antibodies • basic complement system • function of the immune system • immunity. <p>Renal system (urinary system)</p> <ul style="list-style-type: none"> • structure and main functions of the system • main organs of the system: kidneys, bladder, ureters and urethra function • function of the renal system • homeostasis. <p>Reproductive system</p> <ul style="list-style-type: none"> • structure and main functions of the system • main organs of the system: in females, the reproductive system includes the ovaries, the fallopian tubes, the uterus, the cervix, and the vagina. In males, it includes the prostate, the testes, and the penis • function of the main organs of the male and female reproductive systems in reproduction.

Content	Amplification
<p>7.3 How lifestyle factors and choices can impact on human physiology</p>	<p>Learners should know and understand how lifestyle factors and choices can impact on human physiology (both positive/negative impacts):</p> <p>Smoking tobacco and vape products:</p> <ul style="list-style-type: none"> • effects on physiological systems and may cause disease, for example, cancer, chronic obstructive pulmonary disease (COPD). <p>Use of technology:</p> <ul style="list-style-type: none"> • benefits of using technology, for example, more control over health and well-being via apps to monitor health and increased social contact and connections • effects on the way mobile phone devices and computers are used may contribute to incorrect posture. Excessive screen time and social media use may affect attention span and social skills. <p>Substance misuse:</p> <ul style="list-style-type: none"> • substance misuse, for example, alcohol, illegal drugs, prescription medication and psychoactive substances' may lead to addiction, impact on organs, for example, cirrhosis. <p>Physical Activity:</p> <ul style="list-style-type: none"> • benefits of physical activity, for example, increased effectiveness of systems, lowering risk of cardiovascular disease, increased muscular definition, lowering of blood sugar levels, boost self-esteem, improved sleep • lack of physical activity may impact upon physiological systems contributing to conditions for example obesity, diabetes type 2, cardiovascular disease. <p>Nutrition and hydration:</p> <ul style="list-style-type: none"> • benefits of a balanced diet and healthy hydration can improve all systems, lower blood pressure, lower cholesterol, reduced BMI • unbalanced diets and a lack of hydration could impact physiological systems and may cause conditions, for example, obesity, cardiovascular disease. <p>Stress, anxiety and depression:</p> <ul style="list-style-type: none"> • may impact upon physiological systems, for example, increasing levels of the hormone cortisol, affecting appetite and the body's ability to perform at an optimum level. <p>Sexual health:</p> <ul style="list-style-type: none"> • effects of unprotected sex, for example, Sexually Transmitted Diseases (STDs) and infertility, unplanned pregnancy.

Content	Amplification
7.4 Monitoring health and well-being	<p>Learners should know and understand how Public Health Wales works to protect and improve health and well-being for individuals in Wales.</p> <p>To include:</p> <ul style="list-style-type: none"> • promoting healthy behaviours by developing co-ordinated prevention and early intervention approaches supporting vaccination in Wales through the Vaccine Preventable Disease Programme (VPDP) • delivering population based national screening programmes in Wales through the Screening Division. <p>Learners should know and understand the ways in which individuals can monitor their own health and well-being. For example:</p> <p>taking physical measurements:</p> <ul style="list-style-type: none"> • height, weight, blood pressure, temperature, peak flow, heart rate, pulse oximeters. <p>testing specimens:</p> <ul style="list-style-type: none"> • blood sugar levels, urine. <p>taking part in NHS Wales screening programmes and other health checks:</p> <ul style="list-style-type: none"> • cervical screening • breast screening • bowel cancer screening • AAA screening (abdominal aortic aneurysm) • optical checks • testicular checks. <p>using personal health monitors and devices:</p> <ul style="list-style-type: none"> • wearable sensors, mobile apps to monitor health and fitness levels, smart scales. <p>using mobile phone technology:</p> <ul style="list-style-type: none"> • apps as a means to enhancing self-management of well-being.

Unit 8

Unit title:	Supporting the health and well-being of adults in Wales to achieve positive outcomes
Guided learning hours (GLH):	120
Areas of content:	<p>8.1 Approaches and techniques used in practice to support adults to manage their health and well-being. <i>This area of content builds on knowledge and understanding gained from 2.2</i></p> <p>8.2 Strategies and approaches to support adults to develop positive behaviour patterns</p> <p>8.3 Health and social care provision to support the health and well-being of individuals</p> <p>8.4 Approaches to promoting and protecting mental health and well-being of adults</p>
Overview of unit:	<p>Supporting the health and well-being of adults in Wales is now recognised as being a collective responsibility. Individuals are now given more choice to tailor their care and support to ensure that their personal health and well-being goals are met. Learners explore the key approaches and techniques that practitioners use to support and manage the behaviour of adults in Wales and further consider how this informs the provision of individualised care.</p> <p>This unit builds on knowledge and understanding gained through Unit 2.</p>
Assessment:	<p>A non-examination assessment (NEA) made up of two tasks both of which relate to stimulus provided. Both tasks require learners to draw on their knowledge and understanding of Supporting the health and well-being of adults in Wales to achieve positive outcomes.</p> <p>The tasks for this non-examination assessment are published in the Assessment Pack available from the WJEC secure website.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills.</p> <p>Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: through all written work and assessment • digital competence: through individual online research into the key concepts of the unit • planning and organising: in planning their information pack • critical thinking and problem solving: in considering how different types of health and social care provision can support the health and well-being of individuals adults in different scenarios/situations • creativity and innovation: in evidence produced for the tasks • personal effectiveness: in preparation for assessment.

Unit 8: Supporting the health and well-being of adults in Wales

Content	Amplification
<p>8.1 Approaches and techniques used in practice to support adults to manage their health and well-being</p> <p><i>This topic area draws on topics 2.1 and 2.2 in Unit 2</i></p>	<p>Learners should know and understand the basic concepts related to well-established theories and how they relate to human development and behaviour.</p> <p>To include:</p> <ul style="list-style-type: none"> • Behavioural Theory, for example, Pavlov, Skinner, Watson • Cognitive and other Developmental Theories, for example, Aaron Beck, Piaget, Vygotsky, Erikson • Egan’s <i>Skilled Helper</i> model (a connecting theory between behaviourist and cognitive) • Biological Theory, for example Gesell • Ecological Theory, for example, Bronfenbrenner • Human Developmental Theories, for example, Ageing, Attachment, Disengagement, Nature/Nurture • Humanistic Theory, for example, Maslow, Rodgers • Psychosocial, for example, Erikson • Social Learning Theory, for example, Bandura, Vygotsky <p>Learners should know and understand a range of factors that can affect the health and well-being of adults and may lead to behaviour that challenges.</p> <p>To include:</p> <ul style="list-style-type: none"> • additional learning needs • age-related changes for example, dementia • mental health conditions • psychological factors, for example, adverse childhood experiences, moving home, bereavement, depression, divorce/separation, post-traumatic stress disorder (PTSD) • obesity • cancer • diabetes • stroke. <p>Learners should understand techniques that may be used to support adults’ development and behaviour.</p> <p>To include:</p> <ul style="list-style-type: none"> • aversion therapy • cognitive behavioural therapy (CBT) and cognitive restructuring • drug therapies • Electroconvulsive Therapy (ECT) • growth mindset • mindfulness. • psychosurgery • sensory rooms • systematic desensitisation • token economies.

Content	Amplification
	<p>Learners should understand how these techniques can be used to support development and manage behaviour. For example:</p> <ul style="list-style-type: none"> • cognitive behavioural therapy to support adults who have experienced an unpredictable life event, depression and anxiety. • systematic desensitisation, aversion therapy and token economies to support adults with phobia disorders or eating disorders. • sensory rooms to support adults with Alzheimer’s disease and dementia. <p>Learners should understand the strengths and limitations of different approaches and techniques in managing key factors that could affect adults achieving their health and well-being outcomes.</p> <p>To include:</p> <ul style="list-style-type: none"> • ethical issues could include challenges around decision making and consent; ensuring healthcare professionals act responsibly/professional responsibility; equity and fairness of access • personal traits of adults • practical issues • supporting evidence in assessing the effectiveness of key techniques/approaches.
<p>8.2 Strategies and approaches to support adults to develop positive behaviour patterns</p>	<p>Learners should know and understand a range of strategies and approaches that may be used to support positive behaviour patterns in adults and how these strategies and approaches may be useful in meeting the health and well-being of adults.</p> <p>To include:</p> <ul style="list-style-type: none"> • person-centred care, including active support and the Butterfly Scheme for those with dementia • positive behavioural support plans • reminiscence therapy • restorative approach • traffic light system.

Content	Amplification
8.3 Health and social care provision to support the health and well-being of individuals	<p>Learners should know and understand how different types of health and social care provision can support the health and well-being of adults and be able to apply this knowledge to different scenarios/situations.</p> <p>Provision for individuals to include:</p> <ul style="list-style-type: none"> • early intervention and preventative services: well-being and well-person clinics; integrated family centres; self-help groups or support groups • routine and non-routine services: care at home, residential or day services, dieticians, physiotherapy and occupational therapy treatments, health checks • statutory, independent and third sector. <p>Learners should know and understand:</p> <p>Ways in which an adult's needs are assessed, to include:</p> <ul style="list-style-type: none"> • carrying out simpler and proportionate assessments • ensuring that adults have a voice that is heard, and choice and control over the care and support services that they may need • focussing assessments on an adult's needs and how they impact on their personal well-being outcomes • implementing strength-based approaches and encouraging adults to build resilience • keeping adults safe from abuse and neglect • upholding the equal rights for carers to be assessed for support • using personal plans to help adults achieve their personal well-being outcomes. <p>Ways in which care and support services are delivered to include:</p> <ul style="list-style-type: none"> • considering meaningful activities, support groups and complementary health models that may also contribute to helping an adult achieve their personal well-being outcomes • encouraging the use of aids and adaptations to support daily living • promoting a range of help available within the community through support and services • promoting services such as domiciliary care or reablement to support people to remain at home for as long as possible and delay the use of managed services • providing information and advice to adults, carers and their families about outcomes, early intervention, community support, eligibility and the use of care and support services.

Content	Amplification
<p>8.4 Approaches to promoting and protecting mental health and well-being of adults</p>	<p>Learners should know and understand approaches to promoting and protecting mental health and well-being of adults.</p> <p>To include:</p> <ul style="list-style-type: none"> • different methods of health promotion: for example, 5 approaches (medical, behavioural change, educational, person-centred and societal change), mass media, apps, social media, websites, health and social care professionals, support groups, community drug and alcohol teams (CDAT) • Public Health Wales campaigns to support individuals to improve their health and well-being, for example Change 4 Life, Time to Change Wales • enabling individuals to take responsibility for their own health and well-being: for example, Prudent Health Care, Social Services and Well-being (Wales) Act 2014, Well-being of Future Generations Act (Wales) 2015 • initiatives such as Five Ways to Well-being, (National Economics Foundation NEF): Connect, Be active, Take notice, Keep learning and Give • multi-agency and multi-disciplinary working across health and social care and the third sector • seamless local health and social care that promotes good practice • using indicators and data to inform approach. <p>The examples of campaigns listed above may be time sensitive and should be replaced by more recent campaigns as they are launched.</p>

Unit 9

Unit title:	Investigating contemporary issues in health and social care in Wales
Guided learning hours (GLH):	120 Centres are expected to provide a minimum of 45 hours of taught content.
Areas of content:	9.1 Contemporary issues in health and social care 9.2 The use of research in health and social care 9.3 Research methods in health and social care 9.4 Planning research in health and social care 9.5 Carrying out secondary research into a contemporary issue in health and social care
Overview of unit:	<p>Research is an important aspect of the health and social care sector. Research can help find answers to things that are unknown, fill gaps in knowledge, inform the development of new and revised legislation, policies and strategies, and transform the way that health and social care professionals deliver care.</p> <p>In this unit, learners will understand the range of research undertaken in health and social care, who undertakes it and how it is presented and used to improve health and social care provision, and individual health and well-being in Wales. Learners will develop the knowledge and skills to enable them to undertake their own secondary research into a contemporary issue of their choice and make recommendations for further research.</p>
Assessment:	<p>A non-examination assessment which requires candidates to undertake their own secondary research into a contemporary issue of their choice and make recommendations for further research.</p> <p>The tasks for this non-examination assessment will remain the same for the lifetime of the specification and are published in the Assessment Pack available from the WJEC secure website.</p>
Skills development:	<p>It is envisaged that the study of this unit will generate opportunities for the development of skills. Examples of such opportunities are noted below:</p> <ul style="list-style-type: none"> • communication and literacy: through written work and assessment • numeracy: interpreting statistical data on contemporary issues in health and social care in Wales • digital competence: through online research into contemporary issues in health and social care in Wales • planning and organising: planning and organising their assessment • critical thinking: in investigating a contemporary issue in health and social care in Wales • creativity and innovation: in the interpretation of the impact of the issue on health and social care provision in Wales • personal effectiveness: in preparation for assessment.

Investigating contemporary issues in health and social care in Wales	
Content	Amplification
9.1 Contemporary issues in health and social care	<p>Learners should know that a contemporary issue refers to an issue that is currently affecting people or places and that is unresolved.</p> <p>Learners should be aware of contemporary issues impacting health and social care in Wales. Examples of current contemporary issues include:</p> <ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • culture and language • demography – the ageing population, birth rates • discrimination • employment/unemployment – working patterns, work/life balance • environment – pollution, climate change, crime, access to services • exploitation • family structures – Looked after children (LAC), young carers, single parent families • female genital mutilation • health conditions – obesity, cancer, diabetes, stroke, dementia • lifestyle factors – substance misuse, smoking, alcohol, diet/nutrition physical activity • living standards – housing, affordable housing, cost of living, homelessness • mental health – anxiety, depression • poverty – food poverty/use of foodbanks • radicalisation. <p>The above list is by no means exhaustive, and learners may choose to investigate other issues that are not included in the examples. Learners will develop an in-depth knowledge and understanding of one contemporary issue affecting the health and well-being of individuals (Physical, Intellectual, Language, Emotional and Social needs) and health and social care services in Wales.</p>

Content	Amplification
9.2 The use of research in health and social care	<p>Learners should know and understand that research in health and social care can be used to:</p> <ul style="list-style-type: none"> • identify and monitor patterns and trends of health and well-being • improve the health and well-being of individuals • inform, improve and evaluate service provision • inform new and revised legislation • inform the development of policies and strategies to address identified patterns and trends. <p>Learners should know and understand organisations involved in the production and publication of research (including data) for health and social care, for example:</p> <ul style="list-style-type: none"> • health authorities • local authorities • The Office for National Statistics (ONS) • Public Health Wales (PHW) • Social Care Wales (SCW) • Stats Wales • third sector organisations. <p>Learners should know and understand the range of research available in health and social care, for example:</p> <ul style="list-style-type: none"> • 1000 Lives Plus (NHS Wales) (now known as Improvement Cymru) • Health and well-being measures for children (Welsh Government) • Social Services: The national outcomes framework for people who need care and support and carers who need support (Welsh Government) • The National Welsh Adult Survey for Wales (Welsh Government, Stats Wales) • 'Together for Mental Health' – A Strategy for Mental Health and Well-being in Wales (Welsh Government) • Well-being of Wales Annual Report (Welsh Government) • NHS Health in Wales website • Welsh Cancer Intelligence and Surveillance Unit (WCISU). <p>The examples of research reports listed above may be time sensitive and should be supplemented with more recent research as it is published.</p>

Content	Amplification
9.3 Research methods in health and social care	<p>Learners should know the difference between primary and secondary research, and qualitative and quantitative data.</p> <p>Learners should know and understand different research methodologies, including:</p> <ul style="list-style-type: none"> • experiments • tests • fieldwork • focus groups • formal and informal observations • literature reviews, including reviews of books, articles, case studies, journals, websites, Government publications • questionnaires/surveys • structured and unstructured interviews • the use of statistical databases/published statistics. <p>Learners should know and understand the advantages and disadvantages of different types of research methods.</p> <p>Learners should be able to critically evaluate the credibility, reliability and validity of sources of information, including data.</p>
9.4 Planning research in health and social care	<p>Learners should know and understand how to plan research, including:</p> <ul style="list-style-type: none"> • providing a clear project rationale that is relevant to the sector • setting appropriate and realistic aims, and objectives • planning appropriate and relevant research methods • defining priorities and success criteria • deciding how resources, timescales and potential risks will be managed • managing and prioritising work • making ethical considerations • recognising bias and possible vested interest
9.5 Carrying out secondary research into a contemporary issue in health and social care	<p>Learners should know how to carry out a research project, to include:</p> <ul style="list-style-type: none"> • conducting secondary research using a range of resources • identifying the limitations of the research • identifying patterns and trends • making connections between different sources • interpreting and analysing relevant information and data making valid judgements • understanding relevant ethical issues • drawing reasoned conclusions • making appropriate recommendations.

4. Centre Requirements

Centre and qualification approval

To offer the qualification, centres will need both centre and qualification approval. Please refer to the Consortium website (www.healthandcarelearning.wales) for further information. Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme of learning.

Centre staffing

Staff delivering this qualification and marking the internal assessment must be able to demonstrate that they meet the following occupational expertise requirements. They should:

- be occupationally competent or technically knowledgeable in the area for which they are delivering training, and this knowledge must be at least to the same level as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

The Consortium will provide training and CPD for delivery staff and centre managers to ensure that training and guidance is standardised across the sector. It is the centre's responsibility that delivery staff attend these events, as appropriate.

5. Delivering, assessing and quality assuring the qualifications

Learner entry requirements

There are no entry requirements for these qualifications. However, centres must ensure that learners have the potential and opportunity to gain the qualifications successfully.

Age restrictions

These qualifications are approved for learners aged 16+. The Consortium cannot accept any registrations for learners under the age of 16.

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs
- support and guidance they may need when working towards their qualifications
- any units they have already completed, or credit they have accumulated which is relevant to the qualifications
- the appropriate type and level of qualifications.

We recommend that centres provide an induction programme so that the learners fully understand the requirements of the qualifications, their responsibilities as a learner, and the responsibilities of the centre.

Sector engagement and work placements

Whilst completing the Diploma and Extended Diploma qualification, learners are expected to undertake a minimum of **100** hours of sector engagement of which **60** hours must be spent on work-placement. Sector engagement can take place in a variety of different ways, such as guest lectures related to unit content, employer visits, visits to health and social care settings, coaching and mentoring sessions, befriending, buddy schemes, age-appropriate volunteering, etc, organised by health and social care employers. Further information on how sector engagement could be provided, including case studies of good practice, can be found in the associated guidance for teaching. A 'Good Practice Guide to work placements' is also available from the Consortium website at www.healthandcarelearning.wales.

Sector engagement/work placement record and reflective diary

Learners are required to record their sector engagement and work placement experiences in the Sector Engagement and Work Placement Record available from the qualification page of the Consortium website (www.healthandcarelearning.wales). In completing this sector engagement record, learners should concisely summarise the activity undertaken, the date the activity took place and the duration in hours. For guidance, a completed example is provided in the template. The sector engagement record must be submitted for moderation in line with the arrangements outlined on page 71.

Learners must keep a reflective diary throughout their sector engagement and work placement experience. This should include information on:

- the types of organisations and services that the learner has engaged with and undertaken work placement with
- the types of tasks and activities that the learner has undertaken on a daily basis whilst on work placement
- any problems and obstacles that the learner has encountered and actions they take to overcome them.

Information for learners on the reflective diary, along with a template they can use can be found in the Learner Guide (www.healthandcarelearning.wales).

Learners will draw on the information in their reflective diary when completing their assessment for Unit 6.

Support materials

A range of resources are available for these qualifications and can be accessed from the Consortium website at www.healthandcarelearning.wales. These include:

- Sample Assessment Materials
- Guidance for Teaching
- Learner Guide
- Centre Administration Guide.

Making entries

The Level 3 Health and Social Care: Principles and Contexts are unitised qualifications. The certificate was available for first certification in summer 2021. The diploma was available for first certification in summer 2022. The Foundation Diploma and Extended Diploma will be available for first certification in summer 2024. Thereafter, the qualifications will be available for certification each summer.

For more information on the entry and certification process, please refer to the current edition of WJEC's Entry Procedures and Coding Information available from the WJEC website at <https://www.wjec.co.uk/home/administration/>.

Unit entry

Entry for individual units must be made by entering the relevant unit code. Entries must be submitted no later than:

- 21 October each year for the January series
- 21 February each year for the June series.

Entry codes

	Title	Entry Codes	
Unit 1	Principles of care and safe practice within outcome focused person-centred care	4973U1	
Unit 2	Factors affecting individuals' growth and development across the lifespan	On screen	4973UA
		Paper	4973UB
Unit 3	Promoting the rights of individuals across the lifespan	4973U3	
Unit 4	Understanding how the human body is affected by common conditions	4973U4	
Unit 5	Supporting individuals at risk to achieve their desired outcomes	4973U5	
Unit 6	Working in the health and social care sector	4973U6	
Unit 7	Anatomy and physiology for health and social care	On screen	4973UE
		Paper	4973UF
Unit 8	Supporting the health and well-being of adults in Wales to achieve positive outcomes	4973U8	
Unit 9	Investigating contemporary issues in health and social care in Wales	4973U9	

Qualification entry

Learners will be entered for the qualifications when entering for aggregation (cash-in). Aggregation does not take place automatically; it is necessary to enter the relevant code for aggregation to take place.

	Title	Entry Codes
Cash-in	Level 3 Certificate in Health and Social Care: Principles and Contexts	4973QC
	Level 3 Foundation Diploma in Health and Social Care: Principles and Contexts	4973QF
	Level 3 Diploma in Health and Social Care: Principles and Contexts	4983QD
	Level 3 Extended Diploma in Health and Social Care: Principles and Contexts.	4973QE

Arrangements for external assessment (Units 2 and 7)

Units 2 and 7 are assessed through external examination. Unit 2 is available for first assessment each January and May/June. Unit 7 will be available for first assessment in January 2024 and May/June 2024 and each January and May/June thereafter. The external examinations are available on-paper or on-screen. Centres must ensure that they enter candidates using the correct entry code for either the paper or on-screen option.

Centres must follow the Joint Council for Qualifications (JCQ) *Instructions for Conducting Examinations*, a copy of which can be accessed from the JCQ website (www.jcq.org.uk).

Each external examination (which can be taken on paper or on-screen) will:

- consist of:
 - Unit 2: a 1 hour and 45 minute paper
 - Unit 7: a 2 hour paper
- be set and marked by WJEC.
- assess content from each of the topic areas in the unit each series
- include a maximum of 100 marks
- include a balance of short and extended answer questions, based on stimulus material and applied contexts
- assess all three Assessment Objectives each series
- assess all sections of each key topic area over the lifespan of the specification
- align with the agreed % mark ranges for each assessment objective in each version of the examination
- only use the command verbs listed in the Appendix
- be graded A-E
- be available in January and May/June series.

Arrangements for non-examination assessment (Units 1, 3, 4, 5, 6, 8 and 9)

Units 1, 3, 4, 5, 6, 8 and 9 are assessed through non-examination assessment (NEA) and centres must follow the Joint Council for Qualifications (JCQ) *Instructions for non-examination assessment*, a copy of which can be accessed from the JCQ website (www.jcq.org.uk). In line with these instructions, centres are required to have in place a non-examination assessment policy; this will be checked as part of the centre and qualification approval process.

Units 1, 4 and 5 are available for assessment in the January and summer series each year. Units 3, 6, 8, and 9 are available in the summer series only.

There are three stages of non-examination assessment that are controlled:

- setting the assessments
- taking the assessments
- marking the assessments.

The paragraphs below provide an overview of each of these stages. The table on pages 71-74 provides a summary of the arrangements for each of the non-examination assessment.

Setting the assessments

All assessments are set by WJEC.

The assessments for Units 3, 6 and 9 remain the same for the lifetime of the specification. Assessment Packs are available on the [WJEC secure](#) website for centres to download.

The assessments for Units 1, 4, 5 and 8 include stimuli which will change annually. Assessment Packs are available from the WJEC secure website from the first Monday in September each year.

Taking the assessments

Centres are required to manage and conduct internal assessments in line with the principles outlined in the JCQ document: *Instructions for conducting non-examination assessments*. There are five areas of assessment taking that are controlled: time, resources, supervision, collaboration and resit arrangements.

Time

For assessments that are taken under supervised conditions, the maximum amount of time a candidate is allowed to spend on each assessment is indicated on the cover sheet for each assessment. These times refer to work completed under direct supervision in the classroom. Where an assessment includes more than one task, the assessment will also indicate the *approximate* amount of time a candidate should spend on each task. These times are provided to the candidates as guidance. Centres must ensure that candidates are given the full time allowance for the overall assessment.

For assessments that do not require candidates to be directly supervised, the assessment cover sheet will include the approximate amount of time a candidate should spend on the assessment. Where the assessment includes more than one task, the assessment will also indicate the approximate amount of time the candidate should spend on each task.

Resources

Depending on the task, candidates may be allowed access to a range of resources including class notes, the internet and independent research undertaken prior to the assessment starting.

References to sources of information used in assessment tasks must be acknowledged, for example, in written evidence this can be through an appended bibliography using a conventional in-text referencing system, or through footnotes.

Where candidates are allowed to take notes into the assessment environment. The assessment will specify the parameters for the notes. In all cases, notes **must not** include pre-prepared answers to the tasks.

All notes used by candidate must be retained by the centre and must be submitted for review as part of the moderation process.

The teacher/assessor is responsible for reviewing notes that learners intend to take into the assessment environment and making sure that they are in line with the requirements above.

If the teacher/assessor has any concerns regarding the authenticity of the notes they should stop the assessment from taking place and follow their own internal procedures for dealing with cases of suspected malpractice.

Centres should refer to the WJEC guidance *Malpractice-a guide for centres and the JCQ suspected malpractice in examinations and assessments policies and procedures* if they are unsure how to proceed.

Collaboration

Candidates must not work together on any of their NEA assessments.

Advice and guidance to candidates

Teachers may provide guidance and support to candidates to ensure that they have a clear understanding of the requirements of the NEA assessments and the associated marking criteria.

Where candidates have a choice in the focus of their assessment, teachers should support their learners with their choice of context to help ensure candidates have an opportunity to access the highest mark bands within the marking criteria.

Once work is underway, feedback must be limited to general advice on what needs to be improved. Teachers must not provide specific guidance on how to make these improvements.

General advice in the context of the Level 3 Health and Social Care: Principles and Contexts qualifications includes:

- ensuring that candidates understand the requirements of the relevant task, including the required outcome and the time available
- ensuring that candidates' choice and scope of context (where appropriate) has the potential to meet the requirements of the marking criteria and be of sufficient demand to achieve marks from the highest bands
- providing guidance on the safe use of equipment and materials, and the ICT hardware and software available to candidates undertaking assessment activities

Within the context of 'general advice' teachers must not:

- give a candidate detailed advice and take the lead through the assessment process
- specify the context for the assessment, it must be the candidate's own decision
- correct or modify a candidate's work
- give specific direction to a candidate in order to achieve higher marks
- produce any form of writing frame for use within assessment activities.

Supervision and monitoring of assessment

The tables on pages 75-78, and the assessment packs will specify when assessments must be completed under direct supervision. Where assessments can be completed unsupervised, teachers must still monitor assessment activity to ensure that candidates' work is their own and mitigate the risks of malpractice taking place.

Teachers should be sufficiently aware of the candidate's standard and level of work to be able to identify if the evidence submitted for assessment appears to be beyond that candidate's talents. In most circumstances it is expected that teachers will be familiar with their candidates' work through class and homework assignments.

Where this is not the case, teachers should consider other ways of monitoring candidates' work, for example:

- requiring candidates to complete some or all work under direct supervision
- undertaking a Viva to authenticate work
- using supervisory meetings (see below) to gain assurance that the work is authentic.

Authentication

The teacher is responsible for informing candidates of WJEC regulations concerning malpractice. Candidates must not take part in any unfair practice in the preparation of work for these qualifications.

Candidates must understand that to present material copied directly from books or other sources without acknowledgement will be regarded as deliberate deception. Centres must report suspected malpractice to WJEC if the candidate has signed the declaration of authentication form.

It is important that NEA work is rigorously monitored by centres to ensure that candidates' work is their own. Centres should monitor candidates' work by:

- keeping a careful record of progress during the timetabled sessions
- carefully considering whether the written evidence submitted is characteristic of the candidates' ability/attainment
- keeping work secure in the centre once the evidence (i.e. the report and the supportive evidence) is handed in
- ensuring work is not returned to the candidate to make changes.

All candidates are required to sign that work submitted is their own and teachers are required to confirm that the work is solely that of the candidate concerned and was conducted under the required conditions.

Security of candidates' work

For assessments completed under direct supervision, candidates' work must remain within the centre at all times and must be stored securely between timetabled sessions.

Once the assessments is finished and the final assessment made, no further amendments may be made. For assessments completed under direct supervision, the time spent working on each NEA assessment should be recorded by the teacher as a record and this may be requested by WJEC in addition to the work submitted for moderation. The record should be monitored by the centre to ensure that candidates spend the correct number of specified hours on each assessment.

Candidates' work must be kept securely until the deadline for a review of moderation has passed or until a review of moderation or appeal or malpractice investigation has been completed, whichever is the later. The evidence must be available to WJEC if requested.

Unit 1 Principles of care and safe practice within outcome focused person-centred care		
Task	Summary of task and evidence to be submitted	Controls to be applied
1	<p>Candidates are required to produce a written report (maximum 3,500 words) based on a chosen case study.</p> <p>Candidates will select the case study from a choice of two but must not access the case study until the start of the assessment.</p>	<p>Time: Approximately 14 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes. Candidates must not have access to the internet.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>
2	<p>Candidates are required to produce an information pack (maximum 1,500 words) based on the setting referred to in their chosen case study.</p>	<p>Time: Approximately 6 hours</p> <p>Resources: The use of resources, including the internet, is not tightly prescribed.</p> <p>Supervision: Candidates do not need to be supervised when completing this task</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 3: Promoting the rights of individuals across the life span		
Task	Evidence to be submitted	Controls to be applied
1	<p>Candidates are required to produce a podcast, a presentation or a video of no longer than 10 minutes.</p>	<p>Time: Approximately 20 hours</p> <p>Resources: The use of resources, including the internet, is not tightly prescribed.</p> <p>Supervision: Candidates do not need to be supervised when completing this task.</p> <p>Collaboration: The task is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 4: Understanding how the human body is affected by common conditions		
Task	Evidence to be submitted	Controls to be applied
1	<p>Candidates are required to write an article and produce an infographic (Maximum 3,000 words including the infographic)</p> <p>Candidates must not have access to the stimuli until the start of the assessment.</p>	<p>Time: Approximately 15 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes. Candidates can have access to the internet.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 5: Supporting individuals at risk to achieve their desired outcomes		
Task	Evidence to be submitted	Controls to be applied
1	<p>Candidates are required to produce case notes in the form of a presentation.</p>	<p>Time: Approximately 10 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>
2	<p>Candidates are required to produce information to contribute to a personal care and support plan.</p>	<p>Time: Approximately 5 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes. Candidates can have access to the internet.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 6: Working in the health and social care sector		
Task	Evidence to be submitted	Controls to be applied
1	Candidates are required to produce an investigation (maximum 5000 words)	<p>Time: Approximately 18 hours</p> <p>Resources: The use of resources, including the internet, is not tightly prescribed. Candidates will use the information in sector engagement record and reflective diary produced during their sector engagement and work placement.</p> <p>Supervision: Candidates do not need to be supervised when completing this task.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 8: Supporting the health and well-being of adults in Wales to achieve positive outcomes		
Task	Evidence to be submitted	Controls to be applied
1	Candidates are required to produce a report	<p>Time: Approximately 10 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>
2	Candidates are required to produce an information booklet	<p>Time: Approximately 5 hours</p> <p>Resources: Candidates may have access to ICT software and 6 sides (3 pages) of class notes.</p> <p>Supervision: Candidates must be supervised throughout.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Unit 9: Investigating contemporary issues in health and social care in Wales		
Task	Evidence to be submitted	Controls to be applied
1 and 2	Candidates are required to plan and carry out an investigation (approximately 5,000 words)	<p>Time: Approximately 20 hours</p> <p>Resources: The use of resources, including the internet, is not tightly prescribed.</p> <p>Supervision: Candidates do not need to be supervised when completing this task.</p> <p>Collaboration: This is an individual task. Group work is not allowed.</p> <p>Feedback: Candidates cannot be given feedback on the evidence produced until it has been marked.</p>

Marking the assessments

Non examination assessments must be internally assessed and marked in line with the mark scheme provided with the assessment.

All assessments are externally moderated by WJEC. External moderation will be available in the summer series only.

Assessment grids and teacher annotations

When assessing the written evidence for each assessment, teachers should study the NEA mark grids and bands, which are designed to present a system that links the assessment objectives to marks and helps to discriminate clearly between varying levels of achievement.

Teachers are required to record separate marks for each section in the spaces provided on the mark sheet, to total the overall mark in the box provided and to make an overall summative comment.

Teacher annotations within the body of the written evidence, whilst not mandatory, are very useful to show where and why the marks have been awarded.

Examples of NEA will be issued by WJEC to help centres identify the quality of the work associated with various mark bands. These materials are intended for the use of internal assessors of NEA only and must not be shared with candidates.

Internal standardisation and moderation

Where there is more than one teacher in a centre, work from all teaching groups must be standardised internally. This is designed to ensure that the final assessment reflects a single agreed standard for all teaching groups involved at the centre.

For moderation to take place and to be standardised fairly, each centre is assigned an external moderator by WJEC. It is essential that the moderator understands the nature of the evidence submitted and the way that criteria have been used to make a final assessment. The required details on the mark coversheets and the annotations made on the body of the text are therefore very important.

Submission of marks and external moderation

Centres need to submit marks for NEA work online via WJEC's Internal Assessment Mark Input System (IAMIS).

When the marks have been submitted to WJEC, the online system will identify the sample of candidates whose work is selected for moderation:

- samples must be uploaded to WJEC's e-assessment platform
- only the evidence from the candidates selected for the sample should be submitted. All other candidates' work must be retained at the centre.
- the coversheet must be signed by both the candidate and the teacher.

N.B. All candidates' work, not just the sample, must be authenticated internally by signing a coversheet.

Centre feedback

The outcome of external moderation will be to either accept or amend a centre's assessment decisions. All centres will receive detailed feedback from the moderation process in the form of an electronic report.

Centres must retain the evidence of all candidates until the deadline for a review of moderation has passed or until a review of moderation or appeal or malpractice investigation has been completed, whichever is the later. The evidence must be available to WJEC if requested.

Please refer to the administration handbook for further information on the submission of marks and samples of candidate work, and on the external moderation process.

Resit arrangements

Candidates may resit each **internally assessed unit** once only with the highest mark achieved for the unit being aggregated towards the qualification grade.

Candidates resitting a unit cannot re-submit evidence for assessment that has been entered previously. If a candidate chooses to resit a unit, they must undertake a new assessment based on the stimuli released for the series in which the resit takes place. The resit must be completed within the same levels of control as specified for the assessment.

If a candidate chooses to resit Unit 6, they may use the same work experience placement as the basis for resitting Task 2.

If a candidate has been entered but is absent for a unit, the absence does not count as an attempt.

If a candidate is recorded as being awarded '0' marks then it will be assumed that the evidence generated for assessment was not worthy of credit; this will be counted as an attempt.

Grading, awarding and reporting

Unit Grades

Unit grades will be reported as a lower case letter a to e on results slips but not on certificates.

The Uniform Mark Scale (UMS) is used as a device for reporting, recording and aggregating candidates' unit assessment outcomes. The UMS is used so that candidates who achieve the same standard will have the same uniform mark, irrespective of when the assessment was taken. The individual unit results and the overall qualification award will be expressed as a uniform mark on a scale common to all Level 3 qualifications.

Uniform marks correspond to unit grades as follows:

	Unit	Assessment	Total UMS	UMS grade boundaries				
				A	B	C	D	E
1	Principles of care and safe practice within outcome focused person-centred care	Internal	100	80	70	60	50	40
2	Factors affecting individuals' growth and development across the lifespan	External	200	160	140	120	100	80
3	Promoting the rights of individuals across the lifespan	Internal	100	80	70	60	50	40
4	Understanding how the human body is affected by common conditions	Internal	100	80	70	60	50	40
5	Supporting individuals at risk to achieve their desired outcomes	Internal	200	160	140	120	100	80
6	Working in the health and social care sector	Internal	100	80	70	60	50	40
7	Anatomy and physiology for health and social care	External	200	160	140	120	100	80
8	Supporting the health and well-being of adults in Wales to achieve positive outcomes	Internal	100	80	70	60	50	40
9	Investigating contemporary issues in health and social care in Wales	Internal	100	80	70	60	50	40

Grading the qualifications

Qualification grades will be based on the overall UMS mark and learner achievements in all units. To achieve a qualification grade, learners must achieve the minimum UMS required for the qualification grade.

Results not attaining the minimum standard for the award will be reported as U (unclassified).

The Level 3 **Certificate** in Health and Social Care: Principles and Contexts is graded as A* - E.

Uniform marks correspond to qualification grades as follows:

Grade	Max	A*	A	B	C	D	E
UMS	400	360	320	280	240	200	160

The Level 3 **Foundation Diploma** in Health and Social Care: Principles and Contexts is graded as A* - E.

Uniform marks correspond to qualification grades as follows:

Grade	Max	A*	A	B	C	D	E
UMS	600	540	480	420	360	300	240

The Level 3 **Diploma** in Health and Social Care: Principles and Contexts is graded as A*A* - EE.

Uniform marks correspond to qualification grades as follows:

Grade	Max	A*A*	A*A	AA	AB	BB	BC
UMS	800	720	680	640	600	560	520

Grade	CC	CD	DD	DE	EE
UMS	480	440	400	360	320

The Level 3 **Extended Diploma** in Health and Social Care: Principles and Contexts is graded as A*A*A* - EEE.

Uniform marks correspond to qualification grades as follows:

Grade	Max	A*A*A*	A*A*A	A*AA	AAA	AAB
UMS	1200	1080	1040	1000	960	920

Grade	ABB	BBB	BBC	BCC	CCC	CCD
UMS	880	840	800	760	720	680

Grade	CDD	DDD	DDE	DEE	EEE
UMS	640	600	560	520	480

Post-results services

Following the publication of results for each examination series, WJEC offers a range of post-results services relating to reviews of marking and moderation and access to examination scripts. Information on post-results services can be found on the Consortium website.

Resits

Candidates may resit each **internally assessed unit** once only, with the highest mark achieved for the unit being aggregated towards the qualification grade.

Candidates resitting a unit cannot re-submit evidence for assessment that has been entered previously. If a candidate chooses to resit a unit, they must undertake a new assessment based on the stimuli released for the series in which the resit takes place. The resit must be completed within the same levels of control as specified for the assessment.

If a candidate chooses to resit Unit 6, they may use the same work experience placement as the basis for resitting Task 2.

Candidates may resit each **externally assessed unit** twice only, with the highest mark achieved for the unit being aggregated towards the qualification grade.

If a candidate has been entered but is absent for a unit, the absence does not count as an attempt.

If a candidate is recorded as being awarded '0' marks then it will be assumed that the evidence generated for assessment was not worth of credit; this will be counted as an attempt.

Fresh start

If a candidate wishes to enter one or more internal units for a third time, or an external unit for a fourth time, the candidate must restart the qualification and complete all of the assessments required for the qualification. This is referred to as a 'fresh start'. When retaking the qualification (fresh start), a candidate may have up to two attempts at each internal assessment and up to three attempts at each external assessment. However, no results from assessments completed prior to the fresh start can be used in aggregating the new grade(s).

Appendix: Command Words

Level 3 Health and Social Care: Principles and Contexts; External Assessments		
AO	Command	Requirements of response
AO1	Define	Give the exact meaning of
	Describe	Provide characteristics/main features or a brief account
	Give	Provide/name/select/recognise brief facts or examples (from a given source or from recall)
	Identify	As for 'give'
	List	As for 'give'
	Name	As for 'give'
	Outline	Set out the main points/provide a brief description or main characteristics
	State	As for 'give'
	Suggest	Put forward an idea, reason or course of action
	Summarise	Select and present the main points (without detail)
AO	Command	Requirements of response
AO2	Apply	Use knowledge and understanding of a theory or concept and relate it to a specified context
	Calculate	Work out from given facts, figures or information
	Construct	Create a framework or argument
	Explain	Provide details and reasons for how and why something is the way it is
	Clarify	As for 'explain'
	Illustrate	Use a diagram or words to make clear how a concept or theory works in a particular context
	Interpret	Translate information provided into another form
	Show	As for 'illustrate'
	Use	Apply the information provided to a particular theory or concept
AO	Command	Requirements of response
AO3	Advise	Suggest a proposal or course of action based on supported reasons
	Analyse	Examine an issue in detail/how parts relate to whole, to explain and interpret
	Assess	Make an informed judgement
	Compare	Identify and comment on/explain similarities
	Consider	Take (something) into account when making a judgement or drawing a conclusion
	Contrast	Identify and comment on/explain differences
	Discuss	Examine an issue in detail in a structured way, taking into account different ideas
	Distinguish	Identify and explain the differences between ideas or topics
	Evaluate	Make a judgement by weighing up evidence to come to a conclusion
	Examine	Investigate closely, in detail
	Justify	Support a case with evidence/argument
	Recommend	Put forward a proposal based on reasons/evidence