Qualification Specification

NCFE CACHE Level 2 Award in Health and Social Care

QRN: 603/1909/4

NCFE © Copyright 2017 All rights reserved worldwide.

CACHE; Council for Awards in Care, Health and Education; and NNEB are registered trademarks owned by NCFE.

Reproduction by **approved** Centres is permissible for internal use under the following conditions:

We have provided this Qualification Specification in Microsoft Word format to enable Centres to use its content more flexibly within their own course materials. You may copy and paste any material from this document; however, we do not accept any liability for any incomplete or inaccurate copying and subsequent use of this information. The use of PDF versions of our support materials on our website will ensure that correct and up-to-date information is provided to learners.

Any photographs in this publication are either our exclusive property or used under licence from a third party. They are protected under copyright law and cannot be reproduced, copied or manipulated in any form. This includes the use of any image or part of an image in individual or group projects and assessment materials. All images have a signed model release.

Qualification reference numbers:

NCFE CACHE Level 2 Award in Health and Social Care

QRN: 603/1909/4

Publication date

| Version 1.0 | September 2017 |
|-------------|----------------|
| Version 2.0 | September 2017 |
| Version 3.0 | October 2017 |

Publisher

Registered Office: NCFE Q6 Quorum Business Park Benton Lane Newcastle upon Tyne NE12 8BT Registered Company No: 02896700 (England and Wales) Registered Charity No: 1034808

Contents

| Section 1: General introduction | 5 |
|---|----|
| About this Qualification Specification | 6 |
| Example unit layout | 6 |
| Total Qualification Time/Guided Learning: Definitions | 8 |
| Recognition of Prior Learning (RPL) | 8 |
| Understanding learning outcomes | 9 |
| How to sign off a unit | 9 |
| Knowledge learning outcomes | 9 |
| Unit sign-off | 9 |
| Glossary of terms used at Level 2 (not all verbs are used in this qualification | า) |
| | 10 |
| Making use of our websites | 12 |
| The Public Website | 12 |
| The Centre Secure Website | 12 |
| Plagiarism | 13 |
| Section 2: About this qualification | 15 |
| Qualification summary | 16 |
| Section 3: Units | 19 |
| Unit list – Level 2 Award in Health and Social Care | 21 |
| TAHSC 1: Introduction to the health and social care sector | 23 |
| TAHSC 1: Introduction to the health and social care sector | 26 |
| Guidance for unit delivery | 26 |
| TAHSC 1: Introduction to the health and social care sector | 29 |
| Assessment task | 29 |
| TAHSC 1: Assessment grading criteria | 31 |
| TAHSC 2: Professional practice and the health and social care practitioner | 33 |
| TAHSC 2: Professional practice and the health and social care | |
| practitioner | 38 |
| Guidance for unit delivery | 38 |
| TAHSC 2: Professional practice and the health and social care practitioner | 43 |
| Assessment task | 43 |

| TAHSC 2: Assessment grading criteria | 45 |
|---|-------|
| TAHSC 3: Human growth and development through the life stages | 47 |
| TAHSC 3: Human growth and development through the life stages | 52 |
| Guidance for unit delivery | 52 |
| TAHSC 3: Human growth and development through the life stages | 57 |
| Assessment task | 57 |
| TAHSC 3: Assessment grading criteria | 59 |
| Section 4: Assessment and quality assurance information | 61 |
| Assessment Strategy | 62 |
| Assessment Structure | 62 |
| Internal assessment | 63 |
| External Assessment | 63 |
| Rational for synoptic assessment | 64 |
| Staffing requirements | 65 |
| Assessors and Internal Quality Assurance | 65 |
| Section 5: Records of grades achieved | 66 |
| Records of grades achieved for the NCFE CACHE Level 2 Award in Healt | n and |
| Social Care (603/1909/4) | 67 |
| Records of grades achieved for the NCFE CACHE Level 2 Award in Health | n and |
| Social Care (603/1909/4) | 68 |
| Section 6: Documents | 69 |
| Useful documents | 70 |
| Section 7: Unit Submission Form | 71 |
| Unit Submission Form | 73 |

Section 1: General introduction

About this Qualification Specification

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

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

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

| Example unit layout | | | | | | |
|---|---------------------|---|----------------------------|---|--|--|
| ISC M1: Equ ocial care | uality, diversity a | nd righ | nts in health ar | | | |
| Unit reference | L/508/3709 | | Unit level | 2 | | |
| Unit hours | 60 | | | | | |
| Unit aim | | The aim of this unit is to provide learners with knowledge and understanding of equality, diversity and rights in health and social care. | | | | |
| | | | | | | |
| Learner name: | | | Centre no: | | | |
| PIN: | | | ULN: | | | |
| Learning outcom The learners will: | es | Conte Scope | nt: of learning: | | | |
| 1. Understand equality, diversity and inclusion in health and social care. 1.1. The terms: • equality • diversity • inclusion. • inclusion. | | | | | | |
| 1.2. Legislation, policies, procedures and codes of practice in relation to equality, diversity and inclusion: Care Act 2014 | | | | | | |

ΞÌ

| For each unit the following information has been provided: | | | | |
|--|---|--|--|--|
| Unit title | Provides a clear, concise explanation of the content of the unit. | | | |
| Organisation unit reference number | The unique number assigned by the owner of the unit (NCFE). | | | |
| Unit reference | The unique reference number given to each unit by Ofqual. | | | |
| Unit level | Denotes the level of the unit within the framework. | | | |
| Unit hours | The average number of hours of supervised or directed study time or assessment required to achieve a qualification or unit of a qualification. | | | |
| Unit aim | Provides a brief outline of the unit content. | | | |
| Learning outcome | A statement of what a learner will know, understand or be able to do as a result of a process of learning. | | | |
| Content | Contains the scope of knowledge and understanding that must be delivered within each learning outcome. Tutors may wish to include other relevant content during delivery. | | | |
| Mandatory assessment task (set by us) | A scenario or aspect of the work role that will support the learner in producing the evidence requirements for knowledge only learning outcomes. | | | |
| Unit guidance | The mandatory teaching and learning requirements for a unit. | | | |

i.

Total Qualification Time/Guided Learning: Definitions

Total Qualification Time (TQT) comprises the following two elements:

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

Centres can decide how to allocate the TQT across the units of a qualification.

Guided Learning (GL)

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

Recognition of Prior Learning (RPL)

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

Understanding learning outcomes

There are two main types of learning outcome:

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

Sometimes they can cover a combination of the two.

Competence-/Skills-based learning outcomes:

• Usually begin with 'Be able to'.

Knowledge-based learning outcomes:

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



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

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

How to sign off a unit

Knowledge learning outcomes

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

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

Unit sign-off

The Unit Submission Form (see **Section 7: Unit Submission Form**) must be completed for every unit achieved.

| Glossary of terms used at Level 2 |
|--|
| (not all verbs are used in this qualification) |

| Apply | Link existing knowledge to new or different situations. |
|-------------------------------------|--|
| Assess | Consider information in order to make decisions. |
| Classify | Organise according to specific criteria. |
| Compare | Examine the subjects in detail looking at similarities and differences. |
| Define | State the meaning of a word or phrase. |
| Demonstrate | Show an understanding of the subject or how to apply skills in a practical situation. |
| Describe | Write about the subject giving detailed information. |
| Differentiate | Give the differences between two or more things. |
| Discuss | Write an account giving more than one view or opinion. |
| Distinguish | Show or recognise the difference between items/ideas/information. |
| Estimate | Give an approximate decision or opinion using previous knowledge. |
| Explain | Provide details about the subject with reasons showing how or why. Some responses could include examples. |
| Give (positive and negative points) | Provide information showing the advantages and disadvantages of the subject. |
| Identify | List or name the main points. (Some description may also be necessary to gain higher marks when using compensatory marking.) |
| Illustrate | Give clear information using written examples, pictures or diagrams. |
| List | Make a list of key words, sentences or comments that focus on the subject. |
| Perform | Do something (take an action/follow an instruction) which the question or task asks for or requires. |

| Plan | Think about and organise information in a logical way. This could be presented as written information, a diagram, an illustration or other suitable format. |
|---------|---|
| Provide | Give relevant information about a subject. |
| Reflect | Learners should look back on their actions, experiences or learning and think about how this could inform their future practice. |
| Select | Choose for a specific purpose. |
| Show | Supply sufficient evidence to demonstrate knowledge and understanding. |
| State | Give the main points clearly in sentences. |
| Use | Take or apply an item, resource or piece of information as asked in the question or task. |

Making use of our websites

Our websites are maintained on a regular basis and this is where the most up-to-date documents can be found. We strongly advise that these should be used as a resource on an ongoing basis to ensure that you always have the most current information.

All our qualification documents are version controlled, allowing you to check for updates or revisions.

The Public Website

Our public website address is <u>www.cache.org.uk</u> and it contains information that is available to everybody. It contains information about all our qualifications, including:

- Key Facts
- Qualification Specification
- Other support materials.

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

- Complaints Procedure
- Appeals Process
- Diversity Statement.

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

The Centre Secure Website

More specific information to support Centre delivery can be found on our secure website. **This site is for Centres only.**

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

Plagiarism

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

Buying and selling assignments

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

Section 2: About this qualification

Qualification summary

| Title | NCFE CACHE Level 2 Award in Health and Social Care |
|--|--|
| Qualification number | 603/1909/4 |
| Aim | The Level 2 Award in Health and Social Care will enable learners to develop their knowledge and understanding of the health and social care sector. This qualification will be delivered as part of the curriculum for learners studying at Key Stage 4. The qualification will cover: an introduction to the health and social care sector professional practice and the health and social care practitioner human growth and development through the life stages. |
| Purpose Ofqual code and description | B. Prepare for further learning or training and/or develop knowledge and/or skills in a subject area. |
| Total Qualification Time (hours) | 140 |
| Guided Learning (hours) | 120 |
| Minimum age of learner | 14 |
| Real work environment (RWE) requirement/ recommendation | This is a knowledge-only qualification, therefore no work placement is required. |
| Rules of combination | To gain this qualification, learners must achieve a minimum of a Pass grade in: each of the 3 internal mandatory assessments (externally set, internally marked) the external synoptic assessment (externally set, externally marked). |

| Progression | Learners will be able to progress to the next level of learning in health and social care – for example, the Technical Level 3 Certificate in Health and Social Care. | |
|--|--|--|
| Assessment methods | For units TAHSC 1, 2 and 3, learners will need to achieve a minimum of a Pass grade in: the externally set, internally marked, mandatory assessments for each unit, which will be subject to internal and external quality assurance the externally set, externally marked synoptic assessment (Short Answer Examination). | |
| Additional assessment requirements | All units must be assessed in line with our Assessment Strategy. | |
| Grading system | Pass, Merit, Distinction. | |
| How long will it take to complete? | This qualification can usually be completed in two years or less. | |
| Complementary qualifications/subjects | Learners may wish to study the Level 2 Award in Child Development and Care (Technical Award) alongside this qualification as it serves as an introduction to child development and well-being. Both of these qualifications will provide a starting point for learners to decide whether a career in health and social care and/or child care and education is right for them. | |
| Entry requirements/ recommendations | Learners must be at least 14 years old to complete this qualification. We do not set any other entry requirements, but schools or colleges may have their own guidelines. | |
| About this qualification | This is a regulated qualification. The regulated number for this qualification is 603/1909/4. | |

Section 3: Units

This section includes mandatory assessment tasks for Tutors.

Unit list – Level 2 Award in Health and Social Care

Mandatory Units

| Unit ref. | Unit no. | Unit title | Unit type | Level | Guided learning (hours) | Page | Notes |
|-----------|------------|---|-----------|-------|-------------------------------|------|-------|
| TAHSC 1 | L/615/7592 | Introduction to the health and social care sector | Knowledge | 2 | 40 | 23 | |
| TAHSC 2 | R/615/7593 | Professional practice and the health and social care practitioner | Knowledge | 2 | 40 | 33 | |
| TAHSC 3 | Y/615/7594 | Human growth and development through the life stages | Knowledge | 2 | 40 | 47 | |

TAHSC 1: Introduction to the health and social care sector



| Unit reference | L/615/7592 | Unit level | 2 |
|----------------------------|---|--|-----------------------|
| Guided learning (hours) | 40 | | |
| Unit aim | health and social care sect apply knowledge and unde assessed assignment whic external quality assurance. types of provision: function | the opportunity to explore th or. The learner will be requi rstanding through an interna h will be subject to internal a Areas that must be include tion and purpose social care practitioners ares eds e provision | red to ally and |

| Learner name: | Centre no: | |
|---------------|------------|--|
| PIN: | ULN: | |

| Learning outcomes | Content |
|--|--|
| The learner will: | Scope of learning: |
| Understand health and social care provision. | 1.1 Types of health and social care services. To include both the health and social care sector, national and local services: statutory private voluntary. |

| Learning outcomes The learner will: | Content Scope of learning: |
|--|---|
| | 1.2 Functions of health and social care services. Functions long-term/short-term residential respite community rehabilitation specific service provision to meet needs. |
| 2. Understand job roles of health and social care practitioners. | 2.1 Job roles within the health and social care sector. Job roles: social worker nurse doctor health care assistant activities co-ordinator outreach worker occupational therapist counsellor dietician. |
| 3. Understand how health and social care services are accessed. | 3.1 Types of referral used to access health and social care services. Access: types of referral (self, professional, compulsory, third party). 3.2 Barriers to accessing health and social care service. 3.3 How barriers to accessing health and social care services may be overcome. Barriers: communication cultural values and beliefs cost location physical access psychological lack of resources time. |

| Learning outcomes The learner will: | Content Scope of learning: |
|---|---|
| Understand specific care needs and services accessed by individuals throughout the life stages. | 4.1 Care needs of individuals through the life stages. 4.2 Health and social care services accessed by individuals through the life stages. Life stages: infancy childhood adolescence early, middle, late adulthood. |
| 5. Understand informal care. | 5.1 The role of informal care. 5.2 Types of informal carers. Informal carers: family friends neighbours community groups volunteers. |
| Understand regulation and inspection in health and social care provision. | 6.1 The role of regulatory and inspection bodies. Regulatory and inspection bodies: the Care Quality Commission (CQC) Ofsted. |

TAHSC 1: Introduction to the health and social care sector Guidance for unit delivery

The following pages identify the mandatory teaching and learning requirements for this unit and are a useful resource when planning. These requirements must be met in order to achieve sufficient breadth and depth of study in relation to health and social care at this level.

Please note the following terms and their wider definitions in context throughout the delivery of this qualification:

- 'client' or 'service user' to describe an individual accessing a health and social care service
- 'client group' to describe a group of individuals accessing a health and social care service
- 'individual' to imply person, man, woman or child.

Each unit has specific assessment criteria and the information provided here has been written to support this.

Key learning from this unit will be further assessed through synoptic external assessment when all teaching and learning for each unit is complete.

What is this unit about?

Aim: This unit provides learners with a broad and in-depth knowledge base providing the opportunity to explore the health and social care sector. The learner will be required to apply knowledge and understanding through an **internally assessed assessment** which will be subject to internal and external **quality assurance**. Areas that **must** be included are:

- types of provision: function and purpose
- job roles of health and social care practitioners
- access/referral procedures
- ever-changing care needs
- formal and informal care provision
- regulation and inspection.

Learning outcome 1: Understand health and social care provision.

To introduce this unit it may be helpful to discuss the overarching aims of health and social care provision. To achieve breadth and depth, teaching and learning **must** include a range of the diverse types of health and social care services within the sector and national and local services must be understood.

Learners must have an understanding of the purpose of different services including those allocated across:

- statutory provision
- private provision
- voluntary provision.

Learners **must** also understand the functions of the services such as:

- meeting long-term and short-term needs
- residential provision
- respite provision
- community provision
- rehabilitation provision
- specific service provision to meet needs.

Learning outcome 2: Understand job roles of health and social care practitioners.

Learners **must** be able to show an understanding of the roles and responsibilities of health and social care practitioners. This can be achieved through consideration of the **diverse range of occupations**, their **specialist care functions** and **general competency requirements**.

Job roles within the health and social care sector for exploration include:

- social worker
- nurse
- doctor
- health care assistant
- activities co-ordinator
- outreach worker
- occupational therapist
- counsellor
- dietician.

Learning outcome 3: Understand how health and social care services are accessed.

Learners **must** be aware of **when**, **how** and **why** referral processes should be initiated within health and social care provision. This can be shown through a description of diverse types of referral processes used to access health and social care services, and should include an awareness of:

- types of referral
 - · self
 - professional
 - compulsory
 - third party.

It is important for the learners to be able to identify and subsequently problem-solve any potential **barriers** when considering access to health and social care services for individuals. Barriers include:

- communication
- cultural values and beliefs
- cost
- location
- physical access
- psychological
- lack of resources
- time.

Learning outcome 4: Understand specific care needs and services accessed by individuals throughout the life stages.

In order to apply learning, a broad and appropriate knowledge and understanding of the care needs of individuals throughout the life stages **must** be shared with learners including those typical to:

- infancy
- childhood
- adolescence
- early, middle and late adulthood.

Learners **must** then be able to consider care needs of individuals through each life stage and the range of support services accessible.

Learning outcome 5: Understand informal care.

Learners **must** show an acknowledgement and appreciation for formal and informal care service provision. Learners need to be able to define informal care and identify types of informal carers such as:

- family
- friends
- neighbours
- community groups
- volunteers.

Through simulated classroom activities learners must be able to apply knowledge of health and social care services and/or informal care to meet the care needs of individuals.

Learning outcome 6: Understand regulation and inspection in health and social care provision.

To fully understand the sector learners **must** understand the **role** of **regulatory** and **inspection** bodies in relation to ensuring the quality of provision to include:

- the Care Quality Commission (CQC)
- Ofsted.

TAHSC 1: Introduction to the health and social care sector Assessment task

All of the assessment tasks must be completed in order to achieve the unit.

Read this case study before you start the assessment tasks.

Max is preparing for a practical work placement in health and social care and has been asked to find out about different types of health and social care services to help her to make her choice.

Max has made a list of different types of services she needs to find out about and will arrange her work in a chart.

Task 1 (P1: 1.1, P2: 1.2, P3: 2.1, P4: 5.1 and 5.2)

- Produce a chart to **identify** two (2) examples of health and social care services from each of the following types of provision that can be found in your local area:
 - statutory
 - private
 - voluntary.

Max will need to know about the functions of health and social care services in order to make her decision.

• Select one (1) health and social care service for each type of provision identified above and **describe** the function of each service.

Max will also need to know about informal care as well as a range of health and social care practitioner roles.

- Using a minimum of two (2) examples explain the role of informal care.
- **Describe** three (3) job roles within the health and social care sector.

Task 2 (M1: 3.1, M2: 3.2 and 3.3, M3: 4.1 and 4.2)

- **Explain** two (2) types of referral used to access health and social care services. Examples of services from Task 1 may be used in the explanation.
- Identify a minimum of three (3) barriers to accessing health and social care services.
- For each barrier identified **describe** how it may be overcome.
- **Identify** two (2) care needs of individuals at each life stage.
- **Describe** one (1) health and social care service that can be accessed to meet the identified care needs at one (1) life stage.

Task 3 (D1: 6.1)

- **Summarise** the role of regulatory and inspection bodies:
 - the Care Quality Commission
 - Ofsted.

TAHSC 1: Assessment grading criteria

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

| Learner name: | PIN: | Centre no: | ULN: | |
|---------------|------|------------|------|--|
|---------------|------|------------|------|--|

| | | Assessment of learning | Evidence record |
|------------|------------|--|-----------------|
| P1 | 1.1 | Identify two (2) examples of health and social care services from each of the following types of provision that can be found in your local area: statutory private voluntary. | |
| P2 | 1.2 | Select one (1) health and social care service for each type of provision identified in P1 and describe the function of each service. | |
| P 3 | 2.1 | Describe three (3) job roles within the health and social care sector. | |
| P4 | 5.1 5.2 | Using a minimum of two (2) examples explain the role of informal care. | |
| M1 | 3.1 | Explain two (2) types of referral used to access health and social care services. | |
| | | Examples of services identified in P1 may be used in the explanation. | |

| | | Assessment of learning | Evidence record |
|----|-----|--|-----------------|
| M2 | 3.2 | Identify a minimum of three (3) barriers to accessing health and social care services. | |
| | 3.3 | For each barrier identified describe how it may be overcome. | |
| M3 | 4.1 | Identify two (2) care needs of individuals at each life stage. | |
| | 4.2 | Describe one (1) health and social care service that can be accessed to meet the identified care needs at one (1) life stage. | |
| D1 | 6.1 | Summarise the role of regulatory and inspection bodies: | |
| | | the Care Quality CommissionOfsted. | |

TAHSC 2: Professional practice and the health and social care practitioner



| Unit reference | Init reference R/615/7593 Unit level | | 2 |
|----------------------------|--|---|-------------------|
| Guided learning (hours) | 40 | | |
| Unit aim | which learners can explore social care. The learner wil and understanding through assignment which will be s quality assurance. Areas th | ubject to internal and extern nat must be included are: behaviours and attributes of oners ent es and guidance centred practice | and edge al |

| Learner name: | Centre no: | |
|---------------|------------|--|
| PIN: | ULN: | |

| Learning outcomes | Content | |
|---|---|--|
| The learner will: | Scope of learning: | |
| 1. Understand the responsibilities of health and social care practitioners. | 1.1 Professional skills, behaviours and attributes required by health and social care practitioners. Professional skills, behaviours and attributes: be trustworthy be objective be patient be respectful show empathy show commitment use communication and interpersonal skills use initiative use observation skills be able to problem-solve | |

| Learning outcomes The learner will: | Content Scope of learning: |
|--|---|
| | be able to work as part of a teambe a reflective practitioner. |
| | 1.2 Reasons for health and social care practitioners adhering to their job description. |
| | Reasons policies and procedures professionalism limits and boundaries commitment. |
| | 1.3 Why continuing professional development is integral to the role of the health and social care practitioner. |
| | Integral to the role: up-to-date knowledge and practice continuous improvement in provision and outcomes regulatory requirement personal and professional growth reflective practitioner application of learning. |
| 2. Understand health and social care values underpinning practice. | 2.1 Legislation and standards which underpin practice. Legislation: Data Protection Act 1998 Human Rights Act 1998 Equality Act 2010 Health and Social Care Act 2012 Care Act 2014. |
| | Standards: codes of practice regulations National Occupational Standards 6Cs. |

| Learning outcomes The learner will: | Content Scope of learning: |
|---|---|
| | 2.2 Health and social care values. |
| | Health and social care values: • duty of care • safeguarding • person-centred • partnership • dignity • respect • rights • confidentiality • independence. |
| | 2.3 How individuals accessing health and social care services are valued. |
| | How individuals accessing services are valued: during daily routines: mealtimes, personal care, activities and decision making consider: individual needs and preferences, informed choice, active support, aids and adaptations, health and safety, confidentiality. |
| | 2.4 Define person-centred practice. |
| | 2.5 Impact for individuals of person-centred practice. |
| | Impacts: meeting individual needs (social, emotional, cognitive and physical) promote and uphold rights health and well-being. |
| Understand partnership working in health and social care. | 3.1 Distinguish between a working relationship and a personal relationship. |
| | A working relationship and a personal relationship: policies and procedures limits and boundaries of professional relationships underpinned by health and social care values confidentiality. |

| Learning outcomes The learner will: | Content Scope of learning: |
|--|--|
| | 3.2 How health and social care practitioners work in partnership. |
| | Work in partnership: multi-agency: organisations (agencies) working together to meet an individual's needs multi-disciplinary: health and social care practitioners with different roles and responsibilities (disciplines) working together to meet an individual's needs to include national and local approaches to safeguarding, ie safeguarding boards, Team Around the Child. |
| | 3.3 How partnership working meets the needs of individuals . |
| | Meets the needs of individuals: benefit from expertise working together towards shared goals defined roles and responsibilities care planning intervention referrals consistent and continuous care safeguarding. |
| | 3.4 Barriers to partnership working. |
| | Barriers:ineffective communicationtime managementresources. |
| | 3.5 Strategies to overcome barriers to partnership working. |
| | Strategies to overcome barriers: • effective communication • co-operation • collaboration • understand viewpoints • problem-solving • resolution. |
| Learning outcomes The learner will: | Content Scope of learning: |
|---|--|
| 4. Understand different career pathways in the health and social care sector. | 4.1 Opportunities for career development in health and social care. |
| Social care sector. | Opportunities for career development: volunteering |
| | education |
| | employment programming |
| | progression. |
| | 4.2 Sources of information in relation to career development. |
| | Sources of information: |
| | organisations and services |
| | careers advisors internet |
| | media |
| | work experience/placement. |
| | 4.3 Qualifications and training opportunities in relation to career development. |
| | Qualifications and training: |
| | further education |
| | higher education |
| | apprenticeships required for specific roles |
| | continuous professional development. |
| | 4.4 How to create a personal development plan . |
| | Personal development plan: |
| | career aspirations |
| | learning needs section and long term goals |
| | short-, medium- and long-term goals implementation |
| | • review. |

TAHSC 2: Professional practice and the health and social care practitioner

Guidance for unit delivery

The following pages identify the mandatory teaching and learning requirements for this unit and are a useful resource when planning. These requirements must be met in order to achieve sufficient breadth and depth of study in relation to health and social care at this level.

Please note the following terms and their wider definitions in context throughout the delivery of this qualification:

- 'client' or 'service user' to describe an individual accessing a health and social care service
- 'client group' to describe a group of individuals accessing a health and social care service
- 'individual' to imply person, man, woman or child.

Each unit has specific assessment criteria and the information provided here has been written to support this.

Key learning from this unit will be further assessed through synoptic external assessment when all teaching and learning for each unit is complete.

What is this unit about?

Aim: This unit provides a broad, in-depth knowledge base from which learners can explore working practice in health and social care. The learner will be required to apply knowledge and understanding through an **internally assessed assignment** which will be subject to internal and external **quality assurance**. Areas that **must** be included are:

- responsibilities, skills, behaviours and attributes of health and social care practitioners
- professional practice
- professional development
- legal frameworks, values and guidance
- components of person-centred practice
- teamwork and partnership working
- career pathways.

Learning outcome 1: Understand the responsibilities of health and social care practitioners.

To introduce and focus the unit, learners **must** consider **skills**, **behaviours** and **attributes** required by health and social care practitioners to include an **applied understanding** of the following:

- trust
- objectivity
- patience
- respect
- empathy
- commitment
- effective communication and interpersonal skills
- initiative
- observation skills
- professionalism
- problem-solving skills
- teamwork
- reflective practitioner.

Learners **must** be equipped with the knowledge, skills and understanding to be able to offer relevant descriptions of reasons why health and social care practitioners must adhere to their job description. Aspects to consider in relation to adherence to job description may include:

- policies and procedures
- professionalism
- limits and boundaries
- commitment.

Learners **must** be able to explain **what** continuing professional development is, as well as explain **why** and **how** it is integral to the role of the health and social care practitioner.

Learners **must** be able to discuss continuing professional development in relation to:

- up-to-date knowledge and practice
- continuous improvement in provision and outcomes
- regulatory requirements
- personal and professional growth
- reflective practitioner
- application of learning.

Learning outcome 2: Understand health and social care values underpinning practice.

In order to understand the legislative framework governing health and social care provision, learners are required to be able to identify legislation and standards which underpin practice.

Legislation and standards that **must** be taught include:

- legislation:
 - Data Protection Act 1998
 - Human Rights Act 1998
 - Equality Act 2010
 - Health and Social Care Act 2012
 - Care Act 2014
- standards:
 - codes of practice
 - regulations
 - National Occupational Standards
 - 6Cs.

Learners need to be able to understand health and social care values. Health and social care values include:

- duty of care
- safeguarding
- person-centred approaches
- partnership working
- dignity
- respect
- rights of individuals
- confidentiality
- independence.

Recognising the rights of individuals within a health and social care context is critical for positive outcomes. This is fundamental to, and representative of, person-centred practice, therefore learners **must** be able to describe how individuals accessing health and social care services are valued. The ways in which this can be achieved could include daily routines involving mealtimes, personal care, activities and decision making with consideration to:

- individual needs and preferences
- informed choice
- active support
- aids and adaptations
- health and safety
- confidentiality.

Throughout the unit the **significance of person-centred care** will be emphasised and learners need to be equipped with the knowledge and understanding of this model of care. This is in order to accurately define person-centred practice and consider **sensitively and holistically** any **impact** for individuals of person-centred practice from the service and individual's perspective.

Impacts:

- meeting individual needs (social, emotional, cognitive and physical)
- promoting and upholding rights
- health and well-being.

Through simulated classroom activities learners must be able to explore how health and social care values can be applied to individual case studies. Learning outcome 3: Understand partnership working in health and social care.

Working with others in partnership is a requirement for any team. For the health and social care practitioner, partnerships are often complex and involve multi-agency/multi-disciplinary working in order to achieve positive outcomes.

Learners **must** be given opportunities to explore professional relationships so that they are **confidently able** to **distinguish** between a working relationship and a personal relationship.

In order to distinguish between a working relationship and a personal relationship, the following aspects of health and social care provision can be explored:

- policies and procedures
- limits and boundaries of professional relationships
- health and social care values
- confidentiality.

Learners **must** be able to **apply their knowledge** regarding professional relationships in context for health and social care practice. This can be shown by outlining how health and social care practitioners **establish** and **sustain** effective partnerships. Examples of partnership working have been identified to include:

- multi-agency: organisations (agencies) working together to meet an individual's needs
- multi-disciplinary: health and social care practitioners with different roles and responsibilities (disciplines) working together to meet an individual's needs
- national and local approaches to safeguarding, ie safeguarding boards and approaches such as Team Around the Child.

Effective partnerships meet the needs of and contribute to positive outcomes for individuals accessing health and social care provision. It is vital that learners are able to **apply** their **knowledge** and **understanding** in order to **recognise** and **understand** the **value** of partnership work. Learners must therefore consider:

- expertise from partnership working
- working together towards shared goals
- defined roles and responsibilities within the partnership
- care planning and partnership working
- intervention and partnership working
- referrals and partnership working
- consistent and continuous care within partnership working
- safeguarding within partnership working.

In order to fully understand partnership working, learners should be given the opportunity to **consider and discuss** barriers to partnership working so that they are **confidently** able to **apply** their knowledge to **problem-solve** as appropriate to this level of study. Barriers to consider and discuss may include:

- ineffective communication
- time management
- resources.

Strategies to overcome barriers to partnership working that can be explored and developed may include:

- effective communication
- co-operation
- collaboration
- understanding viewpoints
- problem-solving
- resolution.

Learning outcome 4: Understand different career pathways in the health and social care sector.

Learners **must** then be given time to explore available career pathways in the health and social care sector. Exploration **must** include potential **opportunities for career development** from:

- volunteer work
- education
- employment
- progression pathways.

Internal and external sources of relevant information in relation to career development can then be considered. Sources **must** include:

- organisations and services
- careers advisors
- internet
- media
- work experience/placement.

Reviewing career pathways requires knowledge and understanding of essential and desirable qualifications and training. Learners **must** recognise a range of **qualifications and training activities** which support **progression and development** in relation to roles within the health and social care sector that can be accessed through:

- further education
- higher education
- apprenticeships
- qualifications/training required for specific roles
- continuing professional development activities.

Learners **must** then be able to **apply** their knowledge to understand how to create a personal development plan. The following areas **must** be explored:

- identifying career aspirations
- recognising learning needs
- setting short-, medium- and long-term SMART goals
- how to implement
- role of reviewing progress towards achievement.

TAHSC 2: Professional practice and the health and social care practitioner

Assessment task

All of the assessment tasks must be completed in order to achieve the unit.

Read this case study before you start the assessment tasks.

Before Max can begin her practical work placement she has been asked to consider professional practice requirements in health and social care. Max has decided to present this information as a booklet. The booklet will help other learners to understand the skills needed in health and social care.

Task 1 (P1: 1.1, P2: 2.2, P3: 3.1, P4: 2.4) (M1: 1.2 & 2.1, M2: 1.3)

Section 1 of the booklet is all about health and social care values, legislation and standards.

Produce a booklet and in section 1:

- **identify** three (3) professional skills, behaviours and attributes required by health and social care practitioners
- **describe** health and social care values that underpin practice
- **summarise** differences between a work relationship and a personal relationship
- identify legislation and standards that underpin practice
- using examples, describe three (3) reasons why health and social care practitioners must adhere to the roles and responsibilities outlined in their job description
- use your knowledge and understanding of the role of the health and social care practitioner to **define** person-centred practice.

Continuing professional development (CPD) is an important feature of the role of the health and social care practitioner.

• Give two (2) examples to **explain** why CPD is integral to the role of the health and social care practitioner.

Task 2 (P5: 3.2, P6: 3.4) (M3: 3.3) (D1: 2.3, D2: 3.5, D3: 2.5)

Section 2 of the booklet is all about meeting the individual needs of those using health and social care services.

In section 2 of your booklet:

- **describe** three (3) ways that individuals accessing health and social care services are valued. Examples may be used to support your description
- **explain** the impact for individuals of person-centred practice.

Working in partnership is key to good practice in health and social care.

- **Describe** two (2) ways that health and social care practitioners work in partnership.
- Give two (2) examples to **describe** how working in partnership can meet the needs of an individual.

It is not always easy to work in partnership.

- List four (4) possible barriers to working in partnership.
- **Describe** two (2) strategies that could be used to overcome barriers to partnership working. Examples may be used to support your description.

Task 3 (P7: 4.1, P8: 4.2) (M5: 4.2) (D4: 4.3 and 4.4)

Section 3 of the booklet is all about career development.

In section 3 of your booklet:

- identify two (2) ways that a health and social care practitioner can progress their career
- **list** three (3) sources of information in relation to career development in health and social care
- **produce** your own Personal Development Plan in relation to a chosen career in health and social care
- **describe** the qualifications and training that you will need in order to reach your goal.

TAHSC 2: Assessment grading criteria

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

| Learner name: | PIN: | Centre no: | ULN: | |
|---------------|------|------------|------|--|
|---------------|------|------------|------|--|

| | | Assessment of learning | Evidence record |
|----|-----|--|-----------------|
| P1 | 1.1 | Identify three (3) professional skills, behaviours and attributes required by health and social care practitioners. | |
| P2 | 2.2 | Describe health and social care values that underpin practice. | |
| P3 | 3.1 | Summarise differences between a work relationship and a personal relationship. | |
| P4 | 2.4 | Define person-centred practice. | |
| P5 | 3.2 | Describe two (2) ways that health and social care practitioners work in partnership. | |
| P6 | 3.4 | List four (4) possible barriers to working in partnership. | |
| P7 | 4.1 | Identify two (2) ways that a health and social care practitioner can progress their career. | |
| P8 | 4.2 | List three (3) sources of information in relation to career development in health and social care. | |

| | | Assessment of learning | Evidence record |
|----|-----|--|-----------------|
| M1 | 2.1 | Identify legislation and standards that underpin practice. | |
| | 1.2 | Using examples describe three (3) reasons why health and social care practitioners must adhere to the roles and responsibilities outlined in their job description. | |
| M2 | 1.3 | Give two (2) examples to explain why continuing professional development is integral to the role of the health and social care practitioner. | |
| М3 | 3.3 | Give two (2) examples to describe how working in partnership can meet the needs of an individual. | |
| D1 | 2.3 | Describe three (3) ways that individuals accessing health and social care services are valued. Examples may be used to support your description. | |
| D2 | 3.5 | Describe two (2) strategies that could be used to overcome barriers to partnership working. Examples may be used to support your description. You may refer to the barriers listed in P6. | |
| D3 | 2.5 | Explain the impact for individuals of person-centred practice. | |
| D4 | 4.3 | Describe the qualifications and training that you will need in order to reach your goal. | |
| | 4.4 | Produce your own Personal Development Plan in relation to a chosen career in health and social care. | |

TAHSC 3: Human growth and development through the life stages



| Unit reference | Y/615/7594 | Unit level | 2 | |
|----------------------------|--|--|--------------------------------------|--|
| Guided learning (hours) | 40 | 40 | | |
| Unit aim | understanding in relation to through the life stages. Lea their knowledge and unders assessed assignment whic external quality assurance. stages of development potential effects on dev experiences, pre-birth e experiences life stages: infancy childhood adolescence early, middle and la holistic development theoretical perspectives factors impacting on hu transition and significar | s man growth and developme It life events across life stag g in relation to meeting indiv | oment oly lly and d are: | |

| Learner name: | Centre no: | |
|---------------|------------|--|
| PIN: | ULN: | |

| Learning outcomes | Content |
|--|--|
| The learner will: | Scope of learning: |
| Understand development from conception to birth. | 1.1 Stages of development from conception to birth. Stages of development: gestation period from conception to birth to include significant developments. |

| Learning outcomes The learner will: | Content Scope of learning: |
|---|--|
| | 1.2 The potential effects on development of: pre-conception experiences pre-birth experiences birth experiences. |
| | Pre-conception experiences: alcohol drugs smoking diet health environment. |
| | Pre-birth experiences: antenatal care alcohol drugs smoking diet health environment complications during pregnancy. |
| | Birth experiences:complications during labour for baby and mother. |
| 2. Understand development across the life span. | 2.1 The life stages of human development. Life stages: infancy childhood adolescence early, middle, late adulthood. |
| | 2.2 Social, emotional, cognitive and physical developments within each life stage. |
| | Developments: social: relationships, independence, cultural emotional: attachment and emotional resilience, self-image, self-esteem cognitive: language, memory, reasoning, thinking, problem-solving physical: early developments and health, puberty, aging process. |

| Learning outcomes The learner will: | Content Scope of learning: |
|--|--|
| | 2.3 Holistic development. Holistic development: the ways individuals develop holistically through the interdependency of each area. |
| 3. Understand influences on human development. | 3.1 The nature versus nurture debate in relation to human behaviour and development. Nature: genetic, inherited characteristics, biological influences. Nurture: environmental influences. Debate: extent to which nature or nurture is responsible for an individual's development and behaviour, reasons why nature and nurture is debated. |
| | 3.2 Factors which may influence human development. Factors: biological influences lifestyle education employment socio-economic relationships culture physical environment health bullying aspiration. |
| | 3.3 Reasons for recognising and responding to concerns regarding individuals' development. Reasons for recognising and responding to concerns: to take action to promote health and well-being to meet individual needs to meet the needs of family/carers/friends. |

| Learning outcomes The learner will: | Content Scope of learning: |
|--|---|
| 4. Understand transitions and significant life events. | 4.1 Transitions and significant life events across the life stages. Transitions and significant life events (to include planned and unplanned): infancy: separation, nursery, weaning, toilet training childhood: school, siblings, moving home adolescence: puberty, exams, leaving home early, middle, late adulthood: employment, marriage, parenthood, divorce, bereavement, retirement, age-related medical conditions. 4.2 The impact that transitions and significant life events may have on individuals. Impact (to include short- and long-term): emotion relationships |
| | independence health resilience. 4.3 The role of the health and social care practitioner: in preparing individuals for a planned transition in supporting the needs of individuals during transition and significant life events. Role of the health and social care practitioner: adhere to policies and procedures key working assessment of needs discuss, explore and reassure positive relationships partnership working access to services safeguard understand implications for well-being if not effectively supported. |

| Learning outcomes | Content |
|---|---|
| The learner will: | Scope of learning: |
| 5. Understand the role of care planning in meeting the needs of individuals and promoting well-being. | 5.1 Purpose of individualised care planning. Purpose: individual needs support needs action planning and goal setting risk management consistency of care continuity of care. 5.2 Care-planning cycle. 5.2 Care-planning cycle: person-centred assess implement monitor revise. |

TAHSC 3: Human growth and development through the life stages Guidance for unit delivery

The following pages identify the mandatory teaching and learning requirements for this unit and are a useful resource when planning. These requirements must be met in order to achieve sufficient breadth and depth of study in relation to health and social care at this level.

Please note the following terms and their wider definitions in context throughout the delivery of this qualification:

- 'client' or 'service user': to describe an individual accessing a health and social care service
- 'client group' to describe a group of individuals accessing a health and social care service
- Individual' to imply person, man, woman or child.

Each unit has specific assessment criteria and the information provided here has been written to support this.

Key learning from this unit will be further assessed through synoptic external assessment when all teaching and learning for each unit is complete.

What is this unit about?

Aim: This unit provides breadth and depth of knowledge and understanding in relation to human growth and development through the life stages. Learners will be required to apply their knowledge and understanding through an internally assessed assignment, which will be subject to internal and external quality assurance. Areas that must be included are:

- stages of development from conception to birth
- potential effects on development of pre-conception experiences, pre-birth experiences and during-birth experiences
 - life stages:

•

- infancy
- childhood
- adolescence
- early, middle and late adulthood
- holistic development
- theoretical perspectives
- factors impacting human growth and development
- transition and significant life events across life stages
- the role of care planning in relation to meeting individual needs and promoting well-being.

Learning outcome 1: Understand development from conception to birth.

At the end of this unit, learners will be equipped with the knowledge and understanding required to be able to apply their new learning to the role of the health and social care practitioner.

To achieve breadth and depth, teaching and learning **must** give learners the opportunity to develop their understanding of the stages of development from conception to birth. Learners **must** be introduced to and confident in their knowledge of the following:

- ovulation
- fertilisation
- zygote
- foetus
- neonate.

Significant growth periods have been identified here to support planning resources and materials:

- at 5 weeks: formation of the neural tube precedes brain and spinal cord development, blood circulation evident and increased heart development
- at 6–7 weeks: brain growth defines distinct areas, eyes and ears begin to develop, 'small buds' develop – early signs of arm and leg growth
- at 8–9 weeks: baby referred to as 'foetus' (young one). Face slowly forming, eyes more defined, feet and hands beginning to develop and ridges where fingers and toes will be appear. Major internal organs begin to develop
- at 10–12 weeks: foetus is fully formed. Almost all organs and structures have formed and continue to grow until delivery. Foetus is active but mother unable to feel this movement
- at 13–20 weeks: the baby is now growing rapidly. The face takes on human appearance, hair is beginning to grow including eyebrows and eye lashes
- at 21–24 weeks: lanugo covers the baby and movement may be felt by the mother
- at 25–26 weeks: vigorous movement of baby that is also responsive to touch and sound, eyelids open
- at 27–29 weeks: heartbeat strong enough to be heard using a stethoscope, vernix covers baby
- at 30–31 weeks: growth continues, skin fills out giving a plumper appearance, lanugo and vernix disappear
- at 32 weeks: baby prepares for birth
- at 33–42 weeks: baby's head may 'engage'.

Learners **must** understand the potential effects on development at various stages of growth and development, including:

- pre-conception experiences
- pre-birth experiences
- birth experiences.

When exploring the potential effects on development, learners must be able to show knowledge of the following contributing factors. Learners should be able to explain **why** and **how** development may be effected at various stages.

Pre-conception experiences **must** include:

- alcohol
- drugs
- smoking
- diet
- health
- environment.

Pre-birth experiences **must** include:

- antenatal care (checks/screening and concerns)
- alcohol
- drugs
- smoking
- diet
- health
- environment
- complications during pregnancy.

Birth experiences must include:

• complications during labour for baby and mother.

Learning outcome 2: Understand development across the life span.

Learners **must** be able to define and describe each life stage of human development. Building from this, learners must show a confident understanding of the holistic development commonly associated with each stage. Life stages are identified as:

- infancy
- childhood
- adolescence
- early, middle, late adulthood.

When considering holistic development, learners **must** be able to **express knowledge** and **understanding** of ways individuals develop holistically through the interdependency of each area:

- social: relationships, independence, cultural. Learners should have an understanding of the importance of social relationships and how these are formed as well as their impact for development
- emotional: attachment and emotional resilience, self-image, self-esteem.
 Learners must be able to recognise the importance of attachment, how this is developed, barriers to attachments and strategies to overcome them. Learners must be able to apply new learning in their work in relation to the development and importance of resilience, self-image and self-esteem
- cognitive: language, memory, reasoning, thinking, problem-solving are all areas that learners need to explore in order to value the significance of development at each life stage
- physical: early developments and health, puberty, aging process should be considered and explored, allowing learners to see the journey in relation to physical development throughout life.

Learning outcome 3: Understand influences on human development.

Theoretical perspectives in the context of development should be **introduced**, allowing learners the opportunity to **discuss**, **consider and debate factors** affecting human growth and development through an **exploration of 'nature' and 'nurture'**. Learners **must** be able to **apply** appropriate knowledge and understanding of a range of factors, as identified below:

- biological influences
- lifestyle
- education
- employment
- socio-economic
- relationships
- culture
- physical environment
- health
- bullying
- aspiration.

It is, of course, crucial to **recognise and respond** to concerns regarding individuals' development. Learners **must** therefore be able to **apply** knowledge and understanding in order to explain **when, why and how** intervention may be necessary in order to:

- take action
- promote health and well-being
- meet individual needs
- meet the needs of family/carers/friends.

Learning outcome 4: Understand transitions and significant life events.

Transitions and significant life events across the life stages (planned and unplanned) **must be identified, explored and understood** so that learners can **consider** their **impact** and the subsequent action for the health and social care practitioner, preparing individuals for a planned transition as well as in supporting the needs of individuals during transition and significant life events. Transitions and significant life events across the life stages must include:

- infancy: separation, nursery, weaning, toilet training
- childhood: school, siblings, moving home
- adolescence: puberty, exams, leaving home
- early, middle, late adulthood: employment, marriage, parenthood, divorce, bereavement, retirement, age-related medical conditions.

Impact (short- and long-term) to include effects on:

- emotion
- relationships
- independence
- health
- resilience.

Subsequent action for the health and social care practitioner may include:

- the importance of adhering to policy and procedures
- the need and value of key working
- the principles involved in assessment of needs
- the need to discuss, explore and reassure
- the relevance and impact of positive relationships
- the need for partnership working
- the need to know about access to services
- knowledge of issues surrounding safeguarding
- an understanding of well-being.

Learning outcome 5: Understand the role of care planning in meeting the needs of individuals and promoting well-being

Care planning in relation to meeting the needs of individuals and promoting wellbeing is integral to practice. Therefore learners **must** develop knowledge and understanding of the **functions** of care planning and **apply** this to the care planning cycle. Learners must explore **purposes** including:

- identifying individual needs
- recognising individual support needs
- action planning and goal setting
- managing risk
- ensuring consistency of care practice
- maintaining continuity of care.

In order to **apply** learning to the care-planning cycle learners **must** understand the importance and role of:

- person-centred approaches
- assessment
- implementing plans
- monitoring progress
- reviewing outcomes
- revising plans in line with needs.

Through simulated classroom activities learners must be able to consider the needs of individuals during transition through the development of a care plan.

TAHSC 3: Human growth and development through the life stages Assessment task

All of the assessment tasks must be completed in order to achieve the unit.

Read this case study before you start the assessment tasks.

Max decided to undertake her practical work placement in a residential care home caring for the elderly. On page 58 you will find a timeline for Den. Den is at the residential care home where Max is on placement. He is living there temporarily whilst waiting to be rehomed in sheltered accommodation following a serious fall. Read through Den's timeline, which records significant events that have happened over the life stages.

Task 1 (P1: 1.1 and 1.2, P2: 2.1, P3: 2.3) (M1: 2.2)

Before Max is able to care for Den effectively she must consider how human beings develop holistically.

- **Identify** the stages of development from conception to birth.
- Identify two (2) potential effects on development of:
 - pre-conception experiences
 - pre-birth experiences
 - birth experiences.
- **Identify** the life stages of human development.
- **Define** holistic development.
- **Explain the** social, emotional, cognitive and physical developments within one (1) life stage.

Task 2 (M2: 4.1 and 4.2, M3: 4.3)

- Consider Den's timeline and **describe** the impact of transitions and significant life events on Den's life.
- **Describe** the role of the health and social care practitioner at each transition and significant life event in Den's life.

Task 3 (P4: 3.2) (M4: 3.1)

- List four (4) factors which influence human development.
- **Outline** the nature versus nurture debate.

Task 4 (D1: 3.3, D2: 5.1 and 5.2)

- **Explain** three (3) reasons for recognising and responding to concerns regarding an individual's development.
- **Describe** the purpose of individualised care planning.
- **Summarise** the careplanning cycle.

Timeline for Den:



TAHSC 3: Assessment grading criteria

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

| Learner name: PIN: | Centre no: | ULN: |
|--------------------|------------|------|
|--------------------|------------|------|

| | | Assessment of learning | Evidence record |
|----|------------|--|-----------------|
| P1 | 1.1 | Identify the stages of development from conception to birth. | |
| | 1.2 | Identify two (2) potential effects on development of: pre-conception experiences pre-birth experiences birth experiences. | |
| P2 | 2.1 | Identify the life stages of human development. | |
| Р3 | 2.3 | Define holistic development. | |
| P4 | 3.2 | List four (4) factors which influence human development. | |
| M1 | 2.2 | Explain the social, emotional, cognitive and physical developments within one (1) life stage. | |
| M2 | 4.1 4.2 | Consider the timeline and describe the impact of transitions and significant life events on the individual's life. | |

| | | Assessment of learning | Evidence record |
|----|-----|---|-----------------|
| М3 | 4.3 | Describe the role of the health and social care practitioner at each transition and significant life event identified in the timeline. | |
| M4 | 3.1 | Outline the nature versus nurture debate. | |
| D1 | 3.3 | Explain three (3) reasons for recognising and responding to concerns regarding an individual's development. | |
| D2 | 5.1 | Describe the purpose of individualised care planning. | |
| | 5.2 | Summarise the care planning cycle. | |

Section 4: Assessment and quality assurance information

Assessment Strategy

Knowledge learning outcomes

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

Competence/Skills learning outcomes

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

Assessment Structure

To gain the qualification, learners will need to achieve a minimum of a Pass grade in:

- units TAHSC 1, 2 and 3, externally set, internally marked, graded Pass, Merit or Distinction. Mandatory assessments for each unit will be subject to internal and external quality assurance
- component TAHSC/SAE, externally set, externally marked synoptic assessment (Short Answer Examination), graded Pass, Merit or Distinction.

There is no compensation.

Full achievement of the qualification will not be possible until **all** components are achieved. Unit certification will be available for learners achieving a Pass, Merit or Distinction grade for specific units when the full qualification has not been achieved.

There will be no automatic Direct Claim Status (DCS) for this qualification.

Internal assessment

There are three (3) externally set, internally marked units: TAHSC 1, 2 and 3.

These internal assessments cover:

- TAHSC 1: 33.3% of the qualification's content and 18.2% of the qualification's grade
- TAHSC 2: 33.3% of the qualification's content and 18.2% of the qualification's grade
- TAHSC 3: 33.3% of the qualification's content and 18.2% of the qualification's grade

The internal assessments will be graded Pass, Merit or Distinction. Mandatory assessments for each unit will be subject to internal and external quality assurance.

External Assessment

There is **one** (1) external assessment.

All content from the 3 mandatory units (TAHSC 1, 2 and 3) is subject to external assessment through a synoptic Short Answer Examination. The synoptic external assessment contributes to 45.5% of the qualification grade.

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

Within the qualification there is a maximum of one further attempt for learners to take the Short Answer Examination in order to achieve a Pass grade or to improve a grade. This will be a different Short Answer Examination paper.

Re-mark requests for the Short Answer Examination

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

Referral in the Short Answer Examination

A result that does not achieve a Pass grade will be graded as Not Yet Achieved. If learners intend to take the Short Answer Examination for another attempt to achieve a Pass grade or above, they will take a different examination paper. This will be the Short Answer Examination for their date of second entry to the examination.

Improving your grade for your Short Answer Examination (upgrade your result)

When learners have achieved a Pass grade or above for the Short Answer Examination, they may wish to improve their grade. If a learner intends to attempt to improve a grade, they will be required to take a different Short Answer Examination, which will be for their date of entry to the examination. Tutors will be able to advise learners on how they can do this. The higher of the grades achieved for the Short Answer Examination will be the final result.

Examination conditions

For more information on examination conditions, please see the **Instructions for Conducting Examinations** document on the Joint Council for Qualifications (JCQ) website <u>www.jcq.org.uk</u>.

For more information on reasonable adjustments, please refer to the **Good Practice Guide: The Application of Reasonable Adjustments and Special Consideration in Vocational Qualifications** on our website.

Rational for synoptic assessment

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

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

There will be **one** (1) externally set and externally marked synoptic assessment covering the content of units TAHSC 1, 2 and 3.

Staffing requirements

Centres delivering any of NCFE's qualifications must:

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

Assessors and Internal Quality Assurance

Staff involved in the Assessment and Internal Quality Assurance of this qualification must be able to demonstrate that they have (or are working towards) the relevant occupational knowledge and/or occupational competence, at the same level or higher as the units being assessed and internal quality assured. This may be gained through experience and/or qualifications.

Section 5: Records of grades achieved

Records of grades achieved for the NCFE CACHE Level 2 Award in Health and Social Care (603/1909/4)

NCFE CACHE Level 2 Award in Health and Social Care (603/1909/4)

No. of increments x grade value = points for unit assessment or external assessment

To achieve the Level 2 Award in Health and Social Care, learners must achieve a minimum of a Pass grade in the 3 internal assessments and the external assessment.

The incremental weighting of each **internal** assessment is based on the average total hours to achieve the unit.

The incremental weighting of the **external** assessment is based on the average total hours to achieve the unit.

Grade value: Distinction – value 5 Merit – value 3 Pass – value 1.

There is no compensation between internal assessments or between internal assessments and the external assessment.

See table on next page to calculate points for unit assessment or external assessment.

Records of grades achieved for the NCFE CACHE Level 2 Award in Health and Social Care (603/1909/4)

| Grades achieved | | | | | D | | М | | Р | | Points |
|-----------------|-----------|---|-------------------|----------------|----------------|--------|----------------|--------|----------------|--------|--------|
| Unit Ref. | Unit no. | Description of unit | Hours per unit | No. of incs | Grade value | Points | Grade value | Points | Grade value | Points | |
| L/615/7592 | TAHSC 1 | Introduction to the health and social care sector | 40 | 2 | 5 | 10 | 3 | 6 | 1 | 2 | |
| R/615/7593 | TAHSC 2 | Professional practice and the health and social care practitioner | 40 | 2 | 5 | 10 | 3 | 6 | 1 | 2 | |
| Y/615/7594 | TAHSC 3 | Human growth and development through the life stages | 40 | 2 | 5 | 10 | 3 | 6 | 1 | 2 | |
| n/a | TAHSC/SAE | External Assessment: Short Answer Examination | n/a | 5 | 5 | 25 | 3 | 15 | 1 | 5 | |
| Award Total | | | 120 | | | 1 | | 1 | Total | points | |

| Qualification grade | Total points |
|------------------------|-----------------|
| Distinction | 41–55 |
| Merit | 26–40 |
| Pass | 11–25 |

Section 6: Documents

Useful documents

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

 Delivering our Qualifications – Assessment and Internal Quality Assurance Guidance

We have devised a Record of Assessment Cycle template for your convenience; however, you may design your own forms which comply with the content of our templates.

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

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

Section 7: Unit Submission Form

Unit Submission Form

Level 2 Award in Health and Social Care

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

| Learner | |
|---------|--|
| Name: | |

PIN:

Site/Centre no.

Learner declaration

Unit -

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

Learner signature:

Date:

Comments: refer to assessment of learning

| Signatures | | | | |
|---|-------|--|--|--|
| Tutor: | Date: | | | |
| Internal Quality Assurer signature: (if chosen for sample) | Date: | | | |

REF: L2TAHSCV1