



WJEC GCE AS and A LEVEL in HEALTH AND SOCIAL CARE, AND CHILDCARE

For teaching from 2020

For AS award from 2021

For A level award from 2022

This specification meets the Approval Criteria for GCE AS and A level Qualifications which set out the requirements for all new GCE specifications approved for award in Wales from September 2017.

	Page
Summary of assessment	2
1. Introduction	5
1.1 Aims and objectives	5
1.2 Prior learning and progression	6
1.3 Equality and fair access	7
1.4 Welsh Bacallaureate	8
1.5 Welsh perspective	8
2. Subject content	9
2.1 AS Unit 1	12
2.2 AS Unit 2	24
2.3 A2 Unit 3 (childcare pathway)	39
2.4 A2 Unit 4 (childcare pathway)	47
2.5 A2 Unit 5 (adult health and social care pathway)	57
2.6 A2 Unit 6 (adult health and social care pathway)	64
3. Assessment	73
3.1 Assessment objectives and weightings	73
3.2 Arrangements for non-exam assessment	74
4. Technical information	81
4.1 Making entries	81
4.2 Grading, awarding and reporting	83
Appendices	
A: Assessment grids for NEA Unit 2, Unit 4 and Unit 6	to follow
B: NEA Tasks for Unit 2, Unit 4 and Unit 6	to follow

GCE AS and A LEVEL HEALTH AND SOCIAL CARE, AND CHILDCARE (Wales)

SUMMARY OF ASSESSMENT

This specification is divided into a total of six units, two AS units and four A2 units. A level learners study a total of four units: two AS units plus the two A2 units related to their chosen pathway. Weightings noted below are expressed in terms of the full A level qualification.

AS (2 units)

AS Unit 1: Promoting health and well-being

Written examination: 2 hours

20% of qualification

80 marks: 100 UMS

A written paper comprising of a range of question types to assess specific content related to promoting health, well-being and resilience.

The paper is presented as a question-and-answer booklet.

All questions are compulsory.

AS Unit 2: Supporting health, well-being and resilience in Wales

Non-exam assessment: approximately 30 hours

20% of qualification

80 marks: 100 UMS

Investigative task

This task assesses the learner's knowledge, understanding and skills in relation to how the health, well-being and resilience of individuals in Wales are supported through outcome focused care.

The task requires investigation into:

- how care and support is provided in Wales, and how this contrasts with another country in the UK
- service provision in Wales for a chosen adult, child or young person with a specific need, and how practitioners from different sectors use their skills in their day-to-day work to help support health, well-being and resilience.

A level (the above plus a further 2 units)

Childcare pathway

A2 Unit 3: Theoretical perspectives of children and young people's development

Written examination: 2 hours 30 minutes

30% of qualification

100 marks: 150 UMS

A written paper comprising of a range of question types to assess specific content related to psychological and sociological perspectives of children's behaviour.

The paper is presented as a question-and-answer booklet in two sections. Section A (40 marks) and Section B (60 marks). Section A questions relate to pre-released material.

All questions are compulsory.

A2 Unit 4: Supporting the development, health, well-being and resilience of children and young people

Non-exam assessment: approximately 40 hours

30% of qualification

80 marks: 150 UMS

Information resource

This task assesses the learner's knowledge, understanding and skills in relation to the development, health, well-being and resilience of children and young people in Wales.

The task requires learners to produce an information resource for someone planning a future career in the childcare sector. The resource must include information on:

- contemporary issues and safeguarding
- the care and support needs of children or young people and how these needs may be met in a setting of the learner's choice.

Adult health and social care pathway

A2 Unit 5: Theoretical perspectives of adult behaviour

Written examination: 2 hours 30 minutes

30% of qualification

100 marks: 150 UMS

A written paper comprising of a range of question types to assess specific content related to psychological and sociological perspectives of adult behaviour.

The paper is presented as a question-and-answer booklet in two sections. Section A (40 marks) and Section B (60 marks). Section A questions relate to pre-released material.

All questions are compulsory.

A2 Unit 6: Supporting adults to maintain health, well-being and resilience

Non-exam assessment: approximately 40 hours

30% of qualification

80 marks: 150 UMS

Information resource

This task assesses the learner's knowledge, understanding and skills in relation to supporting and maintaining health, well-being and resilience in adults in Wales.

The task requires learners to produce an information resource for someone planning a future career in the adult health and social care sector. The resource must include information on:

- contemporary issues and safeguarding
- the care and support needs of adults and how these needs may be met in a setting of the learner's choice.

GCE AS and A LEVEL HEALTH AND SOCIAL CARE, AND CHILDCARE 4

This is a unitised specification which allows for an element of staged assessment. Assessment opportunities will be available in the summer assessment period each year, until the end of the life of the specification.

Unit 1 and Unit 2 will be available in 2021 (and each year thereafter) and the AS qualification will be awarded for the first time in summer 2021.

Unit 3, Unit 4, Unit 5 and Unit 6 will be available in 2022 (and each year thereafter) and the A level qualification will be awarded for the first time in summer 2022.

The table below shows the possible routes to a GCE Health and Social Care, and Childcare qualification. No other combinations of units are permitted.

Qualification	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
AS Health and Social Care, and Childcare	✓	✓				
A level Health and Social Care, and Childcare ¹	✓	✓	✓	✓		
A level Health and Social Care, and Childcare ²	✓	✓			✓	✓

Qualifications Wales Approval Numbers

GCE AS: C00/3716/2

GCE A level: C00/1253/3

¹ Childcare pathway

² Adult health and social care pathway

GCE AS and A LEVEL HEALTH AND SOCIAL CARE, AND CHILDCARE

1 INTRODUCTION

1.1 Aims and objectives

The WJEC GCE AS and A level in Health and Social Care, and Childcare equips learners with thorough and in-depth knowledge, understanding and skills related to the development and care of individuals throughout the life span from conception to later adulthood. Learners have the opportunity to develop their understanding of influences on human growth, development, behaviour and well-being. They will also gain a detailed understanding of the social, physical, emotional, and cultural needs of people who use care and support services, and recognise that each individual has a unique blend of abilities and needs.

Learners will gain a thorough understanding of how service provision in Wales supports the development and well-being of individuals, to be able to make informed decisions now and in later life.

This specification includes contemporary issues in relation to the provision of an ethical and sustainable health and social care, and childcare system in Wales, and to create independent learners that can make informed decisions about further learning opportunities or continuing into related career choices.

The layout of the content into units promotes flexibility of delivery. Active learning and personalisation is promoted by giving learners opportunities to investigate care issues and topics of their own choice.

Following a broad study of health and social care, and childcare at AS, a choice of pathway at A2 provides learners with an opportunity to develop depth of knowledge and understanding in either childcare or adult health and social care.

The WJEC GCE AS and A level in Health and Social Care, and Childcare will enable learners to develop and demonstrate their knowledge, skills and understanding within the context of both health and social care, and childcare, play, learning and development. In particular, learners will be able to demonstrate that they:

- understand the ethical, social and political issues affecting the health and social care and childcare sectors
- have an awareness of the principles and values which underpin health and social care and childcare
- understand the child-centred or person-centred approaches to care
- interpret and evaluate theories in health and social care and childcare, and reflect on how they affect the provision of services
- identify the sociological, psychological and biological factors that contribute to good health, and explain the role of government and professionals in promoting and maintaining good health
- can use literacy, numeracy, research and digital competency skills as appropriate within their study.

1.2 Prior learning and progression

This specification builds on the knowledge, understanding and skills established at GCSE. Some learners may have already gained knowledge, understanding and skills through their study of health and social care, and childcare at GCSE. However, there are no prior learning requirements for this specification. Any requirements set for entry to a course following this specification are at the discretion of centres.

It is reasonable to assume that many learners will have achieved qualifications equivalent to Level 2 at KS4. Skills in numeracy/mathematics, literacy/English and information and communication technology will provide a good basis for progression to this Level 3 qualification, as will knowledge and understanding gained through the study of Level 2 sector/subject related qualifications.

This specification provides suitable progression for learners who have studied the following Level 2 *knowledge* qualifications within the health and social care, and childcare suite:

- *GCSE Health and Social Care, and Childcare*
- *Level 2 Health and Social Care: Principles and Contexts*
- *Level 2 Health and Social Care: Core, or*
- *Level 2 Children's Care, Play Learning and Development: Core.*

Additionally, this specification provides suitable progression for learners who have studied the following Level 2 or Level 3 *practice or practice and theory* qualifications within the health and social care, and childcare suite:

- *Level 2/Level 3 Children's Care, Play, Learning and Development: Practice and Theory*
- *Level 2/Level 3 Health and Social Care: Practice (Adults)*
- *Level 3 Health and Social Care: Practice (Children and Young People)*
- *Level 2/Level 3 Children's Care, Play Learning and Development: Practice.*

Learners may study the Level 3 Certificate or Diploma in Health and Social Care: Principles and Contexts or the Level 3 Children's Care, Play, Learning and Development: Practice and Theory at the same time as GCE Health and Social Care, and Childcare.

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 to work within specific job roles
- an individual working within the Children's Care, Learning, Development and Play sector will need both:
 - the Level 2 Children's Care, Play, Learning and Development: Core qualification, and
 - Level 3 Children's Care, Learning, Development and Play: Practice and Theory 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:

<https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales>

This specification provides a suitable foundation for the study of health and social care, and childcare through a range of higher education courses, or into employment. Learners may also progress to other qualifications within the health and social care, and childcare suite.

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.

This specification is not age specific and, as such, provides opportunities for learners to extend their life-long learning.

1.3 Equality and fair access

This specification may be followed by any learner, irrespective of gender, ethnic, religious or cultural background. It has been designed to avoid, where possible, features that could, without justification, make it more difficult for a learner to achieve because they have a particular protected characteristic.

The protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, marriage and civil partnership.

The specification has been discussed with groups who represent the interests of a diverse range of learners, and the specification will be kept under review.

Reasonable adjustments are made for certain learners in order to enable them to access the assessments (e.g. candidates are allowed access to a Sign Language Interpreter, using British Sign Language). Information on reasonable adjustments is found in the following document from the Joint Council for Qualifications (JCQ): *Access Arrangements and Reasonable Adjustments: General and Vocational Qualifications*.

This document is available on the JCQ website (www.jcq.org.uk). As a consequence of provision for reasonable adjustments, very few learners will have a complete barrier to any part of the assessment.

1.4 Welsh Baccaulaureate

In following this specification, learners should be given opportunities, where appropriate, to develop the skills that are being assessed through the Skills Challenge Certificate of the Welsh Baccaulaureate:

- Literacy
- Numeracy
- Digital Literacy
- Critical Thinking and Problem Solving
- Planning and Organisation
- Creativity and Innovation
- Personal Effectiveness.

1.5 Welsh perspective

In following this specification, learners must consider a Welsh perspective as the opportunity arises naturally from the subject matter and because its inclusion would enrich learners' understanding of the world around them as citizens of Wales as well as the UK, Europe and the world.

The Government of Wales Act (2006) defines the areas of policy responsibility devolved to the Welsh Government. These include *health and health services*, and *education and training*. It is therefore particularly relevant for learners to consider key aspects of this specification's content from a Welsh perspective and how services deliver care in Wales. For example:

- in Unit 1, learners are required to consider the role of the government and professionals in supporting, promoting and maintaining good health in Wales
- in Unit 2, learners investigate how the health, well-being and resilience of individuals in Wales is supported.

2 SUBJECT CONTENT

The subject content and assessment requirements are designed to ensure learners develop an appropriate breadth and depth of knowledge, understanding and skills in health and social care, and childcare. The content of the AS units helps develop learners' breadth of knowledge and understanding, while the choice of pathways within the A2 units enables learners to gain a depth of understanding in either childcare, or in adult health and social care.

Learners will be expected to be familiar with current issues in health and social care, and childcare. They should be encouraged to make connections between theory and practice so that they are able to apply their knowledge and understanding of health and social care, and childcare in familiar and unfamiliar contexts.

The specification content should be considered in the context of health and social care, and childcare in Wales in the 21st Century. That is, with regard to the provision of holistic care, how this care and support is delivered, and the issues faced in doing so. There should be an ethical focus and a view to sustainability of care and support in Wales.

Learners should have a thorough understanding of the importance of developing sustainable services for the future, along with an individual's responsibilities for their own well-being. They should also have a good understanding of the main aspects of current legislation which underpins and drives health and social care, and childcare in Wales.

In following this specification, learners should consider health and social care, and childcare on a local and a national level. In all aspects of health and social care, and childcare, learners should consider '*national*' to refer to an all-Wales focus. In terms of health care, there are seven Local Health Boards in Wales, and learners may consider any one of those as being '*local*'. However, it is usually more appropriate to consider each local authority in Wales as '*local*' in terms of social care and childcare.

Within each topic area the relevant knowledge, understanding and skills are set out in an initial overview and then in two columns. The left hand column details the content to be studied; the right hand column provides amplification to content listed on the left. A brief overview is presented for each topic to place the content in context.

Units 1 and 2 define the subject content for the AS qualification. These include content related to health and social care, and childcare. The A2 units provide a choice of pathway: Units 3 and 4 include content specific to the childcare pathway, while Units 5 and 6 contain content specific to the adult health and social care pathway.

There is no hierarchy implied by the order in which the content is presented. However, as Units 1 and 2 are at AS level and the other four units are at A2 level, it is recommended that Units 1 and 2 are covered before Units 3 and 4, or Units 5 and 6 (depending on the pathway chosen at A2).

Note – legislation, strategies and initiatives are time sensitive. A list of the latest legislation, strategies and initiatives relevant to health and social care, and childcare is available at: <https://www.healthandcarelearning.wales/>

Whilst the assessment for each unit focuses on the content specific to that unit, candidates may make relevant reference to content from other units. Furthermore, candidates should understand the importance of outcome focused care and support and helping individuals achieve their personal outcomes as a fundamental element which runs throughout the specification content. Additionally:

- in Unit 2, candidates will be able to draw upon knowledge and understanding of demographic trends gained within Unit 1 when completing their NEA investigative task
- in Unit 3, candidates will be able to draw upon knowledge and understanding of social and economic determinants affecting health and well-being, legislation and initiatives gained within Unit 1, to reinforce the knowledge, skills and understanding required to answer questions in Unit 3 assessment by examination
- in Unit 4, candidates will be able to draw upon knowledge and understanding of social and economic determinants affecting children's and young people's health and well-being, areas of development, outcome focused care and support for children and young people, assessment, demographic trends, legislation and initiatives, and care and support settings gained within any of Units 1, 2 and 3 when completing their NEA task
- in Unit 5, candidates will be able to draw upon knowledge and understanding of social and economic determinants affecting health and well-being, legislation and initiatives gained within Units 1 and 2, to reinforce the knowledge, skills and understanding required to answer questions in Unit 5 assessment by examination
- in Unit 6, candidates will be able to draw upon knowledge and understanding of social and economic determinants affecting adult's health and well-being, areas of development, outcome focused care and support for adults, assessment, demographic trends, legislation and initiatives, and care and support settings gained within any of Units 1, 2 and 5, when completing their NEA task.

Thus, candidates following either pathway at A2 will be provided with the opportunity to make connections between, and demonstrate their knowledge and understanding of, elements from across the full course of study.

2.1	Unit 1: AS & A level
	Promoting health and well-being
2.1.1	Definitions and concepts of health and well-being
2.1.2	Understanding perspectives of health, well-being and resilience
2.1.3	Supporting and promoting health, well-being and resilience in Wales

2.2	Unit 2: AS & A level
	Supporting health, well-being and resilience in Wales
2.2.1	Supporting individuals to achieve personal outcomes
2.2.2	Working practices within health and social care, and childcare provision
2.2.3	Local and national provision
2.2.4	Responsibilities and rights of both providers and individuals

2.3	Unit 3: A level childcare pathway
	Theoretical perspectives of children and young people's development
2.3.1	Theories and principles of child development
2.3.2	The importance of play in learning and development
2.3.3	Behaviour of children and young people

2.4	Unit 4: A level childcare pathway
	Supporting the development, health, well-being and resilience of children and young people
2.4.1	Children and young people's needs
2.4.2	Contemporary issues in providing care and support for children and young people
2.4.3	The role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales

2.5	Unit 5: A level adult health and social care pathway
	Theoretical perspectives of adult behaviour
2.5.1	Factors that affect the behaviour of adults
2.5.2	Understanding perspectives affecting adult behaviour
2.5.3	Strategies and approaches that support adults to develop positive behaviour patterns

2.6	Unit 6: A level adult health and social care pathway
	Supporting adults to maintain health, well-being and resilience
2.6.1	Adult care and support needs
2.6.2	Contemporary issues in providing care and support for adults
2.6.3	The role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales

2.1 AS Unit 1

Promoting health and well-being

Written examination: 2 hours

50% of AS qualification

20% of A level qualification

80 marks

Learners should be given the opportunity to develop their knowledge and understanding of the three areas of content set out on pages 12 to 22.

2.1.1	Definitions and concepts of health and well-being
2.1.2	Understanding perspectives of health, well-being and resilience
2.1.3	Supporting and promoting health, well-being and resilience in Wales

2.1.1. Definitions and concepts of health and well-being

In this section learners will gain knowledge and understanding of:

- definitions of health and well-being
- models of health, disability and well-being
- holistic concepts of health and well-being and the factors that contribute to them.

This includes:

- social, biomedical and biopsychosocial models of health, disability and well-being
- how good health and well-being are interdependent on a number of factors.

Content	Amplification
(a) Definitions of health and well-being (AC 1.1)	Learners should know definitions of health and well-being, including: Health <ul style="list-style-type: none"> • positive: the achievement and maintenance of physical fitness and mental stability • negative: the absence of physical illness, disease and mental distress • holistic: a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (<i>World Health Organisation</i>)

Content	Amplification
<p>(a) Definitions of health and well-being (continued)</p>	<p>Well-being</p> <ul style="list-style-type: none"> • as defined by Section 2 of Part 1 of the Social Services and Well-being (Wales) Act 2014 (SSWB(W)). • 'Well-being', in relation to a person, means well-being in relation to any of the following - <ul style="list-style-type: none"> • physical and mental health and emotional well-being • protection from abuse and neglect • education, training and recreation • domestic, family and personal relationships • contribution made to society • securing rights and entitlements • social and economic well-being • suitability of living accommodation. • In relation to a child, 'well-being' also includes - <ul style="list-style-type: none"> • physical, intellectual, emotional, social and behavioural development • "welfare" as that word is interpreted for the purposes of the Children Act 1989. • In relation to an adult, 'well-being' also includes - <ul style="list-style-type: none"> • control over day to day life • participation in work.
<p>(b) Understanding models of health, disability and well-being (AC1.2)</p>	<p>Learners should understand different models of health, disability and well-being, including:</p> <ul style="list-style-type: none"> • social model: suggests that individuals 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 recognises the barriers that make life harder for individuals. • biomedical 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 suffer from a disorder. <p>Learners should understand that the social model is different to medical models as it redefines the problem, whereas with medical models, the problem remains with the individual.</p>

Content	Amplification
<p>(c) Holistic concepts of health and well-being and the factors that contribute to them</p> <p>(AC1.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that holistic concepts of health and well-being: • consider the whole person and how they interact with their environment • emphasise the connection of mind, body and spirit • encourage people to accept responsibility for their own level of well-being • are based on the premise that optimal health is not based upon just the absence of disease, but upon the living balance of the 'whole person' <ul style="list-style-type: none"> • how good health and well-being are interdependent on five factors: <ul style="list-style-type: none"> • physical • mental/intellectual • emotional • social • moral/spiritual.

2.1.2 Understanding perspectives of health, well-being and resilience

In this section learners will gain knowledge and understanding of:

- social and economic determinants and how they contribute to inequalities in health and well-being
- trends, patterns and perspectives of health, well-being and resilience
- legislation and strategies for promoting good health, well-being and resilience.

This includes:

- social and economic determinants that influence health, well-being and resilience throughout the life span
- factors that an individual can or cannot control
- key legislation including the Social Services and Well-being (Wales) Act 2014
- key strategies including Prudent Health Care.

Content	Amplification
<p>(a) Social and economic determinants and how they contribute to inequalities in health and well-being</p> <p>(AC 2.1)</p>	<p>Learners should be able to:</p> <ul style="list-style-type: none"> • demonstrate an understanding of social and economic determinants that together influence health and well-being and resilience throughout the life span, such as: <ul style="list-style-type: none"> • personal characteristics: including sex, age, ethnic group, and hereditary factors • lifestyle factors: including behaviours such as diet, smoking, alcohol use, substance misuse and exercise • personal and family resilience: including dealing with adversity, adverse childhood experiences (ACEs) • social and community networks: including family and wider social circles • living and working conditions: including access and opportunities in relation to jobs, housing, education and care services • socio-economic, cultural and environmental conditions: including factors such as poverty, disposable income, language (bi-lingual, multi-lingual), rurality and availability of work • values, beliefs and attitudes towards health and well-being: including cultural and religious beliefs; positive vs negative attitudes • discrimination: including direct, indirect, by association, by perception and taking positive action to avoid or reduce discrimination • distinguish between the factors that an individual can or cannot control • identify how these social and economic determinants contribute to health inequalities.

Content	Amplification
<p>(b) Trends, patterns and perspectives of health, well-being and resilience</p> <p>(AC 2.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • current trends, patterns and perspectives of health, well-being and resilience, including: <ul style="list-style-type: none"> • alcohol • smoking • cardiovascular disease • healthy eating • physical activity • cancer • mental health and well-being • dementia • obesity, including childhood obesity • teenage pregnancy • communicable diseases and immunisation uptake • maternal and child health • screening uptake • housing/homelessness • pollution • employment/unemployment • workforce • poverty • adverse childhood experiences (ACEs) • safeguarding • children in need/children looked after • youth offending • loneliness and isolation • community cohesion • uptake of care at home services • growth in social enterprises • gaps in social care provision. <p>Information is available at:</p> <ul style="list-style-type: none"> • population estimates and projections http://www.publichealthwalesobservatory.wales.nhs.uk/home • how data is used to monitor trends http://www.publichealthwalesobservatory.wales.nhs.uk/healthanddeterminants • National Survey for Wales https://gov.wales/national-survey-wales-population-health • Social Services https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/ • Director of Social Services reports • local authority/health board data • Measuring the Mountain project • Well-being of Wales report.

Content	Amplification
<p>(c) Legislation and strategies for promoting good health, well-being and resilience</p> <p>(AC 2.3)</p>	<p>Learners should know about key legislation that promotes health, well-being and resilience.</p> <ul style="list-style-type: none"> • The Social Services and Well-being (Wales) Act 2014 (SSWB(W)) focuses on: <ul style="list-style-type: none"> • the well-being of individuals who need care and support and carers who need support • rights and entitlements • empowering individuals to have a new relationship with health and social care, and childcare services • empowering those who deliver health and social care, and childcare services to co-produce solutions with individuals who need care and support and carers who need support. • Well-being of Future Generations (Wales) Act 2015 puts in place seven well-being goals that listed public bodies must work to achieve: <ul style="list-style-type: none"> • a prosperous Wales • a resilient Wales • a healthier Wales • a Wales of cohesive communities • a Wales of vibrant culture and Welsh language • a globally responsible Wales • a more equal Wales. <p>The Act lists five ways of working to achieve these goals:</p> <ul style="list-style-type: none"> • long term • integration • involvement • collaboration • prevention.

Content	Amplification
(c) Legislation and strategies for promoting good health, well-being and resilience (continued)	<p>Learners should know about key strategies that promote health, well-being and resilience:</p> <ul style="list-style-type: none"> • Prudent Health Care principles: <ul style="list-style-type: none"> • achieve health and well-being with the public, patients and professionals as equal partners through co-production • care for those with the greatest health needs first, making the most effective use of all skills and resources • do only what is needed, no more, no less; and do no harm • reduce inappropriate variation using evidence based practices consistently and transparently. • A Healthier Wales: our Plan for Health and Social Care: <ul style="list-style-type: none"> • sets out a long term future vision of a ‘whole system approach to health and social care’ • focused on health and well-being, and on preventing illness. • More than just words: <ul style="list-style-type: none"> • the follow-on strategic framework for Welsh language services in health and social care, and childcare • builds on the original strategy to strengthen Welsh language services in health, social care, and childcare • enables Welsh speakers to receive services in their first language, so they can actively participate in their care.

2.1.3. Supporting and promoting health, well-being and resilience in Wales

In this section learners will gain knowledge and understanding of:

- preventative measures supported by lifestyle choices and local/national strategies
- modifiable risk factors in relation to health, well-being and resilience
- definitions of health promotion
- different approaches in promoting health, well-being and resilience
- government initiatives and campaigns which contribute to improvements in the health, well-being and resilience of the population in Wales
- the context in which people in health promotion roles operate and the benefits and limitations of the roles.

This includes:

- how risks to health and well-being may result in life-limiting diseases
- the importance of evaluation in a health, well-being and resilience promotion activity
- how demography and data inform the need for initiatives and campaigns.

Content	Amplification
<p>(a) Preventative measures supported by lifestyle choices and local/national strategies</p> <p>(AC 3.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • preventative measures, including: <ul style="list-style-type: none"> • personal/parental responsibilities for health and well-being • immunisation • screening programmes • stress management • specialist support • how these preventative measures can be supported by: <ul style="list-style-type: none"> • lifestyle choices • local and national strategies • education • the role of carers • family and community support • early identification of risks and use of preventative and early intervention services, including: <ul style="list-style-type: none"> • befriending services • house adaptations for independent living • shop mobility • telecare systems • appropriate housing • access to public transport • access to broadband • nutrition and hydration • being socially and intellectually engaged.

Content	Amplification
<p>(b) Modifiable risk factors in relation to health, well-being and resilience</p> <p>(AC 3.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • modifiable risk factors in relation to health, well-being and resilience, including: <ul style="list-style-type: none"> • obesity • alcohol and substance misuse • smoking • unsafe sex • infectious diseases • loneliness and social isolation • reduced mobility • potential modifiable risks due to multifactorial inherited disease, including: <ul style="list-style-type: none"> • increased risk of heart disease • high blood pressure • Type 2 diabetes • high cholesterol. <p>Learners need to have an awareness of when risks to health and well-being may result in life-limiting situations, life-limiting diseases and/or death.</p>
<p>(c) Definition of health promotion</p> <p>(AC 3.3)</p>	<p>Learners should be able to define the meaning of health promotion as the process of enabling individuals to increase control over, and to improve, their health*.</p> <p><i>* from the definition provided by the World Health Organisation (WHO) in the Ottawa Charter for Health Promotion (1986)</i></p>

Content	Amplification
<p>(d) Different approaches in promoting health, well-being and resilience</p> <p>(AC 3.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • different approaches that can be used in promoting health, well-being and resilience, their benefits and limitations: <ul style="list-style-type: none"> • person-centred • educational • behavioural • societal • medical • that health, well-being and resilience promotion may be: <ul style="list-style-type: none"> • primary – aimed at reducing risks to the entire population • secondary – aimed at reducing risk factors for those already at risk • tertiary – aimed at reducing the impact of a condition and to improve quality of life • how different methods used to provide information to encourage individuals to improve their health, well-being and resilience, including the use of: <ul style="list-style-type: none"> • mass media, social media • posters, leaflets • promotional events.
<p>(e) Government initiatives and campaigns which contribute to improvements in the health, well-being and resilience of the population in Wales</p> <p>(AC 3.5)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the source of campaigns and initiatives • how campaigns and initiatives are developed by government • how campaigns and initiatives intend to make a difference/improvement to the health, well-being and resilience of people in Wales • what forms campaigns and initiatives can take • how campaigns and initiatives are evaluated and what improvement they bring • how government initiatives and campaigns may contribute to improvements in the health, well-being and resilience of the population of Wales, including: <ul style="list-style-type: none"> • The First 1,000 Days programme • Designed to Smile • Flying Start • Welsh Network of Healthy School Schemes (WNHSS) • Health Challenge Wales • Help Me Quit • Make Every Contact Count (MECC) • Supporting People Programme • Keep Well, Keep Warm, Keep Safe • Talk to me 2 • Beat Flu

Content	Amplification
<p>(e) Government initiatives and campaigns which contribute to improvements in the health, well-being and resilience of the population in Wales (continued)</p>	<ul style="list-style-type: none"> • Thinking Positively: Emotional health and wellbeing in schools and Early Years settings • Social Prescribing and Care Navigation • Prosperity for All: the national strategy • Tackling Poverty Action Plan • Child Poverty Strategy for Wales • Community Networks through Primary Care One Wales
<p>(f) The context in which people in health promotion roles operate and the benefits and limitations of the roles</p> <p>(AC 3.6)</p>	<p>Learners should know:</p> <ul style="list-style-type: none"> • that health and social care, and childcare practitioners have a role in promoting health, well-being and resilience, including: <ul style="list-style-type: none"> • health education and health promotion specialists • GP • nurse • dentist • allied health professionals • midwife • health visitor • paediatrician • child psychotherapist • counsellor • family support worker • community health care worker • social care worker • teacher/classroom assistant/learning support assistant • child/youth worker • the main benefits and limitations of these roles in relation to the promotion of health, well-being and resilience <p><u>Benefits</u></p> <ul style="list-style-type: none"> • expertise/knowledge • captive audience • knowledge of individual <p><u>Limitations</u></p> <ul style="list-style-type: none"> • time constraints • financial constraints • can give advice but cannot force the individual to follow it (individual's resistance to change)

Content	Amplification
<p>(f) The context in which people in health promotion roles operate and the benefits and limitations of the roles (continued)</p>	<ul style="list-style-type: none"> • the context in which they operate, including: <ul style="list-style-type: none"> • political: funding issues, austerity • demographic: ageing population, more chronic illnesses, more people with adverse childhood experiences (ACEs) • environmental: climate change, pollution • societal: substance misuse • settings: primary care, secondary care, tertiary care, early years provision, schools, youth club • the roles of organisations which promote health and well-being, to include: <ul style="list-style-type: none"> • Welsh Government • Public Health Wales (part of NHS Wales) • local authorities • local health boards • national and local third sector and charitable organisations • Flying Start/Integrated Children's Centres.

2.2 AS Unit 2

Supporting health, well-being and resilience in Wales

Non-exam assessment: 30 hours
 50% of AS qualification
 20% of A Level qualification
 80 marks

This non-exam assessment (NEA) is composed of a task set by WJEC, shown in Appendix B. Candidates may carry out their research for the task without direct supervision, prior to writing up their report. Candidates should spend approximately 30 hours in total writing up their NEA report, completing the work under supervised conditions within the centre.

Learners should be given the opportunity to develop their knowledge and understanding of the four areas of content set out on pages 25 to 38.

2.2.1	Supporting individuals to achieve personal outcomes
2.2.2	Working practices within health and social care, and childcare provision
2.2.3	Local and national provision
2.2.4	Responsibilities and rights of both providers and individuals

Unit 2 NEA
Services to support health and well-being in Wales
To follow

2.2.1. Supporting individuals to achieve personal outcomes

In this section learners will gain knowledge and understanding of:

- supporting individuals to identify strengths and achieve personal outcomes for their health and well-being
- supporting individuals to identify and build resilience
- identifying and assessing the needs of individuals throughout their life span
- helping people measure progress against outcomes.

This includes:

- the importance of individuals being able to identify personal outcomes in a way that is meaningful for themselves
- how support is provided for individuals to identify their strengths, build their resilience and measure progress.

Content	Amplification
<p>(a) Supporting individuals to identify strengths and achieve personal outcomes for their health and well-being</p> <p>(AC 4.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that the term 'strength' refers to different elements that help or enable an individual to deal with challenges in life, in general, and in meeting their needs and achieving their desired outcomes. This includes: <ul style="list-style-type: none"> • their personal resources, abilities, skills, knowledge, potential • their social network and its resources, abilities, skills • family and community resources • life experiences and resilience • the importance of individuals being able to identify personal outcomes that are meaningful to themselves • that personal outcomes must be recorded in the person's own words, so that they have ownership of their outcomes • that personal outcomes mean different things to different individuals and that: <ul style="list-style-type: none"> • individuals are best placed to determine what matters to them • individuals will want to achieve outcomes that are personal to them • how support is provided for individuals to identify their strengths and use these to achieve personal outcomes by: <ul style="list-style-type: none"> • assessing and having regard to the person's circumstances • having regard to their personal outcomes • assessing and having regard to any barriers to achieving those outcomes • assessing and having regard to any risks to the person or to other persons if those outcomes are not achieved • assessing and having regard to the person's strengths and capabilities.

Content	Amplification
<p>(b) Supporting individuals to identify and build resilience</p> <p>(AC 4.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the meaning of resilience – an individual's ability to adapt well in the face of adversity, trauma, tragedy and significant sources of stress • factors affecting an individual's resilience, including: <ul style="list-style-type: none"> • age • gender • emotional development • relationships • life experiences (including transitions) • adverse childhood experiences (ACEs) • discrimination • inequality • ways individuals can be supported to identify and build their resilience, including: <ul style="list-style-type: none"> • promoting and supporting independence • recognising choices • promoting self-help skills • recognising and promoting individuals' strengths, skills and abilities • providing opportunities to take part in demanding and challenging activities including positive risk taking • providing contact with a reliable and supportive individual • facilitating contacts with helpful others • teaching coping strategies and skills • helping individuals to review negative experiences for positive outcomes.

Content	Amplification
<p>(c) Identifying and assessing the needs of individuals throughout their life span</p> <p>(AC 4.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that physical, intellectual/cognitive, language, emotional and social needs of individuals differ throughout their life span, including: <ul style="list-style-type: none"> • physical: exercise/play, diet, physical comfort and safety, hygiene, pain relief • intellectual/cognitive: stimulation, engaging in indoor and outdoor activities including play, educational and life-long learning • language: use of preferred language • emotional: privacy, dignity, approval, psychological security, autonomy • social: social contact and support • that individuals are entitled to an assessment of their needs • the purpose of an assessment for care and support is to work with an individual, carer and family, and other relevant individuals to identify their own personal outcomes, and how they can achieve those outcomes • how these needs might be identified and assessed, including: <ul style="list-style-type: none"> • local authority duty of care • how the assessment process starts • that assessment can be undertaken by a single practitioner but may require additional specialist advice or assessments to determine eligibility • individuals should feel that they are an equal partner in their relationship with practitioners • assessments must, as a minimum, record the assessment in line with the national assessment and eligibility tool • an individual's needs assessment may be combined with a needs assessment of their carer.

Content	Amplification
<p>(d) Helping people measure progress against outcomes</p> <p>(AC4.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that personal outcomes need to be recorded in an individual's own words • that progress is measured against these personal outcomes associated with eligible needs in a care and support plan or support plan • ongoing assessment, to measure progress, is an important part of a care and support plan, or support plan • that reflecting on progress towards achieving personal outcomes: <ul style="list-style-type: none"> • helps to decide whether the care and support plan or support plan is effective or whether change is required • provides an individual with an opportunity to reflect on what matters to them and the steps they are taking to achieve their personal outcomes • an individual's progress towards achieving their personal outcomes can be aggregated to provide an understanding of whether their well-being is improving overall • ways individuals can be helped to measure progress against outcomes: <ul style="list-style-type: none"> • progress towards achieving personal outcomes is measured in formal reviews • collaborative conversations between the individual and practitioner • practitioners identifying what matters to the individual, and the appropriate action to address the personal outcome • recording actions with individuals to meet personal outcomes, to help them identify their own solutions • use of a scoring scale to show positive or negative progress for each personal outcome.

2.2.2. Working practices within health and social care, and childcare provision

In this section learners will gain knowledge and understanding of:

- person/child-centred care within outcome focused provision
- principles and core values that underpin health and social care, and childcare
- range of skills and techniques applied by those working in health and social care, and childcare
- recognising high quality health, social care and childcare services
- multi-disciplinary and partnership working as a key feature of health and social care, and childcare.

This includes:

- how person/child-centred care relates to outcome focused provision and current legislation and policy
- that the principles of care and support are based on human rights and current legislation
- that every individual in Wales who uses health and care services, has the right to receive high quality care.

Content	Amplification
<p>(a) Person/child-centred care within outcome focused provision</p> <p>(AC 5.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • what is meant by person/child-centred care and how this relates to outcome focused provision and current legislation and policy, including: <ul style="list-style-type: none"> • Social Services and Well-being (Wales) Act 2014 • Prudent Health Care • Co-production • Active Participation and Patient Activation • Well-being of Future Generations (Wales) Act 2015 • Childcare Offer for Wales • National Minimum Standards for Regulated Childcare for children up to the age of 12 years.
<p>(b) Principles and core values that underpin health and social care, and childcare</p> <p>(AC 5.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that the principles of care and support are based on human rights and current legislation • the way a range of health and social care and childcare providers apply the principles and core values to help ensure: <ul style="list-style-type: none"> • equality, diversity and inclusion • confidentiality • rights of the individual/child • dignity • choice, voice and control • beliefs and identity • duty of care • effective communication • person/child-centred care • identification and avoidance of unacceptable practices • safeguarding • empathy.

Content	Amplification
<p>(c) Range of skills and techniques applied by those working in health and social care, and childcare</p> <p>(AC 5.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the skills and techniques that those working in health and social care and childcare services apply to their working practices • how these may be applied to achieve personal outcomes, including: <ul style="list-style-type: none"> • using appropriate communication methods • creating trust • respecting confidentiality • ensuring dignity, respect and acceptance • using positivity/motivation/encouragement • observation/social perception • applying distraction techniques • modelling appropriate behaviour • working alongside/co-production • treating the individual as an equal partner • setting challenges (positive risk taking) • applying safe working practices, including continuing professional development • adopting solution and outcome focused care.
<p>(d) Recognising high quality health, social care and childcare services</p> <p>(AC 5.4)</p>	<p>Learners should understand that every individual in Wales who uses health and care services, has the right to receive high quality care, and that this is achieved through:</p> <ul style="list-style-type: none"> • the standards that are set in legislation to provide a framework to maintain high quality provision across all services in Wales: <ul style="list-style-type: none"> • Health and Care Standards 2015 (NHS): • National Minimum Standards for Regulated Childcare • Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) • organisations that regulate and inspect the services that are provided: <ul style="list-style-type: none"> • Care Inspectorate Wales (CIW) • Healthcare Inspectorate Wales (HIW) • Her Majesty's Inspectorate for Education and Training in Wales (Estyn) • regulation of people working in health and social care, and childcare, by confirming that they are suitable people to work in the specific professional or job role: <ul style="list-style-type: none"> • codes of practice/conduct, e.g. Nursing and Midwifery Council (NMC), General Medical Council (GMC), Social Care Wales (SCW) • quality assurance methods, complaints procedures, registration • organisational policies • Education Workforce Council (EWC).

Content	Amplification
<p>(e) Multi-disciplinary and partnership working as a key feature of health and social care, and childcare</p> <p>(AC 5.5)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • how professionals from a range of disciplines work with each other, and with the individual, when delivering comprehensive care that addresses as many of the individual's care and support needs as possible. This may involve: <ul style="list-style-type: none"> • multidisciplinary team (MDT) working: a range of professionals working under one organisational umbrella • multi-agency/interdisciplinary working from a range of organisations, brought together as a team • that partnership working involves public services working together to improve health and social care, and childcare • that as an individual's condition and/or circumstances change over time, the composition of the teams may change to reflect the ongoing clinical and psychosocial needs of the individual.

2.2.3 Local and national provision

In this section learners will gain knowledge and understanding of:

- the structure of health and social care, and childcare provision in Wales
- the sustainability of health and social care and childcare provision in Wales
- the wide range of roles that exist, including possible employment opportunities and potential career pathways within Wales.
- how provision in Wales contrasts with provision elsewhere in the UK.

This includes:

- that health and social care, and childcare is provided in different ways
- how individuals access health, social care and childcare services, the barriers to accessing services and how these may be overcome
- the responsibilities of individuals using health and social care, and childcare provision
- the roles, possible employment opportunities and potential career pathways of a range of health, social care and early years practitioners
- similarities and differences that impact on care and support provision in the different countries of the UK.

Content	Amplification
<p>(a) Structure of health and social care, and childcare provision in Wales</p> <p>(AC 6.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that the structure of health and social care, and childcare provision in Wales is complex and changing to meet the demands of the Social Services and Well-being (Wales) Act 2014 and the Public Health (Wales) Act 2017 • that health and social care, and childcare is provided in different ways, including: <ul style="list-style-type: none"> • statutory sector: health and social care, and childcare services that are paid for and provided by the Welsh Government • independent sector: services that are run as a business to make a profit and receive funding from individuals and/or their insurance policies • third sector: services that are provided by non-profit making organisations • unpaid care: including the high level personal care provided by families and young carers (who are entitled to an assessment of their needs) • that although there are distinct providers of care and support who are funded differently, the providers regularly work together in partnership (including commissioned services).

Content	Amplification
(a) Structure of health and social care, and childcare provision in Wales (continued)	<ul style="list-style-type: none"> • how individuals access health, social care and childcare services, including: <ul style="list-style-type: none"> • self-referral • professional referral • third party referral • emergency referral • recall • compulsory referral.
(b) The sustainability of health and social care and childcare provision in Wales (AC 6.2)	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the themes of the Quadruple Aim of '<i>A Healthier Wales: our plan for Health and Social Care</i>' in relation to the sustainability of health and social care, and childcare provision in Wales: <ul style="list-style-type: none"> • improved health and well-being of the population • better quality and more accessible health and care services • higher value health and social care • a motivated and sustainable health and social care workforce • the challenges facing health and social care, and childcare service providers in meeting these aims, including: <ul style="list-style-type: none"> • resourcing problems • funding • new technologies • availability of services to meet demand • impact of childcare offer to meet demand • the impact of demographic trends on health and social care and childcare provision: <ul style="list-style-type: none"> • health and social care and childcare needs • age profile of the population • number of single parents/carers • level of unemployment • disability • level of deprivation.

Content	Amplification
<p>(b) The sustainability of health and social care and childcare provision in Wales (continued)</p>	<ul style="list-style-type: none"> • the barriers to accessing services, including: <ul style="list-style-type: none"> • lack of knowledge • financial constraint • geographical location • physical barrier • psychological barriers • language • communication barriers • cultural barriers • how barriers to access may be overcome, including: <ul style="list-style-type: none"> • internet access • 24 hour telephone access • providing literature in different languages and formats • using translators and interpreters • using advocates • providing access arrangements • aids and adaptations. • the responsibilities of individuals using health and social care, and childcare provision: <ul style="list-style-type: none"> • trying to stay healthy and avoid things that damage health and well-being • caring for minor illness by treating themselves/their children • use of emergency services only in an emergency • understanding of other support services such as NHS direct, 111 or community pharmacies • being on time for appointments • letting the setting know if unable to attend appointment • letting the childcare setting know if their child has an infectious disease • ensuring settings have up-to-date contact information • informing those involved in their/their child's care about changes in circumstances • organ donation • returning equipment no longer needed • treating health and social care and childcare staff, and others with respect • conforming to rules and regulations of the setting.

Content	Amplification
<p>(c) The wide range of roles that exist, including possible employment opportunities and potential career pathways within Wales</p> <p>(AC 6.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the roles, possible employment opportunities and potential career pathways of a range of health, social care and early years practitioners, including: <ul style="list-style-type: none"> Health care: <ul style="list-style-type: none"> • nurse • doctor • psychologist • psychiatrist • dentist • laboratory/science professional • allied health professional Social care: <ul style="list-style-type: none"> • care worker • nursing care provided by registered nurses • personal assistant • social worker • community support and outreach worker • support therapists Childcare: <ul style="list-style-type: none"> • childcare worker/practitioner • childminder • Flying Start worker • Foundation Phase worker • teacher • learning support assistant • residential childcare worker • play therapist, playworker • speech and language therapist • family support officer • contact worker • employment opportunities and career pathways available to practitioners in the different sectors, including: <ul style="list-style-type: none"> • opportunities for promotion or progression • areas of specialism • geographical locations/settings.

Content	Amplification
<p>(d) How provision in Wales contrasts with provision elsewhere in the UK</p> <p>(AC 6.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the similarities and differences that impact on care and support provision in the different countries of the UK including: <ul style="list-style-type: none"> • different legislation and policies in the UK, including Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 in Wales, in comparison with the Care Act (England) 2014 and the Health and Social Care Act 2012 in England • in Wales prescriptions are free of charge; in England some individuals are required to pay for their prescriptions • Wales has a charging policy for personal care, while it is free for all in Scotland • variations in eligibility criteria between countries • diverging approaches to funding social care across the UK as a consequence of devolution.

2.2.4 Responsibilities and rights of both providers and individuals

In this section learners will gain knowledge and understanding of:

- the impact of legislation, national and local policies on provision and the rights of both the providers and individuals
- rights-based approaches within Welsh health, social care and childcare legislation and practice.

This includes:

- how legislation and policies interrelate with each other
- how rights-based approaches are embedded into Welsh legislation.

Content	Amplification
<p>(a) The impact of legislation, and national and local policies on provision and the rights of both the providers and individuals</p> <p>(AC 7.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the impact of legislation and national and local policies on: <ul style="list-style-type: none"> • individuals: rights and protection of individuals, access and barriers to services, consultation, managing individuals' needs, confidentiality and ethical issues • services and practitioners: changes in existing provision, joint funding arrangements, greater accountability, changes in roles and responsibilities, partnership agreements • care practices at national and local level: improving quality, changes in the level and pattern of service provision, targeting funds to meet national or local priorities • the key principles of current legislation and policies designed to: <ul style="list-style-type: none"> • promote the effective delivery of outcome focused care through services • protect the rights of individuals who use the services • the impact of legislation on care and support provision, including: <ul style="list-style-type: none"> • Social Service and Well-being (Wales) Act 2014 • Well-being of Future Generations (Wales) Act 2015 • The Children Act 1989, 2004 • Public Health Wales Act 2017 • General Data Protection Regulation 2018 • United Nations Convention on the Rights of the Child 1989 • Human Rights Act 1998 • The Equality Act 2010 • The Mental Capacity Act 2005 • Additional Learning Needs and Education Tribunal (Wales) Act 2017 • Regulation and Inspection of Social Care (Wales) Act 2016.

Content	Amplification
<p>(a) The impact of legislation, and national and local policies on provision and the rights of both the providers and individuals (continued)</p>	<ul style="list-style-type: none"> • the impact of current policies on care and support provision, including: <ul style="list-style-type: none"> • A Healthier Wales • Prudent Healthcare • Health and Care Standards framework 2015 • New treatment fund • Building a Brighter Future • Healthy Child Wales • Flying Start • Welsh Network of Healthy Schools Schemes • free prescriptions • A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs. • More than just words/Mwy na geiriau • The Active Offer • how legislation and policies interrelate with each other.
<p>(b) Rights-based approaches within Welsh health, social care and childcare legislation and practice (AC 7.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that rights-based approaches within Welsh health, social care and childcare legislation and practice are based on the: <ul style="list-style-type: none"> • Human Rights Act • United Nations Convention on the Rights of the Child (UNCRC) • UN Convention on the Rights of Persons with Disabilities • how these approaches are embedded into Welsh legislation.

2.3 A level Unit 3

Theoretical perspectives of children and young people's development

Written examination: 2 hours 30 minutes
30% of A Level qualification (childcare pathway)
100 marks

The written examination is presented in two sections: section A (40 marks) and Section B (60 marks). Section A questions will relate to a context set by WJEC within pre-released material which will be published on WJEC's secure website for issue to candidates from, but not before, 01 March in the year of assessment.

Learners should be given the opportunity to develop their knowledge and understanding of the three areas of content set out on pages 39 to 46.

2.3.1	Theories and principles of child development
2.3.2	The importance of play in learning and development
2.3.3	Behaviour of children and young people

2.3.1. Theories and principles of child development

In this section learners will gain knowledge and understanding of:

- key areas of development in children and young people: physical, cognitive, language, intellectual, social and emotional
- how theories and principles relate to areas of children's development.

This includes:

- the strengths and limitations of the different theories and approaches
- how these techniques and approaches can be used to support children's development.

Content	Amplification
(a) Key areas of development in children and young people: physical, cognitive, language, intellectual, social and emotional (AC 8.1)	Learners should understand the key areas of development in children and young people (0-18 years): <ul style="list-style-type: none"> • physical, including: <ul style="list-style-type: none"> • the biological aspect • the use and purpose of measurements • normative measures • sensory development • the key milestones of development for gross and fine motor skills, and coordination • puberty • intellectual/cognitive, including: <ul style="list-style-type: none"> • the thinking process • problem-solving and memory • imagination and creativity • reasoning • perception • concentration and attention

Content	Amplification
<p>(a) Key areas of development in children and young people: physical, cognitive, language, intellectual, social and emotional (continued)</p>	<ul style="list-style-type: none"> • language, including: <ul style="list-style-type: none"> • components of language development • stages of communication • difficulties in communication, including language delay, impairments, language differences • emotional and social, including: <ul style="list-style-type: none"> • social interaction • importance of attachment • consequences of separation from primary carers • development of: <ul style="list-style-type: none"> • feelings and awareness of oneself • feelings towards other people • personality • relationships with other people.
<p>(b) How theories and principles relate to areas of children's development (AC 8.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • how the key psychological perspectives and associated theories relate to child development and behaviour: <ul style="list-style-type: none"> • Psychodynamic: Freud, Bowlby (with reference to the historical significance of their work) • Psychosocial: Erikson, Rutter • Humanistic: Rogers, Maslow • Behavioural Theory: Pavlov, Skinner/Watson, • Cognitive: Piaget, Vygotsky, Bruner, Ruth • Social learning: Bandura • Biological: Eysenck, Cattell, Gesell • Emotional Intelligence: Daniel Goleman • the strengths and limitations of the different theories and approaches • how techniques or approaches, arising from the theories, relate to areas of children's development, including: <ul style="list-style-type: none"> • play therapy • child-centred therapy and encounter groups • behaviour therapy, behaviour modification, token economy • verbal and imaginative play with peers and adults • cognitive behavioural therapy • modelling, social skills training and family therapy • physical/biological treatments • Egan's <i>'Skilled Helper'</i> model • how these techniques and approaches can be used to support children's development.

2.3.2. The importance of play in learning and development

In this section learners will gain knowledge and understanding of:

- definitions of play and playwork
- the purpose of play
- stages of play
- types of play.

This includes:

- play is an essential part of every child's life and is vital for the enjoyment of childhood as well as social, emotional, intellectual and physical development
- for most children play is natural and spontaneous although some children may need help and encouragement.

Content	Amplification
<p>(a) Definitions of play and playwork</p> <p>(AC 9.1)</p>	<p>Learners should understand that:</p> <ul style="list-style-type: none"> • Play can be defined as: 'what children and young people do when they follow their own ideas and interests, in their own way, and for their own reasons.' <p>Play means to engage in activity for enjoyment and recreation rather than a serious or practical purpose. It consists of those activities performed for self-amusement that have behavioural, social, and psychomotor rewards, and the rewards come from within the individual child; it is enjoyable and spontaneous</p> <ul style="list-style-type: none"> • Playwork can be defined as the process of creating and maintaining spaces for children to play. It is a skilled profession that enriches and enhances children's play. <p>The theory and practice of playwork recognises that children's play should ideally be 'freely chosen, personally directed and intrinsically motivated' and that children and young people's capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities.</p>

Content	Amplification
<p>(b) The purpose of play (AC 9.2)</p>	<p>Learners should understand that:</p> <ul style="list-style-type: none"> • play is an essential part of every child’s life and is vital for the enjoyment of childhood as well as social, emotional, intellectual and physical development • children have a right to play • play allows children to use their creativity while developing their imagination, dexterity, physical, cognitive, and emotional strength. Through play children engage and interact in the world around them • regular active play helps babies, children and young people to develop a lifelong habit of daily exercise and life skills such as: <ul style="list-style-type: none"> • communication and social skills • an understanding of social rules • friendships • a sense of 'give and take' • patience and perseverance • an understanding of others • teamwork and a sense of belonging • play underpins all areas of learning in the Foundation Phase Framework. Play also underpins learning and all development. Through play, children develop: <ul style="list-style-type: none"> • language skills • emotions • creativity • social skills • intellectual skills • for most children play is natural and spontaneous although some children may need help and encouragement, such as: <ul style="list-style-type: none"> • play therapy • play-based learning strategies • purposeful play.

Content	Amplification
(c) Stages of play (AC 9.3)	<p>Learners should be able to describe the six main stages of play:</p> <ul style="list-style-type: none"> • unoccupied • solitary • spectator/onlooker • parallel • associative • cooperative.
(d) Types of play (AC 9.4)	<p>Learners should know:</p> <ul style="list-style-type: none"> • the different types of play: <ul style="list-style-type: none"> • creative play • physical play • imaginative/pretend play or role play • environmental play • playing in a structured environment • unstructured play • self-directed play • child directed play (free play) • child directed play with adult support (scaffolding: guided play) • adult facilitated play • adult directed play (games) • adult controlled play (direct instructions) • how the different types of play support the key areas of development.

2.3.3. Behaviour of children and young people

In this section learners will gain knowledge and understanding of:

- factors that affect the behaviour of children and young people
- strategies and approaches that support children and young people to develop positive behaviour patterns.

This includes:

- sociological, psychological and biological factors
- how parents and those working in childcare can promote positive behaviour patterns in children and young people.

Content	Amplification
<p>(a) Factors that affect the behaviour of children and young people</p> <p>(AC 10.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the different factors that affect the behaviour of children and young people • that these factors also impact on development <ul style="list-style-type: none"> • sociological: <ul style="list-style-type: none"> • family: parenting styles, relationships, divorce, adoption, fostering • lifestyle: diet, exercise • environmental: housing, neighbourhood location, opportunities for play/resources • cultural: ethnicity, education, travel, cultural experiences, custom and tradition, attitudes, values and beliefs • friends: socialisation, isolation, stereotyping, peer pressure • socio-economic: poverty/affluence • discrimination • influence of society and the media • role models • psychological: self-esteem, self-concept, mind-set, child mental health, separation, poor attachment <ul style="list-style-type: none"> • adverse childhood experiences (ACEs), including <ul style="list-style-type: none"> • grief and loss, e.g. divorce, bereavement • violence and bullying, including domestic violence • life experiences: moving home, birth of a sibling, bereavement, being a refugee • sadness/depression • transitions: moving school, moving classes or groups • biological: <ul style="list-style-type: none"> • gender, transgender • genetic disorders • inherited disorders • learning disabilities • disabilities/ill-health/disease, injury.

Content	Amplification
<p>(b) Strategies and approaches that support children and young people to develop positive behaviour patterns</p> <p>(AC 10.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • how parents and those working in childcare can promote positive behaviour patterns in children and young people: <ul style="list-style-type: none"> • modelling • setting boundaries • consistency • reinforcement • creating an environment for good behaviour • create a behaviour policy which: <ul style="list-style-type: none"> • justifies expectations • includes children's input • expresses rules positively • include rules about group behaviours • promoting resilience strategies • what is meant by behaviour that challenges • strategies and interventions to deal with behaviours that challenge in children and young people • that there are three aspects to promoting positive behaviour: <ol style="list-style-type: none"> 1. A learning environment that is positive and supportive: <ul style="list-style-type: none"> • uses positive behaviour management techniques and rules • follows routines • sets expectations, limits and boundaries • promotes choice, responsibility and independence. 2. Strategies for building skills and strengthening positive behaviours: <ul style="list-style-type: none"> • reward charts/cards • positive reinforcement: praise the good and ignore the negative. • Antecedents, Behaviours and Consequences charts (ABC charts).

Content	Amplification
(b) Strategies and approaches that support children and young people to develop positive behaviour patterns (continued)	3. Strategies for decreasing undesired behaviours: <ul style="list-style-type: none"> • quiet time • restorative practices • use of interventions, including: <ul style="list-style-type: none"> • diversion, distraction • Social and Emotional Aspects of Learning (SEAL) • Social Use of Language Programme (SULP) • Thrive: developing resilience and confident children • discussions with key person • managing the environment • being consistent • key person • staying calm • creating behaviour or routine cards • continuing observations and tuning in to what the child is really trying to say through their challenging behaviour • counselling for older children and young people.

2.4 A level Unit 4

Supporting the development, health, well-being and resilience of children and young people

Non-exam assessment: 40 hours
30% of A Level qualification (childcare pathway)
100 marks

This non-exam assessment (NEA) is composed of a task set by WJEC, shown in Appendix B. Candidates may carry out their research for the task without direct supervision, prior to producing their resource and evaluation. Candidates should spend approximately 40 hours in total producing their resource and writing up their evaluation, completing the work under supervised conditions within the centre.

Learners should be given the opportunity to develop their knowledge and understanding of the three areas of content set out on pages 48 to 56.

2.4.1	Children and young people's needs
2.4.2	Contemporary issues in providing care and support for children and young people
2.4.3	The role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales

Unit 4 NEA
The assessment will require each learner to produce an information resource for someone planning a future career in the childcare sector.
To follow

2.4.1. Children and young people's needs

In this section learners will gain knowledge and understanding of:

- the importance of meeting children's and young people's physical, cognitive, language, intellectual, emotional and social needs at all the development stages
- types of transition, experiences and life changes which may affect the resilience and development of children and young people
- understanding and responding to complex health and care needs of children and young people
- the types and purpose of assessment in providing appropriate and timely support for children and young people.

This includes:

- the importance of meeting each of these needs through child-centred care and the possible effects if these needs are not met
- barriers which may be experienced by children and young people needing to access care and support services to meet specific needs.

Content	Amplification
<p>(a) The importance of meeting children and young people's physical, cognitive, language, intellectual, emotional and social needs at all the development stages</p> <p>(AC 11.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • children and young people's needs at all development stages, to include: <ul style="list-style-type: none"> • physical: shelter, food and clothing, medical care, protection from harm • intellectual/cognitive: stimulation, education • language: speech and communication • emotional: love, security, consistency, stability • social: opportunity for interaction with others, social skills • the importance of meeting each of these needs through child-centred care and the possible effects if these needs are not met • barriers which may be experienced by children and young people needing to access care and support services to meet specific needs: <ul style="list-style-type: none"> • eligibility criteria • distance/geographical location – mobility issues, availability of transport, cost • how access to services varies depending on geographical location (postcode lottery) • lack of information • socio-economic status • language.

Content	Amplification
<p>(b) Types of transition, experiences and life changes which may affect the resilience and development of children and young people</p> <p>(AC 11.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the types of transition, experiences and life changes which may affect the resilience and development of children and young people, including: <ul style="list-style-type: none"> • educational: moving school, moving classes or groups • personal: birth of a sibling, bereavement, refugees, immigration, moving to a new house, going on holiday, extra-curricular activities/hobbies, achievements, adverse childhood experiences (ACEs) • the impact of transition, experiences and life changes which may affect the resilience and development of children and young people, including: <ul style="list-style-type: none"> • positive: <ul style="list-style-type: none"> • be able to adapt to different situations • be able to rely on own inner resources • be able to fulfil own potential • be able to cope with stress • develop a positive self-concept – self efficacy • develop a more realistic and accurate view of the world • be able to progress on from failure • negative: <ul style="list-style-type: none"> • negative self-concept • stress/anxiety and inability to cope • sadness/depression • relationship breakdown • marginalisation and social exclusion/social isolation • labelling and stereotyping • addiction • self-harming • bullying • how these may impact on care and support provision.

Content	Amplification
<p>(c) Understanding and responding to complex health and care needs of children and young people</p> <p>(AC 11.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • why some children and young people may have complex care needs which may be physical, cognitive, emotional sensory or additional needs, including: <ul style="list-style-type: none"> • genetic disorders such as Down’s syndrome, cystic fibrosis, haemophilia • conditions caused in utero or birth • infectious diseases • chronic/life limiting illnesses • mental ill health • additional learning needs (ALN) • others such as stroke, sensory impairment • impact of divorce • social deprivation • vulnerability • homelessness • impact of death of a parent • child in need, fostering and adoption • refugee/migration, including language and culture needs • young carers • child of parent with drug or alcohol dependence • adverse childhood experiences (ACEs) • how complex care and support needs are understood and responded to within different settings to achieve personal outcomes: <ul style="list-style-type: none"> • allocation of key workers • differentiation • additional resources • use of Individual Education Plans (IEPs), (Additional Learning Needs (ALN) plans, Individual Behaviour Plans (IBPs) • use of aids and adaptations: <ul style="list-style-type: none"> • physical aids: equipment to assist with mobility/transport, personal care • assistive technology: computer hardware and software • sensory rooms • conductive education and other specialist development programmes.

Content	Amplification
<p>(d) The types and purpose of assessment in providing appropriate and timely support for children and young people</p> <p>(AC11.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the types of assessment that may be carried out to identify the support needs of children and young people: <ul style="list-style-type: none"> • using conversation as assessment • childhood screening programme • Foundation Phase profile • observations • the purpose of assessment in providing appropriate and timely support for children and young people, to build resilience, to meet basic and specific needs, including health, social, emotional and cultural • the five elements of assessment: the Social Services and Well-being (Wales) Act 2014 and its associated regulations introduce assessment and eligibility criteria based on a comprehensive analysis of five inter-related elements to ensure that a local authority considers the person's circumstances in the round. • that where it appears to a local authority that a child may need care and support in addition to, or instead of, the care and support provided by the child's family, the local authority must: <ul style="list-style-type: none"> • assess whether the child does need care and support of that kind, and if the child does, what those needs are • assess the development needs of the child • identify outcomes that the child, and person(s) with parental responsibility, wishes to achieve and the extent it considers appropriate, while having regard to the child's age and understanding • assess whether the provision of care and support, preventative services, information, advice or assistance (or other matters) could contribute to the achievement of those outcomes • the principles underpinning the approach to assessing children and their families, so that assessments: <ul style="list-style-type: none"> • are child centred • are rooted in child development • are holistic in their approach • ensure equality of opportunity • involve working with children and families • build on strengths and identify difficulties • are inter-agency in their approach to assessment and the provision of services • are a continuing process, not a single event • are carried out in parallel with other action and the provision of services • are grounded in evidence • how early intervention can delay the use of managed care services

Content	Amplification
<p>(d) The types and purpose of assessment in providing appropriate and timely support for children and young people (continued)</p>	<ul style="list-style-type: none"> • the overall purpose of continuing care and support plans, and personal plans in providing timely support for children and young people. The children and young people's continuing care process should: <ul style="list-style-type: none"> • adhere to a set of core values, promoting children's and young people's rights, with consistent key principles and timeline • make the child or young person and their parents and carers the focus of the continuing care process • facilitate the provision of personalised packages of care • be developed and owned locally by a multi-agency team • cross organisational and inter-agency boundaries, thus reducing the possibility of multiple or repeated assessment or fragmented care • include measurement of outcomes and promote continuous quality improvement • recognise language as a care need. • that a care package is a result of care and support plans and personal plans, and: <ul style="list-style-type: none"> • is a combination of services put together to meet a child or young person's assessed needs as part of the care plan arising from an assessment or a review • defines exactly what that child or young person needs in the way of care, services or equipment to live their life in a dignified and comfortable manner and achieve well-being • some of the services included in a care package, such as: <ul style="list-style-type: none"> • help with daily living activities • disability equipment and adaptations to the home • daily assistance with personal care • day centres/day care • respite care • admittance to a care home.

2.4.2. Contemporary issues in providing care and support for children and young people

In this section learners will gain knowledge and understanding of:

- an appreciation of social policy issues that affect childcare
- the changing nature of society and the impact on childcare
- the changing nature of childcare provision and the implications for the workforce.

This includes:

- the national design principles to drive change as identified in 'A Healthier Wales: our Plan for Health and Social Care
- implications of the changes in childcare on the roles of professionals involved.

Content	Amplification
<p>(a) An appreciation of social policy issues that affect childcare</p> <p>(AC 12.1)</p>	<p>Learners should appreciate that the Well-being of Future Generations (Wales) Act 2015 is the overarching legislation which aims to improve social, cultural, environmental and economic well-being.</p> <p>Learners should have an appreciation of social policy issues that affect childcare in Wales, including:</p> <ul style="list-style-type: none"> • the need for personalised care and support: <ul style="list-style-type: none"> • tailored to needs • in the language of choice • safeguarding • provision of welsh language • early years provision • affordability and sustainability • equalities and social justice • the national design principles to drive change as identified in 'A Healthier Wales: our Plan for Health and Social Care' <ul style="list-style-type: none"> • prevention and early intervention • safety • independence • voice • personalised • seamless • higher value • evidence driven • scalable • transformative.
<p>(b) The changing nature of society and the impact on childcare</p> <p>(AC 12.2)</p>	<p>Learners should understand how the nature of society is changing and the impact of this on childcare in Wales, including:</p> <ul style="list-style-type: none"> • living standards: affordable housing, social housing, food poverty/ foodbanks • maternal age • family structure • pollution • employment/unemployment - working patterns • multiculturalism.

Content	Amplification
<p>(c) The changing nature of childcare provision and the implications for the workforce</p> <p>(AC 12.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the current changes in childcare provision in Wales, for example: <ul style="list-style-type: none"> • increasing Flying Start provision • 30 hours free childcare • Welsh language strategy – bilingualism • staffing changes – more males • the implications of the changes on the roles of professionals involved including: <ul style="list-style-type: none"> • wider career opportunities • development of skills • team/collaborative working • enhanced job roles • increased responsibilities.

2.4.3. The role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales

In this section learners will gain knowledge and understanding of the role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales.

This includes:

- the importance of safeguarding children and young people
- the responsibilities and accountabilities of individuals providing care for children and young people
- the aims of legislation and government initiatives to improve care and support for children and young people.

Content	Amplification
<p>(a) The role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales</p> <p>(AC 12.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the importance of safeguarding children and young people and why it may be necessary in relation to protecting them from harm, abuse (physical, emotional or psychological, sexual, financial and neglect) • safeguarding: is about protecting children and young people from abuse or neglect and educating those around them to recognise the signs and dangers. This includes: <ul style="list-style-type: none"> • Prevention (raising awareness and knowledge, understanding abuse and neglect) • Identification (knowing what to do if you see it) • Reporting and Investigation, • Protection • Recording • Legislation (under the Social Services and Well-being (Wales) Act 2014) • Best outcomes for individual • the responsibilities and accountabilities of individuals providing care for children and young people: <ul style="list-style-type: none"> • an obligation to promote the safety and welfare of children and young people • recognising signs that a child has suffered or is at risk of harm • referring concerns to Social Services or the Police • the responsibilities of organisations providing care for children and young people: <ul style="list-style-type: none"> • following government guidelines and legislation • using appropriate vetting procedures when recruiting new employees • provide training to recognise the signs of abuse • reporting concerns • confidentiality and reporting/breaching confidentiality requirements • advocacy, e.g. SNAP Cymru.

Content	Amplification
<p>(a) The role of current legislation and government initiatives to safeguard and improve the care and support for children and young people in Wales (continued)</p>	<ul style="list-style-type: none"> • the aims of legislation and government initiatives to improve care and support for children and young people to achieve personal outcomes through outcome focused care, including: <ul style="list-style-type: none"> • Social Services and Well-being (Wales) Act 2014 • The Children Act 2004 • All Wales Child Protection Policy and Procedures 2008 • Healthy Child Wales Programme • Working together to safeguard people (Vol 1 and Vol 5) Handling Individual Cases to Protect Children at Risk • Joint Assessment Framework for Families (JAFF) • Building a Brighter Future: Early Years and Childcare Plan • Special Educational Needs and Disability (SEND) • Flying Start • Early Years 10 year strategy • Measuring well-being • Five to Thrive • Play Policy • Children's Commissioner for Wales • Disclosure and Barring Service (DBS).

2.5 A level Unit 5

Theoretical perspectives of adult behaviour

Written examination: 2 hours 30 minutes
30% of A Level qualification (adult health and social care pathway)
100 marks

The written examination is presented in two sections: section A (40 marks) and Section B (60 marks). Section A questions will relate to a context set by WJEC within pre-released material which will be published on WJEC's secure website for issue to candidates from, but not before, 01 March in the year of assessment.

Learners should be given the opportunity to develop their knowledge and understanding of the three areas of content set out on pages 57 to 63.

2.5.1	Factors that affect the behaviour of adults
2.5.2	Understanding perspectives affecting adult behaviour
2.5.3	Strategies and approaches that support adults to develop positive behaviour patterns

2.5.1. Factors that affect the behaviour of adults

In this section learners will gain knowledge and understanding of

- factors that affect the behaviour of adults
- the importance and effects of resilience in dealing with care settings and situations.

This includes:

- the key areas of development in adults that may impact on behaviour
- factors affecting adult behaviour
- the positive and negative impact of these factors on the resilience of adults.

Content	Amplification
(a) Factors that affect the behaviour of adults (AC 13.1)	Learners should understand the key areas of development in adults that may impact on behaviour: <ul style="list-style-type: none"> • physical including: <ul style="list-style-type: none"> • in early adulthood (ages 20-40), physical abilities are at their peak • the ageing process also begins during early adulthood and is characterised by changes in skin, vision, and reproductive capability • ageing speeds up during middle adulthood (ages 40-65) and is characterized by decline in vision, hearing, and immune-system functioning, as well as menopause • other age-related changes – incontinence, chronic conditions such as the effects of stroke, cardiovascular disease, dementia, osteoarthritis

Content	Amplification
(a) Factors that affect the behaviour of adults (continued)	<ul style="list-style-type: none"> • intellectual/cognitive, including: <ul style="list-style-type: none"> • early and middle adulthood – peak of intellectual ability • latter part of middle adulthood and later adulthood – memory becomes less efficient though cognitive skills may be maintained into late adulthood • social and emotional, including: <ul style="list-style-type: none"> • new social roles • life transitions – moving home, marriage • forming new attachments and relationships • role changes – children leaving home • loss of relationships and opportunities to develop new ones diminish <p>Learners should be able to:</p> <ul style="list-style-type: none"> • identify, explain and give examples of the different factors that affect the behaviour of adults: <ul style="list-style-type: none"> • sociological, including: <ul style="list-style-type: none"> • family: relationships, separation, divorce • environmental: neighbourhood location, housing • lifestyle: diet, exercise • cultural: ethnicity; education; travel; cultural experiences; custom and tradition, attitudes, values and beliefs • friends: socialisation, isolation, stereotyping, peer pressure • socio-economic: poverty/affluence • discrimination • influence of society and the media • role models • psychological: self-esteem, self-concept, mind-set, including: <ul style="list-style-type: none"> • adverse childhood experiences (ACEs) • life experiences: moving home, bereavement, being a refugee • grief and loss, divorce, bereavement • sadness/depression • transitions: getting married, becoming a parent • violence and bullying including domestic violence • biological: <ul style="list-style-type: none"> • gender, transgender • genetic disorders • inherited disorders • learning disabilities • disabilities/ill-health/disease, injury.

Content	Amplification
<p>(b) The importance and effects of resilience in dealing with care settings and situations</p> <p>(AC 13.2)</p>	<p>Learners should understand the importance and effects of resilience of adults when dealing with care settings and situations.</p> <p>Positive:</p> <ul style="list-style-type: none"> • become adaptable to the situations an individual may find themselves in • being able to rely on an individual's own inner resources • be able to fulfil an individual's own potential • become resistant to stress • develop a positive self-concept • develop a more realistic and accurate view of the world • progress on from failure <p>Negative:</p> <ul style="list-style-type: none"> • negative self-concept • stress and inability to cope • depression • relationship breakdown • marginalisation and social exclusion/social isolation. • labelling and stereotyping • addiction • self-harming • bullying.

2.5.2. Understanding perspectives affecting adult behaviour

In this section learners will gain knowledge and understanding of:

- key theories associated with understanding and management of specific behaviours
- key approaches in practice which relate to adult development and behaviour.

This includes:

- key psychological perspectives and associated theories, their strengths and weaknesses and how they are applied to specific behaviours
- how these approaches can be used to help manage behaviour in certain conditions or situations.

Content	Amplification
<p>(a) The key theories associated with understanding and management of specific behaviours (AC 14.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • how the key psychological perspectives and associated theories relate to human development and behaviour: <ul style="list-style-type: none"> • Psychodynamic: Freud, Bowlby (with reference to the historical significance of their work) • Psychosocial: Erikson, Rutter • Humanistic: Rogers, Maslow • Behavioural Theory: Pavlov, Skinner/Watson • Cognitive: Piaget, Vygotsky, Bruner, Ruth • Social learning: Bandura • Biological: Eysenck, Cattell, Gesell • Emotional intelligence: Daniel Goleman • the strengths and limitations of the different theories and approaches.

Content	Amplification
<p>(b) Key approaches in practice which relate to adult development and behaviour (AC 14.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the techniques or approaches, arising from the theories, can help to manage behaviours, including: <ul style="list-style-type: none"> • person-centred therapy • behaviour modification therapy e.g. time-management • cognitive behaviour therapy (CBT) • Beck's cognitive restructuring • Egan's 'Skilled Helper' model • drug therapies e.g. anti-depressants, tranquilisers (benzodiazepines) • electro-convulsive therapy (ECT) • relaxation and meditation • psychoanalysis • routines • individual stresses – reactions to change • intervention approaches • talking therapies • self-help groups • mindfulness • yoga • mattering • the Butterfly scheme • how these techniques and approaches can be used to manage behaviours in certain conditions or situations, including: <ul style="list-style-type: none"> • CBT/Drug therapy/ECT when supporting individuals with depression • self-help groups, routines, mindfulness, yoga, relaxation and meditation when supporting individuals with stress and/or anxiety • mattering and the Butterfly scheme when supporting individuals with dementia.

2.5.3 Strategies and approaches that support adults to develop positive behaviour patterns

In this section learners will gain knowledge and understanding of strategies and approaches that support adults to develop positive behaviour patterns.

This includes:

- approaches to support positive behaviour are based on the principles of person-centred care
- what is meant by behaviour that challenges
- strategies that can be used to support positive behaviour.

Content	Amplification
<p>(a) Strategies and approaches that support adults to develop positive behaviour patterns</p> <p>(AC 13.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • that positive and proactive (or preventative) approaches are based upon the principles of person-centred care: <ul style="list-style-type: none"> • getting to know an individual • respecting and valuing their histories and backgrounds and understanding: <ul style="list-style-type: none"> • their likes and dislikes • their skills and abilities • their preferred communication style and support structures • understanding the impact of their environment upon them, and • using this to identify ways to support individuals consistently in every aspect of the care that they receive • developing and monitoring plans which outline an individual's needs, desired well-being outcomes and the ways that they will be supported to achieve these • that developing good relationships is fundamental, and positive and proactive approaches should be used at all times • that positive approaches involve working with the individual and their support systems to: <ul style="list-style-type: none"> • try to understand what someone is feeling and why they are responding in the way they are, where possible • undertake any required changes and intervene at an early stage to try to prevent difficult situations • understand what needs to be planned and put into place to support the individual to manage distressed and angry feelings in a way that reduces the need for behaviour that challenges and any restrictions • what is meant by behaviour that challenges.

Content	Amplification
(a) Strategies and approaches that support adults to develop positive behaviour patterns (continued)	Learners should know a range of strategies and approaches that may be used to support positive behaviours: <ul style="list-style-type: none">• Positive Behaviour Support Plans• Active Support• Restorative Approach• Person-centred care, including the Butterfly scheme for those with dementia• Traffic light system.

DRAFT

2.6 A level Unit 6

Supporting adults to maintain health, well-being and resilience

Non-exam assessment: 40 hours

30% of A Level qualification (adult health and social care pathway)

100 marks

This non-exam assessment (NEA) is composed of a task set by WJEC, shown in Appendix B. Candidates may carry out their research for the task without direct supervision, prior to producing their resource and evaluation. Candidates should spend approximately 40 hours in total producing their resource and writing up their evaluation, completing the work under supervised conditions within the centre.

Learners should be given the opportunity to develop their knowledge and understanding of the three areas of content set out on pages 65 to 72.

2.6.1	Adult care and support needs
2.6.2	Contemporary issues in providing care and support for adults
2.6.3	The role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales

Unit 6 NEA
The assessment will require each learner to produce an information resource for someone planning a future career in the adult health and social care sector
To follow

2.6.1. Adult care and support needs

In this section learners will gain knowledge and understanding of:

- the importance of providing outcome focused care and support which meets an individual's needs in line with the vision of the Social Services and Well-being (Wales) Act 2014
- barriers which may be experienced by individuals needing to access care and support services to meet specific needs
- transitions, life experiences and changes which may affect the care and support needs of adults, including end of life care and complex care needs
- the types and purpose of assessment in providing appropriate and timely support for individuals.

This includes:

- the principles of the Social Services and Well-being (Wales) Act 2014
- complex care needs which may be physical, cognitive, sensory, additional needs
- the five elements of assessment.

Content	Amplification
<p>(a) The importance of providing outcome focused care and support which meets an individual's needs in line with the vision of the Social Services and Well-being (Wales) Act 2014</p> <p>(AC 15.1)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the principles of the Social Services and Well-being (Wales) Act 2014 • that outcome focused care means: <ul style="list-style-type: none"> • putting the individual at the centre • identifying what is important in their life • ensuring that everyone is working together, including the individual, building on their strengths • the individual should be, and feel to be, an equal partner in the process • individuals' needs, to include: <ul style="list-style-type: none"> • physical: exercise, diet, medical care, protection from harm, physical comfort • intellectual/cognitive: stimulation, engaging in activities • language: communication • emotional: privacy, dignity, psychological security, autonomy • social: social contact and social support • the importance of meeting each of these needs through outcome focused care and the possible effects if these needs are not met.

Content	Amplification
<p>(b) Barriers which may be experienced by individuals needing to access care and support services to meet specific needs</p> <p>(AC 15.2)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • barriers which may be experienced by individuals needing to access care and support services to meet specific needs: <ul style="list-style-type: none"> • eligibility criteria • distance/geographical location – mobility issues, availability of transport, cost • how access to services varies depending on geographical location (postcode lottery) • lack of information • socio-economic status • language.
<p>(c) Transitions, life experiences and changes which may affect the care and support needs of adults, including end of life care and complex care needs</p> <p>(AC 15.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the transitions and major life changes which may affect the care and support needs of adults: <ul style="list-style-type: none"> • traumatic loss and gradual loss, such as: death of a loved one, loss of self/dementia, loss of hearing, loss of sight, loss of independence • leaving/moving home • sadness/grief/bereavement • menopause • ageing • acute and chronic health conditions • being a refugee • working/returning to work • independent living • retirement • becoming a parent/grandparent • meeting partners • developing friendships • growth of understanding and wisdom • why some adults may have complex care needs which may be physical, cognitive, emotional, sensory or additional needs, including: <ul style="list-style-type: none"> • genetic disorders such as Down's syndrome, cystic fibrosis, haemophilia • infectious diseases • accidents • chronic or terminal illness • additional learning needs (ALN) • divorce • social deprivation • vulnerability • homelessness • refugee/migration, including language and culture needs • drug or alcohol dependence • adverse childhood experiences (ACEs)

Content	Amplification
<p>(c) Transitions, life experiences and changes which may affect the care and support needs of adults, including end of life care and complex care needs (continued)</p>	<ul style="list-style-type: none"> • that aids and adaptations provide care and support for adults with complex or additional needs, to overcome barriers and assist with daily living activities to improve health and well-being and achieve personal outcomes: <ul style="list-style-type: none"> • physical aids: equipment to assist with mobility/transport, personal care • assistive technology - computer software and hardware • that end of life care/palliative care usually includes a holistic approach. People are supported to live as well as possible for as long as possible through physical care (e.g. pain reduction, minimising other symptoms and ensuring comfort), psychological care for the individual and their family, social, economic and spiritual support.
<p>(d) The types and purpose of assessment in providing appropriate and timely support for individuals (AC 15.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the types of assessment that may be carried out to identify the support needs of individuals: <ul style="list-style-type: none"> • face to face • online or phone assessment • supported self-assessment • joint assessment • combined assessment • the five elements of assessment: the Social Services and Well-being (Wales) Act 2014 and its associated regulations introduce assessment and eligibility criteria based on a comprehensive analysis of five inter-related elements to ensure that a local authority considers the person's circumstances in the round. This requires a local authority to: <ul style="list-style-type: none"> • assess and have regard to the person's circumstances • have regard to their personal outcomes • assess and have regard to any barriers to achieving those outcomes • assess and have regard to any risks to the person or to other persons if those outcomes are not achieved, and • assess and have regard to the person's strengths and capabilities • how early intervention can delay the use of managed care services • the overall purpose of care and support plans and personal plans in providing timely support for the individual: <ul style="list-style-type: none"> • to ensure that the individual receives the same quality and standard of care regardless of the carer • to ensure that the care given is recorded to support the individual to manage the situation

Content	Amplification
<p>(d) The types and purpose of assessment in providing appropriate and timely support for individuals (continued)</p>	<ul style="list-style-type: none"> • that care and support plans and personal plans are specific to an individual, and the individual is at the centre of decision making that affects their life and is an equal partner in the development of a care and support plan • that care and support should help an individual to: <ul style="list-style-type: none"> • live independently • have as much control over their life as possible • participate in society on an equal level with access to employment and a family life • have the best possible quality of life • keep as much dignity and respect as possible. • the information that a care and support plan and/or personal plan is likely to contain. • that a care package is a result of care and support plans and personal plans and: <ul style="list-style-type: none"> • is a combination of services put together to meet an individual's assessed needs • defines exactly what that individual needs in the way of care, services or equipment • the services included in a care package: <ul style="list-style-type: none"> • help with daily living activities • disability equipment and adaptations to the home • daily assistance with personal care and cooking • day centres/day care • respite care • admittance to a residential care or nursing home.

2.6.2. Contemporary issues in providing care and support for adults

In this section learners will gain knowledge and understanding of:

- an appreciation of social policy issues that affect adult health and social care
- the changing nature of society and the impact on adult health and social care
- the changing nature of health and social care provision and the implications for the workforce.

This includes:

- key service delivery areas in Wales including health and social care services for adults.
- the ageing population and family structures
- prevention, early intervention, collaboration, co-production in providing care and support for adults
- the person-centred approach to care.

Content	Amplification
<p>(a) An appreciation of social policy issues that affect adult health and social care</p> <p>(AC 16.1)</p>	<p>Learners should have an appreciation of social policy issues that affect adult health and social care provision in Wales, including:</p> <ul style="list-style-type: none"> • the need for personalised care and support: <ul style="list-style-type: none"> • tailored to needs • in the language of choice • safeguarding • provision of welsh language • affordability and sustainability • equalities and social justice • the national design principles to drive change as identified in 'A Healthier Wales: our Plan for Health and Social Care' <ul style="list-style-type: none"> • prevention and early intervention • safety • independence • voice • personalised • seamless • higher value • evidence driven • scalable • transformative.
<p>(b) The changing nature of society and the impact on adult health and social care</p> <p>(AC 16.2)</p>	<p>Learners should be able to explain how the nature of society is changing and how this impacts on adult health and social care in Wales, including:</p> <ul style="list-style-type: none"> • the ageing population • living standards, affordable housing, social housing, food poverty/food banks • family structures • pollution • employment/unemployment - working patterns • multiculturalism.

Content	Amplification
<p>(c) The changing nature of health and social care provision and the implications for the workforce</p> <p>(AC 16.3)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the current changes in adult health and social care provision in Wales, including: <ul style="list-style-type: none"> • SSWB(W) Act (2014) – Well-being duty (Section 5 of the Act), • prevention, early intervention, collaboration, co-production • the person-centred approach to care • meeting the language needs of individuals – More than Just Words and the Active Offer • the implications of the changes on the roles of professionals involved including: <ul style="list-style-type: none"> • focus on empowering individuals and the public to make shared decision about their health (MECC) • wider career opportunities • development of skills • team/collaborative working • enhanced job roles • increased responsibilities • changes to registration processes/license to practice.

2.6.3. The role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales

In this section learners will gain knowledge and understanding of the role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales.

This includes:

- the importance of safeguarding adults
- the responsibilities of individuals providing care for adults
- the aims of legislation and government initiatives to improve care and support for adults.

Content	Amplification
<p>(a) The role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales.</p> <p>(AC 16.4)</p>	<p>Learners should understand:</p> <ul style="list-style-type: none"> • the importance of safeguarding adults and why it may be necessary in relation to protecting them from abuse or neglect and why some adults may be more vulnerable than others • safeguarding: is about protecting adults from abuse or neglect and educating those around them to recognise the signs and dangers. This includes: <ul style="list-style-type: none"> • Prevention (raising awareness and knowledge, understanding abuse and neglect) • Identification (knowing what to do if you see it), • Reporting and Investigation, • Protection • Recording • Legislation (under the Social Services and Well-being (Wales) Act 2014) • Best outcomes for individual • the responsibilities and accountabilities of individuals providing care for adults: <ul style="list-style-type: none"> • an obligation to promote the safety and welfare of adults • recognising signs that an adult has suffered or is at risk of harm • referring concerns to Social Services or the Police • the responsibilities of organisations providing care for adults: <ul style="list-style-type: none"> • following government guidelines and legislation • using appropriate vetting procedures when recruiting new employees • provide training to recognise the signs of abuse • reporting concerns • confidentiality and reporting/breaching confidentiality requirements • advocacy e.g. Advocacy Support Cymru (ASC).

Content	Amplification
<p>(a) The role of current legislation and government initiatives to safeguard and improve the care and support for vulnerable adults in Wales. (continued)</p>	<ul style="list-style-type: none"> • the aims of legislation and government initiatives to improve care provision and support and safeguard adults, including: <ul style="list-style-type: none"> • Social Services and Well-being (Wales) Act 2014 • Well-being of Future Generations (Wales) Act 2015 • Public Health Wales Act 2017 • Care Standards Act 2000-2017 • Current initiatives, e.g. Prudent Healthcare • Disclosure and Barring Service (DBS) • Special Educational Needs and Disability (SEND) • Older People’s Commissioner for Wales • National Service Framework for Older People in Wales • Measuring well-being – Social Services National Outcomes Framework.

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3 ASSESSMENT

3.1 Assessment objectives and weightings

Below are the assessment objectives for this specification. Learners must:

AO1

At AS: Demonstrate knowledge and understanding of Health and Social Care, and Childcare.

At A2: Demonstrate knowledge and understanding of either Adult Health and Social Care **or** Childcare.

AO2

At AS: Apply knowledge and understanding of Health and Social Care, and Childcare.

At A2: Apply knowledge and understanding of either Adult Health and Social Care **or** Childcare.

AO3

Analyse and evaluate aspects of care to demonstrate understanding, make reasoned judgements and draw conclusions.

The table below shows the weighting of each assessment objective for each unit and for the AS and A level qualifications as a whole.

AS

	AO1	AO2	AO3	Total
Unit 1	20%	10%	20%	50%
Unit 2	15%	20%	15%	50%
Overall weighting	35%	30%	35%	100%

A level

	AO1	AO2	AO3	Total
Unit 1	8%	4%	8%	20%
Unit 2	6%	8%	6%	20%
Unit 3 / Unit 5	12%	6%	12%	30%
Unit 4 / Unit 6	9%	12%	9%	30%
Overall weighting	35%	30%	35%	100%

Quality of written communication will be assessed in:

- a specified question in each of the written examinations which requires extended writing
- the '*analyse and evaluate*' section in Unit 2 and the '*assessment of the changing nature of society...*' section in Unit 4 and Unit 6.

Quality of written communication takes into account the candidate's use of specialist language. It also takes into account the candidate's spelling, punctuation and grammar.

3.2 Arrangements for non-examination assessment

Unit 2, Unit 4 and Unit 6 are non-exam assessments (NEA). Details on arrangements for NEA are provided by the Joint Council for Qualifications (JCQ). Please refer to the JCQ website, www.jcq.org.uk for further information.

Tasks

The tasks for assessment within Unit 2, Unit 4 and Unit 6 are presented in Appendix B of this specification. They will remain the same for the lifetime of this specification, to allow scope for learners to focus on an area of particular interest or a target group of particular relevance to them.

Preparation for NEA

NEA tasks may be completed and assessed at any suitable time during the course. However, centres need to ensure they have delivered the content needed for candidates to be able to access marks allocated to all aspects of the NEA. Candidates must have been given the opportunity to acquire skills and techniques and centres should guide them towards appropriate research areas and establish sound investigative skills, in preparation for the assessments.

Before the course starts, the teacher is responsible for informing candidates of WJEC's regulations concerning malpractice. Candidates must not take part in any unfair practice in the preparation of work for GCE Health and Social Care, and Childcare.

Candidates must understand that information from published sources must be referenced. They should be given guidance on setting out references and be aware that they must not plagiarise other material. They should know 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.

It is important that NEA activity is monitored by centres to ensure that candidates' work is their own. All candidates are required to sign that the 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.

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

Time available for NEA

Learners should spend approximately 30 hours on their NEA task for Unit 2 and approximately 40 hours on their NEA task for Unit 4 or Unit 6. These times refer to work completed under direct supervision in the classroom.

Investigation work for Unit 2, Unit 4 and Unit 6 may be undertaken outside the supervised time, and should not be logged as counting towards the times noted above. All work other than investigation must be completed under direct supervision and does count towards the times noted above.

The NEA tasks do not have a required or recommended length in words or pages.

Supervision and Monitoring of NEA

- During the write-up period candidates' work should remain within the centre at all times, and be stored securely between timetabled sessions to mitigate the risks of malpractice taking place.
- Candidates **do not** need to be directly supervised at all times.
- During their NEA, the use of resources, including the internet, is not tightly prescribed and candidates may have access to such resources. However, the centre **must** ensure that:
 - there is sufficient supervision of every candidate to enable work to be authenticated
 - the work that an individual candidate submits for assessment is their own.
- Research work may be completed outside of the centre without direct supervision, provided that the centre is confident that the work produced is the candidate's own. Outside of the centre, candidates may:
 - have unlimited access to electronic and printed resources
 - use the internet without restriction.
- Teachers may provide guidance and support to candidates to ensure that they have a clear understanding of the requirements of the NEA tasks, the assessment and the associated marking criteria.
- Teachers may advise candidates on the suitability of the context chosen for their Unit 2 investigative task or Unit 4/Unit 6 task, with regard to the opportunity for the resulting work to address all relevant assessment requirements.
- 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 GCE Health and Social Care, and Childcare NEA includes:
 - ensuring that candidates understand the requirements of the investigative task (Unit 2) or task (Unit 4/Unit 6), in terms of investigation/research/evaluative activities, the required outcome (a report for Unit 2, an information resource for Unit 4/Unit 6) and the time available
 - ensuring that candidates' routes through the NEA have 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 use of ICT hardware and software available to candidates undertaking NEA activities.

- Within the context of 'general advice' teachers are **not allowed** to:
 - give a candidate detailed advice and take the lead through the NEA process
 - specify the context for the NEA activity, 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 NEA activities.
- Candidates are allowed access to resources which may include information gathered outside of school/college, for example as part of their investigation or research activities.
- During the time candidates are working on their NEA, teachers must monitor progress sufficiently to be able to authenticate the work as the candidate's own (see also the information on authentication below).
- Once the task is finished and the final assessment made, no further amendments may be made.

The time spent working on each NEA task should be recorded by the teacher as a log and this may be requested by WJEC in addition to the work submitted for moderation. The log should be monitored by the centre to ensure that candidates spend approximately 30 hours and 40 hours on their relevant NEA tasks for Unit 2 and Unit 4 or Unit 6.

Authentication

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 is handed in
- ensuring work is not returned to the candidate to make changes.

References

References to sources of information used in NEA tasks must be acknowledged. This can be through an appended bibliography using a conventional in-text referencing system, or through footnotes.

Evidence to be submitted

Centres must assure WJEC that the evidence submitted is the work of the candidates concerned. Other than investigation activities, all work must be undertaken under direct supervision.

The teacher responsible for the supervision of the candidate's work must complete a declaration that she/he is satisfied that the evidence submitted is that of the candidate concerned.

Unit 2

An investigative task on service provision which includes appropriate evidence of a report produced by the candidate, a mark sheet completed by the assessor, signed declarations of authentication (by the teacher and the candidate) submitted to the moderator.

Unit 4 (childcare pathway only)

A task on meeting the care needs of children and young people which includes appropriate evidence of an information resource produced by the candidate, a mark sheet completed by the assessor, signed declarations of authentication (by the teacher and the candidate) submitted to the moderator.

Unit 6 (adult health and social care pathway only)

A task on meeting the care needs of adults which includes appropriate evidence of an information resource produced by the candidate, a mark sheet completed by the assessor, signed declarations of authentication (by the teacher and the candidate) submitted to the moderator.

NEA coversheets must be completed for all candidates, not just those selected for moderation. The forms can be downloaded from <https://www.healthandcarelearning.wales/>

Security of candidates' work

Candidates' work **must** be kept securely between timetabled NEA sessions, and 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.

Assessment criteria for Unit 2, Unit 4 and Unit 6

The assessment criteria for Unit 2, Unit 4 and Unit 6 are summarised in the tables below and shown in detail in Appendix A.

Unit 2: AS

Assessment Criteria	Assessment objective(s)	Marks
To follow		

Unit 4: A level (childcare pathway)

Assessment Criteria	Assessment objective(s)	Marks
To follow		

Unit 6: A level (adult health and social care pathway)

Assessment Criteria	Assessment objective(s)	Marks
To follow		

Marking

Unit 2, Unit 4 and Unit 6 are internally assessed using the mark schemes in Appendix A and externally moderated by WJEC.

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.

Assessment grids and teacher annotations

When assessing the written evidence for each assessment teachers should study the NEA mark grids and bands in Appendix A, 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 marking grid, 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.

Submission of marks and administration

Centres need to submit marks for NEA work online by a specified date in May of the year when the work is to be submitted for moderation. When the marks have been submitted to WJEC, the system will identify the sample of candidates whose work is selected for moderation.

- only the evidence from the candidates selected for the sample should be sent to the moderator
- all other candidates' work must be retained at the centre
- the coversheet must be signed by both the candidate and the teacher

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

Further details on the submission of samples will be made available at <https://www.healthandcarelearning.wales/>

Centre feedback

Centres will receive detailed feedback from the moderation process in the form of an electronic report.

4 TECHNICAL INFORMATION

4.1 Making entries

This is a unitised specification which allows for an element of staged assessment.

Assessment opportunities will be available in the summer assessment period each year, until the end of the life of the specification.

Unit 1 and Unit 2 will be available in 2021 (and each year thereafter) and the AS qualification will be awarded for the first time in summer 2021.

Unit 3 and Unit 4 (childcare pathway); and Unit 5 and Unit 6 (adult health and social care pathway) will be available in 2022 (and each year thereafter) and the A level qualification will be awarded for the first time in summer 2022.

Assessment opportunities will be available in May/June each year, until the end of the life of this specification.

A qualification may be taken more than once. However, if any unit has been attempted twice and a candidate wishes to enter the unit for the third time, then the candidate will have to re-enter all units and the appropriate cash-in(s). This is referred to as a 'fresh start'. When retaking a qualification (fresh start), a candidate may have up to two attempts at each unit. However, no results from units taken prior to the fresh start can be used in aggregating the new grade(s).

Marks for NEA units may be carried forward for the life of the specification.

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

The entry codes appear below.

	Title	Entry codes	
		English-medium	Welsh-medium
Unit 1	Promoting health and well-being	2570U1	2570N1
Unit 2	Supporting health, well-being and resilience in Wales	2570U2	2570N2
Unit 3	Theoretical perspectives of children and young people's development	1570U3	1570N3
Unit 4	Supporting the development, health, well-being and resilience of children and young people	1570U4	1570N4
Unit 5	Theoretical perspectives of adult behaviour	1570U5	1570N5
Unit 6	Supporting adults to maintain health, well-being and resilience	1570U6	1570N6
AS Health and Social Care, and Childcare cash-in		2570QS	2570CS
A level Health and Social Care, and Childcare cash-in		1570QS	1570CS

The current edition of our *Entry Procedures and Coding Information* gives up-to-date entry procedures.

There is no restriction on entry for this specification with any other WJEC AS or A level specification.

4.2 Grading, awarding and reporting

The overall grades for the GCE AS qualification will be recorded as a grade on a scale A to E. The overall grades for the GCE A level qualification will be recorded as a grade on a scale A* to E. Results not attaining the minimum standard for the award will be reported as U (unclassified). 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 in unitised specifications 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 unit was taken. Individual unit results and the overall subject award will be expressed as a uniform mark on a scale common to all GCE qualifications. An AS GCE has a total of 200 uniform marks and an A level GCE has a total of 500 uniform marks. The maximum uniform mark for any unit depends on that unit's weighting in the specification.

Uniform marks correspond to unit grades as follows:

Unit Weightings	Maximum unit uniform mark	Unit grade				
		a	b	c	d	e
Unit 1 (20%)	100	80	70	60	50	40
Unit 2 (20%)	100	80	70	60	50	40
Unit 3/Unit 5 (30%)	150	120	105	90	75	60
Unit 4/Unit 6 (30%)	150	120	105	90	75	60

The uniform marks obtained for each unit are added up and the subject grade is based on this total.

	Maximum uniform marks	Qualification grade				
		A	B	C	D	E
GCE AS	200	160	140	120	100	80
GCE A level	500	400	350	300	250	200

At A level, Grade A* will be awarded to candidates who have achieved a Grade A (400 uniform marks) in the overall A level qualification and at least 90% of the total uniform marks for the A2 units (270 uniform marks).

Appendix A and Appendix B – to follow