

# WJEC Level 3 Applied Certificate in HEALTH & SOCIAL CARE

REGULATED BY OFQUAL

## SPECIFICATION

Teaching from 2017  
For award from 2019



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# 1. INTRODUCTION

## 1.1. Qualification title and code

This specification covers the following qualification:

WJEC Level 3 Applied Certificate in Health and Social Care

The Ofqual Qualification Number (listed on [The Register](#)) is: 603/0856/4.

## 1.2. About WJEC Applied Certificates and Diplomas

WJEC Applied Certificates and Diplomas are Level 3 qualifications that can be taught as standalone qualifications or alongside GCE AS and A Levels and other Level 3 qualifications as part of a programme of study.

They are designed to offer exciting and interesting experiences that focus learning for 16-19 year-old learners through applied learning i.e. the acquisition of knowledge and understanding in purposeful contexts linked to a sector or subject area.

Applied Certificates and Diplomas are characterised by:

- clearly structured content and straightforward assessment criteria
- opportunities for flexible teaching approaches
- regular teacher training courses
- high quality resources including teacher guides and digital resources
- questions and tasks designed to enable candidates to demonstrate what they know, understand and can do
- accessibility of materials
- direct access to subject specialists

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Available in the following subject areas and sizes, Applied Certificates and Diplomas support learners progressing to University:

	Certificate (180 GLH)	Diploma (360 GLH)	Extended Diploma (720 GLH)
Business (new for 2017)	✓	✓	
Criminology	✓	✓	
Environmental Science		✓	✓
Food Science and Nutrition	✓	✓	
Health and Social Care (England) (new for 2017)	✓	✓	
Medical Science	✓	✓	
Professional Construction Practice (new for 2017)		✓	
Statistical Problem Solving Using Software	✓		
Tourism (new for 2017)	✓	✓	

## 1.3. About the Qualification

The WJEC Level 3 Applied Health and Social Care qualifications for England are designed to provide learners with underpinning knowledge, understanding and skills of the health and social care sectors, providing a broad basis for further or higher education or for moving into employment within the sectors.

The new qualifications are built on a firm foundation of knowledge and understanding of practitioner roles and values, set within contemporary sector-specific contexts. The qualifications include a breadth and depth of learning, including the underpinning of core values within the sectors, in addition to the relationships between contemporary policies and service provision and the impact of financial challenges on service provision in the UK.

Although there are no formal entry requirements, the qualifications support progression from Level 2, particularly the new Level 1/2 Vocational Awards in Health and Social Care and Child Development and GCSEs in Sociology and related subjects. The qualifications are designed to be delivered over two years and are likely to be studied in schools or colleges alongside GCE A Levels and other qualifications.

## 1.4. Skills development

The Applied Certificate in Health and Social Care enables learners to gain essential employability skills that are valued by employers, further and higher education including:

- literacy and numeracy
- digital literacy
- critical thinking and problem solving
- planning and organisation
- creativity and innovation
- personal effectiveness

In Wales, these skills are formally assessed as part of the Skills Challenge Certificate (Welsh Baccalaureate).

## 1.5. Structure

### Certificate Structure

The Applied Certificate in Health and Social Care is made up of two units.

Unit	Title	Assessment	M/O	GLH	%
1	(Contemporary) Issues in Health and Social Care	External (examination)	M	90	50%
2*	Core Values and Services	Internal	M	90	50%
Key: M = Mandatory Unit, O = Optional Unit * Synoptic					

## 1.6. Guided Learning Hours (GLH) and Total Qualification Time (TQT)

Each unit in the Applied Certificate in Health and Social Care has been allocated a number of Guided Learning Hours (GLH). This is the number of guided learning hours that WJEC expects the centre to provide to support learners to achieve a unit. Guided learning means activities such as classroom-based learning, tutorials and online learning, which is directly supervised by a teacher, tutor or invigilator. It also includes all forms of assessment which take place under the immediate guidance or supervision of a teacher, supervisor or invigilator.

The total number of GLH assigned to the Applied Certificate in Health and Social Care is 180 hours.

In addition to the GLH, WJEC also specifies a total number of hours that it is expected learners will be required to undertake in order to complete the qualification: this is referred to as the Total Qualification Time (TQT). Activities which contribute to the TQT include independent and unsupervised research, unsupervised coursework, unsupervised e-learning and e-assessment and all guided learning.

The total number of TQT assigned to the Applied Certificate in Health and Social Care is 270 hours.

## 2. UNITS

### 2.1. Unit format

#### **Unit title**

The unit title summarises in a concise manner the content of the unit.

#### **Guided Learning Lours (GLH)**

Guided Learning Hours represents only those hours in which a tutor is present and contributing to the learning process. In some organisations this is known as 'contact time'. This time includes lectures, supervised practical periods and supervised study time.

#### **Aim**

The aim provides a brief and clear summary of the unit. It also indicates the applied purpose for the unit.

#### **Unit overview**

The overview gives a summary of the unit content. It sets the vocational context of the unit and highlights the purpose of the learning in the unit.

#### **Skills development**

This section outlines the specific essential employability skills that will be developed through the unit.

#### **Assessment criteria**

The assessment criteria specify the standard a learner is expected to meet to demonstrate that the learning outcomes of that unit have been achieved.

#### **Unit content**

The content defines the breadth and depth of learning for an assessment criterion. It is expected that all the indicative content will be delivered during the programme of learning. It is not required to assess every aspect of the content when assessing the unit. Learners will be expected to apply the knowledge, understanding and skills acquired through the learning to the specifics of the assessment context.

In some learning outcomes unit content is given as an example (e.g.). This is used to exemplify the content only and learners can use any examples that they are taught in their summative assessments.

For some assessment criteria, no content is specified. Centres can determine the content to be learned based on local circumstances.



### **Performance bands**

These are used to determine the summative unit grade. Performance bands do **not** add additional requirements to the assessment criteria. Performance bands are used to determine the grade for a unit.

### **Assessment**

Applied Certificates are assessed through controlled internal assessment or external assessment. This section of the unit summarises assessment requirements.

### **Guidance for delivery**

This gives the tutor some ideas on how to deliver the units in a vocational setting consistent with the philosophy of the qualification and intent of the unit. A minimum of three sample contexts are provided for each unit. The guidance also gives ideas of vocational settings for the unit and suggests possible contacts that could be made in the delivery of the learning.

### **Resources**

This identifies useful resources to help in the delivery of the learning. Many of the resources listed are suitable for using with learners.

## 2.2. Unit 1

<b>Unit title</b>	(Contemporary) Issues in Health and Social Care
<b>GLH</b>	90

### Aim

- To understand current, contemporary issues in health and social care.

### Overview

This unit gives learners a foundation in the current context of health and social care in the UK. This unit is externally assessed.

Firstly, learners gain an understanding of the inequalities that exist in society and have the opportunity to contextualise these within health and social care settings. Learners then examine the demographic changes in society, using demographic data and explore possible explanations for patterns that are observed.

Building on their learning, learners then discuss current issues in relation to health and social care, around, for example, legislation and mental health, linked to different social groups. Learners also have the opportunity to contextualise current issues and debates to their own locality by investigating contemporary issues in health and social care.

This unit is then brought together with statistical evidence of health in the UK, analysing patterns of health, illness, disease and disability in the UK, suggesting possible explanations for any patterns and trends observed in the data and the impact of this data on service provision.

This unit will enable learners to:

- understand the characteristics that promote inequality and how individuals experience inequality
- use demographic and statistical data to understand current issues in health and social care.

### **Skills Development**

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

Examples of such opportunities are noted below.

**Digital literacy and numeracy:** in examining demographic data produced by various agencies (available online) in addition to the analysis of the patterns of health, illness, disease and disability.

**Critical thinking and problem solving:** in suggesting possible explanations for any patterns and trends observed in the data and the impact on service provision.

**Creativity and innovation:** in considering demographic data and the contextualisation of current issues and debates.

**Personal planning and effectiveness:** in their preparing for assessment.

**Learning outcomes, assessment criteria and taught content**

<b>Learning outcome</b>	<b>Assessment criteria</b>	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
.			
<b>LO1</b> Understand the inequalities in society that exist in health and social care	<b>AC 1.1</b> The characteristics that result in inequality	Including: <ul style="list-style-type: none"> <li>• social class</li> <li>• sexual orientation</li> <li>• sex and gender</li> <li>• disability</li> <li>• age</li> <li>• ethnicity</li> </ul>	Learners will need to understand that often these characteristics are inter-linked; two or more may work together and result in inequality.
	<b>AC 1.2</b> Ways in which individuals experience inequality	Including: <ul style="list-style-type: none"> <li>• stereotyping</li> <li>• prejudices</li> <li>• labelling</li> <li>• discrimination</li> <li>• marginalisation</li> </ul>	Health and social care examples should be learned to illustrate the definitions.

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Learning outcome	Assessment criteria	Taught content <i>Learners must be taught the following content:</i>	Exemplification (in addition, see Guidance for Teachers)
.	.		
<b>LO2</b> Understand demographic changes in society	<b>AC 2.1</b> Demographic data in contemporary society	Demographic data in relation to: <ul style="list-style-type: none"> <li>• families</li> <li>• employment and unemployment</li> <li>• economic factors</li> <li>• migration</li> <li>• births and deaths</li> <li>• education</li> <li>• changing role of women and men</li> <li>• informal care</li> <li>• ageing population</li> </ul>	Learners will need to study patterns and trends of demographic data in contemporary society. Specific reference should be made to the changing roles of mothers and fathers in the family and at work.
	<b>AC 2.2</b> Reasons for changes in demographic data	Including: <ul style="list-style-type: none"> <li>• technological changes</li> <li>• population changes</li> <li>• cultural factors</li> <li>• economic factors</li> <li>• media influences</li> <li>• political factors</li> </ul>	Learners should be aware of: <p>Cultural factors including ideology, religion and ethnicity.</p> <p>Political factors including pressure groups and global change.</p> <p>Learners should understand how the impact of media influences has changed with the increased prevalence of digital social media.</p>

Learning outcome	Assessment criteria	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
.	.		
	<b>AC 2.3</b> The uses of demographic data	Including: <ul style="list-style-type: none"> <li>• assessing the potential needs of the population</li> <li>• planning and targeting services</li> </ul>	Learners should understand how government and service providers use data to help plan service provision and personnel; for example for: <ul style="list-style-type: none"> <li>• benefits, including pensions</li> <li>• schools, early years, higher education</li> <li>• care homes</li> <li>• hospitals</li> </ul>

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Learning outcome 3	Assessment criteria	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
<b>LO3</b> Discuss current issues in health and social care	<b>AC 3.1</b> Current issues in health and social care	Including issues around: <ul style="list-style-type: none"> <li>• legislation</li> <li>• mental health</li> <li>• long term conditions between different social groups</li> <li>• the role of informal care and carers</li> <li>• funding</li> </ul>	Learners should know about legislation to including: <ul style="list-style-type: none"> <li>• Equality Act (2010)</li> <li>• Care Act (2014).</li> </ul> Centres should focus on the contemporary nature of each of the issues and consider any changes each year as they arise. Learners should be aware of: <p>Mental health, including suicide rates between different social groups.</p> <p>Long-term conditions, including high blood pressure, stroke, dementia and arthritis. Social groups include socio-economic groups, sex, ethnicity and age.</p> <p>The role of informal care including the work of grandparents in early years provision, young carers and adult children looking after elderly parents.</p> <p>Social care funding including cuts to social care provision, reliance on lottery funding and paying for care home fees.</p> Learners should spend time considering their own local area and specific issues that are relevant in their area.

Learning outcome 3	Assessment criteria	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
	<b>AC 3.</b> Statistical evidence of health in the UK	Statistical evidence of patterns of health, illness, disease and disability in the UK including: <ul style="list-style-type: none"> <li>• analysis of that statistical evidence</li> <li>• the possible explanation(s) for any patterns and trends identified in the data</li> <li>• how the patterns of health and the demography of an area influence service provision</li> </ul>	Learners should be aware of: Patterns and trends in statistical data including increases, decreases, similarities, differences, relative significance of any patterns, in relation to: <ul style="list-style-type: none"> <li>• families</li> <li>• employment and unemployment</li> <li>• economic factors</li> <li>• migration</li> <li>• births and deaths</li> <li>• education</li> <li>• changing roles of women and men</li> <li>• informal care</li> <li>• ageing population</li> </ul> The dynamics of a local population in relation to, for example, how age, ethnicity, sex and socio-economic group may affect service provision.



### **Assessment summary**

This unit is externally assessed.

### **Guidance for delivery**

#### ***Making teaching vocationally relevant***

It is important that learners recognise that the knowledge, understanding and skills they develop are vocationally relevant. There are a number of ways that this can be achieved:

- Arranging visits to day care centres, for example, those that work with older individuals or adults/children with learning disabilities to discuss with employees their perspectives on current issues in relation to health and social care.
- Arranging talks by visiting speakers, for example, a university lecturer responsible for teaching legislation in health and social care, or a local employer from one of the sectors.
- Carrying out a research project set by an employer, such as a charity providing support for families who are informal carers.

The following are examples of approaches to delivery which could be used to enhance learning and the understanding of the vocational importance of this unit.

#### **Example 1**

Learners could work in groups to carry out a research project on behalf of a charity, seeking to explore how the charity could offer support to children who are young carers. Using primary research, learners could investigate examples of where and how support could be offered to young carers. Learners could present their findings to representatives of the charity.

#### **Example 2**

Learners could research characteristics that result in inequality. This could include research into the current issues within contemporary society, as well as supervised primary research into the level of inequality in society. Learners could present their ideas to peers or local authority representatives.

#### **Example 3**

Learners could carry out a research project into how social care funding impacts on their immediate community. They could research the level of support provided to different groups such as young parents, single parent families, unemployed individuals in rented accommodation or older individuals living in their own homes. Learners could present their ideas to peers or local authority representatives.

### ***Making contacts***

Examples of organisations that may be approached to provide help include:

- charities that support individuals
- government departments that set policy or provide information
- statistical departments
- health and social care departments

### **Resources**

#### ***Websites***

- Department for Health: [www.dh.gov.uk](http://www.dh.gov.uk)
- ONS: <https://www.ons.gov.uk/>
- NHS: <http://www.nhs.uk>
- Equality Trust: <https://www.equalitytrust.org.uk/about-inequality>
- BBC: <http://www.bbc.co.uk/education/guides/zspttfr/revision>
- PWC: <http://www.pwc.com/gx/en/industries/healthcare/emerging-trends-pwc-healthcare/changing-demographics-healthcare-reform.html>
- Kings Fund: <https://www.kingsfund.org.uk>
- Nuffield Trust: <http://www.nuffieldtrust.org.uk/our-work/nhs-reform?gclid=COvk4s7GydACFccp0wod0PwNqQ>
- NSPCC: <https://www.nspcc.org.uk/>
- Legislation: <http://www.legislation.gov.uk>
- NICE: <https://www.nice.org.uk/>

Additional guidance can be found in the document *Guidance for Teaching* which accompanies this qualification.

## 2.3. Unit 2

<b>Unit title</b>	Core Values and Services
<b>GLH</b>	90

### Aim

- To explain how services and practitioners meet individual needs.

### Overview

This mandatory synoptic unit builds on the learning, knowledge and understanding gained in Unit 1, it is internally assessed.

Learners have to understand the core values of care that underpin care provision, by using examples from the sectors, making links to the experience of inequality from unit 1. Learners can also make specific reference to the national nursing strategy for England, looking at the 6Cs of nursing.

Building on this, learners then have the opportunity to explain how services and practitioners meet individual needs throughout the life stages, understanding approaches to care and assessment planning.

Legislation plays an intrinsic part in underpinning the work of the sectors, learners now need to understand key policies and legislation and how individuals working in the sectors are protected by law. Linking explicitly to legislation in unit 1, and the impact of inequalities that exist in society and how these impact on policies and legislation that underpin the work of the sectors.

Learners now have the opportunity to contextualise their own learning to their own locality, understanding the relationship between issues and trends with national policy, and legislation, and the local provision of services in relation to issues and trends that they have identified, Links can also be made here to the impact of statistical evidence on service provision, as discussed in unit 1.

This unit will enable learners to:  
 understand the principles of care, legislation and key policies underpinning the work of the sectors  
 describe care planning and care assessment  
 identify contemporary issues and trends in relation to service provision both nationally and locally

## Skills Development

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

Examples of such opportunities are noted below.

**Digital literacy and numeracy:** through individual online research into the key concepts of the unit.

**Critical thinking and problem solving:** in considering of key policies and legislation, and how they work practically within the sectors.

**Planning and organisation:** in considering how the services and practitioners meet individual needs through each of the life stages, including approaches to care assessment planning.

**Creativity and innovation:** in examining the relationship between issues and trends in relation to national policy and legislation and service provision.

**Personal planning and effectiveness:** in their preparing for assessment.

**Learning outcomes, assessment criteria and taught content**

<b>Learning outcome</b>	<b>Assessment criteria</b>	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
<p><b>LO1</b> Understand the principles that underpin care provision</p>	<p><b>AC 1.1</b> The principles that underpin care provision in the sector</p>	<p>The principles of care, contextualised to the range of health, social care and early years settings:</p> <ol style="list-style-type: none"> <li>1. Promoting anti-discriminatory practice</li> <li>2. Maintaining confidentiality of information</li> <li>3. Promoting and supporting individuals' right to dignity, independence, health and safety</li> <li>4. Acknowledging individuals' personal beliefs and identity</li> <li>5. Protecting individuals from abuse</li> <li>6. Promoting effective communication and relationships</li> <li>7. Providing individual care</li> </ol>	<p>Learners should understand each aspect of the principles of care and be able to provide examples of how service practitioners promote these principles in the typical working day.</p> <p>Include examples of the principles of care being applied to a range of health, social care and early years settings.</p> <p>They should understand that the principles are embedded within the professional codes of practice that service workers abide by.</p> <p>The impact of principles of care not being upheld should be considered, including the resulting impact on the service user.</p> <p><b>Synoptic Link</b></p> <p>Unit 1 - Links should be made in order to illustrate the principles of care in relation to the ways in which individuals experience inequality (AC1.2)</p>

	<p><b>AC 1.2</b> The 6Cs of nursing and their relevance to all services</p>	<p>The values of care set out in the national nursing strategy for England:</p> <ol style="list-style-type: none"> <li>1. Care</li> <li>2. Compassion</li> <li>3. Competence</li> <li>4. Communication</li> <li>5. Courage</li> <li>6. Commitment</li> </ol>	<p>Learners should look at ways in which all NHS staff, not just nursing, could promote the 6Cs.</p> <p>Learners should investigate initiatives at local/regional service providers which are linked with one or more aspects of the 6Cs.</p>
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Learning outcome	Assessment criteria	Taught content <i>Learners must be taught the following content:</i>	Exemplification (in addition, see Guidance for Teachers)
<p><b>LO2</b> Explain how services and practitioners meet individual needs throughout the life stages</p>	<p><b>AC 2.1</b> Approaches to care planning</p>	<p>Including:</p> <ul style="list-style-type: none"> <li>• preventative</li> <li>• holistic</li> <li>• behavioural</li> <li>• empowerment</li> </ul>	<p>Learners should have an understanding of each approach and the role of the patient as an active participant and understand that the creation of an effective care plan may involve more than one approach.</p> <p>Look at examples such as preventative care pathways for dental care.</p>
	<p><b>AC 2.2</b> .Care assessment planning</p>	<p>The stages of the care planning cycle:</p> <ul style="list-style-type: none"> <li>• Referral</li> <li>• Assessment</li> <li>• Care planning</li> <li>• Implementation</li> <li>• Monitoring</li> <li>• Review/evaluation</li> </ul> <p>How to challenge a care plan</p>	<p>Learners should know the eligibility criteria that exist for different individuals, for example the NHS continuing healthcare programme, the National Assessment and Eligibility Tool (Wales), the Common Assessment Framework (CAF).</p> <p>They should consider the role of ‘direct payments’.</p> <p>They should know how care plans are stored and presented.</p> <p>They should understand the role of the multi-disciplinary team.</p> <p>They should consider ‘care quality standards’ and how these are used to inform care.</p> <p>They should know about NICE and NHS guidelines on care pathways and care plans.</p>

Learning outcome	Assessment criteria	Taught content <i>Learners must be taught the following content:</i>	Exemplification (in addition, see Guidance for Teachers)
<p><b>LO3</b> Understand the role of legislation and policies</p>	<p><b>AC 3.1</b> Key policies and legislation that underpin the work of the sectors</p>	<p>Contemporary legislation relating to:</p> <ul style="list-style-type: none"> <li>• how individuals care and support needs should be met</li> <li>• the organisation, structure and funding of health and social care services in England</li> <li>• the prevention of discrimination in the workplace and in wider society</li> <li>• the regulation of health, social care and early years professions</li> <li>• the public “right of access” to information held by public authorities</li> </ul>	<p>Learners should examine the most up-to-date legislation and policies that exist. At the time of writing these include:</p> <ul style="list-style-type: none"> <li>• Care Act 2014</li> <li>• Health and Social Care Act 2012</li> <li>• Equality Act 2010</li> <li>• Health and Social Care Act 2008</li> <li>• Freedom of Information Act 2000</li> </ul> <p>Learners should understand that ‘new’ legislation is rarely entirely new and often brings together existing pieces of legislation that are perhaps out-of-date. Any changes to legislation should be understood in relation to the specification points given.</p> <p>Learners should examine setting specific policies which seek to embed relevant legislation, e.g. an organisation’s data handling policy.</p> <p><b><u>Synoptic Links</u></b></p> <p>Unit 1 - Links should be made to the characteristics that result in inequality (AC1.1), and the ways individuals experience inequality (AC1.2) and how this then feeds into policies and legislation that underpin the work of the sectors.</p> <p>Unit 1 - Links can also be made to the current issues in health and social care (AC3.1) specifically in reaction to the Equality Act (2010) and the Care Act (2014)</p>



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Learning outcome	Assessment criteria	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
	<b>AC 3.2</b> How individuals who work in the sectors and their patients/clients are protected by laws and codes of practice	Laws and codes of practice, including: <ul style="list-style-type: none"> <li>• codes of practice and their function</li> <li>• regulation and inspection bodies, e.g. Ofsted</li> <li>• National Service Frameworks</li> <li>• organisational policies</li> </ul>	Learners should understand: Codes of practice from professional bodies, e.g. The Code for Nurses and Midwives, NMC.  Regulation and inspection bodies, e.g. Ofsted, the Care Quality Commission. Understand the inspection process and purpose.  National Service Frameworks as policies set up by the NHS to define standards of care for major medical conditions. Learners should look at specific examples, e.g. for COPD, coronary heart disease, diabetes.  Organisational policies, e.g. pertaining to safeguarding

Learning outcome	Assessment criteria	<b>Taught content</b> <i>Learners must be taught the following content:</i>	<b>Exemplification</b> (in addition, see Guidance for Teachers)
<b>LO4</b> Understand the relationship between current issues and trends and local, regional and national policy and legislation	<b>AC 4.1</b> Current issues and trends in relation to local, regional and national service provision	Current local, regional and national issues and trends, including: <ul style="list-style-type: none"> <li>• prospective workforce gaps</li> <li>• growing and changing demand for care</li> <li>• enhanced role for patients</li> <li>• role of informal carers</li> </ul> (including any other pertinent current issues or trends)	Learners should understand: Workforce gaps including the difficulty, in some areas, of recruiting nurses. Government policies on funded places for NHS trainees, social workers.  Growing and changing demands for care – the ageing population, lifestyle factors, including obesity and physical activity.  Enhanced role for patients – taking an active role as opposed to being a passive recipient of care.  The increased reliance on informal carers and the impact on individuals and society.  <b>Synoptic Links</b> Unit 1 - Reference should be made to prior learning in relation to patterns and trends of demographic data in contemporary society (AC2.1, AC2.2).  Unit 1 - Links can also be made to current issues in health and social care (AC3.1)

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	<p><b>AC 4.2</b> Local, regional and national service provision in relation to issues and trends</p>	<ul style="list-style-type: none"><li>• Analyses of workforce gaps in the locality/region</li><li>• The growing and changing demand for care in the locality/region</li><li>• How local services are involving patients in their own care</li><li>• The role of informal carers in the locality/region and services that exist to support their work.</li></ul>	<p>Learners must apply what they have learned in AC4.1 to their own locality/region.</p> <p><b><u>Synoptic Links</u></b> Unit 1 - Links to prior learning in relation to how the patterns of health and the demography of an area influence service provision (AC3.2)</p>
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**Performance bands**

Learning outcome	Assessment criteria	Band 1 1 – 4 marks	Band 2 5 – 8 marks	Band 3 9 – 12 marks	Band 4 13 – 15 marks
		<b>Where there is no evidence or work is not worthy of credit – 0 marks</b>			
<b>LO1</b> Understand the principles that underpin care provision	<b>AC 1.1</b> The principles that underpin care provision in the sector	Outline the principles of care in relation to work in the sectors examples us are likely to be generic	Describe the principles of care in relation to work in the sectors, with specific but limited examples, and some attempt to make synoptic links to unit 1.	Explain the principles of care in relation to work in the sectors, supported by a range of relevant examples. There will be clear evidence of understanding of how this links synoptically to unit 1 (AC1.2).	
	<b>AC 1.2</b> The 6Cs of nursing and their relevance to all services	Outline the 6Cs of nursing, There will be minimal explanation of their relevance to services.	Describe the 6Cs of nursing, there will be including of their relevance to services will include some generalised examples.	Explain the 6Cs of nursing, with accurate reference to their relevance to all services. Will include some specific examples.	

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Learning outcome	Assessment criteria	Band 1 1 – 4 marks	Band 2 5 – 8 marks	Band 3 9 – 12 marks	Band 4 13 – 15 marks
		<b>Where there is no evidence or work is not worthy of credit – 0 marks</b>			
<b>LO2</b> Explain how services and practitioners meet individual needs throughout the life stages	<b>AC 2.1</b> Approaches to care planning	Outline approaches to care planning. There will be minimal explanation of their relevance to services	Describe the approaches to care planning. There will be some explanation of their relevance to services	Explain the approaches to care planning. There will be explanation of their relevance to services	
	<b>AC 2.2</b> Care assessment planning	Outline the stages of care assessment planning, with little or no description.	Describe the stages of care assessment planning, with some description.	Explain care assessment planning, with detailed evidence of understanding.	

Learning outcome	Assessment criteria	Band 1 1 – 4 marks	Band 2 5 – 8 marks	Band 3 9 – 12 marks	Band 4 13 – 15 marks
		<b>Where there is no evidence or work is not worthy of credit – 0 marks</b>			
<b>LO3</b> Understand the role of legislation and policies	<b>AC 3.1</b> Key policies and legislation that underpin the work of the sectors.	Outline key policies and legislation that underpin the work of the sectors, with little or no description.	Describe key policies and legislation that underpin the work of the sectors, with some attempt to make synoptic links to unit 1.	Explain key policies and legislation that underpin the work of the sectors. With clear evidence of understanding of how this links synoptically to unit 1, (AC1.1, AC1.2, AC3.1).	
	<b>AC 3.2</b> How individuals who work in the sectors and their patients/clients are protected by laws and codes of practice	Outline how individuals who work in the sectors and their patients/clients are protected by laws and codes of practice, with minimal explanation.	Describe how individuals who work in the sectors and their patients/clients are protected by laws and codes of practice, with some explanation.	Explain how individuals who work in the sectors and their patients/clients are protected by laws and codes of practice, with evidence of understanding how these apply in specific settings.	

APPLIED CERTIFICATE IN HEALTH AND SOCIAL CARE 30

Learning outcome	Assessment criteria	Band 1 1 – 4 marks	Band 2 5 – 8 marks	Band 3 9 – 12 marks	Band 4 13 – 15 marks
		<b>Where there is no evidence or work is not worthy of credit – 0 marks</b>			
<b>LO4</b> Understand the relationship between current issues and trends and local, regional and national policy and legislation	<b>AC 4.1</b> Current issues and trends in relation to local, regional and national service provision	Outline current issues and trends in relation to local, regional and national service provision, with little or no explanation.	Describe current issues and trends in relation to local, regional and national service provision, with some explanation, and some attempt to make synoptic links to unit 1.	Explain current issues and trends in relation to local, regional and national service provision, with appropriate reasons given.	Comprehensive analysis of a wide range of local, regional and national service provision in relation to current issues and trends. With clear evidence of understanding of how this links synoptically to unit 1 (AC3.2)
	<b>AC 4.2</b> Local, regional and national service provision in relation to issues and trends	Outline local, regional and national service provision in relation to current issues and trends, with little or no assessment.	Describe local, regional and national service provision in relation to current issues and trends, with some assessment.	With clear evidence of understanding of how this links synoptically to unit 1 (AC2.1, AC2.2, AC3.1).	

## **Assessment summary**

This unit is internally assessed and externally moderated. All assessments must be conducted under controlled assessment conditions. Controls have been determined for each stage of the assessment process: task setting, task taking and task marking.

## **Guidance for delivery**

### ***Making teaching vocationally relevant***

It is important that learners recognise that the knowledge, understanding and skills they develop are vocationally relevant. There are a number of ways that this can be achieved:

- Arranging visits to different service providers to discuss, with professionals, key policies and legislation that underpin the work of the sectors.
- Arranging talks by visiting speakers; for example, a university lecturer responsible for teaching social work.
- Carrying out a research project set by a health board or trust, to assess the values they need to look for when appointing nursing staff.

The following are examples of approaches to delivery which could be used to enhance learning and the understanding of the vocational importance of this unit.

### **Example 1**

Learners could work in groups to identify how key professionals from the sectors work holistically, embedding the principles of care into their everyday work. Learners could present their findings to representatives of the class.

### **Example 2**

Learners could engage with trainee nurses in order to understand the values of the 6Cs of nursing, and to find out what attracts individuals to nursing. Findings could be presented to a health trust professional who may be involved in recruiting staff.

### **Example 3**

Learners could interview a range of health professionals in order to reinforce their understanding of legislation and policies that impact on the service they provide. Learners could present their ideas to younger students who may wish to enter into employment in the health or social care sectors.



### ***Making contacts***

Examples of organisations that may be approached to provide help include:

- health departments in universities
- National Childcare Trust (NCT)
- health and social care departments (locally and regionally)

### **Resources**

#### ***Websites***

- Department for Health: [www.dh.gov.uk](http://www.dh.gov.uk)
- ONS: <https://www.ons.gov.uk/>
- NHS: <http://www.nhs.uk>
- Equality Trust: <https://www.equalitytrust.org.uk/about-inequality>
- BBC: <http://www.bbc.co.uk/education/guides/zspttfr/revision>
- PWC: <http://www.pwc.com/gx/en/industries/healthcare/emerging-trends-pwc-healthcare/changing-demographics-healthcare-reform.html>
- Kings Fund: <https://www.kingsfund.org.uk>
- Nuffield Trust: <http://www.nuffieldtrust.org.uk/our-work/nhs-reform?gclid=COvk4s7GydACFccp0wod0PwNqQ>
- NSPCC: <https://www.nspcc.org.uk/>
- Legislation: <http://www.legislation.gov.uk>

Additional guidance can be found in the document Guidance for Teaching which accompanies this qualification.

## 3. ASSESSMENT

The Applied Certificate in Health and Social Care is assessed using a combination of an internally assessed controlled assessment and an externally assessed unit.

### 3.1. External assessment

The following unit will be externally assessed:

#### **Unit 1: (Contemporary) Issues in Health and Social Care**

Details of the external assessment for **Unit 1** are as follows:

- 90-minute examination
- total of 80 marks
- three questions on each paper
- short and extended answer questions, based on stimulus material and applied contexts
- each question will have an applied problem-solving scenario
- each paper will assess all learning outcomes and assessment criteria will be sampled in each series
- electronically assessed (e-assessment). A paper version will be available to centres who choose not to offer on-screen assessment.
- available in June of each year
- learners are allowed one resit opportunity; the highest grade will contribute towards the overall grade for the qualification
- WJEC will produce a mark scheme which will be used as the basis for marking the examination papers
- graded on a scale of A to E

For **Unit 1: (Contemporary) Issues in Health and Social Care**, the assessment criteria (AC) will be covered within the mark allocation as follows:

Assessment Grid

Unit	Learning Outcomes	Assessment Criteria	Marks	%
1	LO1 Understand the inequalities in society that exist in health and social care	AC 1.1 Describe the characteristics that result in inequality	20-24	25-30%
		AC 1.2 Define ways in which individuals experience inequalities		
	LO2 Examine demographic changes in society	AC 2.1 Identify demographic data in contemporary society	32-36	40-45%
		AC 2.2 Explain reasons for changes in demographic data		
		AC 2.3 Discuss the uses of demographic data		
	LO3 Discuss current issues in health and social care	AC 3.1 Describe the current issues in health and social care	24-28	30-35%
		AC 3.2 Interpret statistical evidence of health in the UK		

## 3.2. Internal assessment

The following unit is internally assessed:

- **Unit 2: Core Values and Services**

For internal assessment in Applied Certificates and Diplomas, WJEC has adopted the principles of controlled assessment as set out in the Joint Council for Qualifications document '*Instructions for conducting controlled assessment*'. This document can be accessed through the JCQ website ([www.jcq.org.uk](http://www.jcq.org.uk)). Each centre must ensure that internal assessment is conducted in accordance with these controls.

The following principles apply to the assessment of each internally assessed unit:

- Units are assessed through summative controlled assessment (available electronically).
- Controls for assessment of each internally assessed unit are provided in a model assignment.
- Each internally assessed unit must be assessed independently. Learners may produce a piece of evidence that contributes to the assessment criteria for more than one unit. This is acceptable provided it can be clearly attributed to a specified assessment criterion and has been produced under the appropriate controlled conditions for each unit.
- All grades are awarded based on the number of marks attained in each assessment. Grade descriptors are provided for Grades A, C and E.

There are three stages of assessment that will be controlled:

- Task setting
- Task taking
- Task marking

### **Task setting**

For internal assessment, WJEC has produced model assignments for each unit. Centres are, however, allowed to modify the assignment within specified parameters. This will allow centres to tailor the assessment to local needs. The model assignment has been written to ensure the following controls are in place:

- Each unit is assessed through one assignment.
- Each assignment must have a brief that sets out an applied purpose. An applied purpose is a reason for completing the tasks that would benefit society, a community, organisation or company.
- The assignment can specify a number of tasks but tasks must be coherent, i.e. show how the assessment requirements all contribute to the achievement of the applied purpose of the assignment.
- The assignment must provide each learner with the opportunity to address all assessment criteria and all marks available.
- The assignment must indicate the acceptable forms of evidence. These must conform to those forms set out in the model assignment.
- Where a centre has adapted the model assignment, there must be evidence of quality assuring its fitness for purpose, and this must be submitted to WJEC for accreditation. Sample documentation for this activity is available from WJEC.

## **Task taking**

There are five areas of task taking that are controlled: time, resources, supervision, collaboration and resubmission.

### *Time*

Each model assignment will specify the total amount of time available for summative assessment. Centres have the discretion for how that time is allocated to each task.

### *Resources*

The assessor can determine which resources learners should be provided with to ensure fair and valid assessment takes place. Where specific resource controls must be in place, these will be stated in the model assignment.

### *Supervision*

Learners must normally be supervised by an assessor whilst completing controlled assignment tasks. Model assignments will specify if supervision is not required. Centres must have systems in place to ensure learners cannot access evidence they have been developing outside of supervised activities.

*Authentication:* supervision is in place to ensure the authenticity of evidence produced for summative assessment. Assessors should not provide input or guidance to learners during the controlled assessment time. This includes providing formative feedback on the evidence being produced. Assessors can provide guidance on the requirements of the task and remind learners of the assessment criteria and how they can be interpreted. Assessors must intervene where a health and safety hazard is observed.

Learners can review and redraft evidence independently within the time controls for the assessment.

Learners must sign a declaration to confirm that all evidence submitted for moderation is their own work and that any sources used have been acknowledged.

Assessors must sign a declaration to confirm that evidence submitted for moderation was completed under the controlled conditions set out in the model assignments.

### *Collaboration*

The model assignment will indicate whether:

- group work must take place
- group work is forbidden
- centres can elect to complete tasks through group work

Where group work takes place, the following principles must be applied:

- Tasks should allow each member of the group to have full access to all assessment criteria and marks available.
- Learners **must** provide an individual response as part of any task outcome.
- Evidence of individual response may include written evidence (e.g. notes, evaluations, mind maps, etc.) and/or audio-visual evidence (e.g. recordings, photographs, drawings, designs, etc.).
- Evidence must be clearly attributable to each individual member of the group.
- Individual contributions must be clearly identified and noted on the accompanying authentication sheet which must be signed by both the teacher and the candidate.
- Assessment of the individual must be based on the individual contribution to the evidence produced.
- Learners' achievement must not be affected by the poor performance of other group members.
- Learners' achievement must not benefit from the performance of other group members.

### *Resubmission*

Learners may re-enter internally assessed units. The learner must submit a new assessment, completed within the same levels of control. They cannot improve previously submitted work.

Learners have one resit opportunity for each assessed unit. Where an individual learner who has previously submitted group work for assessment wishes to resit an internally assessed unit, the candidate **must** choose one of the following options:

- create a new piece of work within the same group
- create a new piece of work within a new group
- create a new piece of work with non-assessed candidates
- create an individual piece of work

The same levels of control for group work, as outlined above, will apply to candidates who choose to resit.

### **Task marking**

All marking of evidence must be made against the assessment criteria marks available in each unit specification. Evidence marked must comply with the controlled requirements set out in the model assignment.

Written evidence must be annotated to show how it relates to the assessment criteria and marks available.

Performance evidence, for example, of giving a presentation, must be made on observation records. Observation records will include a description of learner performance as well as a summative statement on the quality of that performance.

Where performance is observed by someone other than an assessor, the 'witness' must complete a witness statement.

Assessors will need to authenticate the statement either through scrutiny of supporting evidence and/or questioning of the learner and/or witness. If the statement is authenticated, it can be allowed to contribute to the evidence for assessment. Evidence of authentication will also need to be included.

Marking should only be undertaken by a designated assessor. An assessor should have appropriate expertise in the subject and level for a specified unit. The assessor is responsible for ensuring that:

- assessment is conducted under specified controlled conditions
- they are clear about the requirements of the learning outcomes, assessment criteria and marks available prior to commencing controlled assessment
- evidence presented for assessment is authentic
- assessment decisions are accurately recorded
- evidence is appropriately annotated
- observation records contain sufficient detail for objective corroboration of decisions
- judgements are only made against the assessment criteria and marks available

### 3.3. Synoptic assessment

Synoptic assessment requires candidates to demonstrate that they can identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories and knowledge from across the whole vocational area, which are relevant to a key task.

### 3.4. Centre assessment and standardisation

Centres are expected to standardise internal assessment decisions. This is the process by which centres ensure that all learners are judged to the same standard across different assessors, teaching groups and from year to year. Evidence of standardisation should be submitted with learner evidence.

Where more than one assessor is involved, the centre must appoint a Lead Assessor. The role of the Lead Assessor is to:

- document all activities
- ensure that the assignment presented to learners is fit for purpose and complies with all controls
- ensure all assessors have appropriate documentation in place to support fair and valid assessment decisions
- ensure all assessment activities are in accordance with the task taking controls for the unit
- sample assessment judgements at appropriate times to ensure the performance bands are correctly and consistently applied
- provide feedback to assessors
- provide support to assessors on interpretation of performance band requirement



### 3.5. Grading, Awarding and Reporting

#### Grading

The overall grades for the Level 3 Certificate in Health and Social Care 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 learners' 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.

To achieve an (A\*) A - E grade, learners must obtain:

- the minimum UMS mark for the qualification grade

and

- pass **ALL** units.

Uniform marks correspond to unit grades as follows:

Unit	Unit weighting	Maximum Raw Mark	Maximum UMS Mark	A	B	C	D	E
Unit 1	50%	80	100	80	70	60	50	40
Unit 2	50%	102	100	80	70	60	50	40

The following grade descriptors are provided to give a general indication of the standards of achievement likely to have been shown by learners awarded particular grades for assessment. The descriptors must be interpreted in relation to the content specified in the specification; they are not designed to define that content. The grade awarded will depend on the number of marks awarded, these are intended to give a general indication of standards. Shortcomings in some aspects of the assessments may be balanced by better performances in others.

### **E grade descriptor**

Learners demonstrate basic knowledge of the health and social care sectors.

Learners apply limited knowledge, understanding and skills to health and social care-related issues.

Learners collect information using given techniques and use a limited range of relevant information sources. They carry out some basic analysis of health and social care related issues and problems. Learners evaluate evidence to draw basic conclusions about relevant health and social care issues. Learners use written communication which is adequate to convey meaning but which may be expressed in a non-specialist way.

### **C grade descriptor**

Learners demonstrate clear knowledge of the health and social care sectors and show a sound understanding of the purpose of the health and social care sectors.

Learners apply knowledge, understanding and skills to health and social care issues. Learners collect information independently and use a range of relevant information sources. They carry out some analysis of relevant health and social care issues and problems. Learners evaluate evidence to draw valid conclusions about relevant health and social care issues. Learners use written communication which conveys meaning with use of some specialist vocabulary.

### **A Grade descriptor**

Learners demonstrate a depth of knowledge of the health and social care sectors that shows thorough understanding the functions of the sectors. Learners apply knowledge, understanding and skills accurately and independently to a range of health and social care related issues. Learners undertake research using a range of techniques and use a wide range of relevant information to analyse health and social care related issues and problems. Learners evaluate evidence to draw valid conclusions and make reasoned judgements about health and social care related issues. Learners use written communication which is well-structured and clearly expressed, with appropriate specialist vocabulary.

Unit achievement is based on a learner's ability to meet the assessment criteria. Units can be awarded a summative grade of A to E.

### **Reporting**

Awarding and reporting of results for WJEC Level 3 takes place in August of each year.

A **Qualification Certificate**, issued at a later date, will confirm the

- title
- level
- grade of qualification
- unit titles contributing to the qualification

## 4. TECHNICAL INFORMATION

### 4.1. Making entries

WJEC Applied Certificates and Diplomas are unitised qualifications which allow for an element of staged assessment.

The Applied Certificate in Health and Social Care will be available for certification from June 2019. Thereafter, the qualification will be available for certification each June.

Centres planning to offer this qualification must be registered as an accredited WJEC centre. For details on the application and accreditation, centres should contact WJEC.

#### Unit entry

Entry for individual units must be made by submitting the relevant unit. Entries must be submitted no later than 21 February each year.

#### Qualification entry

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

#### Entry Codes

	Title	Entry codes
Unit 1	(Contemporary) Issues in Health and Social Care – Onscreen assessment	4573UA
	(Contemporary) Issues in Health and Social Care – Paper based assessment	4573UB
Unit 2	Core Values and Services	4573U2
Certificate in Health and Social Care Cash-in		4573QC

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

## 4.2. External moderation

The consistency of assessment practices and decisions across centres will be assured through external moderation of a sample of work for each unit entered. Postal moderation will take place each year in June.

WJEC will identify the candidates who are to be submitted in a sample for external moderation. The sample size will be according to the table below.

Total number of candidates entered for the unit	Sample size
1-99	10
100-199	15
Over 200	25

WJEC may request a larger sample or further samples if this is considered necessary.

Centres should ensure they keep all learner portfolios not sent to the moderator in their possession for two months after the closing date for sending samples for moderation. WJEC may require all portfolios for moderation and centres must be able to comply immediately with such a request.

Centres should submit a sample for **each unit** that includes:

- The controlled assignment brief used to set the assessment activity
- A controlled assessment activities sheet completed and signed by the assessor to confirm that the controls for the unit, including authenticity of evidence, have been applied
- Completed mark record sheets outlining which performance bands are met by the evidence
- All evidence produced by learners in completion of the controlled assessment, annotated appropriately by the assessor
- Moderators will review all evidence presented to ensure standards are aligned. Evidence will be judged against the following criteria:
- Task setting – were tasks set within the controls set by WJEC in the model assignment?
- Task taking – is there evidence that tasks were completed under the controlled conditions set out in the model assignment?
- Performance bands – does the evidence support the assessor’s judgement of the learner's work against national standards?
- Annotation – is the evidence produced by learners appropriately annotated?
- Authentication- is it clear that the evidence submitted was authentically produced by the learner?
- Standardisation – is there evidence of effective standardisation/internal quality assurance within the centre?

### **Timetable**

Samples of work must be submitted for external moderation, and related mark sheets returned to WJEC by 15 May for the June series. Centres will need to ensure that internal submission dates are set sufficiently in advance of this to allow for authentication, assessment and standardisation.

### **Feedback**

The outcome of moderation will be to either accept or amend a centre's assessment decisions. Guidance on actions needed before re-sitting of specified units at a subsequent moderation series will be also be provided.

Feedback will be provided through a centre moderator's report for each certification title, covering the units entered by the centre and will be accessible through WJEC's secure website. The report will address the criteria referred to above.

A Principal Moderator's report will be provided for each series.

### 4.3. Access and special consideration

Qualifications at this level often require assessment of a broad range of competencies. This is because they are vocational qualifications and prepare candidates for a wide range of occupations and higher level courses.

This specification has been designed to offer fair access for all and to minimise the need to make reasonable adjustments for learners who have particular requirements. It is expected that normally, individual learners' abilities, interests and needs will be appropriately catered for by centres through:

- (a) the choice of units and qualifications available, and
- (b) the potential for personalisation of controlled assessment.

If there are any queries about the use of this flexibility inherent in the specification to meet learners' needs, or about the use of reasonable adjustments, centres should contact WJEC.

Reasonable adjustments are made for disabled candidates in order to enable them to access the assessments. For this reason, very few candidates will have a complete barrier to any part of the assessment. Information on reasonable adjustments is found in the Joint Council for Qualifications document '*Access Arrangements and Reasonable Adjustments*'. This document is available on the JCQ website ([www.jcq.org.uk](http://www.jcq.org.uk)).

### 4.4. Post Results Services

If a centre wishes to query the outcome of the moderation and/or examination process this must be done formally by the head of the centre, notifying WJEC within 21 days of the publication of results.

The sample of work submitted for moderation will be reviewed by a moderator/examiner not involved in the original process, and the centre informed of the outcome.

Should the centre not be satisfied with the outcome of the review, there is provision for an appeal to WJEC.

## 4.5. Performance measures and classification codes

Every specification is assigned a national classification code (discounting code) indicating the subject area to which it belongs.

Centres should be advised that where learners take two qualifications with the same classification code, performance indicators for the centre will show that they have only achieved one of the two qualifications. The same view may be taken if learners take two specifications that have different classification codes but have significant overlap of content. The discounting system affects the calculation of performance measures for a school in the performance tables. It does not alter the awards an individual learner has achieved or limit the qualifications they can take.

Learners who have any doubts about their subject combinations should check with the institution to which they wish to progress before embarking on their programmes. Information on performance points can be obtained from DfE ([www.education.gov.uk](http://www.education.gov.uk)) and/or QiW (<https://www.qiw.wales/>).