Changing lives through learning

Open Awards Level 3 End-point Assessment for

ST0958 Community Health and Wellbeing Worker

This Standard is being retired. The last date for

registrations is 24.11.2026

End-point Assessment Handbook

Version History

Version	Date	Change(s) made	Section(s)	Publication source(s)
1.0	22/02/24	New document.	All	Development Team
1.1	23/05/2024	Updated to reflect V1.1 of End-point Assessment Plan	**Demonstration of Practice Grading Descriptors** Professional Discussion Grading Descriptors,	Development Team

This EPA Handbook is for apprentices, employers and providers. It provides an overview of the end-point assessment, the assessment methods, the grading criteria etc. It is a reference document which will guide you through each stage of the process.

For further information about apprenticeship standards and Trailblazers please contact **enquiries@openawards.org.uk**.

Contents

Version History **2**
Demonstration of Practice Grading Descriptors 2
About Open Awards **5**
Occupational Overview **6**
Standard information **7**
Entry requirements **7**
EPA Documents Overview **8**
Gateway Requirements **10**
Booking 10
Assessment plan version 10
Portfolio **11**
Portfolio content and structure 12
Portfolio submission 12
Identification checks **13**
Assessment **14**
Assessment Preparation 14
Order of Assessments 14
Assessment Window 14
Multiple-Choice Test 14
Delivery 14
Test administration 15
Multiple-choice Test Grading Descriptors 15
Demonstration of Practice 15
Delivery 15
Assessment Administration 16
Overview of Individual Stations 16
Demonstration of Practice Grading Descriptors 18
Professional Discussion Underpinned by Portfolio of Evidence 19
Delivery 19
Assessment Administration 20
Professional Discussion Grading Descriptors 20

Grading **22**
Grading Individual Assessments 22
Multiple-choice Test 22
Demonstration of Practice 22
Professional Discussion Underpinned by Portfolio of Evidence 22
Aggregation of Individual Assessment Grades into an Overall Grade 22
Reasonable Adjustments and Special Considerations **23**
Reasonable Adjustments 23
Special Considerations 24
Resits and Retakes **25**
Appeals and Complaints **27**
Completion and Certification **28**
Quality Assurance **29**
Internal Quality Assurance 29
External Quality Assurance 29
Assessment Specification **30**
Occupational duties 30
Mapping of Knowledge, Skills, and Behaviours **31**
Multiple-choice Test - Knowledge, Skills, and Behaviours 31
Demonstration of Practice - Knowledge, Skills, and Behaviours 32
Professional Discussion - Knowledge, Skills, and Behaviours 34
Indicative Content **37**
Assessment Method 1: Knowledge Test 37
Open Awards Policies **43**
Fees and Charges **43**
Support **43**

About Open Awards

Set up in 1981 as Open College Network North West Region (OCNNWR) and now trading as Open Awards, we have been in business for 40 years. During that time, we have helped thousands of learners get started on the education ladder, return to learning, achieve qualifications to help their careers and progress into further and higher education.

We were the first awarding organisation to design qualifications and courses based on credit accumulation so that learners could achieve in “bite sized” chunks. We designed the units and qualifications that became the basis of the Qualification and Credit Framework (QCF).

We are more than just another Awarding Organisation. Uniquely, we have deep roots in the education sector as forward-thinking organisations, FE Colleges, and Local Authorities, created Open College Networks (OCNs) to promote education and achievement. We have a governance structure, which is drawn from the people who use our services – our providers and centres – so that we can truly say we are “of the sector and for the sector”. Our purpose is to meet the needs of our provider organisations and their learners. We are a not-for-profit organisation and a registered charity, and we use our funds to invest in our products and services to support the very organisations that use our products.

Open Awards qualifications are approved by the regulators (Ofqual in England and CCEA in Northern Ireland) and are designed to meet the needs of learners and employers. The range of qualifications we offer is designed to meet the aspirations of learners who are seeking a stepping stone to their career, returning to learning or wishing to progress and build their skills and experience. We are constantly adding to our qualification portfolio to ensure that it is fresh and up to date.

We are delighted to have expanded our scope, becoming an end-point assessment organisation (EPAO) for a growing number of apprenticeship standards in England approved by the Institute for Apprenticeships and Technical Education (IfATE). Our EPAO number is: **EPA0565**

Occupational Overview

This occupation is found in different organisations and is commissioned by a range of agencies, including local government, the NHS, and other funders such as voluntary, community and social enterprise (VCSE) organisations.

Community Health and Wellbeing Workers are a rapidly expanding workforce supporting the increasing emphasis across government departments on improving the health of local people and communities by preventing poor health and tackling inequalities. Their work is informed by the wider social determinants of health, such as the social, cultural, political, economic, commercial, and environmental factors that shape the conditions in which people are born, grow, live, work and age.

The broad purpose of the occupation is to work in partnership with individuals and their communities to identify and address health and wellbeing needs, improve health, prevent ill-health, and reduce inequalities. To do this, Community Health and Wellbeing Workers need to:

- address the causes of poor health and wellbeing in the broadest sense (causes of the causes). They do this by taking a holistic 'whole person' approach regarding physical, mental, emotional, and social health and wellbeing and resilience.
- work with individuals, groups, and communities to identify what matters to them, building on their strengths to improve health and wellbeing.
- understand the local and accessible services and resources available to which people in the community can be signposted to support their health and wellbeing needs.
- identify gaps in available services and resources preventing individuals and communities from achieving optimal health and wellbeing.
- build relationships with local organisations and groups.

Further details on the knowledge, skills and behaviours associated within the occupational standard are accessible on the IfATE website[1] and in the Assessment Specification section in this document.

[1] **https://www.instituteforapprenticeships.org/apprenticeship-standards/**

Standard information

Level: 3

Reference: ST0958

Approved for delivery: 14 September 2021

Route: Health and Science

Minimum duration to gateway: 12 months (this does not include the EPA period)

Employers involved in creating the standard: Royal Borough of Greenwich, Brighton and Hove City Council, Blackburn with Darwen Borough Council, Surrey County Council, Cambridge and Peterborough Integrated Care System (ICS), Derbyshire Community Health Services NHS Foundation Trust, Kent Community Health NHS Foundation Trust, Midlands Partnership NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Greater Manchester Health & Social Care Partnership, Charlton Athletic Community Trust, Livewell Southwest Volunteering in Health, The Conservation Volunteers.

External Quality Assurance Provider: Ofqual

Entry requirements

There are no set entry requirements to become a Community Health and Wellbeing Worker. Employers usually expect good literacy and communication skills, long with the ability to work collaboratively with others.

EPA Documents Overview

An overview of the main documents and supporting materials you will encounter during this end-point assessment is in the table below.

Document Name	Brief Description	Who Should Read this Document	When To Use this Document	Additional Information
Skills Scan	This document is designed to support employers and providers to ensure that an apprentice's job role meets the requirements of the standard.	Employers Providers	Use this during the decision-making process when considering whether the EPA is appropriate for the apprentice.	This allows employers and providers to ensure that the EPA is a good fit for the skills and aspirations of the apprentice.
Apprentice EPA Journey	A one-page visual overview of the different milestones the apprentice will reach within their EPA journey.	Apprentices Employers Providers	Before committing to the course to make sure it is the right fit for you. Throughout the EPA journey.	This roadmap will help you to understand what has been achieved so far and what still needs to be completed.
EPA Handbook	This provides an overview of the end-point assessment, the assessment methods, the grading criteria etc. It is a reference document which will guide you through each stage of the process.	Apprentices Employers Providers	During the apprenticeship as a reminder of the expectations, assessment methods and grading.	This is a key document which will help you to navigate your way through each step of the end-point assessment. Refer back to this frequently.
Progression Tracker	This allows the employer to	Apprentices	Throughout the on-programme	This document could be a

	compile and record an evidence base to prove that the apprentice has demonstrated competence against each KSB specified in the assessment plan.	Employers Providers	phase prior to gateway.	valuable basis for discussions around progress that the employer may have with the apprentice.
Preparation for the Demonstration of Practice	This gives you a brief reminder of how to prepare for the Demonstration of Practice and the KSBs that will be assessed through this assessment method.	Apprentices Employers Providers	When preparing for your Demonstration of Practice.	The grading descriptors will help apprentices to identify areas you may need to work on.
Preparation for the Professional Discussion	This gives you a brief reminder of how to prepare for the Professional Discussion and the KSBs that will be assessed through this assessment method.	Apprentices Employers Providers	When preparing for your Professional Discussion.	The grading descriptors may help you to complete a self-assessment whilst preparing for the Professional Discussion
Gateway Authenticity and Declaration form	This form declares that the apprentice is ready for gateway, the gateway conditions have been met and the evidence submitted has been produced by the apprentice.	Apprentices Employers Providers	At gateway.	This form needs to be signed by employers, providers, and the apprentice. The apprentice is unable to enter gateway until this form has been completed and submitted.

Gateway Requirements

The training provider must provide Open Awards with the following evidence to enable us to approve the gateway.

- Fully completed and signed Gateway Authenticity Declaration form.
- Apprentices must have completed the minimum apprenticeship on-programme duration (12 months from the start date).
- Apprentices must have achieved English and mathematics at Level 2. The Department for Education maintains a list of current and prior qualifications accepted as meeting the minimum English and maths requirements for apprenticeships at Level 3 and above. The most current list can be found on the DfE website[2]. For those apprentices with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualifications are an alternative to English qualifications for whom this is their primary language.
- For this standard, apprentices are also required to have completed a portfolio of evidence.

Booking

Bookings can be made by providers via the EPA Section of Open Awards' Secure Portal. As per ESFA guidance, Open Awards requires **at least three (3) months** advance notice of the potential gateway date. However, training providers may make provisional bookings at any point following Open Awards acceptance of an apprentice registration.

Assessment plan version

Open Awards will undertake end-point assessment in line with the requirement of the current version of the assessment plan or in line with IfATE directions. Training providers and employers must contact Open Awards to discuss any instance where they believe it is appropriate for assessment to be undertaken in line with a historic/ previous version of the assessment plan. Because Open Awards may need to liaise with either IfATE or the External Quality Assurance Provider to determine whether this is allowable, training providers and employers should be aware this may delay the ability of Open Awards to undertake end-point assessment until resolved.

[2] **https://www.gov.uk/government/publications/english-and-maths-requirements-in-apprenticeship-standards-at-level-2-and-above**

Portfolio

Apprentices on this standard are required to develop and submit a portfolio of evidence related to the KSBs that will be assessed by the professional discussion. The portfolio must be submitted to Open Awards alongside other gateway evidence. Open Awards preferred format is an electronic portfolio either uploaded by the training provider to Open Awards Secure Portal, or else a login provided to enable Open Awards to access the portfolio. Training providers should contact Open Awards to discuss alternative arrangements, e.g., where a paper-based or mixed portfolio is developed.

Apprentices should select their best possible evidence to reflect their current level of proficiency against the standard at the point they undertake their professional discussion. The portfolio is not assessed and will only be used to support the professional discussion; feedback will not be provided on the portfolio. However, where the content requirements below are not met, or the evidence not authenticated as being valid and attributable to the apprentice, the portfolio will be returned by Open Awards to the apprentice, via the training provider, for amendment and subsequent resubmission. This resubmission will not be considered as an assessment attempt and therefore, resubmission of the portfolio will not constitute either a resit or retake of the professional discussion. However, this will delay completion of the gateway checks. Therefore, training providers and employers are encouraged to ensure the portfolio requirements are met before submission at gateway.

Open Awards have developed supporting evidence tracking documentation to support apprentices, training providers and employers meet the portfolio content requirements set out in the assessment plan. This documentation is available from the Open Awards Secure Portal.

Portfolio content and structure

The portfolio of evidence must contain evidence related to the KSBs that will be assessed by the professional discussion.

The portfolio of evidence will typically contain a minimum of three (3) case studies undertaken though the course of the apprenticeship, including a record of where these have been observed in practice. These case studies should include examples of how the apprentice has supported individuals, and how they have worked with and for a local community. The case studies should:

- be a maximum of 1,000 words each
- be structured as background, issues, actions, agreed outcomes; and should not include any personal identifiable information.

Evidence sources may include:

1. Witness testimonials.
2. Written notes of case-based discussions reflecting the KSBs assigned to this method.
3. Written summary to show how an intervention was supported.
4. Evidence of ongoing professional development.

This is not a definitive list; other evidence sources are possible. Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the KSBs mapped to this assessment method. However, the portfolio should NOT include reflective accounts or any methods of self-assessment.

Any employer contributions should focus on direct observation of performance (for example witness statements) rather than opinions. The evidence provided must be valid and attributable to the apprentice; the portfolio of evidence must contain a completed Portfolio Authenticity Statement confirming this.

Mock assessment activities are NOT considered acceptable evidence to be included within the portfolio.

Portfolio submission

The portfolio must be submitted at gateway alongside the gateway evidence. Because the portfolio must be completed as a gateway requirement, all evidence must be generated and dated pre-gateway. No post-gateway dated evidence can be included as it will be considered invalid.

Where invalid evidence is included within the portfolio, the content requirements are not met, or the evidence is not authenticated, the portfolio will be returned by Open Awards to the apprentice, via the training provider, for amendment and subsequent resubmission. Resubmitted portfolios must be submitted to Open Awards to enable the gateway checks to be completed.

Identification checks

Open Awards requires the apprentice to present photographic identification to an Open Awards invigilator or independent end-point assessor (IEPA) immediately prior to each assessment on each assessment day. This is a requirement to ensure Open Awards can confirm an individual completing an assessment is the person they are claiming to be.

The following are acceptable forms of evidence of an apprentice's identification:

- a valid passport (any nationality)
- a signed UK photo card driving licence
- valid warrant card issued by HM Forces or the Police
- other photographic ID card, e.g., employee ID card (must be current
- employer), student ID card, travel card
- UK biometric residence permit.

Where this identification is not available to be checked, the assessment will NOT be allowed to commence.

Where an apprentice does not have access to the necessary identification or where the name on the identification does not match the name registered with Open Awards, the training provider must contact Open Awards in advance to make arrangements for alternative or additional authentication checks to be made.

Assessment

The EPA consists of three (3) assessment methods which are individually graded:

- Multiple-Choice Test
- Demonstration of Practice
- Professional Discussion underpinned by Portfolio of Evidence.

Assessment Preparation

Support materials are available to support training providers and employers post-gateway to ensure apprentices are well prepared for their EPA experience. They are not intended to be used to measure proficiency pre-gateway or to support gateway decisions. Training providers can access these materials through the Secure Portal.

Order of Assessments

The assessment methods can be delivered in any order. The result of one assessment method does not need to be known before starting the next.

Assessment Window

All assessments must be passed within a period lasting typically for three (3) months starting when Open Awards has confirmed that all gateway requirements have been met. Therefore, training providers and employers should ensure that assessments are planned and booked to ensure these timescales can be met.

Multiple-Choice Test

The multiple-choice test is a controlled assessment which consists of a series of questions in which apprentices are asked to provide a response.

Delivery

The test will be available online through remote invigilation. It will consist of:

- 30 standard multiple-choice questions covering 20 knowledge statements.
- Each question will have four (4) options of which only one will be correct.
- A correct answer will be assigned one mark.
- Any incorrect or missing answers will be assigned zero marks.

Test administration

- Apprentices will have **45 minutes** to complete the test.
- The test is closed book which means that the apprentice cannot refer to reference books or materials.
- Apprentices must take the test in a suitably controlled environment that is a quiet space, free of distractions and influence, in the presence of an Open Awards' invigilator.
- The invigilator will be employed directly by Open Awards.
- In line with the requirements of the assessment plan, test bookings must be made at least 10 working days in advance to ensure the apprentice has two (2) weeks' notice of the test.

Multiple-choice Test Grading Descriptors

Pass Grading Descriptors Multiple-choice Test	
K1 K2 K5 K8 K10 K11 K15 K20 K21 K24 K25 K29 K30 K32 K33 K34 K37 K40 K41 K42	In order to achieve a pass, apprentices must score 24 marks or more out of the 30 marks available

Demonstration of Practice

Apprentices must be observed by the station IEPA completing three (3) demonstration of practice stations in which they will demonstrate the knowledge, skills and behaviours assigned to this assessment method.

Delivery

The assessment will be normally available to apprentices via an 'assessment centre' which will be run regularly throughout the year. These will be scheduled in line with anticipated EPA windows, based on apprentice registrations and designed to accommodate simultaneous assessment of multiple apprentices on the same day. Following successful completion of gateway checks, providers should book apprentices onto a scheduled assessment centre based on availability of places.

Where a provider has multiple apprentices at or close to gateway within a close timescale, it may be possible to offer a provider specific assessment centre. These will be based on multiples of three (3) apprentices; however, it may be necessary to infill other apprentices into these to maximise delivery efficiency. In addition, it may be possible to offer these at the provider's premises if appropriate. If interested, providers should discuss this option with Open Awards at point of apprentice registration or at the earliest possible opportunity.

Open Awards recognises that remote assessment of an individual apprentice may present an attractive alternative proposition. However, remote assessment has challenges and Open Awards are likely to require confirmation or reassurance that appropriate arrangements can be put in place. Providers must liaise directly with Open Awards at the earliest possible opportunity to enable a determination to be made as to whether remote assessment is viable and valid.

Assessment Administration

The demonstration of practice stations must be carried out over a **maximum total assessment time of 100 minutes** (+10% at the senior IEPA's discretion)

The demonstrations will not be split, other than to allow comfort breaks or a refresh of the stations as necessary. The demonstration of practice is considered a single assessment and the stations can be assessed in any order.

The three (3) stations will assess knowledge, skills and behaviours mapped to this method. The station IEPA(s) will ask between 6 – 10 follow-up questions (a minimum of two (2) per station) to gain assurance around the underpinning knowledge being demonstrated.

Overview of Individual Stations

Station 1 – Service user issue:

Outline: Based on a scenario involving a service user.

Description: The apprentice will have a discussion with the service user (an actor), for whom this is the first meeting, to co-produce an action plan to address the service user's priorities.

At this station the apprentice will:

5 minutes

- Be presented with an unseen case-based scenario
- Read the scenario

20 minutes

- discuss the issue with the service user (actor)
- co-produce an action plan to address the service user's priorities
- work safely within their scope of practice

5 minutes

- participate in a question and answer session with the IEPA (a minimum of two (2) questions).

Station 2 – Community issue:

Outline: Based on a scenario involving community groups or organisations.

Description: The apprentice will present to the IEPA the actions that they would take to deliver on agreed community outcomes and, drawing on their experience in their area of practice, how they would collaborate with a diverse range of stakeholders and partner agencies explaining the reasons behind the actions they would take.

At this station, the apprentice will:

20 minutes

- be presented with an unseen scenario involving a community
- read the scenario
- prepare to present to the IEPA

15 minutes

- the apprentice will present the actions that they would take to deliver the outcomes in collaboration with the community and that they consider to be appropriate to the IEPA explaining the reasons behind their actions.

5 minutes

- participate in a question and answer session with the IEPA (a minimum of two (2) questions).

Station 3 – Service user issue:

Outline: Based on a scenario involving a service user, as a follow-up meeting.

Description: The apprentice will work alongside a service user (an actor) who is already partway through their action plan to follow up on issues and actions taken that have been discussed in an earlier appointment.

At this station the apprentice will:

5 minutes

- Be presented with an unseen case-based scenario of somebody who is already partway through their chosen course of action
- Read the scenario

20 minutes

- Discuss the issue with the service user (actor)
- Discuss progress against their action plan
- Work safely within their scope of practice

5 minutes

- Participate in a question and answer session with the IEPA (a minimum of two (2) questions)

Demonstration of Practice Grading Descriptors

Each station will be graded fail, pass or distinction by the station IEPA in order to determine the overall grade for this method.

All three (3) demonstration stations must be passed to pass this assessment method.

Pass Grading Descriptors	
In order to achieve a pass, apprentices must demonstrate all the pass descriptors:	
P1	Works in partnership with people, groups and communities so that they can recognise their needs and priorities, overcome barriers, and solve problems independently using their strengths and local resources to achieve better health and wellbeing (K7, S2, S3, S4, S5)
P2	Recognises gaps in services, and identifies barriers to access, including how services are promoted or communicated, through a strengths or asset-based approach (K13, S13)
P3	Uses the principles and theories relating to behavioural science and behaviour change tools and techniques to work with people and groups so that they can make decisions, set goals and identify their priorities regarding their health and wellbeing (S21, S22)
P4	Uses a range of communication skills to ensure that people understand risks to health, the actions they can take, and local service provision that can help them, while identifying and breaking down barriers to communication, which could include sensory disability, neurodiversity, low levels of literacy or health literacy, language or cultural. Shows compassion and empathy when working with people. (K31, S30, S31, S32, B4)
P5	Explains how and why they maintain and keep secure and accurate records and the importance of consent and how it is gained (K35, S15, S36)
P6	Works within boundaries of the role when supporting people or communities. Represents the interests of people while managing expectations when engaging with service providers regarding service scope, availability and access. Recognises when to escalate in light of any risks identified in a timely manner, including when someone is in distress or crisis, providing the right support when it is needed. (K16, K38, S16, S39, S40)
P7	Engages with people and communities so that they can identify local provision, including services that can address wider issues, that can help them to achieve their health and wellbeing goals through self-care behaviours and to continue independently without the need for further engagement with the service (K22, K23, S23, S24)
P8	Develops constructive relationships with people and groups to elicit and inform the health and wellbeing concerns and priorities of people and groups while recognising their right to refuse advice and information. Helps

Pass Grading Descriptors	
	people identify the key issues impacting on their health and wellbeing whilst being respectful and non-judgmental of others' circumstances or decisions (K18, K19, S19, S20, B2, B3)
P9	Delivers evidence-based interventions that meet the needs of different communities, taking into account how cultural and faith-based differences can impact the implementation (K28, S25)
P10	Communicates evidence-based, complex public health messages in a way that is relevant and meaningful to the audience (S29)
P11	Works with honesty, integrity and inclusively, with people and communities, when implementing organisational policy, protocol, and procedures for data management and safeguarding, and in compliance with legislation (S33, S38, B1)
P12	Works with local communities to implement strategies and policies that improve health outcomes and address health inequalities, including use of evidence-based community development approaches (K6, S26)
Distinction Grading Descriptors	
In order to achieve a distinction, apprentices must demonstrate all the pass descriptors and all the distinction descriptors	
D1	Explains why they have chosen particular behaviour change tools and techniques when working with individuals who are identifying their priorities, making decisions, and setting goals (S21, S22)
D2	Explains how they apply communication skills to overcome different barriers to communication and how this enables them to work collaboratively with people and communities with empathy and compassion (K31, S30, S31, S32, B4)
D3	Explains how they have applied evidence-based community development approaches to address health inequalities with or between communities in line with local strategies and policies (K6, S26)

Professional Discussion Underpinned by Portfolio of Evidence

The apprentice and the IEPA will have a formal two-way dialogue allowing the apprentice to evidence the KSBs assigned to this assessment method and draw on appropriate evidence from their portfolio to underpin the discussion. A portfolio of evidence will be used by the apprentice to provide evidence to support the discussion and will not in itself be assessed or contribute to the overall grade.

Delivery

Open Awards expects the professional discussion will be undertaken remotely through video conferencing (E.g., MS Teams or Zoom) and this assessment will be recorded. Open Awards will store recordings of assessments to allow sufficient time for learner complaints and appeals to be processed where necessary. Open Awards will permanently delete assessment recordings on a monthly basis to ensure that no recordings are retained for longer than six (6) months.

The apprentice will be expected to be in a quiet room, normally at their employer's premises, free from distractions and influence to ensure the assessment can be

undertaken under controlled conditions. However, apprentices should have access to their portfolio to refer to during the discussion.

Assessment Administration

The professional discussion must be conducted on a 1:1 basis in a controlled environment free from distraction or influence. The IEPA will ask a minimum of 12 questions and the discussion will **last 60 minutes**. However, the IEPA can increase the overall time by up to 10% (i.e., 6 minutes), but only to allow the apprentice to complete the answer they have started. The IEPA will not tell the apprentice in advance of the assessment whether they will have any or how much additional time and the apprentice should NOT assume any additional time will be available.

As the discussion only involves the apprentice and the IEPA, neither the employer nor provider are required to, or able to attend.

Bookings for the professional discussion must be made **at least 10 working days** in advance to ensure the apprentice has two (2) weeks' notice and allow the IEPA to review the portfolio of evidence.

Professional Discussion Grading Descriptors

Pass Grading Descriptors	
In order to achieve a pass, apprentices must demonstrate all the pass descriptors:	
P1	Describes how they recognise, and help others to recognise, the different factors that affect health and wellbeing and to identify those that are within their control or influence. Describes the negative and positive impact that different agencies can have on improvements to the health and wellbeing of others (K3, K4, S1)
P2	Explains how they have built a constructive relationship with a group or community to identify their health and wellbeing priorities and shared solutions (S6)
P3	Explains how they have adhered to national guidance when supporting and supervising volunteers, while recognising the boundaries of their roles (S7)
P4	Explains how they have capitalised on local assets and effective partnerships, in collaboration with communities, recognising the suitability, potential competition or conflicts and risks of different non-statutory community and voluntary groups and services escalating any concerns (K9, S8, S9, S10, B6)
P5	Explains how they manage demand for support, including waiting lists with service providers through the promotion of community assets alongside appropriate referral or signposting (K14, S14, S18)
P6	Explains how they manage relationships and expectations when providing referral or signposting in line with the receiving organisations system and processes (K17, S17)

Pass Grading Descriptors	
P7	Explains how they apply evidence to inform and improve the effectiveness of strategies, policies and interventions that impact health and wellbeing outcomes (K27, S28)
P8	Explains how they use recognised tools and data, to monitor and measure health and wellbeing outcomes at individual or community levels and to identify priorities (S34, S35)
P9	Explains how they identify and use data and information to evaluate the impact and effectiveness of services and interventions, using different types of evaluation (K36, S37)
P10	Describes how they take part in appraisal, ongoing review and continuing professional development, and how this has influenced their practice (S42, S44)
P11	Explains how they take responsibility for identifying and mitigating risks to themselves and others in the course of their work (S43, B5)
P12	Describes how they facilitate access to a range of voluntary and public sector services that meet the needs of local communities, and promote the best use of services to manage demand, including services which are accessible digitally or online (K26, S27)
P13	Describes the roles of local and national statutory and voluntary organisations and agencies delivering services in their area of practice that support health and wellbeing, and how they keep information on local and digital provision up to date. Explains how they research, including using online resources, local provision for a wide range of interventions, projects and services to support individuals and communities who wish to better manage their health and wellbeing (K12, S11, S12)
P14	Explains the ethical dilemmas that relate to public health practice and how ethical guidance and frameworks help in decision making (K39, S41)
Distinction Grading Descriptors	
In order to achieve a distinction, apprentices must demonstrate all the pass descriptors and all the distinction descriptors	
D1	Explains how they have contributed to the development of a new resource to fill a gap in provision (K9, S8, S9, S10, B6)
D2	Explains how they have worked with others to build a constructive relationship with a seldom heard or unengaged group or community to address their health and wellbeing priorities (S6)

Grading

Grading Individual Assessments

Each assessment method is graded using the criteria published in the assessment plan for this apprenticeship standard.

Multiple-choice Test

- A score of 23 marks or less will result in the assessment being graded as a fail.
- In order to achieve a pass, apprentices must score 24 marks or above out of the 30 marks available.

Demonstration of Practice

- If one or more pass grading descriptors are not met, the assessment will be graded as a fail.
- In order to achieve a pass, **all** the pass descriptors must be met.
- In order to achieve a distinction, **all** the pass descriptors **and** all the distinction descriptors must be met.

Professional Discussion Underpinned by Portfolio of Evidence

- If one or more pass grading descriptors are not met, the assessment will be graded as a fail.
- To achieve a pass **all** pass criteria must be met.
- To achieve a distinction **all** pass criteria **and** all distinction criteria must be met.

Aggregation of Individual Assessment Grades into an Overall Grade

The grades from individual assessment methods will be combined in the following way to determine the overall grade:

Multiple-choice Test	Demonstration of Practice	Professional Discussion	Overall Grading
Fail	Any Grade	Any Grade	Fail
Any Grade	Fail	Any Grade	Fail
Any Grade	Any Grade	Fail	Fail
Pass	Pass	Pass	Pass
Pass	Distinction	Pass	Pass
Pass	Pass	Distinction	Pass
Pass	Distinction	Distinction	Distinction

Reasonable Adjustments and Special Considerations

Open Awards is committed to ensuring access to fair assessment for all learners and to protecting the integrity of assessments and qualifications.

There may be circumstances whereby arrangements need to be made to take account of particular learners' requirements in order to ensure that this is achieved without giving any unfair advantage over other learners.

The Reasonable Adjustments and Special Considerations Policy and Procedures, sets out the principles which should be followed when making decisions about adjustments to assessment. It outlines Open Awards' reasonable steps to ensure it avoids disadvantage (directly or indirectly) in line with the requirements of The Equality Act 2010 (Disability) Regulations 2010. The policy and procedures are accessible through the Open Awards Secure Portal.

Reasonable Adjustments

Any action that helps to reduce the effect of a disability or difficulty that places a learner at a substantial disadvantage in the assessment situation. Reasonable adjustments are adjustments made to an assessment for a qualification so as to enable a disabled learner to demonstrate his or her knowledge, skills and understanding to the levels of attainment required by the specification for that qualification.

Reasonable adjustments must not affect the reliability or validity of the assessment outcomes but may involve:

- Changing the usual assessment arrangements, e.g., allowing a learner extra time to complete an assessment activity
- Adapting assessment materials e.g., by providing large print or providing materials in Braille
- Providing assistance during an assessment e.g., by providing a trained signer, interpreter or a reader
- Changing the assessment method e.g., from a written assessment to a spoken assessment
- Using assisted technology such as screen reading, or a voice activated software.

Reasonable adjustments must be approved and set in place before the assessment takes place. The work produced by the learner will be assessed in the same way as all other learners.

Where the employer and training provider believe reasonable adjustment(s) may be required, this can be identified at the registration stage. Open Awards requires a **minimum of 20 days' notice** of any request for reasonable adjustments so this can be considered and where approved, arrangements made.

Special Considerations

These are adjustments which may be applied after an assessment where the learner has encountered exceptional circumstances that have disadvantaged them during their assessment.

The assessment plan for the apprenticeship standard defines permissible special considerations and the circumstances surrounding the apprentice's end-point assessment that fall within this definition.

Resits and Retakes

Apprentices who fail one or more assessment method will be offered the opportunity to take a resit or a retake. Open Awards will provide feedback alongside the result notification to all apprentices who fail an assessment method. This feedback will be provided via the training provider, normally **within 10 workings days** of the assessment taking place.

Where the result notification suggests a retake may be appropriate, the ESFA recommend the employer and training provider consider a supportive action plan that responds to the performance weaknesses identified within the feedback. This action plan should clearly state the nature and extent of the re-training and include the estimated time to prepare the apprentice for the retake. When a retake is booked, Open Awards will require confirmation via the training provider that the apprentice has received further training and is ready to be assessed.

A resit involves the apprentice attempting one or more failed assessment components again, without the need to undertake further training. The apprentice's employer must determine whether a re-sit or retake is an appropriate course of action.

The number of resits and retakes that can be taken by an apprentice will normally be at the discretion of the employer. The ESFA recommends a limit of two (2) resits or retakes, however, more than two (2) resits or retakes may be taken if available, or unless otherwise specified or limited within the assessment plan.

- A re-sit is typically taken within two (2) months.
- A retake is typically taken within three (3) months.

Resits and retakes must be completed within six (6) months of the original assessment otherwise the entire EPA will need to be taken again.

Resits or retakes are only to be taken in the event that the original assessment grade is a fail. A resit or retake cannot be taken with the intention of increasing the original grade if an apprentice has passed their EPA. Therefore, feedback will not normally be provided to apprentices who achieve a pass or higher.

For the demonstration of practice, the apprentice will be presented with a different set of scenarios, and they will re-sit or re-take all stations, not just the failed one.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless Open Awards determines there are exceptional circumstances. Where an apprentice believes exceptional circumstances impacted on their initial assessment attempt, they must submit a formal request with supporting evidence for exceptional circumstances to be considered, directly to Open Awards **within five (5) working days** of receiving the assessment decision.

The same IEPA who undertook the initial assessment attempt may be allocated by Open Awards to assess an apprentice's resit or retake. The allocation of IEPAs to assessments will be taken by Open Awards based upon the requirements of the assessment plan or operational considerations.

Appeals and Complaints

Open Awards is committed to ensuring that all assessment decisions are consistent, fair, and based on valid judgements made by IEPAs.

If an apprentice is satisfied with their result but seeks information as to why a specific grade was awarded, they can request formal feedback through their training provider. This feedback will be limited to justification of the decision and will not be developmental in nature (i.e., indicate how they may have achieved a higher grade). This feedback may take **up to 20 working days** to be provided. Further details are available from Open Awards.

If an apprentice is not satisfied with their result, they can request an enquiry about results which is an informal appeal. Open Awards will review the documentation for administrative errors and correct these if identified. An enquiry about results must be made by the apprentice **within 10 working days** of notification of the results concerned.

Alternatively, or subsequent to an enquiry about results, if an apprentice is not satisfied with their result, they may lodge an appeal. Appeals can be made by the training provider on behalf of the apprentice, but they must have the permission of the apprentice to do this.

Appeals made in respect of the final overall grade will result in a delay to the completion certificate being requested by Open Awards. For further details regarding the process, timelines, and fees, please refer to Open Awards' Enquiries and Appeals Policy and Procedures which can be found on the Portal.

Completion and Certification

Open Awards will issue a summary of results following successful completion of all EPA assessments. This will be issued to the apprentice via the provider and show the grade associated with each assessment, alongside the overall grade and the date this was awarded.

Open Awards will also request the apprenticeship completion certificate from IfATE on behalf on an apprentice once they have completed their apprenticeship. As part of the gateway declaration form an apprentice is required to give Open Awards permission to do this on their behalf. Without this permission Open Awards is unable to claim the certificate.

Open Awards will request the certificate once the apprentice has received and agreed the final grade. Where the apprentice does not formally agree the final grade, Open Awards will assume it is agreed once the window for an enquiry about results or appeal is extinguished (**10 working days** from the notification of results). Requests for the certificate are then made **within 20 working days** and in most instances, sooner. IfATE normally send the completion certificate directly to the employer by recorded delivery; this can take **up to 15 working days** to arrive from the date it is requested.

Quality Assurance

Internal Quality Assurance

Quality assurance is at the heart of Open Awards' practices, and we follow suitably rigorous processes to ensure that the integrity of our assessments is maintained.

Internal quality assurance is the process of reviewing and evaluating assessment practices and decisions to ensure that:

- an identified individual is responsible for coordinating internal quality assurance processes
- there are clear and documented roles and responsibilities for all those involved
- all learners are assessed accurately, fairly, and consistently to the right standard
- internal quality assurance is structured and incorporates all of the requirements set out in the assessment plan associated with the apprenticeship standard
- assessment tasks and learner work are sampled appropriately
- good practice is promoted through internal standardisation events and quality assurance meetings
- decisions are supported by full and clear records and action plans that are followed
- internal processes are transparent and regularly evaluated.

External Quality Assurance

External quality assurance for this apprenticeship standard is undertaken by Ofqual.

Assessment Specification

The assessment specification can be found on our website and on IfATE's website in the published assessment plan for the standard. Details of which elements of the apprenticeship standard will be tested by each test are given below.

Occupational duties

DUTY	KSBS
Duty 1 use preventative approaches to promote the health and wellbeing of individuals, groups and communities, addressing the wider determinants of health and causes of ill-health	K1 K2 K3 K4 K5 S1 S2 S3 S4
Duty 2 help communities to build local resilience and identify strengths, capacity and resources that support their health and wellbeing	K6 K7 K8 K9 K10 S5 S6 S7 S8 S9 S10 B6
Duty 3 provide informed advice about local services and projects that support health and wellbeing	K11 K12 K13 S11 S12 S13
Duty 4 manage referrals from a range of agencies, professionals and through self-referral	K14 K15 K16 K17 S14 S15 S16 S17 S18
Duty 5 apply behavioural science to help people find practical solutions for better health and wellbeing	K18 K19 K20 K21 K22 K23 S19 S20 S21 S22 S23 S24 B2 B3
Duty 6 implement actions set out in strategies and policies that promote health and wellbeing at community level	K6 K24 K25 K26 K27 K28 S4 S25 S26 S27 S28
Duty 7 communicate public health messages and information to promote health and wellbeing at an individual, group and community level	K18 K29 K30 K31 K32 S29 S30 S31 S32 B4
Duty 8 manage data and information and contribute to the evaluation of projects and services	K15 K33 K34 K35 K36 S15 S33 S34 S35 S36 S37
Duty 9 operate within legal and ethical frameworks that relate to the promotion and protection of the public's health and wellbeing	K16 K37 K38 K39 S38 S39 S40 S41 B1
Duty 10 take responsibility for personal and professional development in line with organisational protocol	K40 K41 K42 S42 S43 S44 B5

Mapping of Knowledge, Skills, and Behaviours

Multiple-choice Test - Knowledge, Skills, and Behaviours

Ref	Criteria
Knowledge	
K1	The wider social determinants of health and their impact on the physical, mental and emotional wellbeing of individuals, families and communities
K2	The causes of mental, emotional, and physical ill-health, long-term conditions, disability and premature death in the local community, their risk factors, and the opportunities for prevention and management
K5	Health inequalities and how these impact on physical, mental, and emotional health and wellbeing
K8	National guidance on the engagement and management of volunteers and how their rights and welfare are protected
K10	The concepts and theories underpinning a strengths or asset-based approach
K11	The local and national statutory organisations and agencies that deliver public services (including education, housing, welfare, justice, health and care) and how they are funded
K15	Relevant legislation, local policies and protocols regarding information governance, data security, data sharing and record keeping, to inform practice
K20	Behaviour change principles and theories that underpin health improvement activity
K21	Evidenced-based behaviour change tools and techniques (e.g. those that include capability, motivation, opportunity, and action planning) that can be applied to behaviour change interventions
K24	Different types of community and their defining characteristics, including cultural and faith-based factors
K25	National and local strategies and policies to improve health outcomes and address health inequalities
K29	The current health messages aimed at the public and the evidenced-based rationale for those messages
K30	Different components of interpersonal communication such as non-verbal, para-verbal, and active listening
K32	The use of different communication methods in the promotion of health messages to a wide audience, including through social media and other digital technologies
K33	Different population level or public health data and information used to identify priorities and measure community health outcomes
K34	The different tools and data used to measure changes in people's health and wellbeing at an individual and community level

K37	Relevant legislation and how it influences policies and protocols, when promoting or protecting community health such as Health Protection legislation
K40	The importance of keeping up to date with developments in population health and community health and wellbeing (continuing professional development)
K41	The importance of training in policies and protocols that ensure safety of self and service users, when work is often unsupervised or in remote locations
K42	The importance of appraisal, training and ongoing review including ways to give and receive feedback

Demonstration of Practice - Knowledge, Skills, and Behaviours

Ref	Criteria
Knowledge	
K6	The most up-to-date evidence base informing the creation of inclusive community development approaches that improve the health and wellbeing of communities
K7	The importance of building partnerships and connections with individuals, groups, and communities
K13	How to map services and other resources available to a community by taking a strengths or asset-based approach while also recognising gaps in provision
K16	The nature and boundaries of the role when representing the interests of people using the service, and procedures for escalation or seeking advice for those at risk, including safeguarding protocols
K18	How to build a rapport with people and groups to elicit information about their health and wellbeing concerns, and to offer further information to them
K19	How to acknowledge and respect an individual's priorities in relation to their health and wellbeing, and understanding their right to refuse advice and information
K22	The concepts and theories relating to engagement, empowerment, co-design, and person-centred approaches and their importance for all aspects of mental, emotional and physical health and wellbeing
K23	The difference between enabling people to make their own changes and solve their own problems, and encouraging dependency
K28	How cultural and faith-based differences can impact the implementation of evidence-based interventions
K31	Barriers to communication that may affect a person's understanding of health messages and strategies for overcoming these (barriers could

	include sensory disability, neurodiversity, low levels of literacy or health literacy, language, or culture)
K35	The importance of gaining people's consent and recording personal data and information securely in line with service protocols
K38	The importance of managing people's expectations regarding the scope and availability of the service and how it can be accessed
Skills	
S2	Assist individuals, groups and communities to recognise their needs, what is important to them, and their strengths in relation to their health and wellbeing
S3	Help people, groups and communities to identify and address barriers that can be overcome to achieve better health and wellbeing
S4	Work with people and communities to identify and access local resources and assets that support their health and wellbeing
S5	Work with people and communities so that they continue to make changes and solve problems on their own
S13	Identify barriers preventing individuals from accessing local services, including how services are promoted or communicated
S15	Manage people's personal data safely and securely when completing and storing records or sharing data
S16	Recognise when someone is in distress or crisis and how to ensure that the right support is available for them at the point of need
S19	Help people to identify the key issues impacting on their health and wellbeing, actively listening to a person's story without judgement
S20	Work with individuals or groups to navigate health-related and service-related information to make decisions about their health and wellbeing
S21	Work with individuals and groups who want to make changes to their behaviours and lifestyle choices to improve their health and wellbeing
S22	Use behaviour change tools and techniques to develop and agree a plan of action, or set goals with a person to help them to address the issues and priorities they have identified regarding their health and wellbeing
S23	Help people to review and access services relevant to them and their needs to optimise access and choice, including services that can address wider issues (such as social, financial or environmental) affecting their health and wellbeing
S24	Work with individuals to support self-care behaviours that will continue beyond the engagement of health and wellbeing services
S15	Deliver interventions that meet the needs of local communities including the consideration of cultural and faith-based factors
S26	Support local communities through the implementation of strategies and policies that improve health outcomes and address health inequalities
S29	Communicate complex public health messages to people in a way that is relevant and meaningful to them

S30	Communicate with people from a wide range of backgrounds, including professionals from different sectors, and citizens of different cultures
S31	Facilitate consistent and helpful communications for people to make local services easier to understand and access
S32	Facilitate communication and collaboration between people, communities and service providers where better connections and networks would support easier access and better provision
S33	Act in accordance with relevant legislation, local policies and protocols regarding information governance, data security, data sharing and record keeping when handling people's personal data and information
S36	Seek people's consent to record and use their data, explaining to people who use services how their data and information will be used, and how it will be stored safely
S38	Work in partnership with people and groups when implementing policies and protocols in their communities
S39	Recognise when the support needs of people or communities are beyond the scope of the role, and escalate in a timely manner particularly if a person is 'at risk'
S40	Represent the interests of people when engaging with service providers, while managing expectations regarding service availability and access
Behaviours	
B1	Acts with honesty and integrity
B2	Respectful of others
B3	Non-judgemental regarding others' circumstances or decisions
B4	Shows compassion and empathy

Professional Discussion - Knowledge, Skills, and Behaviours

Ref	Criteria
Knowledge	
K3	The negative and positive impact that different agencies can have on improving health and wellbeing
K4	How psychological, behavioural and cultural factors contribute to the physical and mental health of people, and how these can impact on others
K9	How to recognise the suitability of non-statutory community and voluntary groups and services to support people's health and wellbeing needs, and local protocols for service appraisal and risk assessment
K12	The different local and national voluntary and charity organisations and their role in the provision of services available to the public for different issues, such as managing debt, reporting crime, domestic abuse, accessing government services online, tackling social isolation, bereavement support, promoting good mental health and wellbeing

K14	Local criteria for referring people into the service, local referral systems and protocols or for signposting within scope of practice
K17	How to manage relationships with health and wellbeing service providers, the expectations of the provider and the person being referred or signposted
K26	The local demand on services based on health needs, and the different public and voluntary sector services available in the community to help to meet those needs
K27	The importance of the evidence base in forming strategies, policies and interventions to improve health and wellbeing
K36	The different types of data and information and different types of evaluation used to assess the impact and effectiveness of services and interventions
K39	Ethical implications and guidance relating to public health practice, such as the impact of public health measures on civil liberties
Skills	
S1	Recognise, and help others to also recognise, the factors that impact on a person's health and wellbeing that they can or cannot control or influence
S6	Build partnerships and connections with local people, groups and organisations to reach shared solutions to local needs or issues
S7	Work with, support or supervise people working as volunteers whilst recognising the boundaries of their roles
S8	Recognise whether non-statutory community and voluntary groups and services are safe and sustainable to support people's health and wellbeing needs, and escalate any concerns
S9	Identify where different organisations collaborate successfully or interface seamlessly and build on these strengths to extend provision
S10	Identify and highlight competition or conflict between services where this does not work in the interests of the local community or works against the best use of local assets
S11	Research local provision, including online, for a wide range of interventions, projects and services that can support individuals and communities who are seeking to better manage their health and wellbeing
S12	Keep information on local and digital provision up to date
S14	Receive and manage referrals recognising situations where appropriate onward referral, escalation or signposting can be made within scope of practice
S17	Develop relationships with local health and wellbeing service providers to ensure appropriate referrals or signposting can be made and the service offer is understood
S18	Manage a caseload and potential waiting lists and be able to prioritise in line with service guidance within scope of own practice

S27	Facilitate access to and promote services delivered by a range of public and voluntary sector agencies in the community, and services that are accessible digitally or online
S28	Apply the most recent evidence to improve the effectiveness of strategies, policies and interventions
S34	Use different types of data and information to identify priorities and measure health outcomes
S35	Use recognised tools and data so that changes to people's health and wellbeing can be measured or monitored at an individual, group, or community level
S37	Contribute to service evaluation by using different types of data and information and different types of evaluation
S41	Identify and apply ethical frameworks and guidance relevant to practice in public or population health
S42	Keep a record of training and development opportunities that have been accessed and how these have informed their practice
S43	Maintain high standards of professional and personal conduct, including duty of care for the safety and welfare of self and others
S44	Engage with performance appraisal and reflective practice in line with organisational procedures and management processes
Behaviours	
B5	Takes responsibility for own actions
B6	Seeks to collaborate (with individuals, communities and organisations) across sectoral, organisational and cultural boundaries

Indicative Content

Assessment Method 1: Knowledge Test

KSB	Statement	Indicative content
K1	The wider social determinants of health and their impact on the physical, mental and emotional wellbeing of individuals, families and communities	Income and socioeconomic status, education, employment and job security, housing and living conditions, access to healthcare services, social support and community engagement, environmental factors, access to nutritious food, Access to food banks, Transport links, links to extended family.
K2	The causes of mental, emotional, and physical ill-health, long-term conditions, disability and premature death in the local community, their risk factors, and the opportunities for prevention and management	1. Mental and Emotional Ill-Health Causes: Stress, social isolation, financial difficulties, trauma, genetic predisposition, social disadvantages, job security, long term chronic illness. Risk Factors: Lack of social support, substance abuse, family history of mental illness, exposure to adverse childhood experiences, communication difficulties, isolation and experience of discrimination. Prevention and Management: Promoting mental health awareness, access to counselling services, stress reduction programs, and community support groups, reducing health inequalities, increasing access. 2. Physical Ill-Health: Causes: Poor nutrition, lack of physical activity, smoking, excessive alcohol consumption, substance abuse, mental illness, eating disorders and exposure to environmental pollutants. Risk Factors: Sedentary lifestyle, unhealthy diet, obesity, and lack of access to healthcare, denial, lack of education, lack of support and guidance. Prevention and Management: Health education, smoking cessation programmes, weight management programmes, alcohol management programmes, access to nutritious food, befriending service and community fitness initiatives. 3. Long-Term Conditions: Causes: Aging, genetics, and lifestyle factors such as poor diet and physical inactivity chronic pain, mental health conditions.

		Risk Factors: Family history, obesity, smoking, and chronic stress mismanaged pain conditions, unmet needs, erratic access to mental health services, lack of medication reviews. Prevention and Management: Early diagnosis and management, patient education on self-care, regular medication reviews and community-based healthcare services. 4. Disability: Causes: Physical injuries, congenital conditions, progressive diseases, learning difficulties/disabilities. Risk Factors: Accidents, lack of safety measures, and exposure to environmental hazards lack of timely diagnosis, lack of intervention, lack of training of support services and family. Prevention and Management: Injury prevention programmes, accessible infrastructure, physical and mental health prevention and management and rehabilitative services. 5. Premature Death: Causes: Cardiovascular diseases, cancers, suicide, accidents, and infectious diseases. Risk Factors: Smoking, excessive alcohol use, high blood pressure, poor diet, lack of physical activity substance misuse, mental health, gender (regarding suicide), and inadequate healthcare access. Prevention and Management: Health promotion campaigns, early detection through screenings, vaccination programs, and improved access to healthcare services including mental health & suicide prevention services. 6. Social Determinants of Health: Causes: Socioeconomic factors like poverty, unemployment, and education disparities. Risk Factors: Limited access to education, income inequality, and housing instability. Prevention and Management: Poverty reduction initiatives, job training programmes, and affordable housing projects. 7. Substance Abuse: Causes: Peer pressure, coping mechanisms for stress and mental health problems, trauma, environmental stressors such as living in a poor area, individual personality characteristics – addictive personality, and genetic predisposition. Risk Factors: Social isolation, mental health issues, and easy access to drugs or alcohol. Prevention and Management: Substance abuse prevention programs, counselling services, and support for recovery.

K5	Health inequalities and how these impact on physical, mental, and emotional health and wellbeing	Life expectancy gap, maternal health disparities, access to mental health services, obesity and diet-related problems, substance misuse, eating disorders in general, dental hygiene, educational attainment and health literacy, unemployment and mental health, housing quality, access to green spaces,
K8	National guidance on the engagement and management of volunteers and how their rights and welfare are protected	Know the legal status of volunteers and the laws governing this. Understand volunteer rights and their protection, know best practice in recruiting and managing volunteers, understand the importance of safeguarding safeguarding training, ongoing support (including peer support) and supervision and recognition of work for engagement and management for volunteers.
K10	The concepts and theories underpinning a strengths or asset-based approach	Asset-Based Community Development (ABCD), Resilience theory, Positive psychology, Empowerment theory, Social capital, Community assets, Appreciative Inquiry, Cultural competence, Community Engagement and Participation Stakeholder
K11	The local and national statutory organisations and agencies that deliver public services (including education, housing, welfare, justice, health and care) and how they are funded	Know the local and national agencies responsible for providing education, housing, welfare, justice, health and care, policing and social services; and how they are funded. Understand the meaning of statutory organisation
K15	Relevant legislation, local policies and protocols regarding information governance, data security, data sharing and record keeping, to inform practice	Relevant legislation: Data protection Act 2018, NHS Digital: Caldicott principles, Human Rights Act 1998. Local policies/protocols: Local Authority Policies, NHS Trust policies, Social Care policies, Confidentiality Agreements. Data Security: encryption, access controls, secure storage, password protection. Data sharing: informed consent, Caldecott Guardians, Interoperability. Record keeping: Accuracy and completeness, Retention periods, audit trails, training and awareness, freedom of information, Data Breach. General principle that information is shared fairly, lawfully and transparently. Need for explicit consent before sharing information with caregivers
K20	Behaviour change principles and theories that underpin health improvement activity	Health belief model, Social cognitive theory, Theory of planned behaviour, Transtheoretical model, Social Ecological Model, Self-determination theory

K21	Evidenced-based behaviour change tools and techniques (e.g. those that include capability, motivation, opportunity, and action planning) that can be applied to behaviour change interventions	1. Goal Setting: SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound). 2. Self-Monitoring: Use of journals, apps, or wearables to track behaviour. 3. Social Support: Encouraging individuals to seek support from friends, family, or support groups. 4. Behaviour Contracts: Written agreements specifying behaviour change goals and rewards or consequences. 5. Action Planning: Developing specific plans for when, where, and how to perform the desired behaviour. 6. Social Norms and Social Influence: Highlighting the behaviours of peers and community members as positive examples. 7. Health Education and Information: Providing individuals with accurate and relevant health information. 8. Feedback and Reinforcement: Regularly provide feedback on progress and offer positive reinforcement. 9. Environmental Modification: Altering the physical or social environment to facilitate behaviour change. 10. Cognitive Behavioural Techniques: Identifying and challenging unhelpful thoughts and beliefs. 11. Motivational Affirmations: Encourage individuals to repeat positive affirmations related to behaviour change. 12. Peer Support and Group Sessions: Participation in group sessions or peer-led support. Well-being/wellness action plan to ensure self-care and is aware of own mental health
K24	Different types of community and their defining characteristics, including cultural and faith-based factors	Ethnic minority communities, immigrant and refugee communities, Rural communities, Urban communities, Elderly communities, LGBTQ+ communities, cultural fusion communities, concept of sub-cultures and cultural identity, geographical community, religious community.
K25	National and local strategies and policies to improve health outcomes and address health inequalities	National: NHS Long Term Plan, UK health Security Agency (UKHSA), Social determinants of health, Health and wellbeing boards. Local: Local public health strategies, Joint Strategic Needs Assessments, Integrated Care Systems, Community and Voluntary Sector partnerships, Public health campaigns, Health inequalities audits, Education and employment initiatives.

K29	The current health messages aimed at the public and the evidenced-based rationale for those messages	Eat a balanced diet, Be physically active, Limit sugar and salt intake, Drink plenty of water, Stop smoking, Drink alcohol in moderation, Get vaccinated, Practice safe sex, quick reaction regarding CPR, FAST (stroke) obesity and link to various health problems including type 2 diabetes. Reduce air pollution. Define evidence-based rationale
K30	Different components of interpersonal communication such as non-verbal, para-verbal, and active listening	Non-verbal communication: gestures, facial expressions, body language, eye contact, and other forms of communication that do not involve spoken or written words. Para-verbal communication: tone, pitch, volume, and pacing of speech. It includes elements like intonation, emphasis, and pauses. Active listening: fully focusing on, understanding, and responding to the speaker. It includes providing verbal and non-verbal feedback to show understanding. Empathy and understanding. Clarification and feedback. Including Assistive technology, access support and service for unmet needs, provide alternative. Active listening without making judgement, reflecting rather than reacting, summarising and reframing to check understanding
K32	The use of different communication methods in the promotion of health messages to a wide audience, including through social media and other digital technologies	Know the different communication methods used to promote health benefits and the rationale. Social media and other digital technologies (including apps). Print materials (posters, flyers, brochures). Public talks and workshops. Radio and television campaigns. Telephone helplines. Printed newsletters and magazines. Billboards and outdoor advertising. School programmes and educational initiatives. Community engagement and grassroots initiatives, Podcasts, community cafe, hubs. Virtual clinics
K33	Different population level or public health data and information used to identify priorities and measure community health outcomes	Know the use and role of the following: health surveys, vital statistics, disease surveillance systems, hospital episodic statistics, cancer registry data, health inequalities data, environmental health data, behavioural risk factor surveillance, public health reports and publications, electronic health records, audits /surveys. Qualitative research- open ended interviews, focus groups, narrative research gives the ability to measure soft outcomes.
K34	The different tools and data used to measure changes in people's health and wellbeing at an individual and community level	Know the use and application of: health surveys, health records and electronic health records, health outcome measures, hospital episode statistics, community health needs assessments, environmental monitoring, disease registries, social and economic data,

K37	Relevant legislation and how it influences policies and protocols, when promoting or protecting community health such as Health Protection legislation	Public Health (Control of Disease) Act 1984, Health and Social Care Act 2008, Health Protection (Coronavirus, Restrictions) Regulations 2020, National Health Service Act 2006, Mental Health Act 1983, Human Rights Act 1998, Equality Act 2010 Mental Capacity Act. Care Act 2014.
K40	The importance of keeping up to date with developments in population health and community health and wellbeing (continuing professional development)	Reasons would include: evolving healthcare landscape, changing health needs, health inequalities, policy and legislation, evidence-based practice, improved outcomes, professional growth, networking and collaboration, patient and community trust, emergency preparedness, quality assurance. Ensuring you can give the best person centred and up to date care and support to people to get the best outcomes.
K41	The importance of training in policies and protocols that ensure safety of self and service users, when work is often unsupervised or in remote locations	Key reasons would include: personal safety, service user safety, legal compliance, risk management, emergency response, confidence and competence, consistency in care, communication skills, ethical considerations, service user trust. Lone working, Dignity and privacy, Gaining consent, BLS, accident procedure, contingency plan in event of adverse event weather
K42	The importance of appraisal, training and ongoing review including ways to give and receive feedback	Reasons would include: continuous improvement, quality assurance, adapting to changing needs, personal and professional development, accountability, enhanced communication, service user satisfaction. Giving feedback: constructive approach, timely, objective language, balance positive and negative, being respectful and supportive. Receiving feedback: open-mindedness, active listening, reflect and self-assess, action-oriented, follow-up. Evaluate progression within role and to improve and increase skills within role to improve outcomes for service users. Importance of compassion and empathy in both parties in the giving and receiving of feedback

Open Awards Policies

Current versions of the following Open Awards policies are accessible through the Secure Portal.

These policies include:

- End Point Assessment Pricing Policy
- Reasonable Adjustments and Special Considerations Policy
- Data Protection
- Enquiries and Appeals Policy
- Complaints Policy
- Malpractice and Maladministration Policy
- Equality and Diversity Policy
- Sanctions Policy
- Safeguarding Policy
- Conflict of Interest Policy
- Fair Access Policy

In addition, the current version of the following relevant document may be obtained by training providers, employers, or apprentices by contacting Open Awards directly:

- Instructions for Conducting Controlled Assessment Remotely

Fees and Charges

Open Awards standard fees and charges for end-point assessment, including resists and retakes are set out the schedule of fees. The current schedule can be found on the Open Awards' website.

Support

For information about Open Awards support offer, including information on our policies, quality assurance, re-sits, appeals, complaints and general enquiries, please see our website: **www.openawards.org.uk** or contact our customer service team on 0151 494 2072 or via email at **enquiries@openawards.org.uk**.

© Copyright Open Awards 2024.

All rights reserved. Permission is granted to reproduce for personal and educational use only. Commercial copying, hiring, or lending is prohibited.

Open Awards

17 De Havilland Drive,
Estuary Commerce Park
Speke
Liverpool
L24 8RN

Tel: **0151 494 2072**

Email: **info@openawards.org.uk**

Website: **www.openawards.org.uk**