

NCFE

CACHE

Qualification specification

**NCFE CACHE Level 2 Certificate in Falls
Prevention Awareness
QN: 603/2552/5**

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Summary of changes

This document summarises the changes to this qualification specification.

Version	Publication Date	Summary of amendments
v2.1	February 2020	Information regarding the wellbeing and safeguarding of learners added to Resources .
v2.2	June 2022	Information about the support handbook updated in section 1. Information regarding registration and entry requirements and the language of assessment evidence added to section 2. Reference to Public Health England replaced with UK Health Security Agency and Office for Health Improvement and Disparities in Unit 01.

Section 1: General introduction

About this Qualification Specification

This qualification specification contains everything you need to know about this qualification and should be used by everyone involved in the planning, delivery and assessment of this qualification.

Total Qualification Time

Total Qualification Time (TQT) is comprised of the following two elements:

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

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

Guided Learning (GL)

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

Recognition of Prior Learning (RPL)

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

How this qualification works

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

All of the units achieved can be ‘banked’. This means that if you want to take another qualification which includes the same units you do not have to take them again.

Each unit has:

- a **level** – shows how difficult it is
- a **unit aim** – explains what is covered in the unit
- **learning outcomes** – cover what you need to do (skills) or what you need to understand (knowledge)
- **assessment criteria** – what you need to show (evidence)

Each learning outcome is linked to a number of assessment criteria. Evidence must be provided for all the assessment criteria to gain the unit.

Learning outcomes The learner will:	Assessment criteria The learner can:	Evidence record e.g. page number & method	Assessor judgement achieved Initial and date
1. Know substances which are commonly misused.	1.1. List categories of substances which are commonly misused.		
	1.2. Identify substances which are commonly misused.		

Understanding learning outcomes

There are two main types of learning outcome:

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

Sometimes they can cover a combination of the two.

Competence-/Skills-based learning outcomes:

- Begin with 'Be able to'. The assessment criteria usually show that the evidence could be observable within a real work environment. Other methods may be applied, please see chart in Assessment Guidance section. All evidence must be based on the learner's experience in a real work environment.

Knowledge-based learning outcomes:

- Begin with 'Know', 'Understand' or 'Know how to'.



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

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

Equal opportunities

We fully support the principle of equal opportunities and oppose all unlawful or unfair discrimination on the grounds of ability, age, colour, culture, disability, domestic circumstances, employment status, gender, marital status, nationality, political orientation, racial origin, religious beliefs, sexual orientation and social background. We aim to ensure that equality of opportunity is promoted and that unlawful or unfair discrimination, whether direct or indirect, is eliminated both in its own employment practices and in access to its qualifications. A copy of our Diversity and Equality policy is available on the NCFE website.

Diversity, access and inclusion

Our qualifications and associated assessments are designed to be accessible, inclusive and non-discriminatory. We regularly evaluate and monitor the 6 diversity strands (gender, age, race, disability, religion, sexual orientation) throughout the development process as well as delivery, external moderation and external assessment processes of live qualifications. This ensures that positive attitudes and good relations are promoted, discriminatory language is not used and our assessment procedures are fully inclusive.

Learners who require reasonable adjustments or special consideration should discuss their requirements with their Tutor, who should refer to our Reasonable Adjustments and Special Considerations policy for guidance. For more information on the Reasonable Adjustments and Special Considerations policy please see the NCFE website.

The Public Website

Our public website address is www.ncfe.org.uk. The website contains information about all our qualifications which contains:

- Key Facts
- Qualification Specifications
- other support materials

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

- Complaints Policy
- Enquiries and Appeals Policy
- Diversity and Equality Policy

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

The Centre Secure Website

More specific information to support Centre delivery can be found on our secure website.

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

Support for Centres

There are a number of support documents available that you might find useful for delivery. These are available to download the NCFE website or can be requested by the customer support team on 0191 239 8000 or email customersupport@ncfe.org.uk.

Our customer support team will support you with approvals, registrations, external quality assurance, external assessment, results and certification.

Section 2: About this qualification

Qualification summary	
Title	NCFE CACHE Level 2 Certificate in Falls Prevention Awareness
Qualification number	This is a regulated qualification. The regulated number for this qualification is 603/2552/5.
Purpose and objectives	<p>The purpose of this qualification is to increase learners' awareness and understanding of falls and their prevention, which will allow them to progress into or within employment in healthcare or social care settings.</p> <p>The objective of the qualification is to allow learners to gain knowledge and understanding of:</p> <ul style="list-style-type: none"> • the impact and consequences of a fall • risks and hazards which contribute to falls • reducing the risk of falls. <p>The qualification also covers the importance of recording and reporting any incidence of falls to ensure that interventions can be put in place to reduce the risk and reoccurrence of falls.</p> <p>This qualification is aimed at anyone working in a healthcare or social care environment, particularly those that support or have contact with older people who have an increased propensity to falls.</p>
Total Qualification Time (hours)	142
Guided Learning (hours)	118
Minimum age of learner	16
Rules of combination	Learners must achieve all 4 mandatory units.
Progression	<p>Learners who achieve this qualification could progress to:</p> <ul style="list-style-type: none"> • Level 3 Certificate in the Principles of End of Life Care • Level 3 Certificate in Preparing to Work in Adult Social Care • Level 3 Certificate in Stroke Care Management • Level 3 Certificate in Understanding the Principles of Dementia Care.

<p>Recommended assessment methods</p>	<p>All units will be individually internally assessed using a range of methods which could include written assignments or tasks.</p> <p>Unless stated otherwise in this qualification specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English.</p>
<p>Entry requirements / recommendations</p>	<p>There are no specific recommended prior learning requirements for this qualification. However, learners may find it helpful if they've already achieved a Level 1 qualification in healthcare or social care.</p> <p>Entry is at the discretion of the Centre. However, learners should be aged 16 or above to undertake this qualification.</p> <p>Centres are responsible for ensuring that this qualification is appropriate for the age and ability of learners. They need to make sure that learners can fulfil the requirements of the learning outcomes and comply with the relevant literacy, numeracy and health and safety aspects of this qualification.</p> <p>Learners registered on this qualification shouldn't undertake another qualification at the same level with the same or a similar title, as duplication of learning may affect funding eligibility.</p> <p>Registration is at the discretion of the centre, in accordance with equality legislation, and should be made on the Portal.</p>

Section 3: Units

Unit achievement log – Level 2 Certificate in Falls Prevention Awareness

Unit ref.	Unit no.	Unit title	Unit type	Level	Unit guided learning hours	Page	Notes
R/616/3877	01	Falls in context	Knowledge	2	28	18	
F/616/3888	02	The risk factors and causes of falls	Knowledge	2	34	21	
F/616/3891	03	Falls assessment and prevention	Knowledge	2	36	24	
J/616/3892	04	Managing falls	Knowledge	2	20	27	



Unit layout

For each unit the following information has been provided:	
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Unit title	Provides a clear, concise explanation of the content of the unit.
Unit reference	The unique reference number given to each unit at qualification approval by Ofqual.
Unit level	Denotes the level of the unit within the framework.
Unit guided learning hours	The average number of hours of supervised or directed study time or assessment required to achieve a qualification or unit of a qualification.
Unit group	Denotes whether the unit is mandatory or optional.
Unit aim	Provides a brief outline of the unit content.
Learning outcome	A statement of what a learner will know, understand or be able to do as a result of a process of learning.
Assessment criteria	A description of the requirements a learner must achieve to demonstrate that a learning outcome has been met.
Unit assessment guidance	Any additional guidance provided to support the assessment of the unit.

NB: Words highlighted in bold in the learning outcomes and assessment criteria are linked to the additional guidance section where more information can be found.

Explanation of terms used at Level 2 (not all verbs are used in this qualification)	
Apply	Link existing knowledge to new or different situations.
Assess	Consider information in order to make decisions.
Classify	Organise according to specific criteria.
Compare	Examine the subjects in detail looking at similarities and differences.
Define	State the meaning of a word or phrase.
Demonstrate	Show an understanding of the subject or how to apply skills in a practical situation.
Describe	Write about the subject giving detailed information.
Differentiate	Give the differences between two or more things.
Discuss	Write an account giving more than one view or opinion.
Distinguish	Show or recognise the difference between items/ideas/information.
Estimate	Give an approximate decision or opinion using previous knowledge.
Explain	Provide details about the subject with reasons showing how or why. Some responses could include examples.
Give (positive and negative points ...)	Provide information showing the advantages and disadvantages of the subject.
Identify	List or name the main points. (Some description may also be necessary to gain higher marks when using compensatory marking.)
Illustrate	Give clear information using written examples, pictures or diagrams.
List	Make a list of key words, sentences or comments that focus on the subject.
Plan	Think about and organise information in a logical way. This could be presented as written information, a diagram, an illustration or other suitable format.
Perform	Do something (take an action/follow an instruction) which the question or task asks or requires.

Provide	Give relevant information about a subject.
Reflect	Learners should look back on their actions, experiences or learning and think about how this could inform their future practice.
Select	Choose for a specific purpose.
Show	Supply sufficient evidence to demonstrate knowledge and understanding.
State	Give the main points clearly in sentences.
Use	Take or apply an item, resource or piece of information as asked in the question or task.

Unit 01: Falls in context



Unit reference	R/616/3877	Unit level	2
Unit guided learning hours	28	Unit group	Mandatory
Unit aim	In this unit learners will look at falls in different settings and understand the consequences that falling can have on an individual. It also covers falls awareness and prevention programmes, and legislation and guidance relating to falls.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand falls within a health and social care context.	1.1. Describe what is meant by a fall. 1.2. State current national statistics relating to falls and older people. 1.3. Give reasons why the risk of falling and bone fractures increases with age. 1.4. Explain why falls should not be viewed as an inevitable consequence of ageing. 1.5. Explain how falls are a concern in different settings .
2. Understand the impact and consequences of falls.	2.1. Give examples of fall-related injuries. 2.2. Describe how falls can have a disabling effect on individuals' well-being, including: <ul style="list-style-type: none"> • physical • psychological • social. 2.3. Describe the financial costs of falls and bone fractures. 2.4. Describe the potential impact of falls on health and social care service providers.

Learning outcomes The learner will:	Assessment criteria The learner can:
3. Understand the benefits of falls awareness and prevention.	3.1. Describe the benefits of falls awareness and prevention programmes for: <ul style="list-style-type: none"> • individuals • health and social care service providers. 3.2. Identify ways to raise awareness of the risks and consequences of falls. 3.3. Outline the responsibilities of health and social care service providers in reducing the incidence and impact of falls.
4. Understand the legislation and guidance relating to falls and falls prevention.	4.1. Outline the key points of current legislation relating to falls and falls prevention, including: <ul style="list-style-type: none"> • safeguarding and duty of care • health and safety • moving and handling. 4.2. Outline current guidance relating to falls prevention.

Unit assessment guidance

Type of evidence: Resource pack

Assessment criteria: 1.1–1.5, 2.1–2.4, 3.1–3.3

Additional information: Learners could develop a resource pack to be used to raise awareness of falls, including statistics, injuries caused by falls, the impact and consequences of falls and the benefits of raising awareness of falls prevention.

Tutors could set a series of points to be covered to address the assessment criteria.

Type of evidence: Assignment

Assessment criteria: 4.1, 4.2

Additional information: Learners could carry out research into current legislation and guidelines relating to falls. Tutors could set assessment tasks based on the research activity, with headings for learners to follow as guidance.

Additional guidance

1.2. **Statistics** – learners should include the most recent statistics and state the source and year.

1.5. **Different settings** – for example: hospitals, residential care, in the community.

2.2. **Physical** – fractures, injuries, reduced mobility, progression of existing conditions, ‘vicious circle’: reduced activity, decreased muscle strength.

Psychological – fear, anxiety, loss of confidence, embarrassment, guilt, blame.

Social – isolation, loss of independence, diminished quality of life, change to routine.

2.3. **Financial costs** – health and social care services, to the individual and others.

2.4. **Potential impact** – for example: reputation, risk aversion, legal action.

3.1. **Health and social care providers** – for example, NHS, Social Services, independent and private service providers.

3.3. **Responsibilities** – for example: legal, moral, safeguarding well-being, duty of care, meeting best practice standards.

4.2. **Current guidance** – for example:

- Health and Safety Executive (HSE)
- National Service Framework (NSF) for England for older people (Standard six: falls) 2001
- UK Health Security Agency and Office for Health Improvement and Disparities– Falls and fracture consensus statement 2017
- National Institute for Health and Care Excellence (2017) Quality Standard (QS86) Falls in older people 2015
- National Institute for Health and Care Excellence (2013) Clinical Guideline 161 (CG161).

Guidance will change over time and may differ in other home nations.

Unit 02: The risk factors and causes of falls



Unit reference	F/616/3888	Unit level	2
Unit guided learning hours	34	Unit group	Mandatory
Unit aim	This unit looks at the risk factors that can increase an individual's likelihood of falling. It covers personal and environmental factors that can be a cause of falls.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Know the factors that increase the likelihood of falls.	1.1. List factors that might contribute to an individual being vulnerable to falls, including: <ul style="list-style-type: none"> • medical/clinical • sensory • psychological • lifestyle. 1.2. List factors in the physical environment that can increase the risk of falls. 1.3. Explain the importance of a multi-factorial approach to falls awareness and prevention. 1.4. Describe how unsafe practice may contribute to the risk of falls. 1.5. Explain how risk profiles can vary among older people.

Learning outcomes The learner will:	Assessment criteria The learner can:
2. Understand how falls may be caused by personal factors.	2.1. Describe how aspects of an individual's physical health and well-being may cause them to fall. 2.2. Explain how specific health conditions may be associated with falls. 2.3. Outline how medication use can be associated with falls. 2.4. Outline how an individual's psychological well-being may contribute to a fall. 2.5. Explain how cognitive impairment may cause an individual to fall. 2.6. Describe how lifestyle factors could result in a fall. 2.7. Describe how unsuitable clothing and footwear can be a cause of falls.
3. Understand how falls may be caused by environmental factors.	3.1. Give examples of how aspects of different physical environments can cause falls. 3.2. Give examples of situations or activities that may cause an individual to fall.

Unit assessment guidance

Type of evidence: Factsheet

Assessment criteria 1.1–1.4

Additional information: Learners could produce a factsheet to include information about different factors contributing to falls and the importance of a multi-factorial approach.

Type of evidence: Case studies

Assessment criteria: 1.5, 2.1–2.7, 3.1, 3.2

Additional information: Tutors could design a series of case studies to illustrate scenarios involving a range of individuals with different risk profiles. Learners could explore how specific health conditions are associated with falls, and a range of personal and environmental factors that can contribute to the risk of falls.

Tutors could set a series of questions based on the case studies and designed to address each of the assessment criteria.

Additional guidance

- 1.2. **Factors in the physical environment** – examples include lighting, floor/surface, walking aids, obstacles, stairs, transfers, changes in the environment, unfamiliar environment, adverse weather.
- 1.5. **Risk profiles** – for example, active older people living in the community; older people who require support to live in the community; older people in a hospital setting; residents living in a care home.
- 2.1. **Aspects of physical health and well-being** – examples include restricted mobility, visual impairment, balance difficulties, gait, incontinence, history of falls, syncope syndrome, ageing process, injury, muscle weakness.
- 2.2. **Specific health conditions** – for example, neurological conditions (eg Parkinson's Disease), osteoporosis, postural hypotension, infection, stroke.
- 2.6. **Lifestyle factors** – examples include alcohol and substance use, nutrition and hydration.
- 3.1. **Different physical environments** – hospital settings, care homes, the individual's home, outdoor areas.

Unit 03: Falls assessment and prevention



Unit reference	F/616/3891	Unit level	2
Unit guided learning hours	36	Unit group	Mandatory
Unit aim	In this unit learners will understand how to assess, monitor and review an individual's risk of falling. They'll also look at a range of interventions that can reduce the risk of falls and the specialist support available.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand how an individual's risk of falls can be assessed, monitored and reviewed.	1.1. Outline the components that should be included in a multi-factorial assessment. 1.2. Outline the content of an environmental risk assessment. 1.3. Explain the importance of monitoring falls. 1.4. Describe how falls should be recorded and monitored. 1.5. Describe how information relating to a history of falls should be communicated between different services or care settings.

Learning outcomes The learner will:	Assessment criteria The learner can:
2. Understand a range of effective interventions used to reduce the risk of falls.	2.1. Outline a range of interventions that can mitigate against individual risk factors . 2.2. Give examples of how aspects of the care environment can be modified to reduce the incidence of falls. 2.3. Give examples of how assistive technology can be used to minimise the risk of falls. 2.4. Describe the benefits of evidence-based falls prevention exercise in reducing the potential of falls for individuals. 2.5. Explain how health care and social care workers can encourage individuals to participate in falls prevention programmes. 2.6. Describe the steps that individuals can take to reduce the likelihood of a fall.
3. Understand multi-agency and specialist support available for falls prevention	3.1. Outline how organisational policies and procedures can reduce the incidence and minimise harm of falls. 3.2. Explain the importance of training in falls awareness and prevention. 3.3. Describe the roles of professionals involved with falls prevention. 3.4. Outline the importance of a multi-disciplinary approach. 3.5. Identify national and local sources of support and information.

Unit assessment guidance

Type of evidence: Simulated records and commentary

Assessment criteria 1.1–1.5

Additional information: Learners could complete simulated records relating to risk assessment, monitoring, reviewing and reporting falls based on a fictional individual.

Tutors could provide details of an individual's situation and devise a template to be used that would provide opportunity for the assessment criteria to be met. Learners should include a commentary about requirements for monitoring and reporting falls.

Type of evidence: Presentation slides or notes

Assessment criteria 2.1–2.6, 3.1–3.5

Additional information: Learners could investigate a range of interventions that reduce the risk of falls, falls prevention programmes and the specialist support that is available. They could prepare slides or notes to be used in a presentation to individuals, their supporters and care workers.

Additional guidance

- 2.1. **Individual risk factors** – cognitive impairments; health problems that may increase the risk of falling; postural hypotension, mobility problems and/or balance problems; medication; continence problems; vision impairment; foot wear and foot care; psychological factors.
- 2.3. **Assistive technology** – includes mobility aids; telecare; aids and adaptations such as grab rail, adapting shower, modifications to the environment.
- 2.4. **Benefits of evidence-based falls prevention exercise** – includes balance, gait, strength, increase bone density.
- 2.6. **Steps individuals can take** – precautions and self-help strategies.
- 3.3. **Professionals** – includes Occupational Therapists, Physiotherapists, Falls teams, reablement services.
- 3.5. **National organisations** – for example, Age UK, Alzheimer's Society, National Osteoporosis Society, The Relatives & Residents Association, NHS Choices, Arthritis Research UK.

Unit 04: Managing falls



Unit reference	J/616/3892	Unit level	2
Unit guided learning hours	20	Unit group	Mandatory
Unit aim	This unit covers how to reduce the impact and minimise harm in the event of a fall, as well as the roles and responsibilities of staff in falls situations.		

Learning outcomes The learner will:	Assessment criteria The learner can:
1. Understand how to reduce the impact and minimise harm in the event of a fall.	1.1. Describe the actions to be taken to safeguard an individual during a fall. 1.2. Explain the precautions to be taken to minimise harm to self when supporting an individual during a fall. 1.3. Describe the immediate care and support of an individual following a fall. 1.4. Explain how and when to call for further assistance in different care settings. 1.5. Explain the importance of using approved moving and positioning techniques and equipment.
2. Understand role and responsibilities in falls situations and the importance of learning from falls to improve care.	2.1. Outline procedures for reporting and recording falls within legal guidelines . 2.2. Explain how and when to raise safeguarding concerns in relation to falls incidents. 2.3. Give examples of strategies that should be implemented following a fall, relating to changes in practice.

Unit assessment guidance:

Type of evidence: Infographic or display

Assessment criteria 1.1–1.5, 2.1–2.3

Additional information: Learners could produce a display or infographic showing what to do in the event and aftermath of a fall. Tutors should provide headings for guidance for learners.

Additional guidance

1.4. **Further assistance** – examples include, medical professionals, health professionals, emergency services, senior staff/manager, colleagues for assistance with moving.

2.1. **Legal guidelines** – reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013); requirements of the regulatory authority.

Section 4: Assessment and quality assurance information

Recommended assessment methods

A recommended range of assessment methods has been identified, which may be used for the units in this qualification. This gives the opportunity for different learning styles and individual needs of learners to be taken into account.

If you are proposing to use an assessment method that is not included within the recommended list you should contact your External Quality Advisor with full details of your proposed method. It will need formal approval from us before it can be used.

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
A	Direct observation of learner by Assessor <ul style="list-style-type: none"> by an Assessor who meets the relevant Sector Skills Council's or other assessment strategy/principles and includes inference of knowledge from this direct observation of practice 	Yes	Yes
B	Professional discussion	Yes	Yes
C	Expert Witness evidence* <ul style="list-style-type: none"> when directed by the Sector Skills Council or other assessment strategy/principles 	Yes	Yes
D	Learner's own work products	Yes	Yes
E	Learner log or reflective diary	Yes	Yes
F	Activity plan or planned activity	Yes	Yes
G	Observation of children, young people or adults by the learner	Yes	Yes
H	Portfolio of evidence <ul style="list-style-type: none"> may include simulation** 	Yes	Yes
I	Recognition of prior learning	Yes	Yes
J	Reflection on own practice in real work environment	Yes	Yes
K	Written and pictorial information	No	Yes

Ref	Assessment Method	Assessing Competence / Skills	Assessing Knowledge / Understanding
L	Scenario or case study	No	Yes
M	Task set by CACHE (for knowledge learning outcomes)	No	Yes
N	Oral questions and answers	Yes	Yes

* **Expert Witness testimony** should be used in line with the relevant assessment strategy/principles. This method must be used with professional discretion, and only selected when observation would not be appropriate. Those providing an expert witness testimony must be lead practitioners with experience of making judgements around competence. The circumstances that may allow for an expert witness testimony include:

- when assessment may cause distress to an individual, such as supporting a child with a specific need
- a rarely occurring situation, such as dealing with an accident or illness
- confidential situations – such as safeguarding strategy meetings – where it would be inappropriate for an Assessor to observe the learner’s performance.

** **Simulation.** A learner’s Portfolio of Evidence may only include simulation of skills where simulation is permitted by the relevant assessment strategy/principles.

Assessment strategies and principles relevant to this qualification

The units we offer have been developed in line with the specific **assessment strategies or principles** of different Sector Skills Councils (SSCs) or by us where there is no SSC lead.

The key requirements of the assessment strategies or principles that relate to units in this qualification are **summarised** below. More detailed strategies or principles can be found in **Delivering our Qualifications – Assessment and Internal Quality Assurance Guidance**, which can be found on the secure website.

The Centre needs to ensure that individuals undertaking Assessor or Quality Assurer roles within your Centre conform to the SSC assessment requirements for the **unit** they are assessing or quality assuring.

Assessment Strategy

Knowledge learning outcomes

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

Competence/Skills learning outcomes

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

Staffing requirements

Centres delivering any of NCFE's qualifications must:

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

Assessors and Internal Quality Assurance

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

Section 5: Documents

Useful documents

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

- Delivering Our Qualifications – Assessment and Internal Quality Assurance Guidance
- Learner's Evidence Tracking Log.

Mandatory documents

The completion of an Evidence Record and Record of Assessment Cycle form is **mandatory**. We have devised these templates for your convenience; however, you may design your own forms which comply with the content of our templates.

- Evidence Record
- Record of Assessment Cycle.

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

- Completing the Evidence Record
- Completing the Record of Assessment Cycle.

The forms and guidance documents are included within **Delivering Our Qualifications – Assessment and Internal Quality Assurance Guidance** on the secure website.

Support handbook

This qualification specification must be used alongside the mandatory support handbook which can be found on the NCFE website. This contains additional supporting information to help with planning, delivery and assessment.

This qualification specification contains all the qualification-specific information you will need that is not covered in the support handbook.

Resources

The resources and materials used in the delivery of this qualification must be age appropriate and due consideration should be given to the wellbeing and safeguarding of learners in line with your institute's safeguarding policy when developing or selecting delivery materials.

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Version 2.2 June 2022

Information in this qualification specification is correct at the time of publishing but may be subject to change.

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**** To continue to improve our levels of customer service, telephone calls may be recorded for training and quality purposes.***

Qualification title and reference number:

NCFE CACHE Level 2 Certificate in Falls Prevention Awareness 603/2552/5

Publication date

Version 1.0	October 2017
Version 2.0	September 2018
Version 2.1	February 2020
Version 2.2	June 2022

Publisher

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