Pearson
BTEC Level 3 Diploma
in Adult Care (England)

Specification

Competence-based qualification (England only)

Issue 2

First registration

Edexcel, BTEC and LCCI qualifications

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This specification is Issue 2. Key changes are listed in the summary table on the next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com

Pearson BTEC Level 3 Diploma in Adult Care (England) specification Issue 2 changes

Summary of changes made between previous issue and this current issue	Section number
Group B1 optional units 57-61 added including the following: Unit 57 Understand how to support individuals during the last days of life Unit 58 Understand advance care planning Unit 59 Provide support for journeys Unit 60 Understand models of disability Unit 61 The principles of infection and control	Section 4
Group B2 optional units 63-88 added including the following: Unit 63: Support independence in the tasks of daily living Unit 64: Support effective communication with individuals with a sensory loss Unit 65: Equality, diversity and inclusion in dementia care practice Unit 66: Provide active support Unit 67: Supporting individuals with loss and grief before death Unit 68: Managing symptoms in end of life care Unit 69: Recognise indications of substance misuse and refer individuals to specialists Unit 70: Identify and act upon immediate risk of danger to substance misusers Unit 71: Increase awareness about drugs, alcohol or other substances with individuals and groups Unit 72: Carry out initial assessments to identify and prioritise the needs of substance misusers Unit 73: Carry out comprehensive substance misuse assessment Unit 74: Assist with the transfer of individuals, who misuse substances, between agencies and services Unit 75: Develop and sustain effective working relationships with staff in other agencies Unit 76: Supply and exchange injecting equipment for individuals Unit 77: Facilitate learning and development activities to meet individual needs and preferences Unit 78: Support individuals to access and use services and facilities Unit 79: Support individuals to maintain personal hygiene Unit 80: Supporting infection prevention and control in social care Unit 81: Support individuals to live at home Unit 82: Provide support for individuals within a shared lives arrangement Unit 83: Contribute to raising awareness of health issues Unit 84: Meet food safety requirements when providing food and drink for individuals Unit 85: Support individuals with specific communication needs Unit 86: Support care plan activities Unit 87: Administer medication to individuals and monitor the effects Unit 88: Test for substance use	Section 4
Unit 7: Implement person-centred approached in care setting. The 6Cs the word 'choice' has been replaced with 'communication'.	Section 11

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

Contents

1 Introducing BTEC Competence-based qualifications for the New Apprenticeship Standards

Overview

In October 2013, the government began the implementation of the plan to reform apprenticeships in England. The reform includes changes that move the design of apprenticeships into the hands of employers with the aim of making them more rigorous and responsive to employers' needs. Employer groups, referred to as Trailblazers, now lead on the development of apprenticeships for occupations where they identify the need for apprentices.

Pearson has been working closely with Trailblazer employer groups in the development of different types of assessment programmes and qualifications to support the delivery of these new apprenticeships. Employers are continuing to value competence-based qualifications as a part of these new apprenticeships.

Within the new apprenticeships, competence-based qualifications give learners the opportunity to develop and demonstrate their competence, in line with the Apprenticeship Standards developed by Trailblazer employer groups. These new Apprenticeship Standards describe the knowledge, skills and behaviours (KSBs) required to undertake a specific occupation well, and to operate confidently within a sector. They focus on how an apprentice should demonstrate mastery of an occupation and, where they exist, meet sector professional registration requirements.

Competence-based qualifications are outcome based with no fixed learning programme, therefore allowing flexible delivery to meet the individual needs of learners and their employers. Learners will work towards their qualifications primarily in the workplace or in settings that replicate the working environment as specified in the assessment requirements from the Trailblazer employer groups.

Employers, or colleges and training centres, working in partnership with employers, can offer these qualifications as long as they have access to appropriate physical and human resources and that the necessary quality-assurance systems are in place.

Learners can take the Pearson BTEC Level 3 Diploma in Adult Care (England) as a stand-alone qualification outside of an apprenticeship if they wish.

Sizes of Competence-based qualifications

For all regulated qualifications, Pearson specify a total number of hours that it is estimated learners will require to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

Competence-based qualifications for the New Apprenticeship Standards are generally available in the following sizes:

- Award – a qualification with a TQT value of 120 or less
  (equivalent to a range of 1–12 credits)
- Certificate – a qualification with a TQT value in the range of 121–369
  (equivalent to a range of 13–36 credits)
- Diploma – a qualification with a TQT value of 370 or more
  (equivalent to 37 credits and above).

Other size references, such as the Extended Diploma, can be used in a suite of qualifications depending on the specific needs of different sectors and Trailblazer employer groups.

2 Qualification summary and key information

Qualification title	Pearson BTEC Level 3 Diploma in Adult Care (England)
Qualification Number (QN)	603/2764/9
Regulation start date	06/12/2017
Operational start date	01/01/2018
Approved age ranges	16–18 19+ Please note that sector-specific requirements or regulations may prevent learners of a particular age from embarking on this qualification. Please refer to the assessment requirements in *Section 8 Assessment*.
Total Qualification Time (TQT)	580
Guided Learning Hours (GLH)	374
Credit value	58
Assessment	Portfolio of evidence (internal assessment).
Grading information	The qualification and units are graded pass/fail.
Entry requirements	In order to register for this qualification, it is expected that learners will have qualifications and/or experience in the health and social care sector equivalent to Level 2. Centres must also follow the Pearson Access and Recruitment policy (see *Section 7 Access and recruitment*).
Funding	The new Apprenticeship Standard funding rules can be found on the Skills Funding Agency's website at www.gov.uk/government/collections/ sfa-funding-rules

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN will appear on each learner's final certificate. Centres should tell learners this when recruiting them and registering them with Pearson. There is more information about certification in our *UK Information Manual*, available on our website, qualifications.pearson.com

3   Qualification purpose

Qualification objectives

The Pearson BTEC Level 3 Diploma in Adult Care (England) is for learners employed as an apprentice in the role of a lead adult care worker.

A lead adult care worker will make a positive difference to someone's life when they are faced with physical, practical, social, emotional or intellectual challenges. They will be expected to exercise judgement and take appropriate action to support individuals to maintain their independence, dignity and control. By providing leadership, guidance and direction at the frontline of care delivery, they will be instrumental in improving the health and wellbeing of those receiving care and support. Lead adult care workers will in some circumstances have delegated responsibility for the standard of care provided and may supervise the work of other care workers. By exercising autonomy and accountability, they will lead and support others to comply with expected standards and behaviours. Lead adult care workers may work in residential or nursing homes, domiciliary care, day centres or some clinical healthcare settings. As well as covering lead adult care workers, this standard also covers Lead Personal Assistants who can work at this senior level but may only work directly for one individual who needs support and/or care services, usually within their own home.

The qualification gives learners the opportunity to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: duty of care, safeguarding and promotion, responsibilities of a care worker and the promotion of person-centred care, equality and inclusion, communication, personal development and health and safety. For details of the units included in this qualification, please see *Section 5 Qualification structure*
- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation
- develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement
- achieve a nationally recognised Level 3 qualification.

Relationship with previous qualifications

This qualification replaces the Pearson Edexcel Level 3 Diploma in Health and Social Care (Adults) for England, expiry date 31 December 2017.

Apprenticeships

The Level 3 Diploma in Adult Care (England) is a mandatory requirement in the Lead Adult Care Worker Apprenticeship Standard. Learners must achieve this qualification, together with all other specified requirements of the Apprenticeship Standard, before progressing to the End-point assessment. The Pearson BTEC Level 3 Diploma in Adult Care (England) fulfils this mandatory qualification requirement.

The published Lead Adult Care Worker Apprenticeship Standard and Assessment Plan can be found at: www.instituteforapprenticeships.org/apprenticeship-standards/lead-adult-care-worker/

Progression opportunities

Learners who achieve the Pearson BTEC Level 3 Diploma in Adult Care (England) can, having achieved all other specified requirements of the Apprenticeship Standard, progress to achieving the full Apprenticeship certification that confirms competency in the job role stated on the previous page.

Learners can then choose to progress to the Level 4 Lead Practitioner in Adult Care Apprenticeship, higher level qualifications in care or specialist qualifications reflecting the context in which they work.

Achievement of the Level 3 qualification, together with additional training can also support progression to job roles that require a more complex set of skills and responsibility, e.g. lead practitioners, lead personal assistants.

Industry support and recognition

The Pearson BTEC Level 3 Diploma in Adult Care (England) was developed through close collaboration with Skills for Care, part of the Sector Skills Council, Skills for Care and Development.

This qualification is supported by Skills for Care and is recognised by the Adult Care Trailblazer Group as an appropriate qualification to support the Lead Adult Care Worker Apprenticeship Standard.

4 Qualification structure

Pearson BTEC Level 3 Diploma in Adult Care (England)

Learners will need to meet the requirements outlined in the table below before the qualification can be awarded.

Minimum number of credits that must be achieved	58
Minimum number of credits that must be achieved at Level 3 or above	35
Number of mandatory credits that must be achieved	28
Number of optional credits that must be achieved	30
Minimum number of credits that must come from Group B1 – Optional Context or Specialist Knowledge Units	2
Maximum number of credits that must come from Group B1 – Optional Context or Specialist Knowledge Units	7
Minimum number of credits that must come from Group B2 – Optional Competence Units (if less than 7 credits have been achieved in Group B1, learners will need to achieve more than the minimum 23 credits from Group B2 to ensure the overall credits for the optional units is minimum of 30 credits). **Please note that Unit 48 Administering medication to individuals and Unit 87 Administer medication to individuals and monitor the effects are a barred combination of delivery.**	23

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Promote Communication in Care Settings	3	3	25
2	Promote Personal Development in Care Settings	3	3	10
3	Promote Equality and Inclusion in Care Settings	3	2	18
4	Duty of Care in Care Settings	3	1	8
5	Safeguarding and Protection in Care Settings	2	3	26
6	Responsibilities of a Care Worker	2	2	16
7	Promote Person-centred Approaches in Care Settings	3	6	39
8	Promote Health, Safety and Wellbeing in Care Settings	3	6	45
9	Promote Effective Handling of Information in Care Settings	3	2	16

Unit number	Group B1 – Optional Context or Specialist Knowledge units	Level	Credit	Guided learning hours
10	Understand the Purpose and Principles of Independent Advocacy	3	4	25
11	Understand Mental Wellbeing and Mental Health Promotion	3	3	20
12	Understand Mental Ill Health	3	3	16
13	Principles of the Mental Capacity Act 2005	3	3	20
14	Understanding the Process and Experience of Dementia	3	3	22
15	Understanding and Meeting the Nutritional Requirements of Individuals with Dementia	3	3	26
16	Understanding the Role of Communication and Interactions with Individuals Who Have Dementia	3	3	26
17	Understanding the Impact of Dementia on End of Life Care	3	2	20
18	Understand Physical Disability	3	3	22
19	Understanding the Impact of Acquired Brain Injury on Individuals	3	3	28
20	Understanding Sensory Loss	3	3	21
21	Recognising and Managing the Symptoms of Stroke	2	3	28
22	Understand Supporting Individuals with Autistic Spectrum Conditions	3	3	28
23	Understand Parkinson's for Care Staff	3	2	14
24	Principles of Management and Leadership	3	7	42
25	Principles of Team Leading in Care Settings	2	5	37
26	Understanding Professional Supervision	4	3	22
27	Introduction to Personalisation in Care	3	3	26
28	Awareness of Diabetes	3	6	46
57	Understand how to support individuals during the last days of life	3	3	28
58	Understand advance care planning	3	3	25
59	Provide support for journeys	2	2	17
60	Understand models of disability	3	3	26
61	The principles of infection prevention and control	2	3	30

Unit number	Group B2 – Optional Competence units	Level	Credit	Guided learning hours
29	Support Individuals with Issues of Substance Misuse	3	4	24
30	Provide Support to Manage Pain and Discomfort	2	2	15
31	Undertake Agreed Pressure Area Care	2	4	30
32	Safe Movement and Handling of Individuals in Accordance with Own Care Plan	2	4	26
33	Working in Partnership with Families to Support Individuals	3	4	27
34	Promoting Positive Behaviour	3	6	44
35	Supporting Individuals at the End of Life	3	6	48
36	Supporting Individuals during Last Days of Life	3	4	32
37	Assessing the Physical Health Needs of Individuals with Mental Ill Health	4	5	35
38	Supporting Positive Risk-Taking for Individuals	3	4	32
39	Supporting Families who are Affected by Acquired Brain Injury	3	3	30
40	Supporting Individuals with Multiple Conditions and/or Disabilities	3	4	31
41	Supporting Individuals to Access Education, Training or Employment	4	4	31
42	Supporting Infection Prevention and Control in Care settings	3	3	20
43	Promoting Nutrition and Hydration in Care Settings	3	4	32
44	Assessing the Needs of Carers and Families	3	4	28
45	Contribute to Effective Team Working in Care Settings	3	4	25
46	Encouraging Learning and Development in Care Settings	4	3	20
47	Buddy a Colleague to Develop their Skills	2	3	19
48	Administering Medication to Individuals	3	5	25
49	Obtain and Test Capillary Blood Samples	3	4	30
50	Obtaining and Testing Specimens from Individuals	2	2	15
51	Prepare for and Take Physiological Measurements	3	3	23

Unit number	Group B2 – Optional Competence units	Level	Credit	Guided learning hours
52	Supporting Individuals in the Use of Assistive Technology	4	4	32
53	Installation, Maintenance and Removal of Assistive Technology in Care Settings	3	2	15
54	Promote Rights and Values in Assistive Technology in Care Settings	3	2	17
55	Enabling Rights and Choices of Individuals With Dementia while Minimising Risks	3	4	30
56	Prepare for and Support Quality Audits in Care	4	4	17
63	Support independence in the tasks of daily living	2	5	33
64	Support effective communication with individuals with a sensory loss	2	3	23
65	Equality, diversity and inclusion in dementia care practice	3	4	31
66	Provide active support	2	3	27
67	Supporting individuals with loss and grief before death	3	2	15
68	Managing symptoms in end of life care	3	3	22
69	Recognise indications of substance misuse and refer individuals to specialists	3	4	24
70	Identify and act upon immediate risk of danger to substance misusers	3	4	24
71	Increase awareness about drugs, alcohol or other substances with individuals and groups	3	7	42
72	Carry out initial assessments to identify and prioritise the needs of substance misusers	3	5	30
73	Carry out comprehensive substance misuse assessment	3	5	30
74	Assist with the transfer of individuals, who misuse substances, between agencies and services	3	1	6
75	Develop and sustain effective working relationships with staff in other agencies	3	4	24
76	Supply and exchange injecting equipment for individuals	3	3	18
77	Facilitate learning and development activities to meet individual needs and preferences	3	5	35
78	Support individuals to access and use services and facilities	3	4	25

Unit number	Group B2 – Optional Competence units	Level	Credit	Guided learning hours
79	Support individuals to maintain personal hygiene	2	2	17
80	Supporting infection prevention and control in social care	3	2	18
81	Support Individuals to Live at Home	3	4	25
82	Provide support for individuals within a shared lives arrangement	3	5	35
83	Contribute to raising awareness of health issues	3	4	26
84	Meet food safety requirements when providing food and drink for individuals	2	2	15
85	Support individuals with specific communication needs	3	5	35
86	Support care plan activities	2	2	13
87	Administer medication to individuals and monitor the effects	3	5	30
88	Test for substance use	3	5	30

Unit selection guidance

Within the qualification's rule of combination, learners have to choose optional units from two groups: context or specialist knowledge units (Group B1) and competence units (Group B2). Within each group, there are a number of units across a number of specialisms to accommodate the varying needs of learners. Centres must deliver appropriate combinations of specialist units across the two optional groups to meet the needs and work context of individual learners.

5 Programme delivery

Centres are free to offer these qualifications using any mode of delivery that meets learners' and employers' needs.

A learner must be employed as an apprentice in the job role specified in the Apprenticeship Standard and have an apprenticeship agreement in place at the start of the apprenticeship programme. Centres must make sure that learners have access to specified resources and to the sector specialists delivering and assessing the units. Centres must adhere to the Pearson policies that apply to the different models of delivery. Our policy *Collaborative and consortium arrangements for the delivery of vocational qualifications policy* can be found on our website.

There are various approaches to delivering a successful, competence-based qualification; the section below outlines elements of good practice that centres can adopt, as appropriate to the requirements of the apprenticeship programme.

Elements of good practice

- Carrying out a thorough induction for learners to ensure that they completely understand the apprenticeship programme and what is expected of them. The induction could include, for example, the requirements of the apprenticeship programme, an initial assessment of current competency levels, assessment of individual learning styles, identification of training needs, an individual learning plan, details of training delivery and the assessment process.

- Having regular progress meetings with the learner to keep them engaged and motivated, and ensuring that there are open lines of communication among all those involved in delivering the training and assessment.

- Using flexible delivery and assessment approaches to meet the needs of the learner and the organisational context and requirements, through the use of a range of approaches, for example virtual learning environments (VLEs), online lectures, video, printable online resources, virtual visits, webcams for distance training, e-portfolios.

- Balancing on-the-job and off-the-job training to meet the requirements of the apprenticeship. It is a mandatory requirement in the new apprenticeships that learners have a minimum of 20% or equivalent off-the-job training. Trainers need to use a range of teaching and learning methods to deliver this training effectively while still meeting varying learner needs. Examples of teaching and learning methods for off-the-job training could include: enquiry-based learning, real-world problem solving, reflective practice, questioning and discussions, demonstration, practising ('trial and error'), simulation and role play, peer learning and virtual environments. Trainers also need to plan opportunities for the development and practising of skills on the job. The on-the-job element of the programme offers opportunities for assessment and plays an important role in developing the learner's routine expertise, resourcefulness, craftspersonship and business-like attitude. It is important that there is intentional structuring of practice and guidance to supplement the learning and development provided through engagement in everyday work activities. Teaching and learning methods, such as coaching, mentoring, shadowing, observation, collaboration and consultation, could be used in this structured on-the-job learning.

- Developing a holistic approach to assessment by matching evidence to the required competencies, as appropriate and, wherever possible, to reduce the assessment burden on learners and assessors. It is good practice to draw up an assessment plan that aligns the competencies to be achieved with the learning process and that indicates how and when assessment will take place.
- Discussing and agreeing with the learner and their line manager suitable times, dates and work areas where assessment will take place. Learners and managers should be given regular and relevant feedback on performance and progress.
- Ensuring that learners are allocated a mentor in the workplace to assist them in the day-to-day working environment and to act as a contact for the assessor/trainer.
- Ensuring that sufficient and relevant work is given to learners in order to allow them to gain wider employment experience and enable them to develop the competencies and the related knowledge, skills and behaviours stated in the Apprenticeship Standard within their contracted working hours.

For further information on the delivery and assessment of the New Apprenticeship Standards please refer to *The Trailblazer Apprenticeship Funding Rules* at: www.gov.uk/government/collections/sfa-funding-rules

Delivery guidance for Pearson BTEC Level 3 Diploma in Adult Care (England)

The focus of delivery throughout this qualification should be on integrating the underpinning knowledge required for the role of a lead adult care worker with the skills to apply this knowledge in a work setting.

The qualification is essentially practical, underpinned by the theoretical and technical knowledge applied to the everyday role of a lead adult care worker.

It is recommended that the delivery of units is holistic and that it is linked with the learner's workplace as much as possible. When learners refer to real examples during plenary or small group sessions, confidentiality will need to be maintained at all times.

While it is essential that learners receive full delivery of the unit content, it is important to note that content listed under 'e.g.' consists of examples of what could be delivered. For example, for learning outcome 4 in *Unit 8: Promote Health, Safety and Wellbeing in Care Settings*, the unit content offers several examples of common causes and the spread of infection. All could be delivered, or a choice of those regarded as most suitable for the group of learners could be selected. The level of the qualification and the breadth and depth required should be kept in mind when choosing examples for delivery.

Taught sessions are essential for the more theoretical components of the qualification, notably, the context or specialist knowledge units within optional Group B1, but also for other units where learners are required to demonstrate their knowledge and understanding. For example, in *Unit 1: Promote Communication in Care Settings* criterion 1.1, learners are asked to identify the reasons why people communicate.

A brief lecture, including learner input, would enable learners to clarify and focus their thinking around reasons for communication in health and social care settings. Anonymised references to learners' workplaces would support the sharing of good practice in communication.

Taught input will also be required for some components of *Unit 4: Duty of Care in Care Settings*. For example, criterion 1.1 asks learners to explain what it means to have duty of care in their own work role. A brief taught session will give learners the relevant information about what is meant by duty of care. This could be followed by group work, with learners applying what they have learned to case studies written by either the person delivering the session or which are taken from professional magazines or reliable internet sites.

In *Unit 8: Promote Health, Safety and Wellbeing in Care Settings* criterion 1.1, learners are required to identify legislation relating to health and safety in a care setting. Taught input using a PowerPoint® presentation can be used to give learners this information. Guidance on the most important sections of legislation will minimise the risk of learners searching through an entire piece of legislation' to find the appropriate points. Guided internet searches can help to support understanding.

A class plenary session should take place to clarify understanding. Input from practitioners or from a representative from the Health and Safety Executive will enhance understanding.

Demonstration of competence is required throughout the qualification. Observation of good and bad practice in DVD clips and in class role play will help learners to develop confidence, before they are assessed in the workplace. Videos, simulations and peer observation will also help learners to refine their skills and develop positive behaviours.

For all competence-based criteria throughout the qualification, to gain further understanding of how to apply practical skills to live, work-based situations before formal assessment takes place, learners could observe senior work colleagues.

Learners will require access to workplace policies and procedures, and will need opportunities to observe senior practitioners working in their own setting. Work shadowing senior practitioners and workplace mentors will give learners an insight into how legislation and policies are applied to the skills and competencies needed to meet the requirements of the qualification.

The selection of optional units could be based on factors such as centre expertise and the personal choice of learners, particularly with regard to workplace settings and potential career progression.

6   Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

- Centres must have the appropriate physical resources to support delivery and assessment of the qualifications. For example, a workplace in line with industry standards, or a Realistic Working Environment (RWE) where permitted, as specified in the assessment strategy for the sector; equipment, IT, learning materials, teaching rooms.

- Where a RWE is permitted, it must offer the same conditions as the normal, day-to-day working environment, with a similar range of demands, pressures and requirements for cost-effective working.

- Centres must meet any specific human and physical resource requirements outlined in the assessment strategy in *Annexe A*. Staff assessing learners must meet the occupational competence requirements in the assessment strategy. To meet assessor competence requirements, they must also hold or be working towards an appropriate qualification in assessment. This will include one or more of the following depending on the assessor's role: Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only); Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only) and/or the Level 3 Certificate in Assessing Vocational Achievement. Recognised predecessor qualifications are acceptable where continuing professional development (CPD) has been maintained, e.g. D32, Assess Candidate Performance (competence only); D33, Assess Candidate Using Differing Sources of Evidence; A1, Assess Candidate Performance Using a Range of Methods and A2, Assessing Candidates' Performance through Observation (competence only). Any queries about the suitability of an assessor's qualification/s should be discussed with the centre's appointed Standards Verifier (SV).

- Centres must have in place robust internal verification systems and procedures to ensure the quality and authenticity of learners' work as well as the accuracy and consistency of assessment decisions between assessors operating at the centre. Staff with an internal quality assurance role should hold or be working towards the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, and/or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice. Recognised predecessor qualifications are acceptable where CPD has been maintained, e.g. V1, Award in Conducting Internal Quality Assurance of the Assessment Process and D34, Internally Verify the Assessment Process. Any queries about the suitability of an internal quality assurer's qualification/s should be discussed with the centre's appointed Standards Verifier (SV). For information on the requirements for implementing assessment processes in centres, please refer to the document *General Guidance for Centres and Learners*. Additionally, centres offering the qualification as stand alone should refer to the document *Centre Guide to Quality Assurance Pearson NVQ/SVQ & Competence-based Qualifications*, and centres offering the qualification within BTEC Apprenticeship frameworks should refer to the document *Quality Assurance Handbook BTEC Apprenticeship*. All three documents are available on our website, qualifications.pearson.com.

- There must be systems in place to ensure CPD for staff delivering and quality assuring the qualification.

- Centres must have appropriate health and safety policies, procedures and practices in place for the delivery and assessment of the qualification.
- Centres must deliver the qualification in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see *Section 7 Access and recruitment*. For full details on the Equality Act 2010, visit www.legislation.gov.uk

7 Access and recruitment

Our policy on access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres must ensure that their learner recruitment process is conducted with integrity. This includes ensuring that applicants have appropriate information and advice about the qualification to ensure that it will meet their needs.

All learners undertaking an Apprenticeship Standard must be employed as an apprentice in the job role specified in the Apprenticeship Standard and have a contract of employment at the start of the first day of their apprenticeship.

Centres should review applicants' prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

Prior knowledge, skills and understanding

In order to register for this qualification, it is expected that learners will have qualifications and/or experience in the health and social care sector equivalent to Level 2.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's *Equality Policy* requires all learners to have equal opportunity to access our qualifications and assessments and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification. Please see the information regarding reasonable adjustments and special consideration in *Section 8 Assessment*.

8 Assessment

To achieve a pass for this qualification, the learner must achieve all the units required in the stated qualification structure.

Language of assessment

Assessments for the units in this qualification are in English only.

A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*. The document is available on our website.

Internal assessment

The units in this qualification are assessed through an internally and externally quality-assured portfolio of evidence made up of evidence gathered during the course of the learner's work.

Each unit has specified learning outcomes and assessment criteria. To pass each unit the learner must:

- achieve **all** the specified learning outcomes
- satisfy **all** the assessment criteria by providing sufficient and valid evidence for each criterion
- prove that the evidence is their own.

The learner must have an assessment record that identifies the assessment criteria that have been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

It is important that the evidence provided to meet the assessment criteria for the unit and learning outcomes:

Valid	is relevant to the standards for which competence is claimed
Authentic	is produced by the learner
Current	is sufficiently recent to create confidence that the same skill, understanding or knowledge persist at the time of the claim
Reliable	indicates that the learner can consistently perform at this level
Sufficient	fully meets the requirements of the standards.

Recognition of Prior Learning (RPL) – where a learner can demonstrate that they can meet a unit's requirements through knowledge, understanding or skills they already possess without undertaking a course of development. They must submit sufficient, reliable, authentic and valid evidence for assessment. Evidence submitted that is based on RPL should give the centre confidence that the same level of skill, understanding and knowledge exists at the time of the claim as existed at the time the evidence was produced. RPL is acceptable for accrediting a unit, several units, or a whole qualification.

Further guidance is available in our policy document *Recognition of prior learning policy and process*, available on our website.

Assessment strategy

The assessment strategy for this qualification, titled *Skills for Care and Development Assessment Principles – March 2016* is included in *Annexe A*. This document sets out the overarching assessment requirements and the framework for assessing the units to ensure that the qualification remains valid and reliable. It has been developed by Skills for Care and Development, the UK Sector Skills Council (SSC) for the adult care sector.

Types of evidence

To achieve a unit, the learner must gather evidence that shows that they have met the required standard specified in the assessment criteria, Pearson's quality-assurance arrangements (please see *Section 10 Quality assurance*) and the requirements of the assessment strategy given in *Annexe A*.

In line with the assessment strategy, evidence for internally-assessed units can take a variety of forms as indicated below:

- direct observation of the learner's performance by their assessor (O) (*competence-based assessment must include direct observation as the main source of evidence*)
- outcomes from oral or written questioning (Q&A)
- products of the learner's work (P)
- personal statements and/or reflective accounts (RA)
- professional discussion (PD)
- authentic statements/witness testimony (WT) (*witness testimony from others, including those who use services and their families, can enrich assessment and make an important contribution to assessment decisions*)
- expert witness testimony (EWT) (*where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation where they have occupational expertise in the specialist area. The use of expert witnesses should be determined and agreed by the assessor, who remains responsible for the final assessment decision*)
- evidence of Recognition of Prior Learning (RPL).

Learners can use the abbreviations in their portfolios for cross-referencing purposes.

Learners can also use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is not necessary for learners to have each assessment criterion assessed separately. They should be encouraged to reference evidence to the relevant assessment criteria. However, the evidence provided for each unit must clearly reference the unit being assessed. Evidence must be available to the assessor, the internal verifier and the Pearson Standards Verifier.

Any specific evidence requirements for a unit are given in the *Assessment* section of the unit.

Further guidance on the requirements for centre quality assurance and internal verification processes is available on our website. Please see *Section 12 Further information and useful publications* for details.

Assessment of knowledge and understanding

As detailed in the assessment strategy, any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

Assessment of knowledge-based learning outcomes:

- may take place in or outside of a real work environment
- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions
- must be robust, reliable, valid and current; any assessment evidence using preset automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor.

Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 11 Unit format*.

Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to incorrect assessment decisions or unfairly conducted assessment. The first step in such a policy is a consideration of the evidence by a lead internal verifier or other member of the programme team. The assessment plan should allow time for potential appeals after learners have been given assessment decisions.

Centres must document all learners' appeals and their resolutions. Further information on the appeals process can be found in our *Enquiries and appeals about Pearson vocational qualifications policy*, available on our website.

Dealing with malpractice

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details on malpractice and advice on preventing malpractice by learners, please see the *Centre Guidance: Dealing with Malpractice* document, available on our website.

Internal assessment

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Malpractice* document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives more information and examples, and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

The head of centre is required to report incidents of suspected learner malpractice that occur during Pearson examinations. We ask centres to complete a *JCQ Form M1* (available at www.jcq.org.uk/exams-office/malpractice) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc.) to the Investigations Team at pqsmalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations Team by submitting a *JCQ Form M2(a)* (available at www.jcq.org.uk/exams-office/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff, anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications that may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of centres/principals/chief executive officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights, please see section *6.15* of the *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures* document.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation, results and/or certificates may not be released or they may be withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality-assurance processes. You will be notified within a reasonable period of time if this occurs.

Sanctions and appeals

Where malpractice is proven, we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for affected external assessments
- disqualification from the qualification
- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures, we may impose sanctions such as:

- working with you to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on your certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from the head of centre (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals can be found in our *Enquiries and appeals about Pearson vocational qualifications policy*, available on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team (via pqsmalpractice@pearson.com) who will inform you of the next steps.

Reasonable adjustments to assessment

Centres are able to make adjustments to assessments to take account of the needs of individual learners in line with the guidance given in the document *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units*. In most instances, adjustments can be achieved by following the guidance, for example allowing the use of assistive technology or adjusting the format of the evidence. We can advise you if you are uncertain as to whether an adjustment is fair and reasonable. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or working within the occupational area.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Both documents are on our website.

Special consideration

Centres must operate special consideration in line with the guidance given in the document *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units*. Special consideration may not be applicable in instances where:

- assessment requires the demonstration of practical competence
- criteria have to be met fully
- units/qualifications confer licence to practice.

Centres cannot apply their own special consideration; applications for special consideration must be made to Pearson and can be made only on a case-by-case basis. A separate application must be made for each learner and certification claims must not be made until the outcome of the application has been received.

Further information on special consideration can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*.

Both of the documents mentioned above are on our website.

9 Centre recognition and approval

Centre recognition

Centres offering mandatory qualifications for the New Apprenticeship Standards must be listed on the Skills Funding Agency's Register of Training Organisations and have a contract to deliver the New Apprenticeship Standards.

Centres that have not previously offered BTEC Competence-based qualifications need to apply for and be granted centre recognition and approval to offer individual qualifications.

Existing Pearson centres seeking approval to offer BTEC Competence-based qualifications for the New Apprenticeship Standards, will be required to submit supplementary evidence for approval, aligned with the associated new standards and assessment requirements.

Guidance on seeking approval to deliver Pearson vocational qualifications is available at qualifications.pearson.com/en/support/support-for-you/work-based-learning.html

Approvals agreement

All centres are required to enter into an approval agreement, which is a formal commitment by the head or principal of a centre, to meet all the requirements of the specification and any associated codes, conditions or regulations. Pearson will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

10 Quality assurance

Quality assurance is at the heart of vocational qualifications. Centres are required to declare their commitment to ensuring quality and to giving learners appropriate opportunities that lead to valid and accurate assessment outcomes.

Centres must follow quality-assurance requirements for the standardisation of assessors and internal verifiers and the monitoring and recording of assessment processes. Pearson uses external quality-assurance procedures to check that all centres are working to national standards. It gives us the opportunity to identify and provide support to safeguard certification and quality standards. It also allows us to recognise and support good practice.

Centres offering competence-based qualifications will receive at least one visit from our Standards Verifier, followed by ongoing support and development. This may result in more visits or remote support, as required to complete standards verification. The exact frequency and duration of Standards Verifier visits will reflect the centre's performance, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers.

In order for certification to be released, confirmation is required that the Occupational Standards for assessment and verification, and for the specific occupational sector are being met consistently.

For further details, please see the document *General Guidance for Centres and Learners*.

Additionally, centres offering the qualification as stand alone should refer to the document *Centre Guide to Quality Assurance Pearson NVQ/SVQ & Competence-based Qualifications*, and centres offering the qualification within BTEC Apprenticeship frameworks should refer to the document *Quality Assurance Handbook BTEC Apprenticeship*.

All three documents mentioned above are available on our website, qualifications.pearson.com

11 Unit format

Each unit has the following sections.

Unit number

The number is in a sequence in the specification. Where a specification has more than one qualification, numbers may not be sequential for an individual qualification.

Unit title

This is the formal title of the unit that will appear on the learner's certificate.

Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

Unit type

This says if the unit is mandatory or optional for the qualification. See information in *Section 4 Qualification structure* for full details.

Credit value

All units in this qualification have a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.

Guided Learning Hours (GLH)

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Pearson has consulted with users of the qualification and has assigned a number of hours to this activity for each unit.

Unit summary

This summarises the purpose of the unit and the learning the unit offers.

Learning outcomes

The learning outcomes set out what a learner will know, understand or be able to do as the result of a process of learning.

Assessment criteria

The assessment criteria specify the standard the learner is required to meet to achieve a learning outcome.

Unit content

This section sets out the required teaching content of the unit and specifies the knowledge, understanding and skills required for achievement of the unit. It enables centres to design and deliver a programme of learning that will enable learners to achieve each learning outcome and to meet the standard determined by the assessment criteria.

Where relevant and/or appropriate, unit content is informed by the underpinning knowledge and understanding requirements of related National Occupational Standards (NOS).

Relationship between unit content and assessment criteria

Although it is not a requirement that all of the content is assessed, learners should be given the opportunity to cover it all.

Learners should be asked to complete summative assessment only after the teaching content for the unit or learning outcomes has been covered.

Legislation

Legislation cited in the units is current at time of publication. The most recent legislation should be taught and assessed internally.

Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Suggested resources* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.
- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.
- *Unit assessment requirements* – outlines the requirements for the assessment of the unit. Learners must provide evidence according to each of the requirements stated in this section

Units

This specification includes the qualification's mandatory units only. Optional units can be found on the qualification page of the Pearson website: qualifications.pearson.com

Unit 1: Promote Communication in Care Settings

Unit reference number: A/616/2948

Level: 3

Unit type: Mandatory

Credit value: 3

Guided learning hours: 25

Unit summary

The ability to communicate in different care setting situations is important in ensuring that the needs, wishes and preferences of individuals are met. Whether in formal or informal situations, good communication skills are important in promoting high-quality professional practice; they are an essential part of supporting people in your care.

In this unit, you will learn about the types of contact and communication that care workers use in practice, and how to identify the best way to communicate with individuals to ensure that their needs, wishes and preferences are met. You will explore the types of barriers that can exist in communicating messages and information and how these barriers may be overcome in a positive, fair way. Finally, you will learn about the different forms of support available to help professionals in supporting communications, and the importance of following procedures for handling and sharing confidential information.

At the end of this unit, you will be able to demonstrate the communication skills needed to support individuals in meeting their communication and language needs, wishes and preferences and, at the same time, promote quality, inclusion and equal opportunities.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand why effective communication is important in the work setting	1.1 Identify the different reasons people communicate
	1.2 Explain how communication affects relationships in the work setting
	1.3 Explain ways to manage challenging situations
2 Be able to meet the communication and language needs, wishes and preferences of individuals	2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals in order to maximise the quality of the interaction
	2.2 Describe the factors to consider when promoting effective communication
	2.3 Demonstrate a range of communication methods and styles to meet individual needs
	2.4 Demonstrate how to respond to an individual's reactions when communicating
3 Be able to overcome barriers to communication	3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways
	3.2 Identify barriers to effective communication
	3.3 Demonstrate ways to overcome barriers to communication
	3.4 Demonstrate how to use strategies that can be used to clarify misunderstandings
	3.5 Explain how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours
	3.6 Explain how to access extra support or services to enable individuals to communicate effectively
	3.7 Explain the purposes and principles of independent advocacy
	3.8 Explain when to involve an advocate and how to access advocacy services

Learning outcomes	Assessment criteria
4 Be able to apply principles and practices relating to confidentiality	4.1 Explain the meaning of the term confidentiality
	4.2 Demonstrate ways to maintain and promote confidentiality in day-to-day communication
	4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns

Content

What needs to be learned

Learning outcome 1: Understand why effective communication is important in the work setting

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Work setting

- One specific location or a range of locations, depending on the context of a particular work role.

Individual

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

Reasons for communication

- Express needs, feelings and wishes.
- Share ideas, experiences and information.
- Reassure.
- Assert judgements and opinions.
- Build relationships.
- Socialise and network.
- Ask questions and clarify information.

How communication affects relationships at work

- Communication in the work environment, e.g. with colleagues, people using services.
- Helps to build trust.
- Aids understanding of individuals' needs.
- Enables negotiation.
- Helps to prevent or resolve conflict.
- Enables reflection, improvement and change.
- Prevents misunderstanding affecting work performance.
- Enables roles and responsibilities to be carried out effectively.
- Important in ensuring individuals' needs and preferences are met.
- Relevant theories, e.g. Tuckman's stages of group interaction (forming, storming, norming, performing).

Managing challenging situations

- Recognising warning signs for when a situation could potentially involve conflict.
- Organisational policies and procedures.
- Skills and resources available to deal with situations.
- Recording and reporting incidents.

What needs to be learned

Learning outcome 2: Be able to meet the communication and language needs, wishes and preferences of individuals

Meeting individual needs

- Identifying specific needs, e.g. language, physical disabilities, mental capacity, additional learning needs.
- Identifying needs, wishes and preferences through other sources, e.g. families/carers, other professionals, records.
- Importance of recognising individual needs.
- Preferred method of communication.
- Alternative methods of communication, e.g. British Sign Language, signs, symbols, pictures, writing, finger spelling, communication passports.
- Preferences based on beliefs, values, culture, age, gender.

Factors to consider

- Argyle's communication cycle (basic model of communication: ideas occur, message coded, message sent, message received, message decoded, message understood).
- Reliance on perceived meaning, e.g. level of understanding, terminology used.
- Impact on communicating messages using different mediums, e.g. face-to-face and online.
- Tuckman's stages of group interaction.
- Impact of communicating complex, sensitive, formal or informal information.
- Environment, e.g. noise, light.
- Communication contexts, e.g. one-to-one, group, with individuals using services, with professionals/colleagues.
- Purpose of communication.
- Cultural factors.

Communication methods and styles

- Verbal communication:
  - linguistic tone
  - pitch
  - vocabulary.
- Human aids, e.g. interpreters, translators.
- Non-verbal forms of communication:
  - body language, to include physical gestures, eye contact, posture, stance, touch, behaviour
  - written form, e.g. finger spelling, Makaton, British/American Sign Language Paget Gorman Sign System (PGSS), pidgin, Braille, pictures and symbols.
- Technological aids, e.g. minicom, telephone relay systems, assistive learning technologies (ALT), electronic assistive technology (EAT), email.

Responding to reactions of individuals using communication

- Verbal responses, e.g. tone, pitch, silence.
- Non-verbal responses, e.g. body language, facial expressions, eye contact, gestures, touch.

- Emotional state of individual.
- Signs that information has been understood.
- When and how to adjust communication methods.

Learning outcome 3: Be able to overcome barriers to communication

Differences in use and interpretation of communication methods

- Ways that an individual's background can influence communication, e.g. age, gender, culture, socio-economic status.
- Differences in verbal communication, e.g. language, vocabulary, dialect, intonations.
- Differences in non-verbal communication, e.g. facial expressions, use of body language, eye contact, gestures.

Barriers to effective communication

- Language, e.g. dialect, use of jargon, sector-specific vocabulary.
- Environmental, e.g. noise, poor lighting.
- Emotional and behavioural, e.g. attitudes, anxiety, lack of confidence, aggression.
- Sensory impairment.
- Mental capacity, e.g. dementia.
- Health problems or medical conditions.
- Learning or other disabilities.
- Effects of alcohol or drugs.

Overcoming barriers

- Open body language.
- Positive, non-judgemental attitude.
- Use of technological aids, e.g. hearing aids, induction loop, telephone relay services.
- Human aids, e.g. interpreters, signers, translators, advocates.
- Use of age-appropriate vocabulary.
- Staff training.
- Improving environment.
- Reducing distractions.

Clarifying misunderstandings

- Checking understanding.
- Avoiding misinterpretation of body language.
- Use of active listening.
- Repeating and/or rephrasing.
- Use of visual cues.
- Providing clarification using different forms, e.g. letters, translators.
- Use of technology in different situations.
- Adapting style and tone in difficult situations, e.g. conflict, mental state of individual.

What needs to be learned

Complex, sensitive, abusive or challenging situations and behaviours

- Distressing or traumatic, e.g. bereavement.
- Threatening or frightening, e.g. potentially violent.
- Likely to have serious implications or consequences.
- Of a personal nature, e.g. involving confidential information.
- Involving complex communication or cognitive needs, e.g. individuals with communication or learning disabilities.

Using communication skills to manage situations and behaviours

- Adjusting tone and pitch.
- Providing well-considered responses.
- Developing and maintaining a calm environment.
- Listening and giving time to respond.
- Strategies for defusing challenging situations.
- Showing appropriate empathy and concern.
- Actively listening and welcoming suggestions.
- Non-judgemental approach.
- Valuing and respecting individual opinions.
- Leading through positive role modelling.

Accessing support services

- Interpreting services.
- Speech and language services.
- Translation services.
- Advocacy services.
- Third-sector organisations, e.g. Stroke Association, Action on Hearing Loss.

Purpose and principles of independent advocacy

- Advocacy services arguing and supporting individual needs, e.g. Support Empower Advocate Promote (SEAP), British Institute of Learning Disabilities (BILD), eMpowerMe service, Independent Mental Capacity Advocates (IMCAs), Action on Hearing Loss.
- Purpose and principles of services in identification of substantial difficulty in different circumstances during assessment, planning, care review, safeguarding.
- Types of services provided, e.g. empowerment, providing choices and options, speaking out about issues on their behalf.

When to involve an advocate

- Behavioural issues, e.g. distress, anxiety, confusion, agitation, anger, inability to retain or assess information.
- Impairment of ability to understand relevant information.
- Difficulty in expressing self, e.g. communicating views, needs, wishes, emotions.
- How to access advocacy services.

Learning outcome 4: Be able to apply principles and practices relating to confidentiality

Confidentiality

- Meaning of confidentiality as contained in principles of current legislation, e.g. the Data Protection Act (DPA) 1998.
- Types of information that can and cannot be shared.
- Individuals permitted to handle and share information.

Maintaining confidentiality in day-to-day communication

- Types of information:
  - paper-based
  - electronic
  - verbal and hearsay.
- Those authorised to handle different forms of information.
- Ways to handle verbal forms of communication, e.g. disclosures from individuals, families/carers.
- Sharing information with individuals and families/carers.
- Referrals and training.
- Receiving personal and sensitive information from individuals and how to handle information.
- Procedures for receiving, handling and storing sensitive and personal information.
- Policies and procedures in own workplace:
  - confidentiality in different contexts, e.g. information sharing, written and verbal communications, legislation, policies and procedures
  - report writing and record keeping
  - reporting accidents, injuries or incidents
  - handling of sensitive information
  - role of individuals in reporting, recording, handling and sharing information.

Tensions caused by confidentiality

- Need for consent to share information.
- Understanding when information may be shared without consent.
- Concept of 'need to know'.
- Need for transparent policy and protocols for information sharing.

Information for tutors

Suggested resources

Books

Collins C – Effective Communication: *A Workbook for Social Care Workers (Knowledge and Skills for Social Care Workers)* (Jessica Kingsley Publishers, 2009) ISBN 9781843109273

Moi A – *How to Communicate Effectively in Health and Social Care: A practical guide for the caring professions* (Pavilion, 2017) ISBN 9781911028376

Moss B – *Communication Skills in Health and Social Care*, 3rd edition (Sage, 2015) ISBN 9781473912762

Websites

www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/	Community Care website article on improving communication in care.
www.legislation.gov.uk	Website for current government legislation.
www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf	Standard 6 of the Care Certificate.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2, 3 and 4.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 2: Promote Personal Development in Care Settings

Unit reference number: Y/616/2942

Level: 3

Unit type: Mandatory

Credit value: 3

Guided learning hours: 10

Unit summary

Personal development is a process that continues throughout life. When working in care, it starts with agreeing aims and objectives, and assessing strengths and development needs. Targets and goals are then set in order to meet objectives.

This unit covers promoting personal development in care settings. It will give you the skills you need to plan for, monitor and reflect on your professional development. You will investigate, and gain an understanding of, personal development in care settings.

Beginning with a skills audit to consider your knowledge, skills, practice, values and beliefs in relation to working in care, you will then draw up a personal development plan over the duration of your programme. You will review your progress against this plan at intervals throughout the programme, adjusting the plan as circumstances change.

A personal development plan is a plan of action that helps you to get organised and identifies your learning and development needs. It will help you to better carry out your job and will also help with your career development. You will consider your personal and professional development holistically, linking your learning and your personal experiences.

You will draw on a range of sources of information to assess your personal and professional development. This will include your vocational experience and other relevant experiences, for example formal study, employment and voluntary activities.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand what is required for competence in own work role	1.1 Describe the duties and responsibilities of own work role
	1.2 Explain expectations of own work role as expressed in relevant standards
	1.3 Describe how to work effectively with others
2 Be able to reflect on practice	2.1 Explain the importance of reflective practice in continuously improving the quality of service provided
	2.2 Reflect on practice to improve the quality of the service provided
	2.3 Describe how own values, belief systems and experiences may affect working practice
3 Be able to evaluate own performance	3.1 Evaluate own knowledge, performance and understanding against relevant standards
	3.2 Use feedback to evaluate own performance and inform development
4 Be able to agree a personal development plan	4.1 Identify sources of support for planning and reviewing own development
	4.2 Work with others to review and prioritise own learning needs, professional interests and development opportunities
	4.3 Work with others to agree own personal development plan
5 Be able to use learning opportunities and reflective practice to contribute to personal development	5.1 Evaluate how learning activities have affected practice
	5.2 Explain how reflective practice has led to improved ways of working
	5.3 Explain why continuing professional development is important
	5.4 Record progress in relation to personal development

Content

What needs to be learned

Learning outcome 1: Understand what is required for competence in own work role

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Own duties and responsibilities

- Within health care or adult care settings.
- Contractual responsibilities, e.g. hours, lines of reporting.
- Specific roles and responsibilities.
- Compliance with policies and procedures of setting, e.g. behaviour, safeguarding, health and safety.
- Keeping up to date with changes to procedures.
- Keeping up to date with changes to practice.

Standards

- National Occupational Standards:
  - codes of practice
  - regulations
  - minimum standards.
- Other standards relevant to own role.

Effective working

- Communicate appropriately with others.
- Share relevant information.
- Provide support to others.
- Respect the views of others.
- Others, e.g. team members, other colleagues, those who use or commission their own health or adult care services, families, carers and advocates.

Learning outcome 2: Be able to reflect on practice

Importance of reflective practice

- Aiming to continually review progress to improve or change approaches, strategies, actions.
- Benefits to individuals of improved performance, e.g. enables learning to take place and practice to improve, enables all relevant factors to be taken into account, provides clarity.
- Identification of learning needs of individual undertaking reflection; Experiential Learning Cycle (Kolb).

What needs to be learned

Reflect on own practice in care setting

- Regular reflection and focus.
- Use a structured approach.
- Appropriate way of recording, e.g. a reflective journal/diary, learning log, diary, critical incident journal.
- Reflective questions, e.g. description (what happened, what was the context).
- Analysis (what went well and why, what did not go well and why, How do I feel about it, Why did I do what I did?).
- Theory (what needs to be done differently and why).
- Action (what needs to be done next and how).
- Seeking alternatives.
- Keeping an open mind.
- Viewing from different perspectives.
- Thinking about consequences.
- Testing ideas through comparing and contrasting.
- Ask 'What if'?
- Synthesising ideas.
- Seeking, identifying and resolving questions.

Effect of own values, belief systems and experiences

- Self-awareness of values, beliefs, experiences affecting approach to working practices, e.g. motivation, conformity, co-operation, consistency, respect, fairness, creativity, previous experiences of learning.
- Ways own values affect practice positively and negatively, e.g. conflict between own values, beliefs and standards.

Learning outcome 3: Be able to evaluate own performance

Own knowledge, performance and understanding against relevant standards

- Self-evaluation.
- The extent to which own practice meets required National Occupational Standards for role in relation to roles and responsibilities.
- Refer to reflections to appraise the extent to which own knowledge and performance meet standards.

Use of feedback

- Use feedback to raise awareness of strengths.
- Identify areas for improvement.
- Identify actions to be taken to improve performance.
- Actively seek feedback.
- Sources of feedback, e.g. mentors, teachers, supervisor, colleagues, effective feedback develops confidence, competence, motivation.

What needs to be learned

Learning outcome 4: Be able to agree a personal development plan

Sources of support for planning and reviewing own development
- Formal support.
- Informal support.
- Supervision.
- Appraisal.
- Within the organisation.
- Beyond the organisation.
- Sources of people support, e.g. mentor, supervisor, teacher, manager.
- Sources of organisational support, e.g. local authority, training providers, awarding organisations, further and higher education institutions.

Review of own learning and development needs
- Performance review.
- Appraisal.
- Reflective journal.
- Learning needs in relation to job role, progression.
- Development opportunities, e.g. training, qualifications, shadowing a more experienced colleague, on-the-job project work, coaching and mentoring less experienced colleagues.

Own personal development plan
- This will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review.
- Personal development plan to manage development using reflection and structured planning on how to meet own goals.
- Use of personal development plan templates.

Learning outcome 5: Be able to use learning opportunities and reflective practice to contribute to personal development

How learning activities affect practice
- Examples of learning activities, e.g. formal lessons, training programmes/sessions, research activities, observing practice, practical activities.
- Practice affected, e.g. by applying newly learned theories, using different approaches.

How reflective practice leads to improved ways of working
- Examples of ways continually challenging current behaviour has developed and enhanced own practice and skills.
- How monitoring own practice has enabled change to take place.

What needs to be learned

The importance of continuing professional development (CPD)

- Refers to the process of tracking and documenting the skills, knowledge and experience that are gained both formally and informally while at work, beyond any initial training.
- It is a record of what is experienced, learned and then applied.
- Ensures competence.
- Ensures that skills are current.
- Increases effectiveness of practitioners.

Record progress in relation to personal development

- Regular review of personal development plan.
- Use reflective journal to consider progress made.
- Evidence of achievements, e.g. certificates.
- Review goals and actions in light of progress.

Information for tutors

Suggested resources

Book

Cottrell S – *Skills for Success: Personal Development and Employability* (Palgrave Macmillan, 2010) ISBN 13 9780230250185

Websites

www.healthcareers.nhs.uk   Health careers website – personal development planning.

www.skillsforcare.org.uk   Standard 2 of the Care Certificate.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4 and 5 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2, 3, 4 and 5.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 3: Promote Equality and Inclusion in Care Settings

Unit reference number: D/616/2957

Level: 3

Unit type: Mandatory

Credit value: 2

Guided learning hours: 18

Unit summary

Recognition, accommodation and understanding of the immense diversity of individuals in contemporary British society lie at the heart of effective care practice. It is important for those who work in a wide range of care settings to understand the importance of equality, diversity and inclusion, and how to promote them in the work setting.

In this unit, you will investigate how equality and inclusion are central to the effective operation of care settings. You will explore discriminatory practice and its potential effects on individuals. You will also explore the promotion of anti-discriminatory practice through legislation and codes of practice. You will look at the national initiatives that promote anti-discriminatory practice and how they are applied in the workplace. The knowledge and understanding you gain from this unit will underpin many of the other units in the qualification.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the importance of diversity, equality and inclusion	1.1	Explain what is meant by: • diversity • equality • inclusion • discrimination
		1.2	Describe the potential effects of discrimination
		1.3	Explain how inclusive practice promotes equality and supports diversity
2	Be able to work in an inclusive way	2.1	Explain how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to own work role
		2.2	Work with individuals in a way that respects their beliefs, culture, values and preferences
3	Be able to promote diversity, equality and inclusion	3.1	Model inclusive practice
		3.2	Support others to promote equality and rights
		3.3	Describe how to challenge discrimination in a way that promotes change

Content

What needs to be learned
Learning outcome 1: Understand the importance of diversity, equality and inclusion

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Diversity

- Differences between individuals and groups:
    - culture
    - nationality
    - ability
    - ethnic origin
    - gender and gender reassignment
    - age
    - religion
    - beliefs
    - sexual orientation
    - social class
    - dress.

Equality

- Protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).
- Promotion of individual rights.
- Giving choice and opportunity.
- Respect and fairness.
- Services in response to individual need.

Inclusion

- Placing individuals at the centre of planning and support.
- Valuing diversity.

Discrimination

- The prejudicial treatment of different categories of people:
    - individuals being treated less favourably than others
    - lack of opportunity
    - prejudice and injustice
    - harassment
    - stereotyping

- o labelling
- o delay in development
- o loss of self-esteem
- o treating a person unfairly because of who they are.
- Types of discrimination:
  - o direct discrimination.
  - o indirect discrimination.
  - o institutional discrimination.

Effects of discrimination

- Discrimination may affect:
  - o the individual
  - o families or friends of the individual
  - o those who inflict discrimination
  - o wider society.
- The individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

Inclusive practice

- Being responsive to the needs of all users.
- Diversity is acknowledged and respected.

Promoting equality

- Following policies and procedures in the workplace setting.
- Promoting inclusive practices and procedures.
- Challenging discrimination.
- Promoting rights.
- Empowering individuals.
- Removing barriers.
- Ensuring physical access.
- Impact on effective communication.
- Improving participation.
- Promoting dignity and respect.
- Putting individuals at the centre of planning and delivery of services.

Supporting diversity

- Valuing differences between individuals.
- Using positive images of individuals from diverse groups.
- Celebrating differences.

What needs to be learned
Learning outcome 2: Be able to work in an inclusive way

Legislation and codes of practice

- Codes of practice of sector.
- Policies of workplace setting.
- Human Rights Act 1998.
- Race Relations (Amendments) Act 2000.
- The Equality Act 2010.
- European Convention on Human Rights.
- Care Act 2014.

Interactions

- Colleagues.
- Adults using services.
- Active listening.
- Knowledge of individuals:
  - beliefs
  - cultures
  - values
  - preferences.
- Maintaining confidentiality, as appropriate.
- Using preferred method of communication.

Preferences

- Beliefs.
- Values.
- Culture.

Learning outcome 3: Be able to promote diversity, equality and inclusion

Inclusive practice
- Observing the social model of disability.
- Engaging in reflective practice.
- Encouraging choice.
- Empowering individuals.
- Encouraging independence.
- Removing barriers to access.
- Promoting equality and rights.
- Providing opportunity and access to services according to needs.
- Using appropriate language.

Support others to promote equality and rights
- Others may include:
    - team members
    - other colleagues
    - those who use or commission their own healthcare or adult care services
    - families, carers and advocates.
- Sharing information about the needs of individuals.
- Ways to value differences and recognise similarities between individuals.
- Highlighting the benefits of diversity:
    - cultural enrichment
    - the arts
    - food
    - social cohesion.
- Modelling the use of appropriate language.
- Taking part in staff training activities.
- Following procedures of the setting.
- Demonstrating fair practice in interactions.
- Acknowledging the rights of others.
- Providing information for disciplinary and complaints procedures.

Challenging discrimination
- Identifying and challenging discriminatory behaviour.
- Recognising stereotypes in attitudes or written materials.
- Understanding and adapting own beliefs and attitudes.
- Know how to report concerns.
- Review and develop policy and procedures.

Information for tutors

Suggested resources

Books

Baldock J et al – *Social Policy* (Oxford University Press, 2007)
ISBN 9780199284979

Lovell T and Cordeaux C – *Social Policy for Health and Social Care*
(Hodder and Stoughton, 1999) ISBN 9780340683613

Moore S – *Social Welfare Alive*, 3rd edition (Nelson Thornes, 2002)
ISBN 9780748765614

Websites

www.ageuk.org.uk	Age UK – charity that supports people in later life.
www.dh.gov.uk	Department of Health – information relating to the support, care and treatment of patients with compassion, respect and dignity.
www.eoc.org.uk	Equal Opportunities Commission – information about the promotion and protection of everyone's right to equal opportunities in the workplace as laid down in the Equality Act 2010.
www.linkability.org.uk	Care and support website for people with learning disabilities.
www.rnib.org.uk	Royal National Institute of Blind People – gives practical and emotional support for the blind and partially sighted.
www.scie.org.uk	Social Care Institute for Excellence – provides accredited training, consultancy, research and resources for the social care and health sectors.
www.skillsforhealth.org.uk	Sector Skills Council for the UK Health Sector – information about policy and standards focusing on health, education and improving the wider wellbeing of public health.

Magazine

Community Care Magazine

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 4: Duty of Care in Care Settings

Unit reference number: R/616/2955

Level: 3

Unit type: Mandatory

Credit value: 1

Guided learning hours: 8

Unit summary

When working in care settings, it is essential to treat individuals with a duty of care, ensuring that they are in a safe environment and that their needs are being addressed.

In this unit, you will consider how duty of care contributes to the safeguarding and protection of individuals, how their individual rights may conflict with their safety, and how to approach any complaints that might arise.

The unit will also enable you to respond to any conflicts, dilemmas and complaints that arise when you are working with individuals in a care setting. You will consider how to manage risks that are associated with possible conflict or dilemmas concerning an individual's rights and the duty of care that you give. You will learn how to respond effectively to a complaint, following the policies and procedures of the care setting.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand how duty of care contributes to safe practice	1.1	Explain what it means to have a duty of care in own work role
		1.2	Explain how duty of care relates to duty of candour
		1.3	Explain how duty of care contributes to the safeguarding or protection of individuals
2	Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	2.1	Describe conflicts or dilemmas that may arise between the duty of care and an individual's rights
		2.2	Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care
		2.3	Explain where to get additional support and advice about conflicts and dilemmas
3	Know how to respond to complaints	3.1	Describe how to respond to complaints
		3.2	Explain policies and procedures relating to the handling of complaints

Content

What needs to be learned

Learning outcome 1: Understand how duty of care contributes to safe practice

Care settings
- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.
- Individual, i.e. someone requiring care or support; it will usually mean the person or people supported by the learner.

Duty of care in own work role
- Accountability for:
  - exercising authority
  - managing risk
  - working safely
  - monitoring own behaviour and conduct
  - maintaining confidentiality
  - storing personal information appropriately
  - reporting concerns and allegations
  - making professional judgements
  - maintaining professional boundaries
  - avoiding favouritism
  - maintaining high standards of conduct outside the professional role.

Relation of duty of care to duty of candour
- Duty of candour towards individuals. An individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
- Candour – being open and honest with individuals and being open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.

Contribution of duty of care to the safeguarding and protection of individuals
- Safeguarding vulnerable adults:
  - protection from sexual, physical or emotional harm
  - preserving respect and dignity
  - engendering trust.
- Protecting vulnerable adults:
  - safety in the environment
  - safe use of resources and equipment
  - prevention from intimidation or humiliation.
- Protecting self:
  - ensuring against risk of allegation of misconduct or abuse
  - avoiding risk of accusations of malpractice.

What needs to be learned

Learning outcome 2: Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care

Potential conflicts or dilemmas and the individual's rights

- Conflicts and dilemmas:
  - attitudes, unsafe behaviour such as drug/alcohol abuse
  - aggression and violence
  - bullying and intimidation
  - vandalism.
- Individual's rights:
  - respect for views and actions
  - safety and security
  - love and belonging
  - education
  - equality.

Managing risks

- Implementing policies and codes of practice.
- Acting in the individual's best interests.
- Fostering a culture of openness and support.
- Being consistent.
- Maintaining professional boundaries.
- Following systems for raising concerns.

Support and advice about conflicts and dilemmas

- Line management.
- Health professionals.
- Training and professional development.
- Education services.
- Counselling services.
- Mediation and advocacy services.

Learning outcome 3: Know how to respond to complaints

Responding to complaints

- Listening to complainant.
- Referring complainant to complaints policy.
- Suggesting that complaints are made in writing.
- Reporting complaints to line manager.

Handling complaints

- Acknowledgement of complaints.
- Stages within procedure.
- Report and recommendations.
- Review and appeals.
- Policies and procedures may include other agreed ways of working as well as formal policies and procedures.

Information for tutors

Suggested resources

Books

Rasheed R, Hetherington A and Wyatt L – *BTEC National Level 3 Health and Social Care*, 3rd edition (Hodder, 2016) ISBN 9781471878596

Walsh M et al – *Health and Social Care Diplomas – Level 3 Diploma Candidate Handbook* (Collins, 2011) ISBN 9780007430536

Websites

www.communitycare.co.uk	Various articles for those working in, or who want to work in care settings.
www.cqc.org.uk	Care Quality Commission
www.hcpc-uk.org	Health and Care Professions Council (HCPC)
www.nhs.uk/Conditions/stress-anxiety-depression/Pages/benefits-of-talking-therapy.aspx	Counselling services – talking therapies.
www.skillsforcare.org.uk	Section 1 and 3 of the Care Certificate.
www.skillsforhealth.org.uk	Sector Skills Council – a not-for-profit organisation committed to the development of an improved and sustainable healthcare workforce across the UK.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.

Unit 5: Safeguarding and Protection in Care Settings

Unit reference number: D/616/2943

Level: 2

Unit type: Mandatory

Credit value: 3

Guided learning hours: 26

Unit summary

This unit is aimed at those working in a wide range of care settings and covers the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. In this unit, you will consider when individuals might be particularly vulnerable to abuse and what they must do if abuse is suspected or alleged.

In this unit, you will be involved in caring for individuals who may be at risk of different kinds of abuse, both within and outside of the care setting. It is important that you are aware of the signs of abuse and that you can report them appropriately. Others associated with the individuals in the care setting may also be at risk of abuse and it is important that you can recognise and report this.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand principles of safeguarding adults	1.1 Explain the term safeguarding 1.2 Explain own role and responsibilities in safeguarding individuals 1.3 Define the following terms: • physical abuse • domestic abuse • sexual abuse • emotional/psychological abuse • financial/material abuse • modern slavery • discriminatory abuse • institutional/organisational abuse • self-neglect • neglect by others 1.4 Describe harm 1.5 Describe restrictive practices
2 Know how to recognise signs of abuse	2.1 Identify the signs and/or symptoms associated with each of the following types of abuse: • physical abuse • domestic abuse • sexual abuse • emotional/psychological abuse • financial/material abuse • modern slavery • discriminatory abuse • institutional/organisational abuse • self-neglect • neglect by others 2.2 Describe factors that may contribute to an individual being more vulnerable to abuse

Learning outcomes	Assessment criteria
3 Know how to respond to suspected or alleged abuse	3.1 Explain the actions to take if there are suspicions that an individual is being abused
	3.2 Explain the actions to take if an individual alleges that they are being abused
	3.3 Identify ways to ensure that evidence of abuse is preserved
4 Understand the national and local context of safeguarding and protection from abuse	4.1 Identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse
	4.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse
	4.3 Identify factors that have featured in reports into serious cases of abuse and neglect
	4.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse, including whistleblowing
	4.5 Identify when to seek support in situations beyond your experience and expertise
5 Understand ways to reduce the likelihood of abuse	5.1 Explain how the likelihood of abuse may be reduced by: - working with person-centred values - encouraging active participation - promoting choice and rights - supporting individuals with awareness of personal safety
	5.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse
	5.3 Outline how the likelihood of abuse can be reduced by managing risk and focusing on prevention

Learning outcomes	Assessment criteria
6 Know how to recognise and report unsafe practices	6.1 Describe unsafe practices that may affect the wellbeing of individuals 6.2 Explain the actions to take if unsafe practices have been identified 6.3 Describe the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response
7 Understand principles for online safety	7.1 Describe the potential risks presented by: • the use of electronic communication devices • the use of the internet • the use of social networking sites • carrying out financial transactions online 7.2 Explain ways of reducing the risks presented by each of these types of activity 7.3 Explain the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices

Content

What needs to be learned

Learning outcome 1: Understand principles of safeguarding adults

Definition of safeguarding

- Protecting people's health, wellbeing and human and individual rights, and enabling them to live free from harm, abuse and neglect.

Own role and responsibilities

- Training.
- Knowledge of policies and procedures relevant to own level of responsibility.
- Awareness of own practice.

Types of abuse

- Physical abuse, e.g. hitting, shaking, biting, throwing, burning or scalding, suffocating, force-feeding or otherwise causing physical harm to an individual.
- Sexual abuse, e.g. forcing an individual to take part in sexual activities or behave in sexually inappropriate ways; penetrative acts, including rape or buggery; non-penetrative acts, e.g. watching sexual activities, including viewing inappropriate sexual activity on the internet.
- Emotional abuse, e.g. bullying, invoking threats or fear, devaluing individual self-esteem, verbal abuse and swearing, imposing inappropriate expectations, conveying feelings of worthlessness, exploitation, domestic acts of control and coercion.
- Financial abuse, e.g. theft of money or property; misappropriation or mismanagement of individuals' finances; denying individuals access to their own finances, particularly the elderly or individuals with learning difficulties.
- Institutional abuse, e.g. misuse of authority, information or power over vulnerable individuals by staff in care settings, failure to maintain professional boundaries, inappropriate use of medication, physical restraint, humiliation or bullying, denying privacy.
- Self-neglect, e.g. individuals engaging in neglectful or self-harming behaviours, including refusing to eat or drink, neglecting personal hygiene or toilet needs, causing actual bodily harm to self, including cutting.
- Neglect or acts of omission, e.g. not caring for the basic needs of individuals, including neglectful practice in washing, toileting, feeding or personal care, ignoring or isolating individuals.
- Domestic abuse, e.g. patterns of controlling, coercive or threatening behaviour, 'honour'-based violence, female genital mutilation and forced marriage.
- Modern slavery, e.g. human trafficking, forced labour, domestic servitude.
- Discriminatory abuse, e.g. unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual characteristics.

What needs to be learned

Harm

- Physical or emotional injury that is deliberately inflicted.

Restrictive practices

- Use of physical restraint.
- Use of medication as a restraint.
- Use of seclusion.

Learning outcome 2: Know how to recognise signs of abuse

Signs and symptoms of abuse

- Physical abuse, e.g. bruising, bite marks, burn marks, changes in behaviour, can lead to death in extreme cases.
- Sexual abuse, e.g. disturbed behaviour, including self-harm, inappropriate sexualised behaviour, repeated urinary infections, depression, loss of self-esteem, impaired ability to form relationships.
- Emotional abuse, e.g. loss of self-esteem and self-confidence, withdrawn.
- Financial abuse, e.g. loss of trust, insecurity, fearful, withdrawn, conforming or submissive behaviour, disappearance of possessions, power of attorney obtained when individual is unable to comprehend.
- Institutional abuse, e.g. loss of self-esteem and confidence, submissive behaviour, loss of control.
- Self-neglect or neglect by others, e.g. unkempt appearance; weight loss; dehydration; signs of actual self-harm, including cuts; withdrawn or submissive behaviour.
- Neglect or acts of omission – unkempt appearance; weight loss; dehydration; signs of actual self-harm, including cuts; withdrawn or submissive behaviour.
- Domestic abuse – low self-esteem, isolation, physical evidence of violence such as bruising, cuts, broken bones.
- Modern slavery – appearing to be malnourished, unkempt or withdrawn, living in dirty, cramped or overcrowded accommodation and/or living and working at the same address.
- Discriminatory abuse – expressions of anger, frustration, fear or anxiety; person appears withdrawn and isolated.

Factors contributing to vulnerability

- Factors may include:
  - a setting or situation
  - the individual.
- The individual's age, e.g. the elderly.
- Physical ability, e.g. frail, immature development, physical disability or sensory impairment.
- Cognitive ability, e.g. maturity, level of education and intellectual understanding, learning difficulties.
- Emotional resilience, e.g. mental health difficulties; depression; stress, e.g. impact of stressful life events, including bereavement, divorce, illness or injury.

What needs to be learned
• Culture or religion, e.g. as a result of prejudice or discrimination, refugees and asylum seekers. • Socio-economic factors, e.g. financial situation.
Learning outcome 3: Know how to respond to suspected or alleged abuse

Factors may include the following

- Care setting: adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.
- An individual – someone requiring care or support; it will usually mean the person or people supported by the learner.
- Actions to take constitute the learner's responsibilities in responding to allegations or suspicions of abuse. They include actions to take if the allegation or suspicion implicates:
  - o a colleague
  - o someone in the individual's personal network
  - o the learner
  - o the learner's line manager
  - o others.

Actions to take if there is suspicion that an individual is being abused

- Importance of following relevant legislative requirements, policies, procedures and agreed ways of working.
- Find out basic information, including who the alleged victim is, who the alleged abuser is and the categories of abuse that could be happening.
- Report suspicions and allegations to an appropriate/named person.
- Importance of treating all allegations and suspicions seriously.
- Have knowledge of lines of communication and reporting.

Actions to take if an individual alleges they are being abused

- Boundaries of own role and responsibilities.
- Report suspicions and allegations to appropriate/named person.
- Importance of clear verbal and accurate written reports.
- Importance of not asking leading questions with individuals concerned.
- Importance of respectful listening.
- Confidentiality and agreed procedures for sharing information on disclosure.
- Importance of actual evidence and avoiding hearsay.

Ways to ensure that evidence of abuse is preserved

- Use of written reports, including details of alleged/suspected abuse, signed, dated and witnessed.
- Agreed procedures for using electronic records.
- Confidential systems for manual records.
- Importance of timescales to ensure reliability and validity of evidence.
- Secure storage of evidence.

What needs to be learned
Learning outcome 4: Understand the national and local context of safeguarding and protection from abuse

National policies and local systems

- Relevant and up-to-date government policies.
- Care Act 2014.
- Statement of government policy on adult safeguarding (Department of Health 2011).
- Local systems, the scope of responsibility of Local Safeguarding Adults Boards (LSABs) and protection committees.
- Employer/organisational policies and procedures.
- Multi-agency adult protection arrangements for a locality.
- Mental Capacity Act 2005.

Roles of different agencies

- Importance of multi-agency and inter-agency working.
- Social services.
- Health services.
- Voluntary services.
- The police.
- Responsibilities for allocating a named person usually from statutory agencies in health or social care.
- Responsibilities for overseeing the safeguarding assessment and its outcome.
- The national Vetting and Barring Scheme (VBS).
- Disclosure and Barring Service (DBS).

Factors that have featured in reports into serious failures to protect individuals from abuse

- Poor or a lack of communication between services, including not sharing important information.
- Ineffective partnership working between services.
- Lack of involvement of individuals receiving care, or their families and friends, in decisions made about their care.
- A failure to identify signs of abuse.
- Lack of management support or presence.
- Limited learning and development opportunities for workers.
- Poor staff recruitment processes.

Sources of information and advice

- Policies, procedures and agreed ways of working within the workplace setting.
- Current and relevant sources of information from websites, leaflets, organisations, and local and voluntary groups.
- Government departments.

What needs to be learned
• Voluntary organisations.   • Publications; information from the Independent Safeguarding Authority (ISA).   • Social Care Institute for Excellence (SCIE).   • Professional bodies/trade unions, e.g. Royal College of Nursing.   • Care Quality Commission (CQC).   • Whistleblowing policy and procedure – a whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct.   **When to seek support**   • Recognising when support is needed.   • Recognising the boundaries of own role.   • Awareness of own expertise in dealing with situations.   • Local policies and procedures.   **Seeking support**   • Line manager.   • Senior carer.   • Care Quality Commission (CQC).   • Professional body/trade union.   • Local policy and procedure for seeking support.
Learning outcome 5: Understand ways to reduce the likelihood of abuse

• Person-centred values include:
    o individuality
    o rights
    o choice
    o privacy
    o independence
    o dignity
    o respect
    o partnership
    o care
    o compassion
    o courage
    o communication
    o competence.

Working with person-centred values

- Decrease the likelihood of abuse by working in a person-centred way.
- Implement the key values of privacy, dignity, independence, choice, rights and fulfilment.
- Decrease vulnerability by increasing confidence.
- Promote empowerment, independence and autonomy.
- Involve individuals in making their own decisions and choices.
- Respectful communication.
- Active listening.
- Main principles that all individuals have the right to live their lives free from violence, fear and abuse; the right to be protected from harm and exploitation; the right to independence; and the right to justice.

Encouraging active participation

- Decrease the likelihood of abuse by encouraging active participation.
- Decrease vulnerability by improving self-confidence and self-esteem.
- Encourage involvement and self-awareness.
- Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Promoting choices and rights

- Decrease the likelihood of abuse through promoting individual choices and decision making.
- Decrease vulnerability by promoting empowerment and independence.
- Importance of informed consent.
- Wellbeing may include aspects that are:
    o social
    o emotional
    o cultural
    o spiritual
    o intellectual
    o economic
    o physical
    o mental.

Awareness of personal safety

- Engage in care decisions.
- Risk enablement.
- Person-centred care.

Accessible complaints procedure

- To ensure an accessible complaints procedure for reducing the likelihood of abuse.
- Transparent policies, procedures and agreed ways of working.

What needs to be learned
• Importance of accountability.
• Clear systems for reporting and recording complaints.
• Robust procedures for following up on any complaints.
• Legal requirement to have a complaints procedure in place.
• Ways of ensuring the procedure is accessible (by published policy, high visibility, widespread distribution).
Risk management and prevention
• Local policies and procedures.
• Types of risk assessment, e.g. slips, trips and falls.
• Sensible and proportionate measures.
• Common risks to individuals.
• Individual risks.

Learning outcome 6: Know how to recognise and report unsafe practices
Unsafe practices
• Neglect in duty of personal care in relation to inappropriate feeding, washing, bathing, dressing, toileting.
• Inappropriate physical contact in relation to moving and handling.
• Unsafe administration of medication.
• Unreliable systems for dealing with individuals' money or personal property.
• Failure to maintain professional boundaries.
• Failure to ensure supervision.
• Inappropriate communication or sharing of information.
• Failure to update knowledge on safeguarding issues.
• Unsafe recruitment practices may include:
o poor working practices
o resource difficulties
o operational difficulties.
Actions to take if unsafe practices have been identified
• Report unsafe practices that have been identified.
• Report concerns to a manager or supervisor immediately, verbally and in writing.
• Use policies on whistleblowing.
Actions to take if abuse or suspected abuse has been reported but nothing has been done in response
• Report concerns directly to social services, the Care Quality Commission (CQC) or the police.
• Anyone can report a suspicion or allegation of abuse.
• Workers can be disciplined, suspended or dismissed for not reporting abuse or not following the correct procedures.
• Importance of raising genuine concerns and acting on them.
• Reassurance of protection from possible reprisals and victimisation following reporting.

What needs to be learned
Learning outcome 7: Understand principles for online safety
Potential risks presented by the use of electronic communication devices, the internet, social networking and financial transactions • Bullying and harassment. • Fraudulent financial transactions. • Cyber stalking. • Data protection breach. • Inappropriate content. • Blackmail. • Commercial exploitation. **Ways to reduce risks** • Password protection. • Prohibit use of personal mobile phones in the workplace. • Firewall protection. • Personal details kept private. **Balancing measures for online safety against the benefits of using electronic systems and devices** • Policies and procedures. • Data protection and information sharing. • 'Safe' sites. • Awareness and training.

Information for tutors

Suggested resources

Books

Mengele C – *Safeguarding Adults Online: A guide for practitioners* (Policy Press, 2016) ISBN 9781447333951

Nolan Y et al – *Level 2 Diploma Health and Social Care (Heinemann Work-Based Learning)*, 3rd edition (Heinemann, 2011) ISBN 9780435031947

Websites

www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf	NHS England pocket guide to safeguarding.
www.legislation.gov.uk	Website for current government legislation.
www.peoplefirstinfo.org.uk	Safeguarding under the Care Act 2014.
www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx	Care Act 2014
www.skillsforcare.org.uk/Document-library/Standards/Care-Certificate/Standard-10-Updated-7-7-15.pdf (updated version)	Standard 10 updated version.
www.skillsforcare.org.uk/Standards-legislation/Mental-Capacity-Act/Mental-Capacity-Act.aspx	Mental Capacity Act 2005 and safeguarding.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment* of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.

Unit 6: Responsibilities of a Care Worker

Unit reference number: T/616/2950

Level: 2

Unit type: Mandatory

Credit value: 2

Guided learning hours: 16

Unit summary

This unit is for those working in a wide range of care settings. It is important to understand the differences between relationships in care settings to ensure that behaviour and communication are appropriate for each kind of relationship. Working in agreed ways ensures safety and security, not only for individuals receiving care in the setting, but for those delivering care too. Partnerships are an important part of care and it is important for you to know and understand those partnerships in order to provide the best outcomes for the individual.

This unit will give you the knowledge and skills you need to understand the nature of working relationships in care settings, how to work in ways that are agreed with the employer and how to work in partnership with others.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand working relationships in care settings	1.1 Explain how a working relationship is different from a personal relationship
	1.2 Describe different working relationships in care settings
2 Be able to work in ways that are agreed with the employer	2.1 Describe why it is important to adhere to the agreed scope of the job role
	2.2 Access full and up-to-date details of agreed ways of working
	2.3 Work in line with agreed ways of working
	2.4 Contribute to quality assurance processes to promote positive experiences for individuals receiving care
3 Be able to work in partnership with others	3.1 Explain why it is important to work in partnership with others
	3.2 Demonstrate ways of working that can help improve partnership working
	3.3 Identify skills and approaches needed for resolving conflicts
	3.4 Access support and advice about: • partnership working • resolving conflicts

Content

What needs to be learned

Learning outcome 1: Understand working relationships in care settings

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Roles in care settings

- Social worker.
- Paramedic.
- Care manager.
- Occupational therapist.
- Nurse.
- Counsellor.

Working relationship

- A relationship with work colleagues.
- The nature of professional relationships, including mutual respect.
- Concept of teamwork.
- Working within agreed guidelines.
- Working towards common goals with a shared purpose.
- A business relationship.
- Multi-agency working relationships.

Personal relationship

- A relationship with a friend, family member or within a social group.
- Interpersonal relationship.
- Relationship based on love, liking, family bond or social commitment.

Different working relationships in care settings

- Relationships between co-workers, e.g. colleagues.
- Between worker and manager, e.g. supervisory.
- Relationships within teams, e.g. multidisciplinary team, care planning team.
- Between different care workers, e.g. nurse and care assistant.
- Relationships between different professionals, e.g. care worker and legal advocate.
- Professional relationships with others, e.g. families of individuals.
- Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

What needs to be learned

Learning outcome 2: Be able to work in ways that are agreed with the employer

Adhere to the scope of the job role

- Job description as part of a contract of employment.
- Legal responsibilities.
- Defined roles and responsibilities.
- Professional commitment.
- Expectations of the job.
- Professional boundaries and working within professional limitations.
- Accountability.
- Used as a means of assessing performance in the job role, e.g. for appraisal purposes.

Agreed ways of working

- Relevant current legislation.
- Full and up-to-date policies and procedures that relate to the responsibilities of a specific job role, e.g. health and safety, safeguarding, equal opportunities and inclusive working, security.
- Implementing agreed ways of working, e.g. in relation to infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling.
- Policies and procedures where they exist; they may be less formally documented with micro-employers.

Contribute to quality-assurance processes

- Audit.
- Documentation checks.
- Record keeping.
- Adhere to agreed ways of working.
- Participating in inspection visits, e.g. Care Quality Commission (CQC).
- Attend relevant training.

What needs to be learned

Learning outcome 3: Be able to work in partnership with others

Partnership working

- Importance of professional relationships with team members, colleagues, other professionals, individuals and their families, friends, advocates or others important to individuals.

- Importance of communication.

- Agreed ways of sharing information.

- Boundaries to sharing information, e.g. on a 'need to know' basis; concept of power sharing and empowerment.

- Nature of professional respect.

- Understanding different roles and responsibilities.

- Different professional expectations.

- Multi-agency and integrated working.

- Improving partnership working through effective communication and information sharing.

- Collaboration and team working.

- Multi-agency team meetings and conferences.

- Care Act 2014.

Others

- May include, team members and colleagues, other professionals, individuals who require care or support, families, friends, advocates or others who are important to individuals.

Resolving conflicts

- Skills and approaches needed for resolving conflicts, e.g. managing stress, remaining calm, being aware of both verbal and non-verbal communication, controlling emotions and behaviour, avoiding threatening others, paying attention to feelings being expressed as well as the spoken words of others, being aware of and respectful of differences, developing a readiness to forgive and forget, having the ability to seek compromise, seeking resolution, being specific with communication, trying not to exaggerate or overgeneralise, avoiding accusations, importance of active listening.

Access support and advice

- Access support and advice about partnership working, e.g. in relation to sharing information, issues about confidentiality, confusion about roles and responsibilities, professional limitations or expectations, understanding professional boundaries.

- Agreed ways of working for seeking support.

- Access support, e.g. through manager or supervisor, professional organisation, independent advisory organisations, mentoring support, employment counselling, trade unions.

- Resolving conflicts, e.g. in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers.

Information for tutors

Suggested resources

Books

Nolan Y et al – *Level 2 Diploma Health and Social Care (Heinemann Work-Based Learning)*, 3rd edition (Heinemann, 2011) ISBN 9780435031947

Peate I – *Fundamentals of care: A textbook for health and social care assistants* (Wiley Blackwell, 2017) ISBN 9781119212201

Rawles Z – *Essential knowledge and skills for healthcare assistants* (CRC Press, 2014) ISBN 9781444169232

Websites

www.communitycare.co.uk	Expert guide to health and social care joint working.
www.dementiapartnerships.com	'No Secrets Guidance' on protecting vulnerable adults.
www.legislation.gov.uk	Website for current government legislation.
www.rcnhca.org.uk	The Royal College of Nursing (RCN) online learning resource.
www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-1.pdf	Standard 1 of the Care Certificate.
www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx	Skills for Care: information about the Care Act 2014.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment* of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

Unit 7: Promote Person-centred Approaches in Care Settings

Unit reference number:	**H/616/2958**
Level:	**3**
Unit type:	**Mandatory**
Credit value:	**6**
Guided learning hours:	**39**

Unit summary

The person-centred approach is one way in which care, treatment and support is given to an individual, focusing on what is important to them. Adult care workers deliver personalised care tailored to individual needs, and work in an equal partnership with the individuals who are placed at the centre of their care. They embed values in their daily practice to ensure that individuals are treated with dignity, respect, and compassion, and are empowered by taking a lead in expressing their preferred choices. By building knowledge, skills and confidence, individuals are better able to make informed decisions and manage their own health and care. This approach better meets individual needs and can improve clinical outcomes.

In this unit, you will learn about person-centred care values and how they work together to influence all aspects of adult care work. You will have the opportunity to learn about, and demonstrate, the skills used to facilitate the person-centred approach. This includes promoting the individual's rights, sharing decision making, supporting self-management, encouraging active participation, and providing access to integrated care. You will learn to work in agreed ways, taking assessed risks to benefit the individual and promote their wellbeing.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand how to promote the application of person-centred approaches in care settings	1.1 Explain how and why person-centred values must influence all aspects of health and adult care work 1.2 Evaluate the use of care plans in applying person-centred values 1.3 Explain how to collate and analyse feedback to support the delivery of person-centred care in line with roles and responsibilities
2 Be able to work in a person-centred way	2.1 Work with an individual and others to find out the individual's history, preferences, wishes and needs 2.2 Demonstrate ways to put person-centred values into practice in a complex or sensitive situation 2.3 Adapt actions and approaches in response to an individual's changing needs or preferences
3 Be able to establish consent when providing care or support	3.1 Analyse factors that influence the capacity of an individual to express consent 3.2 Establish consent for an activity or action 3.3 Explain what steps to take if consent cannot be readily established
4 Be able to implement and promote active participation	4.1 Describe different ways of applying active participation to meet individual needs 4.2 Work with an individual and others to agree how active participation will be implemented 4.3 Demonstrate how active participation can address the holistic needs of an individual 4.4 Demonstrate ways to promote understanding and use of active participation

Learning outcomes	Assessment criteria
5 Be able to support the individual's right to make choices	5.1 Support an individual to make informed choices 5.2 Use own role and authority to support the individual's right to make choices 5.3 Manage risk in a way that maintains the individual's right to make choices 5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others
6 Be able to promote individuals' wellbeing	6.1 Explain the links between identity, self-image and self-esteem 6.2 Analyse factors that contribute to the wellbeing of individuals 6.3 Support an individual in a way that promotes their sense of identity, self-image and self-esteem 6.4 Demonstrate ways to contribute to an environment that promotes wellbeing
7 Understand the role of risk assessment in enabling a person-centred approach	7.1 Compare different uses of risk assessment in care settings 7.2 Explain how risk taking and risk assessment relate to rights and responsibilities 7.3 Explain why risk assessments need to be regularly revised

Content

What needs to be learned

Learning outcome 1: Understand how to promote the application of person-centred approaches in care settings

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.
- Individuals, i.e. someone requiring care or support (usually the person or people supported by the learner).
- Others, e.g. team members and colleagues, other professionals, families, friends, advocates or others who are important to individuals.

Person-centred values

- Individuality.
- Rights.
- Privacy.
- Independence.
- Dignity.
- Respect.
- Partnership.
- The six Cs (communication, care, compassion, competence, courage and commitment).

Importance and application of person-centred practice in care settings

- Appreciate importance of person-centred values for all aspects of health and social care work.
- Awareness of individual vulnerability, e.g. illness, disability, diminished capability.
- Person-centred planning (PCP) and reviews, particularly with vulnerable individuals.
- Empowering individuals to maintain independence and dignity.
- Enabling individuals to make informed decisions and choices.
- Person-centred relationships, e.g. Carl Rogers' person-centred counselling core conditions.
- Total Communication using preferred communication methods.
- Principles of rights, independence, choice and inclusion.
- Build individual capacity by developing knowledge, skills and confidence.
- Respecting individuals' diversity, culture and values.
- Providing a better experience of care.
- Meeting assessed needs by improving outcomes, e.g. individual, clinical outcomes.

Care plans

- Document where day-to-day requirements and preferences for care and support are detailed. Also known as a support plan or individual plan.

What needs to be learned

Use of care plans

- Importance of applying person-centred values when using care plans.
- Negotiation and consultation in empowering individuals to make decisions.
- Proactive approach promoting individual goal setting and action planning.
- Individual's plan documents choices, preferences and requirements for care/support plan of treatment and individual provision.
- Evaluating plans to assess effectiveness of meeting individual needs.
- Encouraging active participation of individual to improve their outcomes and wellbeing.
- Holistic approach to meeting the needs and preferences of individuals.
- Working with others, e.g. families, friends or other people who are important to the individual, and colleagues, e.g. team members, other professionals.

Collate and analyse person-centred feedback

- Types of evidence used to measure interventions and outcomes-related health and/or wellbeing, to include:
  - ○ quantitative – numerical and statistical (objective data)
  - ○ qualitative – words and themes (subjective data).
- Working with others in the team to gather person-centred information by appropriate method(s), e.g. satisfaction surveys, outcome-focused reviews.
- Follow appropriate methods relevant to the research process to collect and analyse information.

Learning outcome 2: Be able to work in a person-centred way

Work in a person-centred way

- Working towards person-centred outcomes, e.g. involvement with care, feeling of wellbeing.
- Spending time finding out the individual's history, preferences and wishes, taking an holistic approach. Preferences may be based on beliefs, values and/or culture).
- Using person-centred values as a foundation for daily practice.
- Promoting personalised care by communicating with individual and others, e.g. team members, advocates, relatives.
- Sharing decision making with the individual.
- Working in a non-judgemental way, ensuring equality and inclusive practice.
- Promoting empowerment, self-management and autonomy of individuals.
- Building on individuals' existing strengths and potential, developing new knowledge, skills and experiences.
- Reviewing information relevant to the individual's choices, e.g. medical records, care plan, risk assessments.

What needs to be learned

- Providing care that meets the needs of the individual, including:
  - o personalised
  - o enabling
  - o co-ordinated.
- Review the care plan regularly to ensure it continues to meet the changing needs of the individual.

Complex or sensitive situations

- Situations, e.g. distressing or traumatic, threatening or frightening, likely to have serious implications or consequences, of a personal nature, involving complex communication or cognitive needs.

Adapting actions and approaches

- Know limitations and when to seek advice or assistance from a more experienced person, e.g. manager, counsellor, other professional.
- Emphasis on implementing person-centre practices, e.g. being responsive to needs, providing meaningful care to the individual.

Learning outcome 3: Be able to establish consent when providing care or support

Consent

- Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Capacity to express consent

- Awareness of factors that can influence an individual's capacity to express their consent, e.g. mental impairment, physical illness, learning disabilities or language barriers.
- Working sensitively with individuals who may have an impaired capacity to express consent, e.g. adapting working approaches, using physical or communication aids, seeking help where necessary.

Establishing consent

- Information is accessible, appropriate and inclusive, using individuals' communication preference.
- Communication skills (verbal, non-verbal and written, active listening).
- Listening and responding to questions and concerns.
- Importance of consultation.
- Respect individuals' choices, seeking extra support and advice where necessary.
- Complying with relevant legislation and guidance, e.g. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Human Rights Act 1998.
- Ongoing process issues, e.g. duration, withdrawal and/or refusal of consent.

If consent cannot be readily established

- Consent process demonstrates a high level of accountability to the individual.
- Working to resolve conflicts if consent cannot be established.

What needs to be learned

• Support and extra assistance is sought if necessary from the advocate:
   ○ relative, primary caregiver
   ○ lasting power of attorney
   ○ Independent Mental Capacity Advocates (IMCA), (using Mental Capacity Act 2005).
• Timely reporting and recording of any difficulties involving establishing individual consent to a supervisor and/or manager.

Learning outcome 4: Be able to implement and promote active participation

Active participation

- Way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than as a passive recipient.
- Empowering individuals to participate in the activities and relationships of everyday life and in their own care as independently as possible.
- Explaining the benefits of active participation to individuals, e.g. physical benefits, increased independence, autonomy and wellbeing.
- Engaging with the individual as an active partner in their own care or support, not as a passive recipient.
- Assess possible barriers to active participation, e.g. learning disabilities, physical disability or language barriers.
- Employ ways that reduce any barriers to active participation, e.g. use of physical, communication or visual aids.

Implement and promote

- Different ways of applying active participation to meet individual needs.
- Working with individuals and others, e.g. team members, other professionals.
- Active participation – addressing the holistic needs of an individual.
- Using incentives, e.g. highlighting advantages and benefits of active participation.
- Related models and theories specific to service user group, e.g. active support model for individuals with learning disabilities to promote their engagement.

What needs to be learned

Learning outcome 5: Be able to support the individual's right to make choices

Right to make choices
- Importance of empowerment, independence and autonomy of individuals.
- Importance of inclusive practice.
- Awareness of relevant legislation and agreed ways of working that influence individuals' rights, e.g. equality and human rights.

Support the individual
- Developing respectful relationships.
- The importance of non-judgemental communication and inclusive information.
- Respecting individuals' choices.

Managing risks
- Risk assessment processes to support individuals in making choices, e.g. health and lifestyle choices, decisions about treatment or care.
- Awareness of actual or likely danger or harm arising from choices made, e.g. increased vulnerability, impact on treatment or recovery.
- Empowering and supporting individuals to question or challenge the decisions made by others but which concern them.
- Using own role and authority to support the individual's right to make choices, e.g. being confident and assertive, knowledge of relevant legislation and agreed ways of working, being an advocate in supporting an individual's right to choose.
- Importance of inclusive practice and awareness of discrimination issues.

Questioning and challenging decisions
- Support and empower the individual, building their confidence and promoting assertiveness to challenge decisions made by others.
- Use relevant legislation, organisational policies and procedures, to support the individual, e.g. using the complaints procedure.
- Act as the individual's advocate if required, referring to support services if necessary.

What needs to be learned

Learning outcome 6: Be able to promote individuals' wellbeing

Wellbeing
- Factors influencing wellbeing, e.g. social, emotional, cultural, spiritual, intellectual, economic, physical, mental.

Promoting wellbeing
- Importance and links between individual identity, self-image and self-esteem.
- Understanding emotional literacy.
- Awareness of individuals' feelings.
- Importance of privacy and maintaining dignity.
- Support and encouragement for individuals.
- Respecting the spiritual, religious and cultural beliefs of individuals.

Supporting individuals
- Working in partnership to set realistic and achievable goals.
- Empowering individuals to develop confidence.
- Creating and maintaining a positive environment to promote wellbeing, e.g. attitudes, activity, surroundings.
- Fostering positive relationships by encouraging open communication.
- Supporting agreed ways of working that contribute to the wellbeing of individuals, e.g. facilitating discussion.
- Using agreed ways of working that contribute to the promotion of dignity and self-respect.
- Providing varied and interesting activities to meet the holistic needs of the individual.

Learning outcome 7: Understand the role of risk assessment in enabling a person-centred approach

Different uses of risk assessment
- General, e.g. health and safety within the care setting and on outings.
- Specific risk assessment relevant to the needs of the individual, e.g. manual handling.
- Accident prevention.
- Prevention of injury to service users and others.
- Clinical need.

Risk taking related to rights and responsibilities
- Promoting independence of the individual.
- Non-restrictive freedom of choice.
- Maintaining dignity and respect.

What needs to be learned
- Duty of care: - communicating risk information to service users and carers   - providing information to allow for informal decision making, e.g. risk enablement   - giving guidance and instruction to prevent harm.   - Legal responsibilities.   - Organisational responsibilities.   **Need for regular reviews of risk assessment**   - Importance of regular review in relation to changing individual needs.

Information for tutors

Suggested resources

Books

Bown H, Bailey H and Sanderson H – *Person-Centred Thinking with Older People: 6 Essential Practices* (Jessica Kingsley Publishers, 2015) ISBN 9781849056120

Nolan Y et al – *Health and Social Care (Adults): Level 3 Diploma (Heinemann Work-Based Learning)*, 3rd edition (Heinemann, 2011) ISBN 9780435031978

Sanderson H – *A Practical Guide to Delivering Personalisation: Person-Centred Practice in Health and Social Care* (Jessica Kingsley Publishers, 2012) ISBN 9781849051941

Websites

www.cqc.org.uk	Regulations 9 and 11: person-centred care.
www.gov.uk/government/organisations/ department-of-health	Working together for change: using person-centred information for commissioning (2009).
www.gov.uk	Voices, choice and control (Department of Health, 2015).
www.nationalvoices.org.uk	National Voices: Wellbeing Our Way, Impact Report 2016.
www.health.org.uk	The Health Foundation: person-centred care resources.
www.scie.org.uk/person-centred-care/ personalisation-e-learning	Personalisation: Introduction e-learning course.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 3, 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2, 3, 4, 5 and 6.

Assessment of learning outcomes 1 and 7 (knowledge) may take place in or outside of a real work environment.

Unit 8: Promote Health, Safety and Wellbeing in Care Settings

Unit reference number: K/616/2945

Level: 3

Unit type: Mandatory

Credit value: 6

Guided learning hours: 45

Unit summary

Health and safety is a priority in care practice, and this unit will give learners an understanding of the key principles that underpin work in the sector. The unit requires a clear understanding of the language used in the context of health and safety. Care workplaces are complex environments, and services may be delivered in health, residential and day care settings, as well as increasingly in individuals' own homes.

Care workplaces can also be stressful places to work, so understanding the common signs and triggers of stress, different ways of coping with stress, and where to go for support is important for care workers to enable them to maintain their own wellbeing.

In this unit, you will analyse your own and others' responsibilities for health and safety. You will investigate potential hazards for individuals in care settings and demonstrate the use of risk assessment.

You will look at fire safety and handling hazardous materials. You will also demonstrate skills in supporting others' understanding of health and safety and infection control. The unit concludes with the implementation of security measures in a care setting and how you can manage your own stress.

On completing this unit, you will understand how to minimise risks to all individuals in care settings, whether they are the individuals being supported or cared for, their friends and family, or employees in the setting. You should be able to foresee potential hazards and know how to make appropriate responses to minimise risks in the context of relevant legal and local policy requirements.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1	Identify legislation relating to health and safety in a care setting
		1.2	Explain the main points of health and safety policies and procedures agreed with the employer
		1.3	Analyse the main health and safety responsibilities of: • self • the employer or manager • others in the work setting
		1.4	Identify specific tasks in the work setting that should not be carried out without special training
2	Be able to carry out own responsibilities for health and safety	2.1	Use policies and procedures or other agreed ways of working that relate to health and safety
		2.2	Support others' understanding of health and safety and follow agreed safe practices
		2.3	Monitor potential health and safety risks
		2.4	Use risk assessment in relation to health and safety
		2.5	Minimise potential risks and hazards
		2.6	Access additional support or information relating to health and safety
3	Understand procedures for responding to accidents and sudden illness	3.1	Describe different types of accidents and sudden illnesses that may occur in own work setting
		3.2	Explain procedures to be followed if an accident or sudden illness should occur

Learning outcomes	Assessment criteria
4 Be able to reduce the spread of infection	4.1 Explain own role in supporting others to follow practices that reduce the spread of infection
	4.2 Describe causes and spread of infection
	4.3 Demonstrate the use of personal protective equipment (PPE)
	4.4 Wash hands using the recommended method
	4.5 Demonstrate ways to ensure that own health and hygiene do not pose a risk to others at work
5 Be able to move and handle equipment and other objects safely	5.1 Explain the main points of legislation that relate to moving and handling
	5.2 Explain principles for safe moving and handling
	5.3 Move and handle equipment and other objects safely
6 Be able to handle hazardous substances and materials	6.1 Describe types of hazardous substances that may be found in the work setting
	6.2 Use safe practices when: • storing hazardous substances • using hazardous substances • disposing of hazardous substances and materials
7 Be able to promote fire safety in the work setting	7.1 Describe practices that prevent fires from: • starting • spreading
	7.2 Demonstrate measures that prevent fires from starting
	7.3 Explain emergency procedures to be followed in the event of a fire in the work setting
	7.4 Ensure clear evacuation routes are maintained at all times

Learning outcomes	Assessment criteria
8 Be able to implement security measures in the work setting	8.1 Follow agreed procedures for checking the identity of anyone requesting access to: • premises • information 8.2 Use measures to protect own security and the security of others in the work setting 8.3 Explain the importance of ensuring that others are aware of own whereabouts
9 Know how to manage stress	9.1 Describe common signs and indicators of stress in self and others 9.2 Analyse factors that can trigger stress 9.3 Compare strategies for managing stress in self and others 9.4 Explain how to access sources of support

Content

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What needs to be learned

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Learning outcome 1: Understand own responsibilities, and the responsibilities of others, relating to health and safety

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Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Work setting

- May include one specific location or a range of locations, depending on the context of a particular work role.

Agreed ways of working

- Includes policies and procedures where these exist; they may be less formally documented with micro-employers.

General health and safety legislation

- Relevant and up-to-date legislation, including local and national requirements for health and safety in care work settings, e.g. Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1992, Health and Safety (First-Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, Control of Substances Hazardous to Health (COSHH) Regulations 2002, including subsequent amendments.

Health and safety policies and procedures

- Details of agreed ways of working and codes of practice.
- Dealing with accidents, injuries and emergency situations.
- Dealing with first-aid situations.
- Policies relating to:
  - specific working conditions and the working environment
  - use of equipment
  - food handling and preparation
  - infection control and dealing with hazardous substances
  - manual handling
  - security and personal safety.
- Policies may include other agreed ways of working as well as formal policies and procedures.

Own responsibilities for health and safety

- Responsibility to take care of own health and safety.
- Applying relevant legislation and agreed ways of working.
- Responsibility for undertaking relevant training and updating as required.
- Importance of co-operating with others on health and safety.

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- Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.
- Importance of the correct use of anything provided for individual health, safety or welfare.
- Advantages and disadvantages of undertaking own responsibility in health and safety issues.

Responsibilities of employers and others for health and safety

- Responsibility of employers to provide:
  - information
  - training to do the job safely.
- Protection.
- Health checks.
- Responsibility of others to be mindful of health and safety issues in relation to observation, practice, reporting and recording procedures.
- Advantages and disadvantages of others taking responsibility for health and safety issues.
- Role of Health and Safety Executive (HSE).

Specific tasks

- Tasks should not be carried out without special training, e.g. use of equipment, first aid, administering medication, healthcare procedures, food handling and preparation.

Learning outcome 2: Be able to carry out own responsibilities for health and safety

Use health and safety policies and procedures

- Specific policies and procedures or agreed ways of working that apply to own practice.
- Own responsibilities in relation to health and safety.
- Own responsibilities in relation to observation, risk assessment, reporting and recording procedures.
- Supporting others to understand and follow safe practices.
- Importance of good communication, sharing information, attending training, keeping up to date, maintaining records of staff training and development.

Monitor and report potential health and safety risks

- Importance of:
  - continuous assessment of risks and regular checking
  - regular review and updating
  - reporting any changes
  - written records being clear and accurate, detailing dates, times, simple description of risks identified and action taken.

What needs to be learned

- Electronic reporting systems.
- Reporting identified risks immediately.

Risk assessment

- Health and safety risk assessment for the work environment or particular activities.
- Importance of risk assessment for protecting self and individuals from danger or harm.
- Need to comply with the law.
- Identifying what could cause harm.
- Taking precautions to prevent harm.
- Importance of minimising accidents, injuries and ill health.
- Reducing the risk of individuals being injured at work.

Health and Safety Executive five-step recommendations for risk assessment

- Identifying the hazards and differentiating between hazard and risk.
- Deciding who might be harmed and how.
- Evaluating the risks and deciding on precautions.
- Recording findings and implementing them.
- Reviewing assessment and updating if necessary on a regular basis.

Additional support or information

- Accessing information from organisations such as the Health and Safety Executive.

Learning outcome 3: Understand procedures for responding to accidents and sudden illness

Accidents and sudden illness

- Accidents, e.g. slips and trips, falls, needle-stick injuries, burns and scalds, injuries from operating machinery or specialised equipment, electrocution, accidental poisoning.
- Sudden illness, e.g. heart attack, diabetic coma, epileptic seizure.

Procedures to be followed

- Policies, procedures and agreed ways of working for the work setting.
- Importance of procedures to be followed if an accident or sudden illness should occur.
- Ensuring and maintaining safety for individuals concerned and others.
- Assessing individuals for injuries.
- When to administer basic first aid if necessary, and if trained to do so.
- Importance of staying with the injured/sick individual until help arrives.

What needs to be learned
• Observing and noting any changes in an individual's condition.
• Requirements of verbal reporting to relevant medical staff or others.
• Completing a full written report and relevant documentation.

Learning outcome 4: Be able to reduce the spread of infection
Supporting others to follow practices that reduce the spread of infection • How infections can be spread. • Measures that can minimise the spread of infection. • Importance of communicating these procedures to others. • Use of communication aids. • Importance of attending regular staff training and updates. • Encouraging and ensuring that others are familiar with policies, procedures and agreed ways of working in order to reduce the spread of infection. **Common causes and spread of infection** • Causes, e.g. poor personal hygiene, poor practices, e.g. not washing at correct temperature. • Spread, e.g. airborne, contact (direct/indirect). **Use of personal protective equipment (PPE)** • Different types of PPE, e.g. face masks, gloves. • How to use PPE correctly and appropriately in the work environment. Appropriate use may, in some cases, mean that after consideration PPE is not required. **Recommended method for hand washing** • Recommended method for hand washing, following the World Health Organization's 11-step recommended procedure. **Own health and hygiene** • Importance of basic personal hygiene measures. • Covering any cuts or abrasions. • Importance of staying away from work when affected by illness or infection.

Learning outcome 5: Be able to move and handle equipment and other objects safely
Legislation relating to moving and handling • The Health and Safety at Work etc. Act 1974. • The Manual Handling Operations Regulations 1992 (as amended in 2002). • Regulations from the HSC/E covering manual handling risk factors and how injuries can occur.

What needs to be learned

Safe moving and handling

- Key principles of:
  - avoidance
  - reduction.
- Importance of assessment.
- Reducing the risk of injury.
- Avoiding hazardous manual handling.
- Using mechanical aids where necessary.
- Changing the task or approach where necessary.
- Importance of following appropriate systems and agreed ways of working.
- Making proper use of equipment provided for safe practice.
- Taking care to ensure that activities do not put others at risk.
- Reporting any potentially hazardous handling activities.

Learning outcome 6: Be able to handle hazardous substances and materials

Hazardous substances and materials

- Control of Substances Hazardous to Health (COSHH) Regulations 2002 include substances that are:
  - corrosive
  - toxic
  - highly flammable
  - dangerous to the environment.
- Clinical waste.
- Germs that cause diseases.
- Materials that are harmful.
- Potentially infectious.
- Body fluids.

Safe practices with hazardous substances and materials

- Importance of training.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Following agreed ways of working, policies and procedures.
- Avoiding exposure to hazardous substances.
- Using control measures.
- Using protective clothing where necessary.
- Importance of checking with colleagues and completing appropriate records and documentation.

What needs to be learned
• Safe disposal of hazardous substances and materials. • Importance of protecting others. • Importance of protecting the environment. • Minimising the spread of infection.
Learning outcome 7: Be able to promote fire safety in the work setting
Practices that prevent fires from starting and spreading • Identifying potential fire hazards in the health and social care workplace, understanding how fires start and spread (the fire triangle of ignition, fuel and oxygen). • Preventing fires from starting. • Importance of regular checks on electrical equipment. • Importance of staff training and vigilance in the workplace. • Risk-assessment procedures. • Preventing fires from spreading through safe practices. • Importance of checking smoke detectors regularly. **Measures that prevent fires from starting** • Importance of taking care with electrical appliances and equipment. • Importance of taking care with heating devices. • Importance of taking care with naked flames. **Emergency procedures to be followed** • Raising the alarm if a fire is discovered. • Agreed procedures for alerting all personnel in the work setting. • Basic fire-fighting procedures. • Procedures for evacuation. • Evacuation routes and assembly points. • Special evacuation procedures for individuals with mobility or other difficulties. • Agreed procedures for checking on the presence of all personnel in the work setting. • Importance of staff training and regular evacuation drills. • Importance of ensuring that clear evacuation routes are maintained at all times.

What needs to be learned

Learning outcome 8: Be able to implement security measures in the work setting

Procedures for checking identity
- Implementing agreed ways of working for checking the identity of anyone requesting access to or information in work setting premises.
- Importance of confidentiality relating to information.
- Procedures for dealing with electronic requests for information.

Protecting security
- Implementing agreed ways of working for protecting own security and the security of others in the work setting.
- Special procedures for shift or night-time working.
- Importance of procedures for lone working and ensuring that others are aware of own whereabouts.
- Importance of staff training on security and vigilance in the workplace.

Learning outcome 9: Know how to manage stress

Stress
- Can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.

Common signs and symptoms of stress
- Signs and symptoms, e.g. physical signs and symptoms, emotional signs and symptoms, cognitive signs and symptoms, behavioural signs and symptoms.

Signs that indicate own stress
- Signs, e.g. work factors, personal factors, factors in own lifestyle and identify key stressors.

Strategies for managing stress
- Strategies, e.g. theories on coping strategies, relaxation techniques, physical activity and exercise, social strategies, logical strategies, creative strategies, faith strategies.
- Importance of emotional wellbeing and resilience.
- Individual stressors and taking time out.
- Comparing and contrasting different strategies and their effectiveness.

Sources of support
- Sources, e.g. formal support, informal support, supervision, appraisal, within the organisation, beyond the organisation.

Information for tutors

Suggested resources

Books

Ayling P – *Knowledge Set for Infection Prevention and Control* (Heinemann, 2007) ISBN 9780435402327

Collins S – *Health and Safety: A Workbook for Social Care Workers* (Jessica Kingsley, 2009) ISBN 9781843109297

Freeth H – *Health & Safety at Work Essentials: The One-Stop Guide to Health and Safety Issues in the Workplace* (Lawpack Publishing Ltd, 2015) ISBN 9781910143230

Golton-Davis J and Salmon B – *Food Hygiene and Safety Regulations made easy: A quick reference handbook* (Kindle edition, Food Solutions Publishing Ltd, 2011) ASIN B0055E6XWU

Kemshall H (editor) – *Good Practice in Assessing Risk: Current Knowledge, Issues and Approaches* (Jessica Kingsley, 2011) ISBN 9781849050593

Peate I – *Fundamentals of Care: A Textbook for Health and Social Care Assistants* (Wiley Blackwell, 2017) ISBN 9781119212201

Journal

Community Care

Websites

www.food.gov.uk	Food Standards Agency – UK government department responsible for protecting public health in relation to food in England, Wales and Northern Ireland
www.gov.uk/government/organisations/department-of-health	Department of Health – UK government department that shapes and funds health and care in England, making sure people have support, care and treatment
www.hse.gov.uk	Health and Safety Executive – information and advice on work-related health and safety
www.nhs.uk	Includes a section on hand-hygiene guidance

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2, 4, 5, 6, 7 and 8 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2, 4, 5, 6, 7 and 8.

Assessment of learning outcomes 1, 3 and 9 (knowledge) may take place in or outside of a real work environment.

Unit 9: Promote Effective Handling of Information in Care Settings

Unit reference number:	**A/616/2951**
Level:	**3**
Unit type:	**Mandatory**
Credit value:	**2**
Guided learning hours:	**16**

Unit summary

In order for services to function efficiently and effectively, handling information is an essential part of daily practice when working in care settings. It is important that any information, especially personal information, is accurately recorded, stored and shared according to the policies and procedures of the care setting. Everyone in an organisation has a responsibility to ensure that they follow these policies and procedures. Some people have the additional responsibility of ensuring that good practice is supported and maintained.

In this unit, you will gain the knowledge and understanding required to implement and promote good practice in recording, sharing, storing and accessing information in care settings. You will examine the key legislation and codes of practice that relate to handling information in care settings, and you will gain an understanding of how they inform good practice. You will understand the correct procedures for both manual and electronic storage systems, and their place in a modern care setting. The unit will enable you to support others in managing and handling information, and promoting good practice.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand requirements for handling information in care settings	1.1	Identify legislation and codes of practice that relate to handling information in care settings
		1.2	Summarise the main points of legal requirements and codes of practice for handling information in care settings
2	Be able to implement good practice in handling information	2.1	Describe features of manual and electronic information storage systems that help ensure security
		2.2	Demonstrate practices that ensure security when storing and accessing information
		2.3	Maintain records that are up to date, complete, accurate and legible
		2.4	Support audit processes in line with own role and responsibilities
3	Be able to support others to handle information	3.1	Support others to understand the need for secure handling of information
		3.2	Support others to understand and contribute to records

Content

What needs to be learned

Learning outcome 1: Understand requirements for handling information in care settings

Care settings

- Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

Requirements for handling information

- Relevant legislation relating to the recording, storage and sharing of information in care settings, including:
  - Data Protection Act 1998 (relating to data protection and confidentiality)
  - Freedom of information Act 2000.
- Other relevant legislation relating to the duty of confidentiality, human rights, and safeguarding vulnerable adults, e.g. Safeguarding Vulnerable Groups Act 2006, Equality Act 2010, Health and Social Care Act 2008.
- Codes of practice, including Skills for Care Code of Practice for all care workers.
- Relevant local or internal codes of practice relating to the handling of information and the accuracy, retention, availability and disposal of information.
- Importance of having secure information systems, ensuring necessary safeguards and appropriate use of personal information.
- Workplace policies and agreed ways of working.

Legal requirements and codes of practice

- Issues relating to the legal requirements for the secure recording of information:
  - common law duty of confidence
  - legal requirements for accuracy of information and for information to be kept up to date
  - obtaining personal data only for specific, lawful purposes
  - personal data to be relevant and not excessive for its purpose.
- Issues relating to the legal requirements for the secure storage of information:
  - the legal requirements that personal data should not be kept for longer than is necessary for its purpose
  - security measures to protect against the accidental loss or destruction of, or damage to, personal data
  - legal requirements for the storage of electronic and paper-based data and access to secure information.
- Issues relating to the legal requirements for sharing information:
  - freedom of information
  - principles of confidentiality
  - agreed ways of inter-agency and multi-agency/integrated working.

What needs to be learned

Learning outcome 2: Be able to implement good practice in handling information

Good practice in handling information

- Features of both manual and electronic information storage systems to ensure security:
  - manual information storage, e.g. locked drawers or cupboards
  - electronic information storage, e.g. password protected files, encryption, electronic audit trails, secured IT networks
  - access is only given to those who need to know
  - identify checks.
- Ensuring security when storing and accessing information according to workplace procedures.
- Practising strict security measures according to workplace procedures.
- Ensuring the security of access to records and reports according to legal and organisational procedures, ethical codes or professional standards.
- Importance of keeping legible, accurate, complete and up-to-date records that are signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs.
- Ensuring audit processes are supported in line with own role and responsibilities.

Learning outcome 3: Be able to support others to handle information

Others

May include: team members, colleagues, individuals accessing or commissioning care or support, families, carers or advocates.

Support others to handle information

- Ensuring that others understand the need for secure handling of information.
- Ensuring that others access relevant, compulsory training, e.g. in information governance.
- Supporting others to put into practice the guidance and procedures from information governance.

Support others to contribute to records

- Ensuring that others understand the importance of secure record keeping.
- Supporting and enabling others to contribute to manual and electronic records:
  - reporting accurate and sufficient information to the appropriate people
  - sharing relevant information relating to any changes in an individual's personal details, condition or care needs.
- Ensuring others are familiar with procedures for reporting incidents relating to any breach of information security, such as missing, lost, damaged or stolen information or records.
- Importance of thorough and reliable communication systems.

Information for tutors

Suggested resources

Books

Ayling P et al – *Preparing to Work in Adult Social Care: Level 3* (Oxford University Press, 2012) ISBN 9781408518137

Clark C – *Private and Confidential?: Handling Personal Information in Social and Health Services* (Policy Press, 2008) ISBN 9781861349057

Morris C and Ferreiro Peteiro M – *Level 3 Health & Social Care Diploma* (Hodder Education, 2015) ISBN 9781471806629

Rasheed E, Hetherington A and Wyatt L – *BTEC National Level 3 Health and Social Care (BTEC 2016)*, 3rd edition (Hodder Education, 2016) ISBN 9781471878596

Magazine

Nursing Times

Websites

www.communitycare.co.uk	Legislation for handling information.
www.cqc.org.uk	Care Quality Commission
www.gov.uk/data-protection	Data Protection
www.gov.uk/government/organisations/office-of-the-public-guardian	Office of the Public Guardian
ico.org.uk	Information Commissioner's Office
www.igt.hscic.gov.uk	Information Governance Toolkit.
www.skillsforcare.org.uk	Section 14 of the Care Certificate.

Assessment

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meet the assessment criteria, centres should apply the guidance in *Section 8 Assessment*, of this specification and the requirements of the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 2 and 3 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2 and 3.

Assessment of learning outcome 1 (knowledge) may take place in or outside of a real work environment.

12 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html
- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk

Key publications

- *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examinations and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of prior learning policy and process* (Pearson)
- *UK Information Manual* (Pearson)
- *Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance* (Pearson)

All of these publications are available on our website: qualifications.pearson.com

Further information and publications on the delivery and quality assurance of NVQ/Competence-based qualifications are available on our website on the Delivering BTEC pages. Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to the resources page of our website.

13 Professional development and training

Professional development and training

Pearson supports customers with training related to our qualifications. This support is available through a choice of training options offered on our website.

The support we offer focuses on a range of issues, such as:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality-assurance systems.

The national programme of training we offer is on our website. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

Training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with colleagues in your region.

Regional support: our team of Regional Quality Managers, based around the country, are responsible for providing quality-assurance support and guidance to anyone managing and delivering NVQs/Competence-based qualifications. The Regional Quality Managers can support you at all stages of the standard verification process as well as in finding resolutions of actions and recommendations as required.

To get in touch with our dedicated support teams please visit our website at qualifications.pearson.com/en/support/contact-us.html

Online support: find the answers to your questions in *Knowledge Base*, a searchable database of FAQs and useful videos that we have put together with the help of our subject advisors to support you in your role. Whether you are a teacher, administrator, Assessment Associate (AA) or training provider, you will find answers to your questions. If you are unable to find the information you need please send us your query and our qualification or administrative experts will get back to you.

14 Contact us

We have a dedicated Account Support team, across the UK, to give you more personalised support and advice. To contact your Account Specialist:

Email: wblcustomerservices@pearson.com
Telephone: 0844 576 0045

If you are new to Pearson and would like to become an approved centre, please contact us:

Email: wbl@pearson.com
Telephone: 0844 576 0045

Annexe A: Assessment Strategy

Skills for Care and Development Assessment Principles March 2016

1   Introduction

1.1   Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via a partnership of four organisations: Care Council for Wales, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care (adult social care only).

1.2   This document sets out the minimum expected principles and approaches to assessment, and should be read alongside qualification regulatory arrangements and any specific requirements set out for particular qualifications. Additional information and guidance regarding assessment can be obtained from Awarding Organisations and from SfC&D partner organisations[1].

1.3   The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector.

1.4   Where Skills for Care and Development qualifications are jointly supported with Skills for Health, Skill for Health assessment principles should also be considered:
http://www.skillsforhealth.org.uk/images/standards/qcf/Assessment%20of%20Competence%20-%20Skills%20for%20Health%20Assessment%20Principles.pdf

1.5   Throughout this document the term unit is used for simplicity, but this can mean module or any other similar term.

1.6   In all work we would expect assessors to observe and review learners practising core values and attitudes required for quality practice. These include embracing dignity and respect, rights, choice, equality, diversity, inclusion, individuality and confidentiality. All learners should follow the appropriate standards for conduct[2] and all those involved in any form of assessment must know and embrace the values and standards of practice set out in these documents.

1.7   Assessors should ensure that the voices and choices of people who use services drive their practice and that of their learner. This will be apparent throughout the evidence provided for a learner's practice.

2   Assessment Principles

Good practice dictates the following:

2.1   Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2   Assessors must be able to evidence and justify the assessment decisions that they have made.

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[1] See Appendix A for links to SfC&D partner organisations' websites

[2] See Appendix B for links to standards for conduct in UK nations

2.3 Assessment decisions for skills based learning outcomes must be made during the learner's normal work activity by an occupationally qualified[3], competent and knowledgeable assessor.

2.4 Skills based assessment must include direct observation as the main source of evidence, and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who use care and support, their families and carers.

2.5 Any knowledge evidence integral to skills based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

2.6 Assessment decisions for skills based learning outcomes must be made by an assessor qualified to make assessment decisions. It is the responsibility of the Awarding Organisation to confirm that their assessors are suitably qualified to make assessment decisions.

2.7 Simulation may not be used as an assessment method for skills based learning outcomes except where this is specified in the assessment requirements. In these cases, the use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

2.8 Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation where they have occupational expertise in the specialist area. The use of expert witnesses should be determined and agreed by the assessor, in line with internal quality assurance arrangements and Awarding Organisation requirements for assessment of units within the qualification and the sector. The assessor remains responsible for the final assessment decision.

2.9 Where an assessor is occupationally competent but not yet qualified as an assessor, assessment decisions must rest with a qualified assessor. This may be expressed through a robust countersigning strategy that supports and validates assessment decisions made by as yet unqualified assessors, until the point where they meet the requirements for qualification.

2.10 Witness testimony from others, including those who use services and their families, can enrich assessment and make an important contribution to the evidence used in assessment decisions.

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[3] See Appendix C for links to guidance on qualifications for occupational competence in UK nations

2.11 Assessment of knowledge based learning outcomes:

- may take place in or outside of a real work environment
- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions
- must be robust, reliable, valid and current; any assessment evidence using pre-set automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor

2.12 It is the responsibility of the Awarding Organisation to ensure that those involved in assessment can demonstrate their continuing professional development, up to date skills, knowledge and understanding of practice at or above the level of the unit.

2.13 Regardless of the form of recording used for assessment evidence, the guiding principle must be that evidence gathered for assessment must comply with policy and legal requirements in relation to confidentiality and data protection. Information collected must be traceable for internal and external verification purposes. Additionally assessors must ensure they are satisfied the evidence presented is traceable, auditable and authenticated and meets assessment principles.

3   Quality Assurance

3.1   Internal quality assurance is key to ensuring that the assessment of evidence is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the unit they are assuring and be qualified to make quality assurance decisions. It is the responsibility of the Awarding Organisation to confirm that those involved in internal quality assurance are suitably qualified for this role.

3.2   Those involved in internal quality assurance must have the authority and the resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners).

3.3   Those carrying out external quality assurance must be occupationally knowledgeable and understand the policy and practice context of the qualifications in which they are involved. It is the responsibility of the Awarding Organisation to confirm that those involved in external quality assurance are suitably qualified for this role.

3.4   Those involved in external quality assurance have a responsibility to promote continuous improvement in the quality of assessment processes.

4 Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements of the area they are assessing occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent means also being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2 Occupationally knowledgeable:

This means that each assessor should possess, knowledge and understanding relevant to the qualifications and/or units they are assessing. Occupationally knowledgeable assessors may assess at unit level for specialist areas within a qualification, while the final assessment decision for a qualification remains with the lead assessor. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of skills under assessment. The Joint Awarding Body Quality Group maintains a list of assessor qualifications, see Appendix D.

4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal and external quality assurances to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the units for which they are providing expert testimony
- be occupationally competent in the area for which they are providing expert testimony
- have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.

4.6 Witness testimony:

Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

Appendix A: Skills for Care and Development partnership website links

- www.ccwales.org.uk
- www.niscc.info
- www.skillsforcare.org.uk
- www.sssc.uk.com
- www.skillsforcareanddevelopment.org.uk

Appendix B: Codes and Standards of Conduct

- http://www.ccwales.org.uk/code-of-professional-practice/
- http://www.niscc.info/files/Standards%20of%20Conduct%20and%20Practice/WEB_OPTIMISED_91739_NISCC_Social_Care_Workers_Book_NAVY__PINK.pdf
- http://www.skillsforcare.org.uk/Standards/Code%20of%20Conduct/Code-of-Conduct.aspx
- http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-of-practice

Appendix C: Guidance on Occupational Competence Qualifications

Wales:

- Qualification Framework for the Social Care Sector in Wales http://www.ccwales.org.uk/qualification-framework/
- List of the Required Qualifications for the Early Years and Childcare Sector in Wales http://www.ccwales.org.uk/early-years-and-childcare-worker/

N Ireland:

- http://www.niscc.info/files/Publications/WorkforceDevelopmentDocumentFinal_27_04_2015.pdf

England:

- http://www.skillsforcare.org.uk/Qualifications-and-Apprenticeships/Adult-social-care-qualifications/Adult-social-care-vocational-qualifications.aspx

Scotland:

- http://www.sssc.uk.com/workforce-development/qualification-information-for-providers/scottish-vocational-qualifications

Appendix D: Joint awarding body quality group – assessor qualifications

D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence

A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation

QCF Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only)

QCF Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)

QCF Level 3 Certificate in Assessing Vocational Achievement

Qualified Teacher Status

Certificate in Education in Post Compulsory Education (PCE)

Social Work Post Qualifying Award in Practice Teaching

Certificate in Teaching in the Lifelong Learning Sector (CTLLS)

Diploma in Teaching in the Lifelong Learning Sector (DTLLS)

Mentorship and Assessment in Health and Social Care Settings

Mentorship in Clinical/Healthcare Practice

L&D9DI – Assessing workplace competence using Direct and Indirect methods (Scotland)

L&D9D – Assessing workplace competence using Direct methods (Scotland)

NOCN – Tutor/Assessor Award

Level 3 Award and Certificate in Assessing the Quality of Assessment (QCF)

Level 4 Award and Certificate in Assuring the Quality of Assessment (QCF)

Level 3 Award in Education and Training JABQG Sept 2014 – Version 5

Level 4 Certificate in Education and Training

Level 5 Diploma in Education and Training