

Pearson BTEC Level 4 Diploma in Adult Care (England)

Specification

Competence-based qualification (England only)

First registration January 2018



Edexcel, BTEC and LCCI qualifications

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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 4 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 4 Diploma in Adult Care (England)
Qualification Number (QN)	603/2780/7
Regulation start date	12/12/2017
Operational start date	01/01/2018
Approved age ranges	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 <i>Section 8 Assessment</i> .
Total Qualification Time (TQT)	700 hours
Guided Learning Hours (GLH)	406
Credit value	70
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, including skills and knowledge in a specialised area of health and social care equivalent to level 3. Centres must also follow the Pearson Access and Recruitment policy (see <i>Section 7 Access and recruitment</i>).
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 4 Diploma in Adult Care (England) is for learners employed as an apprentice in the role of a lead practitioner in adult care, e.g. community care officer, physiotherapy assistant, re-ablement support worker, social care assistant or telecare assistant.

A lead practitioner will guide and inspire team members to make positive differences to someone's life when they are faced with physical, practical, social, emotional or intellectual challenges. They will have achieved a level of self-development to be recognised as a lead practitioner within the care team, contributing to, promoting and sustaining a values-based culture at an operational level. They will have specialist skills and knowledge in their area of responsibilities, which will allow them to lead in areas such as care needs assessment, occupational therapy, physiotherapy, rehabilitation and enablement, telecare and assistive technology. They will be a coach and mentor of others and will have a role in assessing performance and quality of care delivery. Lead practitioners in adult care may work in residential or nursing homes, domiciliary care, day centres, a person's own home or some clinical healthcare settings. The qualification is also suitable for 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: advanced communication skills; equality and diversity; professional practice, safeguarding and protection; leadership; and working in partnership. 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 4 qualification.

Relationship with previous qualifications

This qualification replaces the Pearson Edexcel Level 4 Diploma in Adult Care (England), expiry date 31 December 2017.

Apprenticeships

The Pearson BTEC Level 4 Diploma in Adult Care (England) is a mandatory requirement within the Lead Practitioner in Adult Care 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 published Lead Practitioner in Adult Care Apprenticeship Standard and Assessment Plan can be found at:

www.instituteforapprenticeships.org/apprenticeship-standards/lead-practitioner-in-adult-care/

Progression opportunities

Learners who achieve the Pearson BTEC Level 4 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 5 Leader 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. manager/advanced practitioner in adult care, registered manager.

Industry support and recognition

The Pearson BTEC Level 4 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 Practitioner in Adult Care Apprenticeship Standard.

4 Qualification structure

Pearson BTEC Level 4 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	70
Minimum number of credits that must be achieved at Level 4 or above	55
Number of mandatory credits that must be achieved	37
Number of optional credits that must be achieved	33
Minimum number of credits that must come from Group B1 – Optional Context or Specialist Knowledge Units	6
Minimum number of credits that must come from Group B2 – Optional Competence Units	27

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Advanced Communication Skills in Adult Care	4	4	27
2	Personal and Professional Development in Care Settings	4	4	26
3	Equality and Diversity in Care Settings	4	3	21
4	Understand Safeguarding and Protection in Care Settings	3	2	18
5	Person-centred Assessment and Planning to Improve Individual Outcomes	4	5	41
6	Understanding Personalisation in Care and Support Services	4	4	33
7	Health and Safety in Care Settings	4	3	21
8	Professional Practice in Adult Care	4	3	20
9	Develop, Maintain and Use Records and Reports	4	3	23
10	Partnership Working in Care Settings	4	4	26
11	Safeguard Children and Young People Who Are Present in Care Settings	4	2	14

Unit number	Optional Group B1 – Context or Specialist Knowledge units	Level	Credit	Guided learning hours
12	Understanding the Process and Experience of Dementia	3	3	22
13	Understanding the Role of Communication and Interactions with Individuals Who Have Dementia	3	3	26
14	Awareness of Diabetes	3	6	46
15	Understand Parkinson's for Care Staff	3	2	14
16	Understanding Public Funding for Individual Adult Care Needs	4	4	30
17	Understand Supporting Individuals with Autistic Spectrum Conditions	3	3	28
18	Understanding Sensory Loss	3	3	21
19	Understanding the Impact of Acquired Brain Injury on Individuals	3	3	28
20	Understanding Stroke Care Management	3	4	36
21	Understand the Mental Capacity Act 2005	4	4	30
22	Understand Mental wellbeing and mental health promotion	3	3	20
23	Understand Mental Ill Health	3	3	16
24	Understanding Professional Supervision	4	3	22
25	Principles of Management and Leadership	3	7	42
26	Understanding How to Manage a Team	4	5	39
27	Understanding Professional Management and Leadership in Care Settings	5	6	50

Unit number	Optional Group B2 – Competence units	Level	Credit	Guided learning hours
28	Supporting Positive Risk-Taking for Individuals	3	4	32
29	Carry out a Research Project in a Care Setting	5	10	30
30	Sharing Knowledge and Good Practice	5	4	20
31	Provide Support to Maintain and Develop Skills for Everyday Life	3	4	28
32	Support Community Partnerships in Health and Social Care	4	5	42
33	Supporting Individuals to Access and Use Services and Facilities	3	4	25
34	Supporting Individuals to Access and Manage Direct Payments	4	6	40
35	Working with Families, Carers and Individuals During Times of Crisis	4	7	35
36	Promoting Positive Behaviour	3	6	44
37	Providing Information, Advice and Guidance	4	4	26
38	Developing and Implementing Reablement Plans	4	4	30
39	Mentoring in Adult Care	4	3	21
40	Supporting the Use of Assistive Technology	5	4	14
41	Supporting Individuals in the Use of Assistive Technology	4	4	32
42	Assessment, Implementation and Review of Assistive Technology in Care Settings	4	4	27
43	Promote Rights and Values in Assistive Technology in Care Settings	3	2	17
44	Promoting Assistive Technology in Care	4	4	18
45	Promoting Access to Healthcare for Individuals with Learning Disabilities	5	7	37
46	Promoting Good Practice in the Support of Individuals with Autistic Spectrum Conditions	5	7	53
47	Administering Medication to Individuals	3	5	25

Unit number	Optional Group B2 – Competence units	Level	Credit	Guided learning hours
48	Facilitating the Development of Effective Group Practice in Care Settings	5	7	42
49	Promoting Awareness of Sensory Loss	5	3	19
50	Supporting Individuals to Access Education, Training or Employment	4	4	31
51	Supporting Individuals with Sensory Loss with Communication	5	5	37
52	Manage Provision to Support Users of Services with Multiple Conditions and/or Disabilities	5	4	38
53	Support Individuals with Issues of Substance misuse	3	4	24
54	Supporting Individuals who are Substance Users	3	7	42
55	Carry Out Comprehensive Substance Misuse Assessments	3	5	30
56	Testing for Substance Use	3	5	30
57	Support End of Life Care in Adult Care	4	7	48
58	Supporting Individuals During Last Days of Life	3	4	32
59	Facilitate Change in Care Settings	5	5	45
60	Managing Finance in Own Area of Responsibility within Care Settings	4	5	21
61	Manage Quality in Care Settings	5	5	40
62	Prepare for and Support Quality Audits in Care	4	4	17
63	Appraise Employee Performance	4	6	23
64	Recruitment and Selection in Care Settings	4	6	54

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, eportfolios.
- 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 4 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 practitioner in adult care 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 practitioner in adult care.

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.

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 9: Develop, Maintain and Use Records and Reports*, learners must specify their own responsibilities and those of others when recording information and producing reports (criterion 1.1). Brief lectures and input from visiting senior practitioners would support understanding. Similarly, criterion 1.2 asks learners to explain the legal requirements and agreed ways of working for the security and confidentiality of information.

Group work using case studies would give learners more confidence in producing written work for assessment. Learners could familiarise themselves with the relevant procedures and documentation in their own workplaces.

A similar approach could be taken with several other units, all of which have knowledge requirements, for example *Unit 10: Partnership Working in Care Settings*. Criterion 1.1 asks learners to explain the features of an effective partnership. This could be delivered through taught sessions in the form of brief lectures and relevant DVD clips on the different features that comprise an effective partnership in an adult care setting.

Several units in the qualification include a requirement to demonstrate competence in relevant skills. For example, in *Unit 9: Develop, Maintain and Use Records and Reports*, criterion 2.2 requires learners to produce accurate and coherent records and reports. Group work in class to complete blank documents, working with case studies, could enhance learners' skills in completing documentation before they go on to produce documents in their workplace.

Actual workplace documents and work shadowing senior practitioners and mentors in the workplace will help learners to produce evidence for assessment. Discussions in the workplace with senior practitioners and mentors will support understanding.

The qualification includes requirements for learners to demonstrate their competence in dealing with situations between individuals in the workplace. For example, in *Unit 10: Partnership Working in Care Settings* criterion 4.5 requires learners to deal constructively with conflicts between professionals. While this requirement will be assessed in the workplace, opportunities to develop conflict management skills can be given in the classroom setting, for example through role play using peer assessment for feedback. Learners could be videoed so that they can review their own performance before they demonstrate competence in the workplace for assessment. DVD clips from valid internet sources could support understanding of the skills and strategies required for the resolution of issues.

Some of the learning for this qualification can be gained in the workplace from senior practitioners and mentors. Learners will require access to workplace policies and procedures, and will need opportunities to observe senior practitioners in their own setting. Work shadowing senior practitioners and workplace mentors will give an insight into the application of theory and legislation to the skills and competencies required to meet the qualification assessment strategy. Work shadowing will also prepare learners for their role of lead practitioner in adult care.

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

Learners will focus their learning in the context of care settings. The care settings can span adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.

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 requirement, 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, including skills and knowledge in a specialised area of health and social care equivalent to level 3.

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 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* – this 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:

Advanced Communication Skills in Adult Care

Unit reference number: F/616/7391

Level: 4

Unit type: Mandatory

Credit value: 4

Guided learning hours: 27

Unit summary

Communication is a vital skill for supporting individuals in adult care. Care workers need effective communication so that they can work with individuals and colleagues to plan what support is needed and to monitor and review that support.

In this unit, you will learn why individuals communicate and the different models of communication that can be used to help them to express their views. You will learn how poor communication impacts on individuals and how to overcome barriers to communication.

You will learn how to support individuals to use assistive technology in order to help them communicate, and how to work with individuals to find out their preferred communication methods. Using these communication methods and appropriate listening skills will help you to convey the individual's wishes to others and information back to the individual. You will also learn the importance of confidentiality and the issues posed by legal and ethical requirements when confidentiality has been breached.

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
<p>1 Understand communication needs and factors affecting them</p>	<p>1.1 Analyse different models of communication, including:</p> <ul style="list-style-type: none"> • transactional analysis • Lasswell's model <p>1.2 Analyse why individuals communicate</p> <p>1.3 Analyse how models of communication can meet the individual's personal needs, wishes and preferences</p> <p>1.4 Explain how barriers to communication may be overcome:</p> <ul style="list-style-type: none"> • physical • social • environment • emotional <p>1.5 Analyse the effects on an individual of ineffective communication</p> <p>1.6 Explain how independent advocacy can help to meet communication needs and the circumstances in which it might be required</p>
<p>2 Understand how to support the use of assistive technology to enhance communication</p>	<p>2.1 Discuss the role of assistive technology in supporting individuals to communicate</p> <p>2.2 Analyse types of support that an individual may need in order to use assistive technology</p> <p>2.3 Explain the specialist services relating to assistive technology</p> <p>2.4 Explain how to ensure that communication equipment is:</p> <ul style="list-style-type: none"> • fit for purpose • correctly set up and working • able to be used by the individual

Learning outcomes	Assessment criteria
<p>3 Be able to interact with individuals</p>	<p>3.1 Work in partnership with the individual and others to identify their preferred methods of communication</p> <p>3.2 Use agreed methods of communication to interact with the individual</p> <p>3.3 Interact with an individual including the use of:</p> <ul style="list-style-type: none"> • active listening • reflective listening <p>3.4 Monitor the individual's responses during and after the interaction to check the effectiveness of communication</p>
<p>4 Be able to convey information to individuals and others</p>	<p>4.1 Use formats that enable an individual and others to understand the information conveyed</p> <p>4.2 Assess an individual's understanding of information conveyed in line with agreed ways of working</p>
<p>5 Understand the importance of confidentiality in interactions with individuals</p>	<p>5.1 Explain legal and ethical tensions between maintaining confidentiality and sharing information</p> <p>5.2 Analyse the implications of assistive technology for maintaining confidentiality for the individual</p>

Content

What needs to be learned

Learning outcome 1: Understand communication needs and factors affecting them

Individual

- Someone who requires care or support.

Theoretical models

- Interactive, transactional, e.g. Berne's model of transactional analysis, linear communication models, Peplau's Interpersonal Relations Theory.
- Monroe's Motivated Sequence.

Reasons for communication

- Exercising choice.
- Developing and maintaining positive relationships.
- Conveying messages and information.
- Maintaining independence, dignity and empowerment.
- Supporting development of partnership working.
- Enabling partnership working/integrated work model.
- Sharing ideas and experiences.
- Expressing needs, feelings, concerns and reassurance.
- Encouraging a person-centred approach with individuals.
- Developing cohesive and collaborative family networks and communities.
- Developing own communication and presentation style.

Barriers to communication

- Walter Lippman's barriers to effective communication.
- Physical, e.g. hearing impairment, visual impairment, deaf, blindness, poor dexterity and co-ordination, specific/learning needs, mental capacity, mental health.
- Social, e.g. social isolation, discrimination, language, cultural, social status, lack of training in using equipment.
- Environmental, e.g. space, noise, lighting, equipment (lack of, broken, outdated, poor phone signal, slow internet speed).
- Emotional, e.g. anger, depression, anxiety, pride, fear, guilt.

Effects of ineffective communication

- Emotional instability, e.g. dependency, lack of choice or awareness, anxiety, isolation, depression.
- Deterioration of wellbeing.
- Waste of resources.
- Misinterpretation leading to poor practice.
- Reduced opportunities for learning/development.

What needs to be learned

Independent advocacy and communication

- Help individuals communicate their views to, e.g. speak out about issues that matter to them, have views heard in decisions being made about them, defend and promote their rights and responsibilities.
- Independent advocacy may be required where:
 - individuals have difficulties in expressing themselves, e.g. communicating views, needs, wishes, emotions.
 - an Individual's ability to understand relevant information is impaired e.g. due to lack of mental capacity, due to a physical disability.

Learning outcome 2: Understand how to support the use of assistive technology to enhance communication

Role of assistive technology

- Empowering individual independence, choice.
- Personalisation of care.
- Improving quality of life.
- Improved systems of communication, e.g. conveying messages and information accurately reflecting needs, wishes, preferences.

Types of assistive technology

- Technological aids, e.g. minicom, telephone relay systems.
- Human aids, e.g., interpreters, translators, assistive learning technologies (ALT), electronic assistive technology (EAT), email.
- Voice recognition software for IT devices, e.g. Dragon Dictate®.
- Phones, e.g. speed dial, touchscreen dialling.
- Video chat, e.g. Skype®, Facetime®.
- Social media, e.g. Twitter®, Facebook®.
- Digital/non-digital communication systems and practices, e.g. talking mats, induction loops, optical magnifiers, text-to-speech software, talking books, Braille, computer equipment such as keyboards and embossers.

Types of support

- Information.
- Training, advice and support.
- Setting up and maintaining equipment to provide optimal support.

Specialist services

- Adult social services assistive technology or telecare team.
- Speech and language services.
- Translation and interpreting services.
- Third-sector organisations, e.g. Stroke Association, Action on Hearing Loss.
- Advocacy services, e.g. Support Empower Advocate Promote (SEAP), British Institute of Learning Disabilities (BILD), eMpowerMe service, Independent Mental Capacity Advocates (IMCAs).

What needs to be learned

Use of communication equipment

- Equipment, e.g. translators, Braille, audio/visual technologies, IT pads.
- Manufacturers' instructions for use and maintenance.
- Organisational policies and procedures.

Learning outcome 3: Be able to interact with individuals

Others

- Others, e.g. carers, families, friends, care and support workers, professionals.

Identifying preferred methods of communication

- Home language.
- Preference based on beliefs, values, culture, age, gender.
- 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, care/support plan.

Interacting with individuals

- Listening skills, e.g. active, reflective, discriminative, comprehensive, informational, critical, therapeutic (empathetic), appreciative, rapport, selective.
- Verbal communication, e.g. linguistic tone, pitch, vocabulary.
- Body language, e.g. gestures, eye contact, posture, stance, touch, behaviour, finger spelling, Makaton, British/American Sign Language, Paget Gorman Sign System (PGSS), Pidgin.
- Visual communication, e.g. recipient receives information from visual artefacts, signs, symbols.
- Communicating with different audiences, e.g. professionals, colleagues, service users, families, one-to-one and group communications.
- Alternative forms of communication for adults with specific learning difficulties, e.g. finger spelling, objects of reference, communication passports, Makaton, technological aids, use of pictures.

Checking communication effectiveness

- Consider own forms of verbal and non-verbal methods of communication in meeting individual needs.
- Use of body language in response, e.g. matching, lowering or increasing tone and pitch, maintaining calm facial expressions, maintaining eye contact.
- Own and others' individual emotional state.
- Signs that information has been understood.
- When and how to adjust communication methods.

What needs to be learned

Learning outcome 4: Be able to convey information to individuals and others

Formats

- Formats, e.g. verbal, written, web based, using specific aids, Braille, large print.

Assessing understanding

- Informed consent.
- Visual cues, e.g. body language, stance, tone of voice, facial gestures.
- Repeating information.
- Checking confirmation for understanding.
- Written forms of communication requiring signatures and witnesses.

Learning outcome 5: Understand the importance of confidentiality in interactions with individuals

Legislation, statutory codes, standards, ethical codes

- Data Protection Act 1998 (as amended).
- Freedom of Information Act 2000.
- Mental Capacity Act 2005.
- CQC Essential Standards of Safety and Quality.
- Manager Induction Standards (Skills for Care).
- Multi-disciplinary/partnership working.
- Human Rights Act 1998.
- Caldicott principles – six principles.

Legal and ethical tensions

- Policies and procedures.
- Duty of care, protection from harm, e.g. whistleblowing, issues of mental capacity, safeguarding, disclosure.
- Issues relating to confidential information, e.g. knowing when information is confidential and who to share with, procedures for disclosure.
- Report writing and record-keeping procedures.
- Recording and reporting of accidents, incidences and emergencies.
- Handling of sensitive information.
- Role of individuals in reporting, recording, handing and sharing information, including where unconditional confidentiality cannot be maintained.

Implications of assistive technology for maintaining confidentiality

- Benefits, e.g. enabling individual choice, quality of life.
- Issues associated with obtaining informed consent, e.g. mental capacity.
- Possible impacts associated with over reliance, e.g. risk of being used to over monitor, survey individuals, risk of reducing human interaction.
- Risks associated with online technologies, e.g. malware, viruses, 'phishing' scams.

Information for tutors

Suggested resources

Books

Calpin P et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Cook A M and Millar P J – *Essentials of Assistive Technologies* (Mosby, 2012) ISBN 9780323075367

Federici S and Scherer M – *Assistive Technology Assessment Handbook – Rehabilitation Science in Practice Series* (CRC Press, 2012) ISBN 9781439838655

Tilmouth T and Quallington J – *Level 5 Diploma in Leadership for Health and Social Care*, 2nd edition (Hodder, 2016) ISBN 9781471867927

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.nhs.uk	Caring and communication difficulties.
www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf	Standard 6 of the Care Certificate.
www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx	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 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 3 and 4.

Assessment of learning outcomes 1, 2 and 5 (knowledge) may take place in or outside of a real work environment.

Unit 2:

Personal and Professional Development in Care Settings

Unit reference number: J/616/7392

Level: 4

Unit type: Mandatory

Credit value: 4

Guided learning hours: 26

Unit summary

In care settings, in order to give the best possible support and care, it is important that care workers are familiar with their responsibilities and duties, and with changes and developments in health and social care. Care workers have a professional duty to maintain the currency of their knowledge and skills; they do this by continuing to learn and reflecting on what they do.

In this unit, you will learn about the skills and behaviours that are required for you to function well in your own work role, and how to separate your own personal feelings from your professional role. You will learn to think about and judge what you do, making improvements where necessary. You will learn to apply new ideas to your practice and work with others to develop your personal learning plan to meet your needs for new learning, new opportunities and your professional interests. You will assess whether new ways of working, based on evidence rather than tradition, will benefit those you care for and you will learn how to use new ways of working. As part of reflective practice, you will learn to judge whether or not evidence-based practice has improved your 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 what is required for competence in own work role	1.1 Explain the duties and responsibilities of own work role 1.2 Discuss expectations about own work role as expressed in relevant standards 1.3 Describe ways to ensure that personal attitudes or beliefs do not obstruct the quality of own work 1.4 Evaluate own work role in relation to the '6 C's' and how this demonstrates person-centred values and practice
2 Be able to reflect on practice	2.1 Explain the cyclical process of reflection 2.2 Explain the importance of reflective practice in continuously improving the quality of service provided 2.3 Reflect on day-to-day work practice
3 Be able to evaluate own performance	3.1 Evaluate own knowledge, understanding and performance against relevant standards 3.2 Use feedback to evaluate own performance
4 Be able to use reflective practice to contribute to personal development	4.1 Evaluate how learning activities have affected practice 4.2 Demonstrate how reflective practice has contributed to improved ways of working 4.3 Record progress in relation to personal development

Learning outcomes	Assessment criteria
<p>5 Be able to agree a personal development plan</p>	<p>5.1 Use data and information to plan and review own development</p> <p>5.2 Work with others to review and prioritise own:</p> <ul style="list-style-type: none"> • learning needs • professional interests • development opportunities <p>5.3 Work with others to agree own personal development plan</p> <p>5.4 Take steps to develop own leadership and mentoring skills in line with personal development plan</p>
<p>6 Be able to use evidence-based practice</p>	<p>6.1 Analyse how evidence-based practice can be used to inform your practice</p> <p>6.2 Apply evidence-based practice in your practice</p> <p>6.3 Evaluate use of evidence-based practice in own setting</p>

Content

What needs to be learned

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

Duties and responsibilities

- Contractual responsibilities, e.g. hours, lines of reporting.
- Specific roles and responsibilities, e.g. behaviour support, supporting individuals with special educational needs.
- Compliance with policies and procedures of the work setting, e.g. health and safety, safeguarding, manual handling, behaviour management.
- Keeping up to date with changes in work practices.
- Knowledge of lines of accountability.

Standards may include

- Codes of practice.
- Regulations.
- Minimum standards.
- National Occupational Standards.

Expectations

- Personal and professional behaviour to include the 6 C's (care, compassion, commitment, courage, competence and communication).
- Care Quality Commission regulations for service providers under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Health and Social Care (HSC) National Occupational Standards.
- Codes of conduct, e.g. Skills for Care code of conduct for all healthcare support workers and adult social care workers in England.
- Leadership and Management in Care Services Standards.
- Health and Care Professions Council standards of proficiency for social workers, Sensory Services Standards.
- Communication, e.g. promote, maintain and support.
- Education and development, e.g. support and promote physical, social and emotional development, access education according to relevant curriculum frameworks.
- Health and safety, e.g. supporting individuals to be safe, promote and practise health and safety in the work setting.
- Team working, e.g. contribute to the effectiveness of teams, develop productive working relationships with others, lead multi-agency working arrangements in care settings.
- Professional development.
- Support equality and diversity.
- Support and maintain a service for individuals.
- Maintain an environment to meet the needs of individuals.

What needs to be learned

Personal attitudes and beliefs

- Being trustworthy and reliable; maintaining professional boundaries, e.g. knowing the difference between being friendly and being a friend; duty of care; having clear limits of what is and what is not acceptable, knowing when to refer on to others.
- Identifying poor boundaries, e.g. accepting gifts, discussing individuals with family and friends, discussing one individual service user with another, giving out personal information.
- Consequences of poor boundaries, e.g. failure to provide appropriate services, exploitation and abuse, burnout and disciplinary proceedings for the worker.

Person-centred values

- Values, e.g. privacy, dignity, independence, choice, rights.

Learning outcome 2: Be able to reflect on practice

Process of reflection

- Use of cyclical and continuous models, e.g. Kolb (1984), Gibbs (1988), Morrison (2005), Bogg and Challis (2013) reflective cycles.
- Reflective cycles, e.g. what happened, feelings experienced, evaluate what was good and what was bad, what did it mean, what could you have done differently, plan what to do if it happened again.
- Reflection in action while giving support, reflection on action after the event.
- Frequent reflection.
- Recording reflection, e.g. reflective diary.
- Reflecting on day-to-day events.

Importance of reflective practice

- Benefits to individuals' appropriate identification of needs and appropriate care.
- Benefits to worker, e.g. improved practice, develop new skills and gain new knowledge, improved employability, prevention of burnout, identification of learning needs.

Learning outcome 3: Be able to evaluate own performance

Knowledge, understanding and performance against relevant standards

- Benchmark own current practice using professional standards, including codes of practice, regulations and National Occupational Standards (NOS).
- Identifying personal goals.
- Prioritising targets to meet standards, e.g. gaps in own knowledge, skills and practice.
- Personal goals.
- Personal development.

Evaluating own performance using feedback

- Sources of feedback, e.g. line manager, supervisor, mentor, colleagues, individuals supported.
- Identifying areas for improvement.
- Awareness of strengths and weaknesses.

What needs to be learned

Learning outcome 4: Be able to use reflective practice to contribute to personal development

Effect of learning activities on practice

- Advantages, e.g. improved quality of life for individuals supported.
- Drawbacks, e.g. time spent to learn and risk assess new ways of working, time spent informing others of changes.
- Formal and informal evaluation.
- Self-assessment using personal documentation.
- Assessment by others, e.g. supervisors, peer evaluation.
- Evaluation against personal development plan (PDP).
- Feeding results of evaluation into PDP to establish a cycle of continuous improvement.

Learning outcome 5: Be able to agree a personal development plan

- A personal development plan may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc.

Data and information to plan and review

- Data may include; supervision, feedback from internal and external sources, appraisal, regulatory feedback, organisational guidelines, targets.
- Information may include; journals, internet/websites, publications, legislation, professional bodies.

Planning and reviewing development

- Learning needs, e.g. training and upskilling.
- Professional interests.
- Development opportunities.
- Professional interests such as personalisation of care, e.g. shadowing, coaching, mentoring, monitoring of practice.
- Setting of learning objectives.
- Setting of SMART targets.
- Identify personal learning styles.
- Review goals and actions in light of progress.

Others

- Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.
- Agreement, e.g. reaching consensus, mutual understanding.

What needs to be learned

Learning outcome 6: Be able to use evidence-based practice

Evidence-based practice

- Evidence-based practice such as appropriate use of life story books.

Application of evidence-based practice

- Benefits for individuals, e.g. life story work gives individuals a better understanding of their family, reminiscence work may help people to become more reality oriented.
- Drawbacks for individuals, e.g. life story work and reminiscence work may bring back painful memories.
- Benefits for workers, e.g. knowing more about the background of the individuals they work with.
- Drawbacks for workers, e.g. may need to spend time learning how to conduct sessions, may find it difficult to cope with emotions aroused in individuals.
- Benefits and drawbacks for others such as family and other carers.
- Best evidence in order to make decisions in current practice to support the individual needs of the adult.
- Person-centred approach.
- Individualistic care.
- Personalised service.
- Enabling independence, choice and control.
- Continuous care planning.
- Working with others, e.g. family and friends, other professionals.
- Risk assessments.
- Evaluation.

Information for tutors

Suggested resources

Books

Bassot B – *The Reflective Journal* (Palgrave Macmillan, 2013) ISBN 9781137324719

Gibson F – *Reminiscence and Life Story Work*, 4th edition (Jessica Kingsley Publishers, 2011) ISBN 9781849051514

Lishman J et al – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory*, 4th edition (Palgrave Macmillan, 2014) ISBN 9781137406026

Websites

www.communitycare.co.uk	Online journal for social care.
www.cqc.org.uk	Care Quality Commission – safeguarding people.
www.hcpc-uk.org	The Health and Care Professions Council (HCPC).
www.nhs.co.uk	Competency frameworks and personal development planning.
www.nursingtimes.net	Online journal for nurses.
www.scie.org.uk	Social Care Institute for Excellence – improvement support agency and independent charity.
www.skillsforcare.org.uk	Skills for Care – employer-led workforce development body.

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

Unit 3:

Equality and Diversity in Care Settings

Unit reference number: L/616/7393

Level: 4

Unit type: Mandatory

Credit value: 3

Guided learning hours: 21

Unit summary

People working in care settings must treat people equally and respect individual differences. No one would like to receive a second-rate service because their care worker disliked them or did not understand their needs. Treating people equally and appreciating their individual differences means that society is open for all.

In this unit, you will learn what is meant by 'equality', 'diversity' and 'inclusion'.

You will learn about the legislation that governs how we treat others and about the guidelines and codes that govern our work when caring for others. You will explore how inequality affects individuals and why some people are intolerant of others.

You will learn what is meant by 'inclusive practice' and how such practice can ensure that people are treated equally and with respect for their individuality.

You will learn how to challenge discrimination and support others to do so, and you will learn how to assess the effectiveness of systems that are intended to promote equality and diversity. You will learn how the use of person-centred approaches by you and by others can support equality and diversity, using resources and sharing information to challenge discrimination.

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 equality, diversity and inclusion	<p>1.1 Summarise current legislation relating to equality</p> <p>1.2 Evaluate how legislation, codes of practice and policies and procedures relating to equality and diversity apply to own work role</p> <p>1.3 Explain the impact on own practice of:</p> <ul style="list-style-type: none">• equality• diversity• inclusion <p>1.4 Analyse how barriers to equality impact on individuals</p> <p>1.5 Explain the attitudes that may lead to discriminatory behaviour</p>
2 Understand how inclusive practice supports equality and diversity	<p>2.1 Explain how inclusive practice promotes equality and supports diversity</p> <p>2.2 Analyse how inclusive practice respects the individual's beliefs, culture, values, preferences and life experience</p> <p>2.3 Evaluate principles of inclusive practice</p>
3 Understand how to promote equality, diversity and inclusion	<p>3.1 Explain how to challenge discrimination to promote change</p> <p>3.2 Explain how to support others to promote equality and diversity</p> <p>3.3 Evaluate current systems and processes to identify improvements that support equality and diversity</p>

Learning outcomes	Assessment criteria
<p>4 Be able to work in a way that supports equality and diversity</p>	<p>4.1 Use person-centred approaches to support equality and diversity</p> <p>4.2 Work with others to promote equality and diversity</p> <p>4.3 Challenge discrimination to promote change</p> <p>4.4 Access resources to support equality and diversity practice</p> <p>4.5 Disseminate information to others relating to equality and diversity</p> <p>4.6 Reflect on own practice in relation to equality and diversity</p> <p>4.7 Demonstrate behaviour that promotes equality, diversity and inclusion</p>

Content

What needs to be learned

Learning outcome 1: Understand equality and diversity

Legislation

- Equality Act 2010 protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex, sexual orientation).
- Human Rights Act 1998.
- Special Educational Needs and Disability Act 2001.
- Race Relations (Amendment) Act 2000.
- Data Protection Act 1998.
- Mental Health Act 1983.
- Mental Capacity Act 2005.
- Mental Health Act 2007 section 50 (deprivation of liberty).
- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015.
- Health and Social Care Act 2012.
- Care Act 2014.
- The Employment Equality (Religion or Belief) Regulations 2003.
- The Employment Equality (Sexual Orientation) Regulations 2003.

Codes of practice, policies and procedures

- Of sector:
 - Care Quality Commission Regulations for providers.
 - Skills for Care Code of Conduct.
- Codes of practice:
 - Code of Practice for Social Care Workers
 - Code of Practice for Employers of Social Care Workers
 - Care Quality Commission fundamental standards
 - National Care Standards
 - Organisational policies and procedures
 - policies of workplace setting.

Barriers to equality

- Structural:
 - social such as discrimination faced by people with disabilities when applying for jobs
 - economic barriers such as being trapped on benefits because unable to get a job due to disability
 - environmental such as living in poor housing.

What needs to be learned

- Institutional:
 - organisational policies and procedures.
- Cultural:
 - norms and expectations such as discriminatory belief that people with learning disabilities do not make good parents.
- Personal:
 - individual feelings, thoughts and behaviours.

Effects of inequality on individuals

- Disempowerment.
- Depersonalisation.
- Low self-esteem.
- Poor mental and physical health.
- Harm and abuse.
- Social exclusion.

Attitudes leading to discriminatory behaviour

- Fear, lack of awareness, misunderstanding.
- Stereotyping, prejudice leading to discrimination.

Learning outcome 2: Understand how inclusive practice supports equality and diversity

Promoting equality and supporting diversity

- Models of practice such as Dignity in Care, personalisation agenda.
- Equality of opportunity.
- Privacy.
- Independence.
- Dignity.
- Respect.
- Partnerships respecting diversity.
- Empowerment.
- Equality of care.
- Individual rights and choice.
- Partnership working.
- Support and attention for individual, family, friends and carers, including that offered by the Equality and Human Rights Commission.
- Meeting minimum standards.
- Responding to national initiatives.
- Complaints and appeals procedures.

What needs to be learned

Respecting the individual's beliefs, culture, values, preferences and life experience

- Beliefs such as religious and political beliefs.
- Culture such as ways of dressing, ways of interacting between men and women, e.g. in some cultures people do not shake hands.
- Values such as attitudes to older people.
- Preferences such as choice of language.
- Life experience:
 - an individual's experience of discrimination.

Principles of inclusive practice

- Positive action empowering individuals to fully participate in society.
- Early intervention, prevention of problems, reablement.
- Holistic approach.
- Seeing each person as unique and offering them person-centred care.
- Work in a non-judgemental way.
- Follow agreed ways of working to prevent discrimination.
- Challenge discrimination.
- Promote and maintain independence.
- Values, e.g. individuality, rights, choice, privacy, independence, dignity, respect, care, compassion, courage, communication, competence, partnership.

Learning outcome 3: Understand how to promote equality and diversity

Challenging discrimination to promote change

- Use of equality policies.
- Referral to codes of practice and legislation.

Supporting others to promote equality, diversity and inclusion

- Role modelling to embrace diversity and recognise equality.
- Non-judgemental attitudes.
- Anti-discriminatory practice.
- Use of legislation.
- Codes of practice and charters.
- Staff training and continuing professional development (CPD).
- Supervision.
- Quality-assurance systems.
- Record keeping.
- Monitoring and evaluation of practice.

What needs to be learned

Current systems and processes

- Policies:
 - equality policy.
- Audit of procedures:
 - assessment procedures.
- Staff appraisals.
- Supervision.
- Complaints and compliments received.
- Verbal feedback from others.

Learning outcome 4: Be able to work in a way that supports equality and diversity

Person-centred approaches

- Considering the whole person, taking into account each individual's unique:
 - qualities
 - abilities
 - interests
 - preferences and needs
- treating people with dignity and respect.

Work with others

- Others, e.g. team members, those who use or commission their own health or social care services, families, carers, advocates, other colleagues.
- Multidisciplinary team members:
 - occupational therapist
 - educational psychologist
 - doctors
 - nurses
 - social workers
 - youth justice workers.

Resources

- Training materials:
 - case studies
 - videos
 - magazine articles
 - TV or radio programmes.
- Other people who may have experienced and overcome discrimination.
- Feedback from family questionnaires.
- CPD opportunities.

Behaviours that promote equality, diversity and inclusion

- Behaviours, e.g. embracing diversity and recognise equality, having non-judgemental attitudes, demonstrating anti-discriminatory practice, adhering to legislation, codes of practice and charters.

Information for tutors

Suggested resources

Books

Banks S – *Ethics and Values in Social Work (Practical Social Work Series)*, 4th edition (Palgrave Macmillan, 2012) ISBN 9780230300170

Thompson N – *Anti-Discriminatory Practice: Equality, Diversity and Social Justice (Practical Social Work Series)*, 5th edition (Palgrave Macmillan, 2012) ISBN 9780230250130

Thompson N – *Promoting Equality: Working with Diversity and Difference* (Palgrave Macmillan, 2011) ISBN 9780230223431

Websites

www.acas.org.uk	Advisory, Conciliation and Arbitration Service – free information for employers and employees about equality preventing discrimination.
www.cqc.org.uk	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: <i>Regulation 9: Person-centred care and information for Fundamental Standards</i> .
www.equalityhumanrights.com	Equality and Human Rights Commission – information about the Equality Act 2010.
www.gov.uk/data-protection	Data Protection.
www.gov.uk/government/publications/uk-national-social-report	UK National Social Report – UK's main challenges and policy for social inclusion, pensions and health and long-term care.
www.legislation.gov.uk	Equality Act 2010 – useful for all legislation for this unit.
www.rcn.org.uk	Royal College of Nursing – social inclusion and inclusive practice.
www.scie.org.uk	Resources for social inclusion.
www.skillsforcare.org.uk	Common core strategic equality and diversity principles (October 2013), also Skills for Care Code of Conduct.

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 outcome 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 outcome 4.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.

Unit 4:

Understand Safeguarding and Protection in Care Settings

Unit reference number: R/616/7394

Level: 3

Unit type: Mandatory

Credit value: 2

Guided learning hours: 18

Unit summary

Anyone who works with vulnerable adults in health and social care settings will need an understanding of the legal principles that underpin safeguarding, including national guidelines and local policies and procedures.

In this unit, you will gain an understanding of how the legal framework affects your day-to-day work and your responsibilities regarding safeguarding. You will gain an understanding of how to identify and respond to suspected or alleged abuse. You will develop a comprehension of the impact that current legislation has on safeguarding adults at risk of abuse and neglect, and the signs and symptoms of different forms of suspected or alleged abuse.

This unit will enable you to explain what action to take in the event of any suspected abuse or if an individual alleges that they are being abused, and how to respond. It will also enable you to explain how to raise concerns if the correct procedures have not been followed.

You will understand the agreed protocols for working in partnership with other agencies and organisations in safeguarding and protecting vulnerable adults. You will also understand your role in this work, including how to support them in raising concerns during the safeguarding process.

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
<p>1 Understand the impact of current legislation for the safeguarding of adults at risk of abuse and neglect</p>	<p>1.1 Explain the current legislative framework that underpins safeguarding of vulnerable adults within own UK home nation</p> <p>1.2 Explain how current national guidelines and local policies and procedures for safeguarding affect own day-to-day work</p> <p>1.3 Explain own responsibilities relating to the current legislative framework with regard to safeguarding</p>
<p>2 Understand how to respond to suspected or alleged abuse</p>	<p>2.1 Describe signs and symptoms associated with the following types of abuse:</p> <ul style="list-style-type: none"> • physical abuse • sexual abuse • emotional/psychological abuse • financial abuse • institutional abuse • self-neglect • neglect by others • discriminatory abuse <p>2.2 Explain actions to take if there are suspicions that an individual is being abused</p> <p>2.3 Explain actions to take if an individual alleges that they are being abused</p> <p>2.4 Explain how to raise concerns when suspected abuse has been reported, but procedure does not appear to have been followed</p>
<p>3 Understand how to participate in inter-agency, joint or integrated working in order to protect vulnerable adults</p>	<p>3.1 Explain agreed protocols for working in partnership with other organisations</p> <p>3.2 Explain own role in partnership working</p>
<p>4 Understand how to support others in safeguarding</p>	<p>4.1 Explain how to support others to raise concerns</p> <p>4.2 Explain how to support others during the safeguarding process</p>

Content

What needs to be learned

Learning outcome 1: Understand the impact of current legislation for the safeguarding of adults at risk of abuse and neglect

Legislative framework, national guidelines, local policies and procedures

- Legislative framework:
 - Care Act 2014
 - Equality Act 2010
 - Mental Capacity Act 2005
 - Safeguarding Vulnerable Groups Act 2006
 - Data Protection Act 1998
 - Care Standards Act 2000
 - The Public Interest Disclosure Act 2013.
- National guidelines:
 - Safeguarding policy: protecting vulnerable adults (Office of the Public Guardian, 2017)
 - Disclosure and Barring Service for England, Wales and Northern Ireland
 - Safeguarding Policy (NHS England, 2015)
 - Health and Care Professions Council
 - National Institute for Health and Care Excellence (NICE).
- Local policies and procedures:
 - Local Safeguarding Adults Boards (LSAB)
 - Safeguarding Adults: The role of health services (Department of Health, 2011)
 - local safeguarding policies
 - workplace safeguarding policies
 - codes of behaviour.

Impact of legislation, guidelines, policies and procedures on daily work

- Legal rights of individuals within the care setting or for whom there is no formal duty of care, e.g. freedom from neglect, exploitation and abuse.
- Legal responsibilities of individuals within the care setting or for whom there is no formal duty of care, e.g. maintenance of good practice, service user satisfaction, reputational.
- Consequences of unsafe practices, including poor working practices, and resource and organisational difficulties.
- Professional conduct.
- Negligence.
- Job security.

What needs to be learned

Legal responsibilities relating to safeguarding

- Reporting.
- Recording.
- Sharing of information.
- Access to information.
- Choice.
- Consent.
- Equality and diversity.
- Confidentiality.
- Safety.
- Maintenance of accurate records.
- Gaining access to an individual thought to be at risk.

Learning outcome 2: Understand how to respond to suspected or alleged abuse

Signs and symptoms of abuse

- Physical, e.g. unexplained injuries, frequent injuries, bruising, cuts, marks on the skin, behavioural changes.
- Sexual, e.g. bruising and/or bleeding of genital area, pregnancy, torn or stained underclothing, incontinence.
- Emotional/psychological, e.g. low self-esteem, tearfulness, anger, insomnia.
- Financial, e.g. missing personal possessions, unexplained bank withdrawals, lack of clear financial accounts.
- Institutional, e.g. lack of flexibility and choice, poor standards of care, poor record keeping, lack of resources.
- Self-neglect, e.g. poor personal hygiene, unkempt appearance, malnutrition, hoarding.
- Neglect by others, e.g. dirty environment, pressure sores, malnutrition, untreated injuries.
- Discriminatory abuse, e.g. expressions of anger or frustration, lack of support for protected characteristics.
- Domestic abuse, including acts of control and coercion, e.g. low self-esteem, physical evidence of abuse, isolation from friends and family, limited access to money.
- Modern slavery, e.g. signs of physical or emotional abuse, living in dirty and cramped positions, avoidance of eye contact, fear of law enforcers.

Responses to suspicions or allegations of abuse

- Action to take if the suspicion or allegation implicates any individual, someone in the individual's personal network, the learner, the learner's line manager, a colleague, self or others.
- Settings, e.g. care settings, other settings.
- Understanding roles and responsibilities.
- Importance of following legislation, policies, procedures and agreed ways of working.

What needs to be learned

- Basic information includes who the alleged victim is, who the alleged abuser is, categories of abuse that could be happening, when abuse has happened, where abuse has happened.
- Importance of treating all suspicions or allegations seriously.
- Lines of communication and reporting.
- Reporting allegations or suspicions to appropriate/named person.
- Importance of clear verbal and accurate written reports.
- Witness testimony.
- Importance of not asking leading questions with individuals concerned.
- Importance of respectful listening.
- Confidentiality and agreed procedures for sharing information on disclosure.
- Preservation of any evidence.
- Importance of actual evidence and avoiding hearsay.

Procedural issues

- Report to senior in first instance (unless they are the abuser).
- Right to report concerns directly to social services or police.
- Anyone can report a suspicion or allegation of abuse.
- Workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures.
- Importance of raising genuine concerns and questioning these.
- Reassurance of protection from possible reprisals or victimisation following reporting, whistleblowing policies.
- Whistleblowing definitions, e.g. a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct.

Learning outcome 3: Understand how to participate in inter-agency, joint or integrated working in order to protect vulnerable adults

Partnership working

- Defining inter-agency, joint and integrated working.
- Social services, e.g. social workers, care assistants.
- Health services, e.g. GPs, nurses, occupational therapists.
- Voluntary services, e.g. Mind, Age UK.
- 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.
- Consulting the police regarding all safeguarding incidents.
- Co-ordinating and monitoring investigations.
- Overseeing the convening of Safeguarding Case Conferences.
- Providing information about activities and outcomes to the safeguarding co-ordinator.

What needs to be learned

Roles in partnership working

- Roles and responsibilities of each partner.
- Ensuring partnership work is appropriate and effective.
- Communicate information to those authorised to have it.
- Balance sharing of information against need for confidentiality.
- Adherence to equality, diversity and anti-discriminatory practice.
- Monitoring and review of joint work.
- Clear and accurate record keeping.

Learning outcome 4: Understand how to support others in safeguarding

Raising concerns

- Provide information about where to go to make a complaint.
- Workplace policy on complaints or raising concerns.
- Provide information on workplace policy.
- Whistleblowing Helpline.
- Assurance of confidentiality and protection of identity.

Supporting others during the safeguarding process

- Ensure the safety of the individual.
- Active participation with individuals.
- Using person-centred values, including:
 - individuality
 - rights
 - choice
 - privacy
 - independence
 - dignity
 - respect
 - care
 - compassion
 - courage
 - communication
 - competence
 - partnership.
- Sharing information when appropriate.
- Confidentiality.
- Support for family members, friends, colleagues.
- Advocates.
- Trade unions.
- Professional bodies.
- Counselling.

What needs to be learned

- Ensuring the wellbeing of individuals and others:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical
 - mental.

Information for tutors

Suggested resources

Books

Mandelstam M – *Safeguarding Adults and the Law*, 2nd edition (Jessica Kingsley Publishers, 2013) ISBN 9781849053006

Nursing Standard – *Safeguarding Adults at Risk* (RCN Publishing Co Ltd, 2013) ISBN 9780957430891

Tilmouth T and Quallington J – *Level 5 Diploma in Leadership for Health and Social Care*, 2nd edition (Hodder, 2016) ISBN 9781471867927

Websites

www.alzheimers.org.uk	Alzheimer's Society – Deprivation of Liberty Safeguards (DoLS).
www.gov.uk/government	Adult safeguarding: statement of government policy (Department of Health, 2011). Transforming Primary Care: Safe, proactive, personalised care for those who need it most (Department of Health, 2014).
www.gov.uk	Safeguarding Adults: The role of health services – abuse and neglect of vulnerable adults (Department of Health, 2011).
www.legislation.gov.uk	Website for current government legislation.
www.scie.org.uk/care-act-2014/	Social Care Institute for Excellence (SCIE): Adult safeguarding – sharing information (2015)
www.scie.org.uk/publications/	Social Care Institute for Excellence (SCIE): Safeguarding adults: e-learning resource.
www.skillsforcare.org.uk	Standard 10 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 of all learning outcomes (knowledge) may take place in or outside of a real work environment.

Unit 5

Person-Centred Assessment and Planning to Improve Individual Outcomes

Unit reference number: D/616/7396

Level: 4

Unit type: Mandatory

Credit value: 5

Guided learning hours: 41

Unit summary

Person-centred assessment and care/support planning is a process that aims to meet assessed needs and achieve better outcomes for the individual, reflecting the 'wellbeing principle' contained within the Care Act 2014. The process requires collaborative working with individuals, carers and families within a legislative framework. The individual is placed at the centre of this process, working in equal partnership with professionals, which enables them to get the care they need and want, while being treated with dignity and respect.

Professionals should support the individual to be as self-managing as possible and acknowledge their expertise in how to meet their own needs. They should encourage individuals to lead by expressing their preferred choices, while supporting them to make informed decisions. Through identifying individuals' personal goals, care delivery is personalised, and consistent with individuals' culture, values and beliefs. This increases the individual's ownership of their care/support plan, improving their health and wellbeing.

This unit will give you an understanding of this whole system approach, including how to work in partnership with an individual, involving others and the multidisciplinary team. You will learn how to develop, implement and review a care/support plan, including the value of assistive living technology, to better meet the needs of, and improve outcomes for, the individual.

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
<p>1 Understand the theories and principles that underpin assessment and outcome-based practice</p>	<p>1.1 Explain the stages of the care planning process</p> <p>1.2 Explain how to assess care/support needs for different individuals</p> <p>1.3 Evaluate assessment tools available to support assessment and outcome-based practice</p> <p>1.4 Explain theories and approaches underpinning person-centred assessment and outcome-based practice</p> <p>1.5 Explain the effect of legislation and policy on assessment and care/support planning processes</p> <p>1.6 Explain how assessment and outcome-based practice can impact on individual's lives</p>
<p>2 Be able to work in partnership with individuals and others to facilitate person-centred assessment</p>	<p>2.1 Agree purpose and intended outcomes of assessment with individual and others through collaborative working</p> <p>2.2 Agree with the individual and others how assessment will be carried out in line with the self-assessment process</p>
<p>3 Be able to carry out person-centred assessment that promotes wellbeing</p>	<p>3.1 Discuss the interrelationship between factors that support an individual's wellbeing</p> <p>3.2 Explain how to take account of the individual's strengths and aspirations during the assessment</p> <p>3.3 Follow agreed ways of working with an individual and others to assess requirements to support wellbeing</p> <p>3.4 Record the assessment in an agreed format according to organisational policies and procedures</p>

Learning outcomes	Assessment criteria
<p>4 Understand the value of assistive living technology in developing a care/support plan</p>	<p>4.1 Explain everyday situations where assistive technology solutions can be supportive to the individual and others</p> <p>4.2 Evaluate assistive living technology for the individual in terms of:</p> <ul style="list-style-type: none"> • benefits • risks • challenges
<p>5 Be able to develop and facilitate the implementation of care/support plans in partnership with individuals and others</p>	<p>5.1 Support the individual to make informed choices about their needs, preferences and wishes as part of their care/support plan</p> <p>5.2 Follow agreed ways of working to assist the individual to understand risks associated with the choices they make in their care/support plan</p> <p>5.3 Agree how a care/support plan will be delivered with the individual and others in line with agreed ways of working</p> <p>5.4 Agree the roles and responsibilities of those involved in implementing the care/support plan</p> <p>5.5 Ensure care/support plan is implemented and recorded according to organisational systems and processes to support information sharing</p>

Learning outcomes	Assessment criteria
<p>6 Be able to facilitate a person-centred review of care/support plans in partnership with the individual and others</p>	<p>6.1 Agree the monitoring process for a care/support plan with the individual and others, to include:</p> <ul style="list-style-type: none"> • time • people • budget • compliance with regulators' standards <p>6.2 Use systems, procedures and practices that engage the individual and others in the review process according to agreed ways of working</p> <p>6.3 Review care/support plan, to include:</p> <ul style="list-style-type: none"> • feedback from an individual and others • assessed risks <p>6.4 Record review process and outcomes according to organisational systems and procedures to support information sharing</p>

Content

What needs to be learned

Learning outcome 1: Understand the theories and principles that underpin assessment and outcome-based practice

Agreed ways of working

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

Assessment

- Involves collecting and analysing information about people with the aim of understanding their situation and determining recommendations for any further professional intervention.

Individual

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

Others

- Other may include:
 - team members
 - other colleagues
 - those who use or commission their own health or social care services
 - families, carers and advocates.

Wellbeing

- Aspects that are, for example, social, emotional, cultural, spiritual, intellectual, economic, physical, mental.

Care and support planning process

- Stages:
 - access to information, e.g. available services
 - needs-led assessment
 - care and support planning
 - action/implementation
 - monitoring
 - review and evaluation
 - modification.

Assessing needs and the care and support planning process

- Assessing care and support for individuals with different needs, including ill health (e.g. physical and mental), disability (e.g. physical and learning) and old age (e.g. frailty).
- Ascertaining eligibility for services, e.g. meeting required criteria.
- Applying a systematic approach to gather relevant information about areas of need, e.g. discussion, accessing medical records
- Consultation and negotiation with individuals, family, informal carers and other professionals providing care.

What needs to be learned

- Multidisciplinary/multi-agency working for specific service user groups, e.g. single assessment process (SAP) for older people.
- Applying person-centred values working in partnership with service users and carers.

Assessment tools

- May include FACE (overview assessment); mental health; learning disability-specific, specialist assessment tools for moving and handling; continence; occupation and activities.

Theories and approaches underpinning person-centred assessment and outcome-based practice

- Theoretical models of assessment, to include:
 - questioning model – focus on questioning and using information
 - procedural model – focus on using systems and related legislation
 - exchange model – focus on service user as expert and involvement in assessment
 - outcome theory – to monitor and measure outcomes.

Effect of legislation and policy

- Relevant legislation specific to service user group:
 - Care Act 2014
 - Mental Capacity Act 2005
 - Mental Health Act 1983 and 2007
 - Equality Act 2010
 - Safeguarding Vulnerable Groups Act 2006
 - Sexual Offences Act 2003.

Assessment and outcome-based practice impact on individuals' lives

- Using appropriate assessment method specific to the needs of the individual e.g. SAP for older people
- Effectiveness of assessment tools to identify needs, to set goals and deliver care/support to improve day-to-day life e.g. promote independence
- Outcome-based approaches, e.g. recovery approach and reablement approach.
- Impact on individual, e.g. promoting empowerment and wellbeing, identifying individual's priorities/goals compatible with their religion and culture.

What needs to be learned

Learning outcome 2: Be able to work in partnership with individuals and others to facilitate person-centred assessment

Agreeing purpose and intended outcomes of assessment through collaborative working

- Multidisciplinary/agency working, to include collaborative working with individuals and involved others to meet legislative requirements within the Care Act 2014:
 - meets eligibility threshold criteria
 - identifies how the person's needs affects their ability to achieve relevant outcomes
 - impacts on individual wellbeing by not being able to meet outcomes.
- Multidisciplinary/multi-agency assessment to ascertain if the individual's needs:
 - arise or relate to physical or mental impairment
 - make them unable to meet two or more specified outcomes
 - result from not being able to achieve outcomes and are therefore likely to significantly impact on their wellbeing
 - are eligible by meeting ALL three of the above conditions.

Assessing and supporting self-assessment processes

- Using approaches to engage individual and others, agreeing purpose and intended outcomes of assessment.
- Agreeing with individual and others how assessment will be carried out, and who else should be involved.
- Embedding personalisation within the process by putting the individual at the centre, promoting self-assessment.
- Promoting empowerment by supporting the individual to participate as fully as possible in decisions related to their care, treatment and support.
- Taking account of the individual's views, wishes and preferences, including strengths and aspirations.
- Acknowledging the individual is best placed to judge their own needs and wellbeing.
- Promoting equality and diversity issues, e.g. respecting personal beliefs, ensuring inclusion, individual reaching their full potential.

What needs to be learned

Learning outcome 3: Be able to carry out person centred assessment that promotes wellbeing

Person-centred assessment

- Collaborative needs-led assessment acknowledging individual strengths and aspirations to assess and support wellbeing
- Multidisciplinary/multi-agency assessment working if the individual situation or needs are complex, e.g. including health and social care needs.
- Formal risk assessment identifying actual and possible risk to the individual.
- Combined assessments include assessing the needs of an informal carer at the same time as the individual if required
- Following policies, procedures and codes of practice to promote the equality and diversity of individuals and their carers, e.g. professional, regulatory, organisational.
- Record assessment in an agreed format according to organisational policies and procedures.

Promoting wellbeing

- Consider how factors may interrelate to support individual wellbeing e.g. principles of health, wellbeing and independence
- Facilitate personalisation to promote dignity and respect.
- Implement specific approaches or models to meet individual needs:
 - cognitive behavioural
 - task-centred
 - crisis intervention.

Learning outcome 4: Understand the value of assistive living technology in developing a care/support plan

Assistive living technology

- Electronic, e.g. sensor mats or pads, pendants/telecare, echo box/reminding tool, keypad entries, keys with lights, apps for budgeting/direction finding/instructions, talking books.
- Physical, e.g. kettle tippers, jar openers, special cutlery/utensils, key safe box, sticks to pull up socks.

Potential benefits, risks and challenges of assistive living technology

- Benefits such as giving independence, control and choice.
- Risks such as malfunctioning equipment.
- Systems not adapting to changing needs.
- Challenges, e.g. costs and time implications of staff training, time implications of service user/caregiver training.

What needs to be learned

Learning outcome 5: Be able to develop and facilitate the implementation of care/support plans in partnership with individuals and others

Supporting individuals to make informed choices

- Developing a respectful and trusting relationship with individuals that supports them to make informed choices and decisions about their care.
- Using preferred communication methods, adapting if necessary, encouraging discussion and questions.
- Providing inclusive information and opportunities to make choices.
- Support the individual to seek guidance from others.
- Respect individuals' decisions that promote and support their diversity

Assisting individuals to understand risks associated with their choices

- Using an agreed risk assessment process to evaluate hazards and/or risks arising from the individual's choices.
- Empowering individuals to understand and make choices during the risk assessment process.
- Involving the individual in decision making and respecting their preferences, including taking assessed risks (e.g. making informed lifestyle choices etc.).
- Awareness of relevant legislation that may apply, e.g. Mental Capacity Act 2005, an Independent Mental Capacity Advocate to safeguard interests of those who lack capacity.

Roles and responsibilities

- Collaboration and negotiation on how the plan will be carried out, including the roles and responsibilities of those involved, e.g. individuals, families and professionals, e.g. multidisciplinary team (MDT) etc.
- Equal partnership working between individuals and professionals, e.g. by setting priorities and pace.
- Proactive approach, encouraging active participation of individuals to improve their outcomes and increase wellbeing, e.g. holistic care.
- Practitioner responsibilities and accountabilities to the individual, e.g. safeguarding, managing risk.

Facilitating implementation of a care/support plan

- Working as multidisciplinary teams, e.g. collaboration, co-operation, communication, co-ordination, integrated care.
- Using multidisciplinary working strategies, e.g. problem solving, joint decision making, shared power and equal status.
- Integrated service delivery – 'seamless' delivery of quality care provision, e.g. holistic approach, avoiding duplication of services, improved outcomes for individuals and others.
- Evaluating risks as an integral part of the care/support planning process.

Recording a plan according to organisational systems and processes to support individuals

- Agreed ways of working when recording and documenting information in care/support plans, with attention to the detail of treatment and individual provision.

What needs to be learned

- Agreed ways of working to support information sharing to benefit individuals.
- Evaluating recorded information in care/support plans to assess the effectiveness in meeting the needs of an individual.
- Awareness of relevant legislation that may apply, e.g. the Data Protection Act 1998.

Learning outcome 6: Be able to facilitate a person-centred review of care/support plans in partnership with the individual and others

Working with individuals to review a care/support plan

- Agreeing the monitoring process for a care/support plan, including:
 - time, e.g. dates, timescale
 - people, e.g. all involved parties
 - budget, e.g. cost of the review
 - compliance with regulators' standards, e.g. National Occupational Standards (NOS).
- Following agreed ways of working to monitor and review the care/support plan, e.g. systems, procedures and practices etc.
- Regulators' standards, e.g. codes of practice, regulations, NOS.

Reviewing and recording care/support plans and outcomes to support information sharing

- Following agreed ways of working to support information sharing to benefit individuals.
- Reviewing process to include:
 - feedback from the individual and others in the multidisciplinary team (MDT)/multi-assessment team (MAT), e.g. to check if needs, views and preferences are met, assessed risks
 - assess new risk, e.g. resulting from any changes
 - accuracy of reports and records, e.g. includes facts and evidence-based opinions.
- Record of review and outcomes according to organisational systems and procedures, to include:
 - an evaluation of achievements of goals/outcomes
 - a reassessment of the individual's needs, modifying goals if required
 - any points of difference between involved parties
 - identification of any unmet needs
 - date of the next review.
- Compliance with relevant legislation, e.g. the Data Protection Act 1998.
- Evaluating own knowledge and performance against relevant standards, e.g. using feedback from review to enhance performance and development.

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

Sanderson H and Lepkowsky M – *Person-Centred Teams: A Practical Guide to Delivering Personalisation throughout Effective Team-Work* (Jessica Kingsley Publishers, 2014) ISBN 9781849054553

Websites

www.cqc.org.uk	Regulation 9: Person-centred care.
www.england.nhs.uk	Personalised care and support planning handbook: The journey to person-centred care.
www.health.org.uk	Person-centred care made simple.
www.gov.uk/government/publications	Voice, choice and control (Department of Health, 2015).
www.mulho.com/store/products/product/person-centred-care-training	Training packages for implementing person-centred care.
personcentredcare.health.org.uk	The Health Foundation: person-centred care resources.
www.scie.org.uk	Personalisation: introductory e-learning course and videos on person-centred care.
www.skillsforcare.org.uk	Standard 5 of the Care Certificate.
www.thinklocalactpersonal.org.uk	Personalised care and support planning.

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, 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, 5 and 6.

Assessment of learning outcomes 1 and 4 (knowledge) may take place in or outside of a real work environment.

Unit 6: Understanding Personalisation in Care and Support Services

Unit reference number: H/616/7397

Level: 4

Unit type: Mandatory

Credit value: 4

Guided learning hours: 33

Unit summary

Individualised care that is responsive to the needs and preferences of the individual forms the basis of care and support services. The personalisation agenda developed through the current legislation sought to ensure that systems and processes were developed to allocate individual budgets that were controlled by the individual. The aim of the personalisation of service provision is to rationalise services; resources and funding should be needs-led rather than service-led.

The introduction of personal budgets, and the individuals who then become micro-employers of their carers, gave individuals the opportunity to maintain control and choice in decisions regarding their own care.

This unit will give you an understanding of the systems and processes that support personalisation. You will also understand how to promote effective service development.

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
<p>1 Understand the meaning of personalisation in social care and support services</p>	<p>1.1 Explain the models of service provision in care</p> <p>1.2 Define the terms:</p> <ul style="list-style-type: none"> • personalised service • self-commissioned service • self-directed support • micro-employer. <p>1.3 Discuss the features of personalisation in care and support services</p> <p>1.4 Summarise the legislative and policy drivers in personalised services</p> <p>1.5 Review the concept of outcomes-based approaches in personalised care and support services</p>
<p>2 Understand the systems and processes that support personalisation</p>	<p>2.1 Assess the impact that personalisation has on the commissioning, funding and delivery of services</p> <p>2.2 Discuss the role of direct payments and individual budgets in supporting personalisation</p> <p>2.3 Explain the role of brokerage in commissioning and developing personalised services</p> <p>2.4 Describe the types of support that individuals or their families might need in order to access personalised services</p>
<p>3 Understand where responsibilities lie within self-directed support</p>	<p>3.1 Explain why it is important to know where responsibilities lie for the delivery and quality of self-directed support</p> <p>3.2 Analyse responsibilities held for the delivery and quality of self-directed support by:</p> <ul style="list-style-type: none"> • direct payments recipients • commissioners • social workers/care managers

Learning outcomes	Assessment criteria
<p>4 Understand how to promote personalisation</p>	<p>4.1 Analyse the attitudes, approaches and skills needed in own role to implement personalisation</p> <p>4.2 Evaluate the impact of personalisation on own role</p> <p>4.3 Propose ways to enhance own contribution to promoting personalisation</p>
<p>5 Understand how to develop systems and structures for personalisation in care and support services</p>	<p>5.1 Evaluate how far systems and structures in own organisation have adapted to personalisation</p> <p>5.2 Explain ways to improve systems and structures in own organisation to enhance personalisation</p>

Content

What needs to be learned

Learning outcome 1: Understand the meaning of personalisation in social care and support services

The meaning of personalisation in social care and support services:

- The 'professional gift', 'empowerment', and 'rights' models of service provision.
- Features of personalisation within social care and support services.
- Why the concept of 'outcomes' is central to personalisation.
- Legislative and policy drivers for personalised services.

Models of service provision in personalised care

- Citizenship models.
- Professional gift model.
- Empowerment model.
- Social models of care.
- Rights model.

Features of personalisation

- Person centred:
 - self-directed support
 - independent living.
- Partnership approaches.
- Needs-led provision.
- Functional and flexible.
- Individual budgets and direct payments:
 - individual becomes the micro-employer.
- Balance of power puts individual at centre and in control of decisions made:
 - promotes choice and informed decisions
 - promotes enablement and empowerment.
- Personalised planning.
- Holistic approach to assessment.
- Single Assessment Framework.
- Co-production.
- Social capital.

What needs to be learned

Legislative and policy drivers in personalised services

- Care Act 2014.
- The Independent Living Strategy (2008).
- Key drivers for change:
 - ageing population
 - changes to retirement and pension provision
 - increased numbers of people living with long-term health conditions
 - changes in family support structures
 - government debt and reduced public sector spending.

Learning outcome 2: Understand the systems and processes that support personalisation

Impact of personalisation on commissioning, funding and delivery of services

- Make the best use of public money:
 - setting priorities
 - quality of care
 - flexible service delivery.
- Commissioners need to balance investment between different services by:
 - shaping the market
 - commissioning universal services for the whole community
 - joint commissioning
 - commissioning preventative and wellbeing services
 - develop flexible approaches.

Roles of direct payments and individual budgets in supporting personalisation

- Direct payments are:
 - means-tested cash payment, which replaces social service provision
 - financially assessed.
- Support can be purchased from:
 - statutory social services
 - the private sector
 - the voluntary sector
 - community groups
 - neighbours, family and friends.
- Individual budgets, including individual service funds (ISFs):
 - individuals use the payment source and employ their own support
 - devise a support plan to help them meet their personal needs.

Role of brokerage in commissioning and delivering personalised services

- Provide information, advice and advocacy.
- Role in commissioning services, e.g. interviewing personal assistants and agreeing contracts.

What needs to be learned

- Support brokerage – support given to an individual to help them:
 - identify their own support needs
 - find out what resources and services are available to them work out what support package will best meet their needs and preferences (given the available resources).

Types of support that individuals or their families might need in order to access personalised services

- Advice and guidance.
- Legal support.
- Assessment of capacity.
- Financial advice.
- Information.
- Care plan.
- Introductions to care organisations.
- Description of services.

Learning outcome 3: Understand where responsibilities lie within self-directed support

Responsibilities for the delivery and quality of care

- Importance of knowing where responsibilities lie for the delivery and quality of self-directed support, e.g. avoidance of misunderstanding, accountability by budget holder; lines of reporting; boundaries; limitations of role; safeguarding; duty of care.

Responsibilities

- To include; responsibility for signing off assessments and responsibility for reviews to check the achievement of outcomes in line with job description, sharing information with external professionals, monitoring and evaluating outcomes in line with local/national initiatives.

What needs to be learned

Learning outcome 4: Understand how to promote personalisation

Attitudes, approaches and skills

- Attitudes, e.g. self-awareness, assertiveness.
- Approaches, e.g. person-centred.
- Skills, e.g. communicating changes to colleagues, individuals using services and their carers, in order to implement personalisation.

Personalisation and own role

- The attitudes, behaviours, approaches and skills needed in own role to implement personalisation.
- Impact of personalisation on own role.
- Enhancing own contribution to promoting personalisation could include:
 - increasing awareness and sharing good practice such as professional discussion in the workplace
 - attending roadshows on personalisation
 - sharing current policy and guidance
 - increase awareness of online services marketplaces.

Learning outcome 5: Understand how to develop systems and structures for personalisation in care and support services

How policies and procedures encourage progress towards personalisation

- How change is managed and led to change in this area in the organisation
- How changes are implemented and reviewed.
- How compliance is ensured.
- How systems and structures in own organisation have adapted to personalisation.

Ways to improve systems and structures to enhance personalisation

- Reducing bureaucracy, e.g. simplifying assessment forms, changing the process of signing off personal budget support plans.
- Simplification of resource allocation systems so individuals know how budgets are worked out.
- Increase training and improve awareness of local community networks for those supporting individuals.

Information for tutors

Suggested resources

Books

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

Pearson C, Ridley J and Hunter S – *Self-Directed Support: Personalisation, Choice and Control (Policy and Practice in Health and Social Care)* (Dunedin Academic Press, 2014) ISBN 978-1780460246

Websites

www.cpa.org.uk/cpa_documents/vision_for_social_care2010.pdf Community Care website – A Vision for Adult Social Care: Capable Communities and Active Citizens (Department of Health, 2010).

www.legislation.gov.uk Website for current government legislation.

www.scie.org.uk/publications Social Care Institute for Excellence – social care and clinical commissioning for people with long-term conditions.

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 7: Health and Safety in Care Settings

Unit reference number: K/616/7398

Level: 4

Unit type: Mandatory

Credit value: 3

Guided learning hours: 21

Unit summary

Everyone is responsible for health and safety, but care workers must be clear about their own responsibilities if they are to maintain a safe working environment for themselves and others.

In this unit, you will learn about health and safety legislation and how it is put into practice through policies and procedures. You will learn about your own and others' health and safety responsibilities, and show you can work safely, clarifying what you can do only after specialist training. You will be able to demonstrate safe practice by preventing and controlling the spread of infection, for example through hand washing and maintaining food safety.

You will learn how to assess and manage risks, for example security risks, by checking the identity of workplace visitors and the risk of injury by moving and positioning people and equipment safely, and by controlling hazardous substances. You will learn about your responsibilities for fire safety and how to maintain escape routes, what to do in an emergency, and your responsibilities in relation to first aid.

You will learn about your responsibility for recording and reporting incidents, and show how to do this. You will also develop the knowledge and skills needed to manage and assess risk and to support others to work safely. This will include developing policies, procedures and practices, implementing measures to reduce risks, and evaluating your own 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
<p>1 Understand own responsibilities and the responsibilities of others, relating to health and safety</p>	<p>1.1 Explain current legislation relating to health and safety in own work setting</p> <p>1.2 Explain health and safety policies and procedures as agreed with the employer in relation to own role</p> <p>1.3 Analyse the main health and safety responsibilities of:</p> <ul style="list-style-type: none"> • self • the employer or manager • others in the work setting <p>1.4 Explain tasks that should not be carried out in own work setting without specialist training</p>
<p>2 Understand how to carry out own responsibilities for health and safety</p>	<p>2.1 Analyse the limits of own role in relation to moving and positioning</p> <p>2.2 Analyse own responsibilities with regard to legislation and policy for:</p> <ul style="list-style-type: none"> • emergency first-aid • food safety • fire safety • risk to own safety • risk to safety of others • prompting of administration of medication • infection prevention and control • hazardous substances • security <p>2.3 Explain procedures to be followed if an accident or sudden illness should occur</p> <p>2.4 Explain how to record and report health and safety incidents</p>

Learning outcomes	Assessment criteria
<p>3 Be able to work safely and support others to work safely in care settings</p>	<p>3.1 Apply current legislation relating to health and safety in own work setting</p> <p>3.2 Comply with current guidelines for:</p> <ul style="list-style-type: none"> • hand hygiene • moving and handling equipment or other objects safely • checking the identity of anyone requesting access to the work setting • maintaining evacuation routes • food safety <p>3.3 Complete health and safety records according to legal and work setting requirements</p> <p>3.4 Support others to work safely in line with agreed ways of working</p>
<p>4 Be able to manage risk</p>	<p>4.1 Contribute to development of policies, procedures and practices that identify, assess and manage risk</p> <p>4.2 Work with others to assess potential risks in line with agreed ways of working</p> <p>4.3 Assess how risk taking impacts on:</p> <ul style="list-style-type: none"> • individuals • the organisation <p>4.4 Work with others to manage risks</p> <p>4.5 Evaluate own practice in leading a balanced approach to risk management</p>

Content

What needs to be learned

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

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.

Health and safety legislation

- Relevant, up-to-date health and safety legislation related to own work setting, including:
 - Health and Safety at Work etc. Act 1974
 - Manual Handling Operations Regulations 1992
 - Management of Health and Safety at Work Regulations 1999
 - Health and Safety (First-Aid) Regulations 1981
 - Provision and Use of Work Equipment Regulations 1998
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
 - Control of Substances Hazardous to Health (COSHH) Regulations 2002
 - Personal Protective Equipment at Work Regulations 1992.

Policies and procedures for own role

- Policies, e.g. health and safety policy, risk assessment policy, lone working policy.
- Impact of policies and procedures of workplace on own role.
- Responsibility to take care of own health and safety.
- Own responsibility in health and safety issues.
- Relevant legislation and agreed ways of working.
- Responsibility to undertake relevant training and updating as required.
- Importance of co-operating with others on health and safety.
- Importance of correct use of equipment provided for individual health, safety or welfare, e.g. protective clothing, specialised equipment.

Responsibilities of people in the work setting

- Responsibility of employers to provide information, e.g. display health and safety legislation poster, Employers' Liability Compulsory Insurance Certificate, fire procedure and fire exit signs; provision of first-aid box and appointed first-aider.

What needs to be learned

Specialist training

- Requirements for specialist training:
 - use of equipment
 - first aid
 - fire safety
 - food hygiene and safety
 - moving and handling
 - safe handling of medicines
 - healthcare procedures
 - risk assessment.
- Responsibility in ensuring the specialist training for self and others has been undertaken.

Learning outcome 2: Understand how to carry out own responsibilities for health and safety

Limits of own role in moving and positioning

- The need to risk assess the situation in terms of risk to self and others and report any concerns immediately.
- Follow appropriate systems, e.g. recognising when the task requires more people or specialist equipment and requesting it.
- Checking equipment:
 - labelling faulty equipment and reporting it.
- Own responsibility for identifying insufficient training to perform certain tasks.

Responsibilities regarding legislation and policy

- Own responsibility in understanding legislation and applying policies and procedures such as emergency first aid:
 - how to call first-aider
 - knowing where first-aid box is kept.
- Food safety policy and procedures, e.g. hand washing, safe storage of food.
- What to do in the event of a fire and own responsibility to ensure clear fire exits.
- Responsibility to assess risk to own safety and that of others, e.g. procedure for lone working, identifying potential abuse.
- Responsibility for prompting of administration of medication.
- Responsibility for infection prevention and control, e.g. notification of diarrhoea and vomiting.
- Responsibility for control of hazardous substances, e.g. responsible for storage of hazardous substances in a locked cupboard.
- Own responsibility for security, e.g. following procedure for identifying visitors to workplace using signing-in and signing-out book, ensuring doors are closed and locked.

What needs to be learned

Procedures for accident or sudden illness

- Policies, procedures and agreed ways of working for the work setting.
- Importance of procedures to be followed if an accident or sudden illness occurs.
- Ensure and maintain safety for all individuals concerned, e.g. preventing further injury to individual and injury to others by clearing the area, safely moving equipment if possible.
- Remaining calm.
- Sending for help.
- 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.
- Procedures for sudden illness, e.g. outbreak of food poisoning to include notification to the local Health Protection Team.

Recording and reporting

- Requirement of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- Importance of recording and reporting identified risks immediately.
- Importance of reporting any changes, e.g. to individuals, working conditions or environment.
- How to observe and note any changes in an individual's condition.
- How to provide a full verbal report to relevant medical staff or others.
- How to complete a full written report and relevant documentation, e.g. accident report, incident report.
- Reporting lines.

Importance of written records being:

- clear and accurate
- detailing dates
- detailing times
- a simple description of risks identified and action taken.
- Electronic reporting systems.
- Importance of regular review and updating, e.g. policies, procedures and agreed ways of working.
- Importance of:
 - accurately recording and reporting incidents to statutory bodies such as the Health and Safety Executive (HSE)
 - of communication and verbal reporting procedures.

What needs to be learned

Learning outcome 3: Be able to work safely and support others to work safely in care settings

Current health and safety guidelines

- WHO guidelines on hand hygiene in healthcare.
- HSE manual handling assessment charts.
- NHS identity check standard.
- Disclosure and Barring Service procedure.
- Fire safety and evacuation plans.
- Hygiene and food safety guidance.

Health and safety records

- Own organisational requirements and ways of working.
- Risk assessment forms.
- Accident forms or accident book.
- Visitor book.
- Signing-in book.

Supporting others in safe working

- Importance of staff training and updating on all aspects of health and safety in the workplace.
- Regular communication regarding health and safety.

Learning outcome 4: Be able to manage risk

Policies, procedures and practices that identify, assess and manage risk

- Risk assessment policy.
- Risk assessment procedure.
- Emergency procedures and practices, e.g. fire evacuation, fire marshals, regular fire drills, first aid.
- Reporting procedures, e.g. accident book/forms.
- Staff training and updating.
- Monitoring health and safety policies, practices and procedures.

Potential risks

- Risks, e.g. maladministration of medication, abuse, poor infection control, slips and trips, falls, challenging behaviour.

Impact of risk taking

- On the individual.
- On the organisation.

Working with others to manage risks

- Identifying hazards and potential risks.
- Assessing risks.
- Implementing measures to reduce risk.

Information for tutors

Suggested resources

Books

Golton-Davis J and Salmon B – *Food Hygiene and Safety Regulations Made Easy – A quick reference handbook* (Kindle edition, Food Solutions Publishing Ltd, 2009) ASIN B0055E6XWU

Henmans Freeth LLP Solicitors – *Health and Safety at Work Essentials*, 8th edition (Kindle edition, Lawpack Publishing Ltd, 2014) ASIN B00KQP5SZ6

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

St John Holt A and Allen J – *Principles of Health and Safety at Work* (Routledge, 2014) ISBN 9780901357434

Weston D and Burgess A – *Infection Prevention and Control at a Glance* (Wiley Blackwell, 2016) ISBN 9781118973554

Weston D – *Fundamentals of Infection Prevention and Control – Theory and Practice* (Wiley Blackwell, 2013) ISBN 9781118306659

Magazines/journals

Community Care

Occupational Safety and Health Journal

Safety and Health Practitioner (SHP)

Websites

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.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.hse.gov.uk	Health and Safety Executive – information and advice on work-related health and safety
www.iosh.co.uk	Institution of Occupational Safety and Health – chartered body for health and safety professionals
www.scie.org.uk	Social Care Institute for Excellence – key health and safety legislation.

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 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 3 and 4.

Assessment of learning outcomes 1 and 2 (knowledge) may take place in or outside of a real work environment.

Unit 8: Professional Practice in Adult Care

Unit reference number: M/616/7399

Level: 4

Unit type: Mandatory

Credit value: 3

Guided learning hours: 20

Unit summary

Care workers need to ensure that individuals have the right to choose what happens to them, while ensuring that they maintain a duty of care, both in terms of protecting the individual and others who may be affected by the individual's choices or behaviour. Sometimes conflict arises between the two, and any risks that arise from this need to be managed.

It is essential that you have clear knowledge and understanding of the values, legislation, policies and procedures that underpin your actions, and that you are able to analyse them in the context of your work. You will develop knowledge and understanding of duty of care and how it is essential that this is applied for the safeguarding of individuals who are in your care.

In this unit, you will gain the knowledge and skills to deal with actions, including knowing who or where to go to for support. Everyone who works in health and social care is expected to understand and apply the principles of professional working to their day-to-day responsibilities.

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 theories, values, principles and statutory frameworks that underpin practice within health and social care	1.1 Analyse theories that underpin own practice 1.2 Analyse how statutory frameworks underpin service provision 1.3 Analyse how values and principles underpin service provision
2 Understand how duty of care contributes to safe practice	2.1 Explain what it meant by the term 'duty of care' 2.2 Analyse how duty of care contributes to: <ul style="list-style-type: none"> • safeguarding of individuals • supporting individuals' rights and choices
3 Understand how to address conflicts that may arise between an individual's rights to choice and control and the duty of care	3.1 Explain why conflicts may arise between the duty of care and an individual's rights 3.2 Explain how to manage risks associated with conflicts between an individual's rights and the duty of care 3.3 Describe where to get support and advice about managing conflicts
4 Be able to apply values, principles and statutory frameworks that underpin service provision in own area of work	4.1 Comply with statutory frameworks that underpin service provision 4.2 Apply values and principles that underpin service provision in line with agreed ways of working

Content

What needs to be learned

Learning outcome 1: Understand theories, values, principles and statutory frameworks that underpin practice within health and social care

Underpinning theories, principles and values

- Those that underpin own role.
- Values and principles:
 - links between the values and principles embedded in the National Occupational Standards (NOS).
- Theories may include:
 - human development and growth
 - identity and self-esteem
 - ageing
 - loss and change
 - psychological and sociological perspectives of social issues
 - discrimination.
- Management of change and loss.
- Management of stress and behaviour.
- Impact of poverty, health status, education, employment status.
- Marginalisation, exclusion, isolation.
- Principles, e.g. rights, choice, dignity, independence, individuality, privacy, diversity.
- Anti-discriminatory practice (diversity, culture, values).
- Confidentiality.
- Person-centred approach (preferences, wishes, needs, making informed choices).
- Protection from harm, e.g. assessing risk, right to take risks.

Underpinning statutory frameworks

- How statutory frameworks underpin service provision.
- Care Standards Act 2000.
- The Adult Social Care Outcomes Framework 2016/17.
- Care Quality Commission (CQC) fundamental standards.
- Care Homes Regulations 2001.
- Care Act 2014.
- National Institute for Health and Care Excellence (NICE) Social Care Guidelines and Quality Standards.
- The Code 2015 (Nursing and Midwifery Council).
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.
- Health and Care Professions Council – Standards of Conduct, Performance and Ethics.

What needs to be learned

Underpinning values and principles

- How and when principles underpin service provision.
- Importance of respecting and promoting independence, individuality, citizenship, empowerment, social inclusion, diversity, dignity, privacy, quality of life, care and protection for vulnerable adults, equality.
- The recognition and prevention of discrimination and disadvantage.
- Monitoring own practice.
- Monitoring and challenging the values and attitudes of others in practice.
- Working within professional and organisational boundaries.
- Values may include:
 - individuality
 - rights
 - choice
 - privacy
 - independence
 - dignity
 - respect
 - care
 - compassion
 - courage
 - communication
 - competence
 - partnership.

Learning outcome 2: Understand how duty of care contributes to safe practice

Duty of care

- What it means to have a 'duty of care' in own work role.
- How duty of care contributes to safeguarding or protection of individuals and supports individuals' rights.
- Legal obligation to employer and others.
- Acting in the best interests of individuals and others.
- Not causing harm by failure to act (negligence by omission).
- Acting within own competence.
- Taking reasonable care to ensure safe, competent and professional working practices.

Duty of care and safeguarding

- Up-to-date knowledge and skills.
- Expected level of quality of care provided.
- Provision of a safe service.
- Maintaining accurate and up-to-date records of care provided and assessment of capacity.
- Supervision.

What needs to be learned

- Ensuring competence of those providing care.
- Ensuring protection of confidential information.
- Disclosure of information in the public interest.

Duty of care in supporting individuals

- Avoidance of injury and abuse.
- Raising concerns.
- Safeguarding individuals from harm.
- The right to make choices and take risks.
- Assessment of mental capacity for purposes of consent.

Learning outcome 3: Understand how to address conflicts that may arise between an individual's rights to choice and control and the duty of care

Individual

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

Conflict between duty of care and rights

- Why conflicts may arise between duty of care and an individual's rights.
- How to manage risks associated with conflicts between an individual's rights and duty of care.
- Where to get support and advice about managing conflicts.
- Freedom of action versus safety of individual in their care.
- Ability of individual to make decisions that are in their best interest.
- Possession of mental capacity to make decisions.

Managing potential conflict

- Know the limits of your own role.
- Individual's awareness of consequences of own choices.
- Reducing risks, including not compromising the rights of the individual in their care.
- Potential risk of harm to individual or others – know how to recognise and handle adverse events, incidents, errors and near misses.
- Know how to recognise and handle comments and complaints.

Support and advice

- To include:
 - employer
 - Sector Skills Council
 - Care Quality Commission
 - independent advocates
 - unions, e.g. Unison, Royal College of Nursing, Unite.

What needs to be learned

Learning outcome 4: Be able to apply values, principles and statutory frameworks that underpin service provision in own area of work

Application and compliance

- Comply with codes of conduct and statutory frameworks that underpin service provision and best practice.
- Application and promotion of values and principles that underpin service provision.
- Contribution to quality-assurance processes to promote positive experiences for individuals using care services.
- Use of support to ensure service provision.
- Due regard to health and safety and safeguarding.

Information for tutors

Suggested resources

Books

Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Cuthbert S and Quallington J – *Values for Care Practice* (Reflect Press, 2008) ISBN 9781906052058

Lishman J et al – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ASIN B00JLB53HE

Thomas A and Walton A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heinemann, 2008) ISBN 9780435500207

Websites

www.communitycare.co.uk	Online journal for social care.
www.cqc.org.uk	Care Quality Commission – safeguarding people.
www.hcpc-uk.org.uk	The Health and Care Professions Council (HPC) (formerly the Health Professions Council).
www.scie.org.uk	Social Care Institute for Excellence – improvement support agency and independent charity working with care and support services across the UK.
www.skillsforcare.org.uk	Skills for Care – employer-led workforce development body for adult social care in England.

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 outcome 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 outcome 4.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.

Unit 9: Develop, Maintain and Use Records and Reports

Unit reference number: Y/616/7400

Level: 4

Unit type: Mandatory

Credit value: 3

Guided learning hours: 23

Unit summary

Adult Care workers have access to a vast amount of information relating to the people they work with, and as part of their daily role they will need to access the information and add to it. These records of information should be thought of as legal documents, as they will be used as evidence in a variety of settings where required.

In this unit, you will learn how to develop and maintain records and reports on the individuals you support. You may also have to generate records and reports on incidents you witnessed or were a part of. An understanding of your organisation's policies and procedures, and the legislation that underpins practice and procedures, is vital if you are required to develop, maintain and use records and reports.

As well as developing knowledge and understanding of the legislation, policies and procedures that should be followed when recording and reporting information, you will develop the skills required to write records and reports in a way that meets professional and legal requirements. You are required to use these skills appropriately to make judgements and decisions on actions that need to be taken, including who you should pass the information on to.

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 legal and organisational requirements for recording information and providing reports	1.1 Specify own responsibilities and those of others when recording information and producing reports 1.2 Explain the legal requirements and agreed ways of working for the security and confidentiality of information
2 Be able to prepare professional records and reports that meet legal requirements, and agreed ways of working	2.1 Support individuals to participate in the preparation of reports that meet legal requirements, and agreed ways of working 2.2 Produce accurate and coherent records and reports that can be understood by those who have a right to see them 2.3 Maintain accurate, complete, retrievable and up-to-date records 2.4 Ensure that records and reports comply with legal and organisational requirements 2.5 Explain how to balance the tension between confidentiality and openness in records and reports 2.6 Use information communication technology (ICT) systems for the collection and storage of information in line with legal requirements, and agreed ways of working 2.7 Use ICT that supports information exchange within and across disciplines and organisations in line with legal requirements, and agreed ways of working
3 Be able to use records and reports to inform judgements and decisions	3.1 Clarify the accuracy of records and reports with individuals and others 3.2 Respond to feedback from those who receive records and reports 3.3 Demonstrate the use of facts and evidence-based opinions within records and reports 3.4 Evaluate how own records and reports provide evidence for the basis of judgements and decisions

What needs to be learned

Learning outcome 1: Understand the legal and organisational requirements for recording information and providing reports

Legal requirements and current legislation

- Data Protection Act 1998.
- Confidentiality, consent and sharing of information.
- Freedom of Information Act 2000.
- Caldicott principles.
- Governance framework.
- Regulatory guidance.
- Care Quality Commission.
- Equality law and anti-discrimination practice, e.g. in the UK: Human Rights Act 1998, Mental Health Act 2007, Mental Capacity Act 2005.
- Consent and sharing of information.
- Own responsibilities and those of others when recording information and producing reports.

Agreed ways of working for the security and confidentiality of information

- Principles of good record keeping.
- Organisational guidelines and policies, including record keeping, confidentiality, care planning, multi-agency working, equality and diversity, communication, information sharing, health and safety, security and storage, ICT protocols, policy on personal use of information on social media, use of mobile phones.
- Training, e.g. literacy requirements, induction training, use of ICT, planning care.
- Secure computer systems, including protection from computer viruses and malware, secure passwords, no use of USB sticks, backup systems, encryption software.
- Information sharing protocols that set out the standards and procedures that should apply when disclosing confidential patient/service user information with other organisations and agencies.

Best practice

- Benchmarks for standards of care, e.g. in the UK: Essence of Care 2010 record keeping.
- All records are public records.
- Contemporaneous recording providing current information on the care and condition of the individual.
- Legibility and permanency.
- Any alterations or additions are dated, timed and signed in such a way that the original entry can still be read clearly.
- Accurately dated, timed and signed or otherwise identified, with the name of the author being printed alongside the first entry.
- Legible when photocopied.
- Written with the involvement of the user of the service.
- Available in accessible formats.

What needs to be learned

Learning outcome 2: Be able to prepare professional records and reports that meet legal requirements, and agreed ways of working

- Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

Agreed ways of working

- Agreed ways of working – will include policies and procedures, e.g. sharing of information procedures, data protection procedures, freedom of information procedures where these exist; they may be less formally documented with micro-employers.

Support individuals to participate in the preparation of reports

- Person-centred approaches.
- Advocacy and interpreters.
- Formats of information.
- Involvement in decision making.
- Review and reassessment.
- Listening and effective communication.
- Information sharing.
- Consent and choice.
- Confidentiality.
- Promoting independence.
- Empowering the individual.
- Multi-agency approaches.

Accurate and coherent records

- For the collection and storage of information.
- Supports information exchange within and across disciplines and organisations.
- Accurate, complete, retrievable and up to date.
- Use of accessible language.
- Jargon and abbreviations, e.g. text talk.
- Awareness of correct use of vocational language.
- Styles of presentation.
- Factual and evidence based.
- Within scope of role.
- Objective, including avoiding speculation.
- Accurate recording of physiological measurements, checking.
- Structured, e.g. consecutive, contemporaneous, organised, understood by those who have a right to see them.
- Balancing the tensions between confidentiality and openness.
- Safe storage of information.
- Compliance with legal and organisational requirements.
- Balancing tension between confidentiality and openness.

What needs to be learned

Information communication technology

- ICT-related practice, e.g. regular password changes, authorised access, third party arrangements, secure email systems.
- Policies and procedures relating to collection and storage of information, e.g. physical backup systems, cloud storage arrangements.
- Staff training.
- User of service awareness and experience.
- Equipment, including computers, digital cameras, internet connections and related peripherals.
- Financial resources.
- Use of social media.
- Communication across agencies e.g. authorised email addresses of recipient, systems to confirm correct exchange practice, time sensitive requirements, classification of emails (high importance, sensitivity of content).
- Encryption.
- Loss of personal contact.
- Shared communications.
- Safety and security.
- Safeguarding.
- Personal information.
- Standardised practices.
- Databases and data input.
- Cost and time.
- Locating information, e.g. backup and storage services.
- Consequences of theft of hardware and software, e.g. malware, hackers.
- Experience and mistrust.

Learning outcome 3: Be able to use records and reports to inform judgements and decisions

Feedback and review of records

- Audit processes.
- Suitable content and information.
- Supervision and appraisal processes.
- Sharing with other agencies.

Opinions and feedback

- Respond to feedback from those who receive records and reports.
- Factual and evidence-based opinions and information:
 - pre-admission assessments
 - care plans
 - risk assessments
 - safeguarding referrals and investigations
 - medication records and administration sheets

What needs to be learned

- end of life care planning, including clear instructions on whether individuals wish to be resuscitated
- referrals to other organisations and professionals
- staff handover documents
- staff supervision and training records
- complaints.
- Use of guidelines as set by regulatory frameworks.
- Research-based approaches.
- Updated and relevant knowledge base.
- Updated CPD and training.
- Feedback from others.

Facts, judgements and decisions

- Evaluation of own records and reports and how they provide evidence for the basis of judgements and decisions.
- Developed in partnership with users of services.
- Fair and non-judgemental.
- Non-biased.
- Non-discriminatory.
- Language and content is non-subjective.
- Provides holistic assessment of needs.
- Supports the processes of systems in care planning that it is required for.
- Developed from ongoing records as well as communication with users of services.
- Presented in accordance with organisational expectations.
- Standards of report writing reviewed through supervision.
- Report authenticated and validated with signatures, dates and times.
- Ownership of reports, including identified organisational logos.
- Presented in a format accessible for users of services as well as other professionals, e.g. translated to other languages, audio, visual, large print, Braille.

Information for tutors

Suggested resources

Books

Bogg D – *Report Writing* (Open University Press, 2016) ISBN 9780335261802

Calpin P et al – *Diploma in Leadership for Health and Social Care Level 5*
(Nelson Thornes, 2012) ISBN 9781408518106

Reports

Care Quality Commission – *Safe data, safe care* (Care Quality Commission, 2016)

Department of Health – *Essence of Care 2010: Benchmarks for Record Keeping*
(The Stationery Office, 2011)

Websites

www.gmc-uk.org/guidance/ethicalguidance/confidentiality.asp

General Medical Council – key legislation.

www.legislation.gov.uk

Website for current government legislation.

www.scie.org.uk/publications/elearning

Social Care Institute for Excellence: e-learning course in adult 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 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 10: Partnership Working in Care Settings

Unit reference number: D/616/7401

Level: 4

Unit type: Mandatory

Credit value: 4

Guided learning hours: 26

Unit summary

In health and care settings, services are offered in line with the government's agenda of 'joined-up' services. Working together means that services can be offered more efficiently and that there will be less duplication. Maintaining a good-quality service while saving time and money is very important in a period when budgets are being cut. Individuals benefit from a common assessment framework and not having to repeat their details to all the professionals involved in supporting them.

In this unit, you will learn about partnership and integrated working, why it is important to work with others, and how this brings better results. You will learn how to overcome obstacles to partnership working and how to set up and maintain working relationships with colleagues, other professionals and others significant to the individual. You will clarify your role and responsibilities, agree objectives and procedures with others and assess how effective they are. You will also learn how to manage any differences that arise between those working together for the benefit of the individual.

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 partnership working	1.1 Explain the features of effective partnership working 1.2 Explain the importance of partnership working with: <ul style="list-style-type: none"> • colleagues • other professionals • others 1.3 Analyse how partnership working delivers better outcomes 1.4 Explain how to overcome barriers to partnership working
2 Be able to establish and maintain working relationships with colleagues	2.1 Explain own role and responsibilities in working with colleagues 2.2 Develop and agree common objectives when working with colleagues 2.3 Evaluate own working relationship with colleagues 2.4 Deal constructively with any conflict that may arise with colleagues
3 Be able to establish and maintain working relationships with other professionals	3.1 Discuss own role and responsibilities in working with other professionals 3.2 Develop procedures for effective working relationships with other professionals 3.3 Agree common objectives when working with other professionals within the boundaries of own role and responsibilities 3.4 Evaluate procedures for working with other professionals 3.5 Deal constructively with any conflict that may arise with other professionals

Learning outcomes	Assessment criteria
<p>4 Be able to work in partnership with others</p>	<p>4.1 Analyse the importance of working in partnership with others</p> <p>4.2 Develop procedures for effective working relationships with others</p> <p>4.3 Agree common objectives when working with others within the boundaries of own role and responsibilities</p> <p>4.4 Evaluate procedures for working with others</p> <p>4.5 Deal constructively with any conflict that may arise with others</p>

Content

What needs to be learned

Learning outcome 1: Understand partnership working

Partnership working

- Features of effective partnership working.
- Importance of partnership working with colleagues, other professionals and others.
- Collaborative and personalised approaches.
- Reciprocal relationships.
- Effective communication.
- Mutual understanding and benefit.
- Sharing of expertise.
- Participatory approaches:
 - better outcomes
 - cooperation
 - participation
 - shared decision making
 - choice and autonomy.
- Roles and contexts of working:
 - policies
 - training
 - supervision.
- Centralised planning and agreed outcomes.
- Realistic target setting.
- Person centred and focussed.
- Multi-agency approaches.
- Joint commissioning.
- Partnership and team working:
 - overcoming barriers
 - benefits
 - outcomes.

Learning outcome 2: Be able to establish and maintain working relationships with colleagues

Working relationships with colleagues

- Own role and responsibilities in working with colleagues.
- Development of an agreement of common objectives.
- Professional approach, respect and trust.
- Knowledge of role.
- Agreed outcomes.
- Person-centred goals.
- Team working.
- Promotion of equality.

What needs to be learned

- Accepting different viewpoints.
- Shared decision making.
- Common objectives, e.g. planning, shared thinking, target setting, reviews.
- Evaluation of own working relationship with colleagues.

Dealing with conflict with colleagues

- Dealing constructively with any conflict that may arise with colleagues.
- Voicing and reporting concerns within procedural structures.
- Open dialogue.
- Effective communication.
- Respecting opinions of others.
- Allowing for different opinions.
- Seeking support.
- Mediation and conflict resolution processes.

Learning outcome 3: Be able to establish and maintain working relationships with other professionals

Others

- Other professionals may include:
 - workers from other agencies or organisations
 - advocates
 - independent visitors
- Working relationships with professionals.
- 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 working in partnership.
- Developed procedures.
- Common objectives when working with others within the boundaries of own role and responsibilities.
- Joined-up approaches.
- Wider multi-agency team meetings.
- Personalised planning.
- Agreed roles and responsibilities.
- Work within scope of role.

What needs to be learned

Common objectives

- Targeted person-centred outcomes.
- Measurable targets.
- Promoting life value.
- Meeting needs of individual.
- Promoting wellbeing and independence.

Evaluation

- Procedures.
- Regular review of processes.
- Communication.
- Feedback.
- Planning and record keeping.
- Conflict and other issues, including resolution.

Learning outcome 4: Be able to work in partnership with others

Partnership working

- Plan and review.
- Demonstrate professionalism.
- Work to common objectives within boundary of own role.
- Meet needs.
- Effective use of specialist knowledge and support.
- Multi-agency working, including interdisciplinary partnership working.
- Collaboration, e.g. cooperation, teamwork, joint education/practice.

Arising conflict

- Mediation.
- Work with advocates.
- Open dialogue.
- Source support from senior colleagues.

Information for tutors

Suggested resources

Books

Douglas A – *Partnership Working (Social Work Skills)* (Routledge, 2008)
ISBN 9780415311663

Glasby J and Dickinson H – *Partnership Working in Health and Social Care*
(Policy Press, 2014) ISBN 9781447312819

Websites

www.communitycare.co.uk	Community Care – multi-agency working and adult safeguarding.
www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/	Community care website article on improving communication within care.
www.nice.org.uk	National Institute for Health and Care Excellence – standards in partnership working.
www.scie.org.uk	Social Care Institute for Excellence – teaching partnership working.

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 11: Safeguard Children and Young People who are Present in Care Settings

Unit reference number: H/616/7402

Level: 4

Unit type: Mandatory

Credit value: 2

Guided learning hours: 14

Unit summary

Everyone in society has a responsibility to keep children safe. However, for people who work in social care, there is a legal duty of care to protect and safeguard vulnerable adults, children and young people. Most of the time, children and young people who require care will be placed in a care provision suitable for their age group. Sometimes the right provision is not sufficient and children and young people may be placed in adult social care settings until appropriate provision is available. Situations such as this, where children may be at greater risk of harm, may require particular safeguarding attention. This may also occur in families where there are adults receiving care for mental health problems, where there is misuse of substances or alcohol, where there is a violent relationship, or where parents have complex needs or learning difficulties.

In this unit, you will learn about your own and other people's responsibilities to safeguard children and young people who are present in an adult care setting. You will learn how to develop others' understanding of safeguarding children and young people, and how to address conflicts and dilemmas associated with safeguarding children and young people in an adult 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
<p>1 Understand the responsibility to safeguard children and young people who are present in an adult social care work setting</p>	<p>1.1 Explain own responsibility to safeguard children and young people who are present in an adult social care work setting</p> <p>1.2 Explain the responsibility of others to safeguard children and young people who are present in an adult social care work setting</p>
<p>2 Be able to develop the understanding of others about safeguarding children and young people who are present in an adult social care work setting</p>	<p>2.1 Access information, advice and support to inform knowledge and practice about safeguarding children and young people, using agreed ways of working</p> <p>2.2 Provide information to others on:</p> <ul style="list-style-type: none"> • indicators of harm, abuse or neglect • actions that need to be taken where there are safeguarding concerns <p>in line with agreed ways of working</p>
<p>3 Understand how to address conflicts and dilemmas associated with safeguarding children and young people who are present in an adult social care work setting</p>	<p>3.1 Analyse conflicts and dilemmas that can occur in relation to safeguarding children and young people present in an adult social care setting</p> <p>3.2 Explain actions to take when conflicts and dilemmas about safeguarding arise</p>

Content

What needs to be learned

Learning outcome 1: Understand the responsibility to safeguard children and young people who are present in an adult social care work setting

Own responsibilities

- Duty of care.
- Specific roles and responsibilities, e.g. behaviour support, supporting children and young people with special educational needs, protecting children from maltreatment and abuse in accordance with the World Health Organization (WHO) definition.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children and young people to have the best outcomes.
- Compliance with policies and procedures of the work setting.
- Wishes and feelings of children to be identified and taken account of.
- Child-centred approach.
- Respecting children and young people.
- Working according to legislation, National Occupational Standards and expectations such as the Children Act 2004, Children Act 1989, Children and Young Person's Act 2008, Female Genital Mutilation Act 2003, Children and Social Work Act 2017, Working Together to Safeguard Children, Leadership and Management in Care Services Standards, Social Work Standards, Sensory Services Standards.
- Communication, e.g. promote, maintain and support.
- Education and development, e.g. support and promote physical, social and emotional development, access education according to relevant curriculum frameworks.
- Health and safety, e.g. supporting individuals to be safe, promote and practise health and safety in the work setting.
- Team working, e.g. contribute to the effectiveness of teams, develop productive working relationships with others, lead multi-agency working arrangements in childcare settings.
- Professional development.
- Support equality and diversity.
- Support and maintain a service for children and families.
- Maintain an environment to meet children's and young people's needs.

What needs to be learned

Work settings

- Work setting may include one specific location or a range of locations, depending on the context of a particular work role.
- Local authorities and district councils that provide children's and other types of service, including children and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services.
- NHS organisations, including NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts.
- The police, including police and crime commissioners and the chief officer of each police force in England, and the Mayor's Office for Policing and Crime in London.
- The National Probation Service and community rehabilitation companies.
- Governors or directors of prisons and young offender institutions.
- Principals of secure colleges.
- Youth offending teams and services.
- Parents.
- Others may include: team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates, foster carers, residential workers, social workers, psychologists, doctors, support workers, occupational therapists, speech and language therapists, education staff.

Learning outcome 2: Be able to develop the understanding of others about safeguarding children and young people who are present in an adult social care work setting

Access information, advice and support

- According to Section 11 and Section 13 of the Children Act 2004, e.g. establishing clear lines of accountability for commissioning and/or provision of services designed to safeguard and promote the welfare of children and young people, local Safeguarding Children Boards.
- Appointment of a board-level lead responsible for the organisation's safeguarding arrangements, Local Safeguarding Children Boards Regulations 2006 relating to function of the LSCBs.
- A culture of listening to children and taking account of their views in individual decisions and the development of services.
- Clear whistleblowing procedures reflecting the principles of the Freedom to Speak Up review, which are included in staff training and codes of conduct.
- Establishing a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

What needs to be learned

- Arrangements that set out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board (LSCB).
- A designated professional lead for safeguarding, defined in the job description, to support other professionals to recognise the needs of children, including rescue from possible abuse or neglect.
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check.
- Appropriate supervision and support, including safeguarding training.
- Mandatory induction, including child protection responsibilities and procedures if concerned about a child's safety or welfare.
- Regular professional reviews.
- How to access advice and support.
- Sources of advice and support, e.g. manager, colleagues, social service.
- The need for safeguarding training.
- Policies and procedures and agreed ways of working.
- Current and relevant sources of information from websites, leaflets, organisations, local and voluntary groups.
- Whistleblowing policy and procedure.
- Care Quality Commission (CQC).
- Professional bodies/trades unions, e.g. Royal College of Nursing.

Indicators of harm, abuse or neglect and actions that need to be taken

- Indicators may include the signs, symptoms and behaviours associated with harm, abuse or neglect.
- Signs and symptoms of abuse:
 - physical abuse, e.g. bruising, bite marks, burn marks, changes in behaviour, leading 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
 - 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
 - domestic abuse, e.g. witnessing acts of violence in the home, loss of self-esteem, fearful, insecure.
- Safeguarding concerns will include those identified by self, those identified by others and those that are immediate or ongoing concerns.

What needs to be learned

- Actions that need to be taken when there are safeguarding concerns:
 - understanding boundaries of own role
 - importance of following relevant legislative requirements, policies, procedures, agreed ways of working
 - reporting suspicions to appropriate/named person
 - having knowledge of lines of communication and reporting
 - importance of treating all allegations and suspicions seriously
 - confidentiality and agreed procedures for sharing information on disclosure.

Learning outcome 3: Understand how to address conflicts and dilemmas associated with safeguarding children and young people who are present in an adult social care work setting

Conflicts and dilemmas

- Conflicts such as young person not being able to legally participate in activities due to different age restrictions, e.g. drinking, sexual activity, versus care worker's duty of care.
- Bullying, self-harming, prejudice and discrimination.
- Restrictions and safeguarding in the use of digital and interactive technology to send and access illegal material such as pornography.
- Dilemmas where the choice is between two or more unsatisfactory alternatives, e.g. where young people under the age of 18 in a mental health crisis are detained in a police cell as a 'place of safety' because there is no other provision for them, people under the age of 18 with mental health issues being admitted to an adult general hospital ward.
- Assessing mental capacity for young person to make their own decisions in line with the Mental Capacity Act 2005.
- Dilemmas concerning young person's age of consent and use of contraception.
- Concerns identified by self, by others, that are immediate, that are ongoing.

Actions to take

- Listening, advising, reporting, recording, seeking advice from line manager and from other professionals in a multidisciplinary team.

Information for tutors

Suggested resources

Books

Lindon J and Webb J – *Safeguarding and Child Protection, 5th Edition: Linking Theory and Practice* (Hodder, 2016) ISBN 9781471866050

Tilmouth T and Quallington J – *Level 5 Diploma in Leadership for Health and Social Care*, 2nd edition (Hodder, 2016) ISBN 9781471867927

Websites

www.cqc.org.uk	Care Quality Commission Advice on safeguarding.
www.mind.org.uk	Online information and support for children and young people with mental health problems.
www.nhs.uk	A guide to mental health services in England – Children and Adolescent Mental Health Services (CAMHS).
www.resourcecentre.org.uk/supplier/safe-network/	Help with developing policies and sample policies, information and training about safeguarding, information on running children's groups.
www.rethink.org	Information and support for young people with mental health issues (see also Rethink Mental Illness response to HMIC report on people with mental illness held in police cells).
www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx	The Care Act 2014 brings together care and support legislation in England with the principle of wellbeing at its heart.
www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-11.pdf	Care-Certificate: Standard-11.pdf.

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 outcome 2 (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 outcome 2.

Assessment of learning outcomes 1 and 3 (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

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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 organisations¹.
- 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, Skills 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 conduct² 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.

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 qualified³, 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.

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 assurance 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

- <http://www.ccwales.org.uk>
- <http://www.niscc.info>
- <http://www.skillsforcare.org.uk>
- <http://www.sssc.uk.com>
- <http://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

January 2018

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