

# Pearson BTEC Level 3 Diploma in Adult Care (England)

## Specification

BTEC Competence-based qualification (England only)

First registration January 2023



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# 1 Introducing the qualification

## What are BTEC competence-based qualifications?

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BTEC competence-based qualifications are work-based qualifications that give learners the opportunity to develop and demonstrate their competence in the area of work or job role to which the qualification relates.

Learners will develop the knowledge, skills and behaviours to become competent in the area of work or job role. The requirements to be competent are set by occupational standards/ for the appropriate sector. Pearson has worked closely with the appropriate professional body in the development of this qualification. The qualifications are written in broad terms to enable employers and providers to apply them to a wide range of occupational areas.

## Qualification(s) purpose

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The Pearson BTEC Level 3 Diploma in Adult Care (England) is for learners who are employed as an apprentice in the role of a lead adult care worker. Learners may also complete this qualification outside of an apprenticeship.

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

The Pearson BTEC Level 3 Diploma in Adult Care (England) is suitable for learners to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: ways of working, safeguarding, mental capacity and restrictive practice, duty of care, effective communication, handling information, person-centred

practice, choice and independence, health and wellbeing, equality, diversity, inclusion and human rights, health and safety, infection prevention and control, continuous development and personal wellbeing

- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation
- Develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement
- achieve a nationally-recognised Level 3 qualification
- develop own personal growth and engagement in learning.

## Industry support and recognition

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This qualification was developed through close collaboration with Skills for Care, part of the Sector Skills Council, Skills for Care and Development.

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

## Funding

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Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub.

## Apprenticeships

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

## Relationship with previous qualifications

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This qualification is a direct replacement for Pearson BTEC Level 3 Diploma in Adult Care (England) (603/2764/9), which has expired.

## Digital Skills in Adult Care

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Core digital skills are important for:

**Organisations** – so they can offer an efficient service that makes best use of resources.

**For employees** – so they can utilise all that the ‘online’ world has to offer, work more efficiently, move upwards or onwards from their role and use all the learning opportunities available, including those online.

**For people who use care and support services** – so they can engage with ALT’s. utilise the benefits of being able to use technology and so they choose to self-care via the use of information and peer networks.

How to use the core digital skills model (Skills for Care)

Skills for Care has undertaken research and worked with social care employers to explore policy implications and employers’ views about core digital skills in social care. They have drawn on the work of Go-ON and their basic digital skills framework to develop the following model. The model explains what core digital skills a social care worker should have or aim to develop.

There are four key digital skills areas or domains that a social care worker will need to have skills and knowledge in. These are:

- managing information
- sharing data
- using digital skills in direct care
- learning and development.

You can use this model in many ways. You may wish to:

- look at one domain at a time, either with individuals or with groups
- share the wheel with your board or directors to stimulate discussion about the skills of the organisation
- highlight domains or skills within them where you need to concentrate development
- appoint a ‘digital champion’ who can help others improve on their areas of weakness
- use the wheel to stimulate discussion about what else could be done using digital skills and ways of working.

For further information please refer to *Skills for Care: Core Digital Skills in Social Care*

For learners who require further development of their digital skills, Pearson has created Essential Digital Skills qualifications, which are modern qualifications that enable adults to develop their knowledge and skills to use in their personal lives, or to support them in their careers. Please refer to

<https://qualifications.pearson.com/en/qualifications/edsq.html> for further information.

## 2 Qualification summary and key information

<b>Qualification title</b>	<b>Pearson BTEC Level 3 Diploma in Adult Care (England)</b>
Qualification Number (QN)	610/1185/X
Regulation start date	07/07/2022
Operational start date	01/01/2023
Approved age ranges	16–18 19+
Total qualification time (TQT)	580 hours.
Guided learning hours (GLH)	382.
Credit value	58.
Assessment	Internal assessment.
Grading information	The qualification and units are graded Pass/Fail.

Qualification title	Pearson BTEC Level 3 Diploma in Adult Care (England)
Entry requirements	<p>In order to register for this qualification, it is expected that learners will have qualifications and/or experience in the health and social care sector equivalent to Level 2.</p> <p>Centres must also follow the Pearson Access and Recruitment policy (see <i>Section 7 Access and recruitment</i>)</p>
Progression	<p>Learners who achieve the Pearson BTEC Level 3 Diploma in Adult Care (England) can, having achieved all other specified requirements of the Apprenticeship Standard, progress to achieving the full Apprenticeship certification that confirms competency in the job role stated on the previous page.</p> <p>Learners can then choose to progress to the Level 4 Lead Practitioner in Adult Care Apprenticeship, higher level qualifications in care or specialist qualifications reflecting the context in which they work.</p> <p>Achievement of the Level 3 qualification, together with additional training can also support progression to job roles that require a more complex set of skills and responsibility, e.g., lead practitioners, lead personal assistants.</p>

### 3 Qualification structure

#### Pearson BTEC Level 3 Diploma in Adult Care (England)

The requirements outlined in the table below must be met for Pearson to award the qualification.

Minimum number of credits/units that must be achieved	58
Minimum number of credits that must be achieved at Level 3 or above	35
Number of mandatory credits that must be achieved	40
Minimum number of credits that must come from Group B1 – Optional Context or Specialist Knowledge Units	2
Maximum number of credits that must come from Group B1 – Optional Context or Specialist Knowledge Units	7
Minimum number of credits that must come from Group B2 – Optional Competence Units (if less than 7 credits have been achieved in Group B1, learners will need to achieve more than the minimum 11 credits from Group B2 to ensure the overall credits for the optional units is a minimum of 18 credits).	11
<b>Please note that Unit 50 Administering medication to individuals and Unit 65 Administer medication to individuals and monitor the effects are a barred combination of delivery.</b>	

Unit number	Mandatory units	Level	Credit	Guided learning hours
1	Ways of Working in Adult Care	3	4	30
2	Safeguarding in Adult Care	3	4	30
3	Mental Capacity and Restrictive Practice for Adult Care	3	3	20
4	Duty of Care in Adult Care	3	3	20
5	Effective Communication in Adult Care	3	3	20

Unit number	Mandatory units	Level	Credit	Guided learning hours
6	Handling Information in Adult Care	3	2	10
7	Person-centred Practice for Adult Care	3	3	20
8	Choice and Independence, Health and Wellbeing for Adult Care	3	3	20
9	Equality, Diversity, Inclusion and Human Rights in Adult Care	3	3	20
10	Health and Safety (General and Topics) for Adult Care	3	4	30
11	Infection Prevention and Control in Adult Care	3	2	10
12	Continuous Development when Working in Adult Care	3	3	20
13	Personal Wellbeing when Working in Adult Care	3	3	20

Unit number	Group B1 – Optional context or specialist knowledge units	Level	Credit	Guided learning hours
14	Understand the Purpose and Principles of Independent Advocacy	3	4	25
15	Understand Mental Wellbeing and Mental Health Promotion	3	3	20
16	Understand Mental Ill Health	3	3	16
17	Principles of the Mental Capacity Act 2005	3	3	20
18	Understanding the Process and Experience of Dementia	3	3	22
19	Understanding and Meeting the Nutritional Requirements of Individuals with Dementia	3	3	26

Unit number	Group B1 – Optional context or specialist knowledge units	Level	Credit	Guided learning hours
20	Understanding the Role of Communication and Interactions with Individuals who have Dementia	3	3	26
21	Understanding the Impact of Dementia on End-of-life Care	3	2	20
22	Understand Physical Disability	3	3	22
23	Understanding the Impact of Acquired Brain Injury on Individuals	3	3	28
24	Understanding Sensory Loss	3	3	21
25	Understand Supporting Autistic Individuals	3	3	28
26	Understand Parkinson's for Care Staff	3	2	14
27	Principles of Management and Leadership	3	7	42
28	Principles of Team Leading in Care Settings	2	5	37
29	Understanding Professional Supervision	4	3	22
30	Awareness of Diabetes	3	6	46
31	Understand Models of Disability	3	3	26
32	The Principles of Infection Prevention and Control	2	3	30

Unit number	Group B2 – Optional competence units	Level	Credit	Guided learning hours
33	Support Individuals with Issues of Substance Misuse	3	4	24
34	Provide Support to Manage Pain and Discomfort	2	2	15
35	Undertake Agreed Pressure Area Care	2	4	30
36	Safe Movement and Handling of Individuals in Accordance with Own Care Plan	2	4	26
37	Working in Partnership with Families to Support Individuals	3	4	27
38	Promoting Positive Behaviour	3	6	44
39	Supporting Individuals at the End of Life	3	6	48
40	Supporting Individuals during Last Days of Life	3	4	32
41	Assessing the Physical Needs of Individuals with Mental Ill Health	4	5	35
42	Supporting Individuals with Multiple Conditions and/or Disabilities	3	4	31
43	Supporting Individuals to Access Education, Training or Employment	4	4	31
44	Supporting Infection Prevention and Control in Care Settings	3	3	20
45	Promoting Nutrition and Hydration in Care Settings	3	4	32
46	Assessing the Needs of Carers and Families	3	4	28
47	Contribute to Effective Team Working in Care Settings	3	4	25

Unit number	Group B2 – Optional competence units	Level	Credit	Guided learning hours
48	Encouraging Learning and Development in Care Settings	4	3	20
49	Buddy a Colleague to Develop their Skills	2	3	19
50	Administering Medication to Individuals	3	5	25
51	Prepare for and take Physiological Measurements	3	3	23
52	Supporting Individuals in the Use of Assistive Technology	4	4	32
53	Enabling Rights and Choices of Individuals with Dementia while Minimising Risks	3	4	30
54	Prepare for and Support Quality Audits in Care	4	4	17
55	Support Independence in the Task of Daily Living	2	5	33
56	Equality, Diversity and Inclusion in Dementia Care practice	3	4	31
57	Provide Active Support	2	3	27
58	Support Individuals to Access and Use Services and Facilities	3	4	25
59	Support Individuals to Maintain Personal Hygiene	2	2	17
60	Supporting Infection Prevention and Control in Social Care	3	2	18
61	Support Individuals to Live at Home	3	4	25
62	Meet Food Safety Requirements when Providing Food and Drink for Individuals	2	2	15
63	Support Individuals with Specific Communication Needs	3	5	35

Unit number	Group B2 – Optional competence units	Level	Credit	Guided learning hours
64	Support Care Plan Activities	2	2	13
65	Administer Medication to Individuals and Monitor the Effects	3	5	30
66	Supporting People with Learning Disabilities	3	3	19
67	Empowering and Enabling People with Learning Disabilities	3	4	17
68	Supporting Effective Communication with People with Learning Disabilities	3	4	28
69	Promoting the Health and Wellbeing of People with Learning Disabilities	3	5	26
70	Understanding how to Support Healthy Relationships for People with Learning Disabilities	3	3	26
71	Supporting People with Learning Disabilities as they Grow Older	3	4	23
72	Understanding how to Support people who at Times Present Behaviour of Concern	4	4	24

## 4 Assessment requirements

The table below gives a summary of the assessment methods used in the qualification.

Units	Assessment method
All units	Internal assessment (centre-devised assessments).

### Assessment strategy

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The assessment strategy for this qualification is included in *Annexe A*. It 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.

### Language of assessment

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Learners must use English only during the assessment of this qualification.

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

Further information on the use of language in qualifications is available in our *Use of languages in qualifications policy*, available on our website.

### Internal assessment

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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, learners 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.

Learners 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.

## Presenting evidence

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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 *Unit assessment requirements* section of the unit.

## Assessment of knowledge and understanding

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Knowledge and understanding are key components of competent performance, but it is unlikely that performance evidence alone will provide sufficient evidence for knowledge-

based learning outcomes and assessment criteria. Where the learners' knowledge and understanding is not apparent from performance evidence, it must be assessed through other valid methods and be supported by suitable evidence. The evidence provided to meet these learning outcomes and assessment criteria must be in line with the assessment strategy. Any specific assessment requirements are stated in the *Unit assessment requirements* section of each unit in *Section 9 Units*.

## Assessor requirements

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Centres must ensure:

- assessment is carried out by assessors with relevant expertise in both the occupational area and assessment. The requirements for assessor qualifications and experience are stated in the assessment strategy/plan in *Annexe A*.
- internal verification systems are in place to ensure the quality and authenticity of learners' work, as well as the accuracy and consistency of assessment. The requirements of internal verifiers (IVs) are stated in the assessment plan/strategy in *Annexe A*.

# 5 Centre recognition and approval

Centres must have approval prior to delivering or assessing any of the units in this qualification.

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

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver BTEC qualifications is given on our website.

## Approvals agreement

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All centres are required to enter into an approval agreement with Pearson, in which the head of centre or principal agrees to meet all the requirements of the qualification specification and to comply with the policies, procedures, codes of practice and regulations of Pearson and relevant regulatory bodies. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of centre or qualification approval.

## Centre resource requirements

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

- appropriate physical resources (for example IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification
- suitable staff for delivering and assessing the qualification (see *Section 4 Assessment requirements*)
- systems to ensure continuing professional development (CPD) for staff delivering and assessing the qualification
- health and safety policies that relate to the use of equipment by learners
- internal verification systems and procedures (see *Section 4 Assessment requirements*)
- any unit-specific resources stated in individual units.

## 6 Access to qualifications

### **Access to qualifications for learners with disabilities or specific needs.**

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Equality and fairness are central to our work. Our *Equality, diversity and inclusion 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 taking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from their 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.

Centres must deliver the qualification in accordance with current equality legislation. For full details of the Equality Act 2010, please visit [www.legislation.gov.uk](http://www.legislation.gov.uk)

### **Reasonable adjustments and special consideration**

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Centres are permitted to make adjustments to assessment to take account of the needs of individual learners. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or a learner working in the occupational area.

Centres cannot apply their own special consideration – applications for special consideration must be made to Pearson and can be made on a case-by-case basis only.

Centres must follow the guidance in the Pearson document *Guidance for reasonable adjustments and special consideration in vocational internally assessed units*.

## 7 Recognising prior learning and achievement

Recognition of Prior Learning (RPL) considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

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

## 8 Quality assurance of centres

For the qualification in this specification, the Pearson quality assurance model will consist of the following processes.

Centres 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/remote sampling will reflect the level of risk associated with a programme, taking account of the:

- number of assessment sites
- number and throughput of learners
- number and turnover of assessors
- number and turnover of internal verifiers
- amount of previous experience of delivery.

Following registration, centres will be given further quality assurance and sampling guidance.

For further details, please see the work-based learning quality assurance handbooks, available in the support section of our website:

- *Pearson centre guide to quality assurance – NVQs/SVQs and competence-based qualifications*
- *Pearson delivery guidance & quality assurance requirements – NVQs/SVQs; competence-based qualifications and BTEC Specialist qualifications.*

## 9 Units

This section of the specification contains the units that form the assessment for the qualification.

For explanation of the terms within the units, please refer to *Section 14 Glossary*.

It is compulsory for learners to meet the learning outcomes and the assessment criteria to achieve a Pass. Content is compulsory unless it is provided as an example and is therefore marked 'e.g.'. All compulsory content must be delivered, but assessments may not cover all content.

Where legislation is included in delivery and assessment, centres must ensure that it is current and up to date.

## Unit 1: Ways of Working in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	30

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### Unit introduction

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

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand agreed ways of working	1.1 Explain why it is important to work within the scope of own role, responsibility and training 1.2 Describe what is meant by the term 'delegated healthcare task', who might delegate a healthcare task and why 1.3 Explain own role in quality assurance processes and promoting positive experiences for individuals accessing care

Learning outcomes	Assessment criteria
2 Be able to work in ways that are agreed with the employer	2.1 Access full and up-to-date details of agreed ways of working 2.2 Implement agreed ways of working
3 Understand working relationships in care settings	3.1 Explain how a working relationship is different from a personal relationship 3.2 Describe the different working relationships in the care setting 3.3 Explain why it is important to work in partnership with others 3.4 Describe the different skills and approaches used when working in partnership with others 3.5 Describe how and when to access support and advice about: <ul style="list-style-type: none"> <li>• partnership working</li> <li>• resolving conflicts in relationships and partnerships</li> </ul>
4 Be able to work in partnership with others	4.1 Demonstrate ways of working that can help improve partnership working

## Unit content

<b>What needs to be learned</b>
<b>Learning outcome 1: Understand agreed ways of working</b>
<b>Delegated healthcare tasks</b> <ul style="list-style-type: none"><li>• A delegated healthcare task is a health intervention or activity usually of a clinical nature, that a registered healthcare professional delegates to a paid care worker. It is recognised that not all care and support workers will have healthcare tasks delegated to them. However, it is important learners develop an understanding of what these are and the requirements around them. This is to help prepare learners for potential delegated responsibility in the future. Delegated healthcare tasks may include, but are not limited to:<ul style="list-style-type: none"><li>○ supporting skin integrity and wound healing by changing dressing</li><li>○ supporting a person's nutrition using a PEG (Percutaneous endoscopic gastronomy)</li><li>○ supporting a person to manage their diabetes through insulin administration and monitoring.</li></ul></li></ul>
<b>Quality assurance processes</b> <ul style="list-style-type: none"><li>• Including own role, understanding and accountability with internal governance and processes used such as assurance and auditing procedures.</li><li>• Participating in inspection visits, e.g., Care Quality Commission (CQC)</li><li>• Attend relevant training.</li></ul>
<b>Learning outcome 2: Be able to work in ways that are agreed with the employer</b>
<b>Agreed ways of working</b> <ul style="list-style-type: none"><li>• Including policies and procedures, job descriptions and less formal agreements and expected practices.</li><li>• Full and up-to-date policies and procedures that relate to the responsibilities of a specific job role, e.g., health and safety, safeguarding, equal opportunities and inclusive working, security.</li><li>• Implementing agreed ways of working, e.g., in relation to infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling.</li><li>• Policies and procedures where they exist; they may be less formally documented with micro-employers.</li></ul>
<b>Working relationships</b>

## What needs to be learned

- Learners must consider the following groups of people they have working relationship with (unless their role means they do not have a relationship with a particular group of people)
  - individuals accessing care support service
  - the friends, family and loved ones of those accessing care and support services
  - peers and team members
  - managers and senior management
  - other colleagues (paid and volunteers) within the organisation
  - paid workers and volunteers from both a organisations and teams.

## Learning outcome 3: Understand working relationships in care settings

### Care settings

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

### Roles in care settings

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

### Working relationship

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

### Personal relationship

- A relationship with a friend, family member or within a social group
- Interpersonal relationship

## What needs to be learned

- Relationship based on love, liking, family bond or social commitment.

### **Different working relationships in care settings**

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

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

### **Partnership working**

- Importance of professional relationships with team members, colleagues, other professionals, individuals and their families, friends, advocates or others important to individuals
- Importance of communication
- Agreed ways of sharing information
- Boundaries to sharing information, e.g., on a 'need to know' basis, concept of power sharing and empowerment
- Nature of professional respect
- Understanding different roles and responsibilities
- Different professional expectations
- Multi-agency and integrated working
- Improving partnership working through effective communication and information sharing
- Collaboration and team working
- Multi-agency team meetings and conferences
- Care Act 2014.

**Others:** In this context, others may include:

- individuals accessing care and support services
- the friends, family and loved ones of those accessing care and support services

## What needs to be learned

- peers and team members
- manager and senior management
- paid workers and volunteers from other organisations and teams.

### Resolving conflicts

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

### Access support and advice

- Access support and advice about partnership working, e.g., in relation to sharing information, issues about confidentiality, confusion about roles and responsibilities, professional limitations or expectations, understanding professional boundaries
- Agreed ways of working for seeking support
- Access support, e.g., through manager or supervisor, professional organisation, independent advisory organisations, mentoring support, employment counselling, trade unions
- Resolving conflicts, e.g., in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 2: Safeguarding in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	30

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### Unit introduction

This unit is aimed at those working in a wide range of care settings and covers the importance of safeguarding individuals from abuse. It identifies different types of abuse and neglect that might indicate abuse is occurring. In this unit, you will consider when individuals might be particularly vulnerable to abuse or neglect and what they must do if abuse is suspected or disclosed. In this unit, you will be involved in caring for individuals who may be at risk of different kinds of abuse, both within and outside of the care setting. It is important that you are aware of the signs of abuse and that you can report them appropriately. Others associated with the individuals in the care setting may also be at risk of abuse and it is important that you can recognise and report this.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand the national and local context of safeguarding and protection from abuse and neglect	1.1	Identify the relevant legislation, principles, national policies and frameworks and local systems that relate to safeguarding and protection from abuse and neglect
		1.2	Explain the roles of different agencies in safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect
		1.3	Describe how reports into serious failures in upholding individuals' rights to live free from abuse and neglect influence current practice

Learning outcomes	Assessment criteria
	<p>1.4 Identify sources on information and advice about own role in safeguarding, including <b>whistle blowing</b> and accountability for decision making and information sharing</p>
<p>2 Know how to recognise signs of abuse and neglect</p>	<p>2.1 Explain what is meant by the terms:</p> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Abuse</li> <li>• Harm</li> </ul> <p>2.2 Identify the factors that contribute to an individual being more at risk of abuse or neglect</p> <p>2.3 Outline what is meant by abuse and neglect, including:</p> <ul style="list-style-type: none"> <li>• physical abuse</li> <li>• domestic abuse</li> <li>• sexual abuse</li> <li>• psychological abuse</li> <li>• financial/material abuse</li> <li>• modern slavery</li> <li>• discriminatory abuse</li> <li>• organisational abuse</li> <li>• neglect/acts of omission</li> <li>• self-neglect.</li> </ul> <p>2.4 Describe the indicators that an individual may be being abused</p> <p>2.5 Describe the indicators of perpetrator behaviour</p>
<p>3 Understand ways to reduce the likelihood of abuse or neglect occurring</p>	<p>3.1 Outline how the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> <li>• working with <b>person-centred values</b></li> <li>• enabling <b>active participation</b></li> <li>• promoting choice and rights</li> <li>• working in partnership with others</li> </ul> <p>3.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse</p>

Learning outcomes	Assessment criteria
<p>4 Know how to respond to suspected or disclosed abuse and neglect</p>	<p>4.1 Explain the <b>actions</b> to take if there are suspicions an individual is being abused or neglected</p> <p>4.2 Describe how to respond if an individual discloses that they are being abused</p> <p>4.3 Explain issues relating to consent to share information and how to share information about suspicions or disclosures of abuse or neglect</p> <p>4.4 Explain how to keep the individual and others appropriately informed and involved about their Safeguarding concern in line with policies and procedures</p> <p>4.5 Identify ways to ensure evidence is preserved</p> <p>4.6 Explain how and when to seek support in relation to responding to safeguarding concerns</p> <p>4.7 Explain how to respond to suspicion or disclosure that a child or young person is being abused or neglected</p>
<p>5 Know how to recognise and report unsafe practices</p>	<p>5.1 Describe unsafe practices that may affect individuals' wellbeing</p> <p>5.2 Explain the actions to take if unsafe practices have been identified</p> <p>5.3 Explain the action to take if suspected abuse or unsafe practices have been reported but no action taken in response</p>
<p>6 Understand the principles of online safety</p>	<p>6.1 Explain the importance of balancing online safety measures with the benefits individuals can gain from accessing online systems, and the individual's right to make informed decisions</p> <p>6.2 Describe the potential risks to individuals presented by:</p> <ul style="list-style-type: none"> <li>• use of electronic communication devices</li> <li>• use of the internet</li> <li>• use of social networking sites</li> <li>• carrying out financial transactions online</li> </ul> <p>6.3 Describe ways of working inclusively with individuals to reduce the risks presented by each of these types of activities</p>

## Unit content

### What needs to be learned

#### Learning outcome 1: Understand the national and local context of safeguarding and protection from abuse and neglect

**Relevant legislation:** Learners should consider how different legislations relate to and influence Safeguarding practices. This may include, but is not limited to:

- Liberty Protection Safeguards
- Mental Capacity Act 2005
- Human Rights Act 1998
- Equality Act 2010
- Mental Health Act 1983
- Health and Social Care Act 2012
- Care Act 2014 (the 6 principles of safeguarding that is embedded in the Care Act, Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability).

**National policies and frameworks:** including, but not limited to: Making Safeguarding Personal.

#### Local systems

- Employer/organisational policies and procedures.
- Multi-agency adult protection arrangements for a locality.
- Local systems, the scope of responsibility of Local Safeguarding Adults Boards (LSABs) and protection committees.

#### Roles of different agencies

- The national Vetting and Barring Scheme (VBS)
- Disclosure and Barring (DBS)
- Social Service
- The Police.

#### Sources of information and advice

- Policies, procedures and agreed ways of working within the workplace setting.
- Current and relevant sources of information from websites, leaflets, organisations, and local and voluntary groups.
- Publications; information from the Independent Safeguarding Authority (ISA).
- Social Care Institute for Excellence (SCIE).

## What needs to be learned

- Professional bodies/trade unions, e.g., Royal College of Nursing.
- Care Quality Commission (CQC).

**Whistleblowing policy and procedure** – a whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct.

### **Reports into serious failures to protect individuals from abuse and neglect**

- Failure to identify signs of abuse or neglect
- Lack of management support or presence
- Ineffective partnership working between services
- Poor or lack of communication between service, not sharing important information.

## Learning outcome 2: Know how to recognise signs of abuse and neglect

### **Definition of safeguarding, harm and abuse**

- Protecting people's health, wellbeing and human and individual rights and enabling them to live free from harm, abuse and neglect
- Harm: physical or emotional injury that is deliberately inflicted
- Abuse is any action taken by another person that causes harm or distress, this can be physical or mental.

### **Factors that contribute to individuals being at risk of abuse or neglect**

- The setting or situation, the individual.
- The individual's age, the elderly.
- Physical ability, frail, immature development, physical disability or sensory impairment.
- Cognitive ability, maturity, level of education and intellectual understanding, learning difficulties.
- Emotional resilience, mental health difficulties; depression; stress, impact of stressful life events, including bereavement, divorce, illness or injury.
- Culture or religion, as a result of prejudice or discrimination, refugees and asylum seekers.
- Socio-economic factors, financial situation.

### **What is meant by abuse and neglect**

- Physical abuse: an act where one person uses their body in order to inflict intentional harm or injury upon another person
- Domestic abuse; any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or

## What needs to be learned

have been intimate partners or family members, regardless of gender or sexuality, patterns of controlling, coercive or threatening behaviour, honour-based violence and forced marriage

- Sexual abuse: when someone is pressurised, forced, tricked or intimidated into taking part in any sexual activity with an adult or another young person
- Psychological abuse includes emotional abuse which may take the form of intimidation, coercion, threats, harassment, humiliation, bullying, swearing and shouting. It could also be enforced social isolation.
- Financial/material abuse; an aspect of coercive control which is a pattern of controlling, threatening and degrading behaviour that restricts a victim's freedom.
- Modern slavery: the exploitation of people who are being forced, deceived, or coerced into a life of labour and servitude
- Discriminatory abuse: when someone treats you unfairly because they think you are different to them
- Organisational abuse: the mistreatment of people brought about by poor or inadequate care or support, systematic poor practice that affects the whole care setting.
- Neglect or acts of omission; failure to address a vulnerable adults' needs can cause distress and harm and constitutes abuse
- Self-neglect or neglect by others, lack of self-care to the extent that it threatens personal health and safety. Neglecting to care for one's personal hygiene, health or surroundings.

### Indicators that the individual may be being abused

- Consider different kinds of abuse/neglect on the physical, emotional, behavioural and social indicators that suggest they may be occurring or have occurred.

### Indicators of perpetrator behaviour

- The perpetrator makes purposeful decisions about the type, amount, and where to inflict the abuse, for example, only injuring the victim in areas of their body that can be covered by clothing.
- The perpetrator is selective about when and where they will be abusive.

**Individual/s:** In this context, 'individual' will usually mean the person supported by the learner but it may include those for whom there is no formal duty of care.

## Learning outcome 3: Understand ways to reduce the likelihood of abuse or neglect occurring

## What needs to be learned

**Person-centred values;** include individuality, rights, choice, privacy, independence, dignity, respect, care, compassion, courage, communication, competence and partnerships.

**Active participation,** a way of working that recognises an individual's rights to participate in the activities and relationships of everyday life as independently as possible. The individual is regarded as an active partner in their own care or support, rather than a passive recipient.

### Accessible complaints procedure

- ensure an accessible complaints procedure for reducing the likelihood of abuse
- transparent policies, procedures and agreed ways of working
- clear systems for reporting and recording complaints
- robust procedures for following up on any complaints
- legal requirement to have a complaints procedure in place
- ways of ensuring the procedure is accessible (by published policy, high visibility, widespread distribution).

## Learning outcome 4: Know how to respond to suspected or disclosed abuse or neglect

**Actions:** these actions constitute the learner's responsibilities in responding to disclosures of suspicions of abuse in line with internal policies and procedures. They include actions to take if the disclosure or suspicion implicates:

- A colleague
- Someone in the individual's personal network
- The learner
- The learner's line manager
- Others.

### Ways to preserve evidence of abuse or neglect

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

## Learning outcome 5: Know how to recognise and report unsafe practices

## What needs to be learned

### Unsafe practices

- Poor working practice
- Resource difficulties
- Operational difficulties
- Neglect in duty of personal care in relation to inappropriate feeding, washing bathing, dressing and toileting, administration of medication
- Unsafe administration of medication.

**Wellbeing:** Well-being is a broad concept referring to a person's quality of life considering health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

### Learning outcome 6: Understand the principles of online safety

#### Potential risks presented by the use of electronic communication devices, the internet, social networking and financial transactions

- Bullying and harassment
- Fraudulent financial transactions
- Cyber stalking
- Data protection breach
- Inappropriate content
- Blackmail
- Commercial exploitation.

#### Ways to reduce risks

- Password protection
- Prohibit use of personal mobile phones in the workplace
- Security system protection
- Personal details kept private.

#### Balancing measures for online safety against the benefits of using electronic systems and devices

- Policies and procedures
- Data protection and information sharing
- 'Safe' sites
- Awareness and training.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 3: Mental Capacity and Restrictive Practice for Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

For those who work in person-centred support roles, it is vital to understand how to manage challenging behaviour, especially when individuals may be confused, withdrawn or aggressive. Knowing what can be done to protect people who may not be able to make their own decisions, how it can be legally managed, and the guidance available, gives confidence and ensures safe practice.

In this unit, you will learn how decisions are made about whether someone has capacity, the processes that must be followed, when restraint is appropriate and when it is lawful for people to be deprived of their basic human right to liberty. Restraint and deprivation of liberty are serious matters. It is essential that anyone involved in supporting vulnerable adults is aware of the Mental Capacity Act 2005, so that they work within the law that protects both the worker and those they support.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the principles of mental capacity	<p>1.1 Explain the main purpose and principles of relevant legislation and codes of practice relating to mental capacity, and how these principles interact</p> <p>1.2 Describe the factors that influence an individual's mental capacity and ability to express consent</p> <p>1.3 Describe the relationship between an individuals' mental capacity, consent, choice and safety</p> <p>1.4 Explain what is meant by 'valid consent'</p>

Learning outcomes	Assessment criteria
<p>2 Understand the application of the principles of mental capacity and consent</p>	<p>2.1 Explain own role and responsibilities in relation to relevant principles, legislation and codes of practice and upholding individual's rights</p> <p>2.2 Explain why it is important to establish an individual's consent when providing care and support</p> <p>2.3 Explain how personal values and attitudes can influence perceptions of situations and of individuals' capacity</p> <p>2.4 Describe the strategies and skills that could be used to maximise individuals' capacity to make their own decisions</p> <p>2.5 Explain own role in identifying when an assessment of capacity may be required</p> <p>2.6 Identify the steps to take if consent cannot be readily established and own role in this</p>
<p>3 Understand restrictive practices</p>	<p>3.1 Explain what is meant by restrictive practice</p> <p>3.2 Explain the importance and impact of seeking the least restrictive option for individuals</p> <p>3.3 Explain how to raise concerns when restrictions appear out of proportion with evident risk</p> <p>3.4 Identify organisational policies and procedures in relation to restrictive practices and own role in implementing these</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand the principles of mental capacity</b>
<p><b>Principles:</b> this must include the 'best interest' principle</p> <ul style="list-style-type: none"><li>• Acts and makes decisions in the best interests of the individual</li><li>• Assume capacity unless established otherwise</li><li>• All practicable steps tried first without success before assuming incapacity</li><li>• Freedom to make unwise decisions</li><li>• Explore alternatives to achieve purpose that do not restrict the individual's rights and freedom of action.</li></ul> <p><b>Legislation and codes of practice:</b></p> <ul style="list-style-type: none"><li>• Liberty Protection Safeguards</li><li>• Mental Capacity Act 2005</li><li>• Human Rights Act 1998</li><li>• Equality Act 2010</li><li>• Mental Health Act 1983</li><li>• Health and Social Care Act 2012</li><li>• Care Act 2014</li><li>• General Data Protection Regulation (GDPR)</li></ul> <p><b>Factors:</b> Including, but not limited to, fluctuating capacity and time and decision specificity, as well as environment, noise, time of day, coercive/controlling behaviour from others and so on.</p>
<b>Learning outcome 2: Understand the application of the principle of mental capacity and consent</b>
<p><b>What is consent?</b></p> <p>Consent represents an agreement between the individual receiving care or services and those responsible for its provision that nothing will be done to them without their permission and agreement. This is a vital concept in order to build trust in a working relationship.</p> <p><b>Own role and responsibilities:</b></p> <p>To work within the five key principles</p> <ol style="list-style-type: none"><li>1) A presumption of capacity</li><li>2) Individuals being supported to make their own decisions</li></ol>

## What needs to be learned

- 3) Freedom to make unwise decisions
- 4) Best interest
- 5) Least restrictive option.

**Strategies and skills:** These will include effective communication and engagement skills to provide practical support. This may include providing information in different formats, using communication aids, addressing environmental factors, listening, and recognising and responding appropriately to coercive behaviours.

**Steps to take:** These will include adhering to the principles of the Mental Capacity Act as well as adhering to organisations policies and procedures and include best interest decisions.

### Learning outcome 3: Understand restrictive practices

**Restraint:** Use of, or threat of, force to secure the carrying out of an act which the individual resists; restriction of an individual's liberty of movement, whether or not the individual is resisting.

**Restrictive practice:** Learners should consider restrictions and restraint. They should consider practices intended to restrict and restrain individuals as well as practices that do so inadvertently. Learners should demonstrate awareness of physical, mechanical, chemical, seclusion, segregation, psychological restraint and the threat of restraint.

**Skills for Care says:** "Any restrictive intervention must be legally and ethically justified. It must be absolutely necessary to prevent serious harm and it must be the least restrictive option."

Workers should always aim to meet an individual's needs with dignity and respect in a way that minimises the risk of harm to the individual being supported and the person implementing the intervention.

**Raise a concern:** Raise a concern with the care provider in the first instance, this would usually be with the manager. If your concern is about the manager, you could contact more senior staff such as trustees or directors. Contact the local authority, they should be able to direct you to the relevant team. You could use the Whistleblowing policy.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 4: Duty of Care in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

When working in care settings, it is essential to treat individuals with a duty of care, ensuring that they are in a safe environment and that their needs are being addressed. In this unit, you will consider how duty of care contributes to the safeguarding and protection of individuals, how their individual rights may conflict with their safety, and how to approach any complaints that might arise. The unit will also look at duty of candour and how the impact on your work practice. It will also enable you to respond to any conflicts, dilemmas, complaints and adverse events that arise when you are working with individuals in a care setting. You will consider how to manage risks that are associated with possible conflicts, dilemmas or adverse events concerning an individual's rights and the duty of care that you give. You will learn how to respond effectively to a complaint, following the policies and procedures of the care setting.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand how duty of care contributes to safe practices	1.1	Explain what it means to have a duty of care in own work role
		1.2	Explain how duty of care relates to duty of candour
		1.3	Explain how duty of care contributes to safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect

Learning outcomes	Assessment criteria
<p>2 Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care</p>	<p>2.1 Describe potential conflicts or dilemmas that may arise between the duty of care and an individual's rights</p> <p>2.2 Explain how to work effectively with individuals and others to manage conflicts and dilemmas related to duty of care to achieve positive outcomes for individuals</p> <p>2.3 Explain where to get additional support and advice about conflicts and dilemmas</p>
<p>3 Know how to respond to concerns and complaints</p>	<p>3.1 Explain own role in listening and responding to comments and complaints</p> <p>3.2 Identify the main points of agreed procedures for handling comments and complaints</p> <p>3.3 Explain the importance of empowering individuals and others to express their comments and complaints</p>
<p>4 Know how to recognise and respond to adverse events, incidents, errors and near misses</p>	<p>4.1 Explain what are considered to be adverse events, incidents, errors and near misses</p> <p>4.2 Describe how to recognise, report and respond to adverse events, incidents, errors and near misses</p> <p>4.3 Explain how own role in recognising and responding to adverse events, incidents, errors and near misses can prevent further occurrences and improve quality of care</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand how duty of care contributes to safe practices</b>
<b>Care settings</b> <p>Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.</p> <p>Individual, i.e., someone requiring care or support; it will usually mean the person or people supported by the learner.</p>
<b>Duty of care in own work role</b> <p>Accountability for:</p> <ul style="list-style-type: none"><li>• exercising authority</li><li>• managing risk</li><li>• working safely</li><li>• monitoring own behaviour and conduct</li><li>• maintaining confidentiality</li><li>• storing personal information appropriately</li><li>• reporting concerns and allegations</li><li>• making professional judgements</li><li>• maintaining professional boundaries</li><li>• avoiding favouritism</li><li>• maintaining high standards of conduct outside the professional role.</li></ul>
<b>Relation of duty of care to duty of candour</b> <ul style="list-style-type: none"><li>• Duty of candour towards individuals. An individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.</li><li>• Candour – being open and honest with individuals and being open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.</li></ul>
<b>Contribution of duty of care to the safeguarding and protection of individuals</b>
<b>Safeguarding vulnerable adults:</b> <ul style="list-style-type: none"><li>• protection from sexual, physical, or emotional harm</li><li>• preserving respect and dignity</li><li>• engendering trust.</li></ul>

## What needs to be learned

### Protecting vulnerable adults:

- safety in the environment
- safe use of resources and equipment
- prevention from intimidation or humiliation.

### Protecting self:

- ensuring against risk of allegation of misconduct or abuse
- avoiding risk of accusations of malpractice.

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

**Individual:** A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

**Others:** In this context, this refers to everyone a worker is likely to come in to contact with, including:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers.

### Potential conflicts or dilemmas and the individual's rights

Conflicts and dilemmas:

- attitudes, unsafe behaviour such as drug/alcohol abuse
- aggression and violence
- bullying and intimidation
- vandalism.

Individual's rights:

- respect for views and actions
- safety and security

## What needs to be learned

- love and belonging
- education
- equality.

### **Managing risks**

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

### **Support and advice about conflicts and dilemmas**

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

## Learning outcome 3: Know how to respond to concerns and complaints

### **Responding to complaints**

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

### **Handling complaints**

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

## What needs to be learned

### Learning outcome 4: Know how to recognise and respond to adverse events, incidents, errors and near misses

#### What is an adverse event?

- Adverse Event – any incident that leads to harm, loss or damage to people in care, visitors or workers. This includes a degree of disruption to service due to environmental factors such as heavy snowfall, flood or gas leak.
- Error/ mistake – misjudgement, wrong decision or wrong action e.g., sending a client home with the wrong bag/clothing.
- Incident – any incident that leads to harm, loss or damage to clients, their family/carers or staff e.g., a client absconding as a result of staff not following the behaviour management plan.
- Near Miss – an event that could have caused harm, loss and damage, but fortunately did not do so on this particular occasion.

#### What you should do in the event of an incident/adverse event

- remove any immediate dangers as far as possible to make the situation safe
- follow the risk and Health & Safety measures which are in place, such as Fire Drills, etc.
- move people to a safe place
- close off an area which poses risk
- alert the necessary authorities and the emergency services
- arrange for medical assistance immediately if required
- report immediately to minimise the risk of it reoccurring (inform your manager or another senior person as soon as possible). They will arrange for necessary repairs
- record what happened on the relevant paperwork for example the accident/incident book with a senior member of staff
- learn from the incident – what was the root cause?
- can a better or improved approach avoid it?
- managers will conduct a new risk assessment and make necessary amendments to the risk management measures to minimise the chance of such events reoccurring.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 5: Effective Communication in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

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

In this unit, you will learn about the types of contact and communication that care workers use in practice, and how to identify the best way to communicate with individuals to ensure that their needs, wishes and preferences are met. You will explore the types of barriers that can exist in communicating messages and information and how these barriers may be overcome in a positive, fair way. You will explore the role of independent advocacy services and when to access them in order to support the individuals in your care. Finally, you will learn about the different forms of support available to help professionals in supporting communications, and the importance of following procedures for handling and sharing confidential information. At the end of this unit, you will be able to demonstrate the communication skills needed to support individuals in meeting their communication and language needs, wishes and preferences and, at the same time, promote quality, inclusion and equal opportunities.

## Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand why effective communication is important in the work setting</p>	<p>1.1 Identify the different reasons people communicate</p> <p>1.2 Explain how communication affects relationships in the work setting</p> <p>1.3 Explain how communication skills can be used to manage complex, sensitive, abusive, and difficult situations</p> <p>1.4 Explain the importance of maintaining open and honest communication</p>
<p>2 Understand the variety in people's communication needs and preferences</p>	<p>2.1 Identify the range of communication styles, methods, and skills available</p> <p>2.2 Describe how people may use and/or interpret communication methods and styles in different ways</p> <p>2.3 Describe the factors to consider when promoting effective communication</p> <p>2.4 Explain how digital and other technologies can be used to promote and enhance communication between self and others</p> <p>2.5 Identify the barriers that may be present when communicating with others</p> <p>2.6 Explain how to access extra support or services to enable effective communication with and between individuals</p> <p>2.7 Describe the impact of poor or inappropriate communication practices</p>
<p>3 Be able to communicate effectively with others</p>	<p>3.1 Demonstrate a range of effective communication methods and skills</p> <p>3.2 Apply communication skills appropriately in relation to message and audience for maximum impact</p> <p>3.3 Demonstrate how to use communication skills to build relationships</p>

Learning outcomes	Assessment criteria
	3.4 Identify and overcome barriers to communication with a range of people
4 Be able to meet the communication and language needs, wishes and preferences of individuals	4.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals in order to maximise the quality of interaction 4.2 Demonstrate a range of communication styles, methods and skills to meet individuals' needs 4.3 Demonstrate how to respond to an individual's reactions when communicating 4.4 Demonstrate professionalism when using a variety of communication methods
5 Understand the role of independent advocacy services in supporting individuals to communicate their wishes, needs and preferences	5.1 Explain the purpose and principles of independent advocacy 5.2 Explain when to offer support to individuals to access an advocate 5.3 Explain how to support individuals to access advocacy services
6 Understand confidentiality in care settings	6.1 Explain the meaning of the term 'confidentiality' 6.2 Explain the importance of maintaining confidentiality when communicating with others 6.3 Explain when and why confidentiality may need to be breached 6.4 Describe the potential tensions between maintaining an individual's confidentiality and disclosing concerns

## Unit content

### What needs to be learned

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

**Work setting** this may include one specific location or a range of locations depending on the context of the learner's role.

#### Reasons for communication

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

#### How communication affects relationships at work

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

#### Managing complex, challenging or sensitive situations

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

## What needs to be learned

### **Complex, sensitive, abusive or challenging situations and behaviours**

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

### **Using communication skills to manage situations and behaviours**

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

### **Learning outcome 2: Understand the variety in people's communication needs and preference**

#### **Communication styles, methods and skills:** Learners should consider:

- Verbal: words, voice, tone, pitch, spoken and written
- Non-verbal: body language, proximity, eye contact, touch, gestures, behaviour
- Additional methods to support communication: signs, symbols and pictures, objects of reference
- Face to face communication (physically together or online), phone calls, email, letters, reports, text messages, the use of digital technology and technological aids, social networks, presentations
- Active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
- Interpretation of non-verbal communication
- Ability to use silence to provide space and support.

## What needs to be learned

### **Barriers: may include, but are not limited to:**

- environment
- time
- own physical, emotional or psychological state
- physical, emotional or psychological state of others
- own skills, abilities or confidence
- own or others' prejudices
- conflict.

### **Poor or inappropriate:** this may include, but is not limited to:

- patronising individuals
- not listening to individuals
- not making time to communicate effectively
- not respecting individuals' communication preferences, needs or strengths
- using communication skills to control or take ownership of an interaction
- interrupting or talking over someone
- offering inappropriate or unsolicited advice
- placating an individual.

## **Learning outcome 3: Be able to communicate effectively with others**

### **Communication methods and styles**

Verbal communication:

- Linguistic tone
- Pitch
- Vocabulary
- Human aids, e.g., interpreters, translators

### **Non-verbal forms of communication:**

- body language, to include physical gestures, eye contact, posture, stance, touch, behaviour
- written form, e.g., finger spelling, Makaton, British/American Sign Language, Paget Gorman Sign System (PGSS), pidgin, Braille, pictures and symbols.

### **Technological aids,**

- Minicom

## What needs to be learned

- telephone relay systems
- assistive learning technologies (ALT)
- electronic assistive technology (EAT)
- email.

### Learning outcome 4: Meet the communication and language needs, wishes and preferences of individuals

**Needs, wishes and preferences:** These may be based on experiences, desires, values, beliefs, or culture and may change over time.

**Individual:** a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

#### Meeting individual needs

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

#### Factors to consider

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

## What needs to be learned

- Purpose of communication.
- Cultural factors.

### **Learning outcome 5: Understand the role of independent advocacy service in supporting individuals**

**Others:** In this context, this refers to everyone a worker is likely to come in to contact with, including:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers.

**Services:** may include:

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

#### **Purpose and principles of independent advocacy**

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

## What needs to be learned

### When to involve an advocate

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

### Learning outcome 6: Understand confidentiality in care settings

#### Confidentiality

- Meaning of confidentiality as contained in principles of current legislation, e.g., the General Data Protection Regulation (GDPR)
- The Human Rights Act 1998
- The Care Act 2014
- Common Law on confidentiality
- Types of information that can and cannot be shared.
- Individuals permitted to handle and share information.

#### The 6 Principles of Confidentiality

1. Justify the purpose(s)
2. Don't use patient identifiable information unless it is absolutely necessary
3. Use the minimum necessary patient-identifiable information
4. Access to patient identifiable information should be on a strict need-to-know basis
5. Everyone with access to patient identifiable information should be aware of their responsibilities
6. Understand and comply with the law

#### Maintaining confidentiality in day-to-day communication

- types of information:
  - paper-based
  - electronic
  - verbal
  - hearsay.
- those authorised to handle different forms of information
- ways to handle verbal forms of communication, e.g., disclosures from individuals, families/carers. Sharing information with individuals and families/carers
- referrals and training

## What needs to be learned

- receiving personal and sensitive information from individuals and how to handle information
- procedures for receiving, handling and storing sensitive and personal information.

### **Policies and procedures in own workplace:**

- confidentiality in different contexts, e.g., information sharing, written and verbal communications, legislation, policies and procedures
- report writing and record keeping
- reporting accidents, injuries or incidents
- handling of sensitive information
- role of individuals in reporting, recording, handling and sharing information.

### **Tensions caused by confidentiality**

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

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 6: Handling Information in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	2
<b>Guided learning hours:</b>	10

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### Unit introduction

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

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

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand requirements for handling	1.1	Identify the main points of legal requirements, policies and codes of practice for handling information in care settings

Learning outcomes	Assessment criteria
information in care settings	1.2 Describe the features of manual and electronic information storage systems that help ensure data and cyber security 1.3 Describe how to support others to keep information secure 1.4 Explain what would be considered a 'data breach' in the handling of information, and how to respond
2 Be able to implement good practice in handling information	2.1 Demonstrate how you ensure data security when storing and accessing information 2.2 Demonstrate how you maintain and promote confidentiality in day-to-day communication 2.3 Demonstrate how you maintain records that are up to date, complete, accurate and legible 2.4 Support audit processes in line with own role and responsibilities

## Unit content

### What needs to be learned

#### Learning outcome 1: Understand requirements for handling information in care setting

##### Requirements for handling information

Relevant legislation relating to the recording, storage and sharing of information in care settings, including:

- General Data Protection Regulation (GDPR) (relating to data protection and confidentiality)
- Freedom of information Act 2000
- Other relevant legislation relating to the duty of confidentiality
- Human rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Health and Social Care Act 2012
- Care Act 2014
- Codes of practice, including Skills for Care Code of Practice for all care workers
- relevant local or internal codes of practice relating to the handling of information and the accuracy, retention, availability and disposal of information
- importance of having secure information systems, ensuring necessary safeguards and appropriate use of personal information
- workplace policies and agreed ways of working.

##### Legal requirements and codes of practice

- issues relating to the legal requirements for the secure recording of information:
  - common law duty of confidence
  - legal requirements for accuracy of information and for information to be kept up to date
  - obtaining personal data only for specific, lawful purposes
- personal data to be relevant and not excessive for its purpose.

##### Issues relating to the legal requirements for the secure storage of information:

- the legal requirements that personal data should not be kept for longer than is necessary for its purpose

## What needs to be learned

- security measures to protect against the accidental loss or destruction of, or damage to, personal data
- legal requirements for the storage of electronic and paper-based data and access to secure information.

### **Issues relating to the legal requirements for sharing information:**

- freedom of information
- principles of confidentiality
- agreed ways of inter-agency and multi-agency/integrated working.

**Data and cyber security:** Learners should consider features that ensure the confidentiality, availability and integrity of information. This should include reducing Data Breaches, securing devices, and safe use of email wherever relevant.

**Others:** In this context, this refers to everyone a worker is likely to come in to contact with, including:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

### **Support others to handle information**

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

### **Support others to contribute to records**

- ensure that others understand the importance of secure record keeping
- support and enable others to contribute to manual and electronic records:
  - report accurate and sufficient information to the appropriate people

## What needs to be learned

- share relevant information relating to any changes in an individual's personal details, condition or care needs
- ensure others are familiar with procedures for reporting incidents relating to any breach of information security, such as missing, lost, damaged or stolen information or records
- importance of thorough and reliable communication systems.

**Data breach:** This is the accidental or unlawful destruction, loss, alteration unauthorised disclosure of, or access to, personal or secure data.

**Storing and accessing:** Where learners are required to store and access information manually and electronically, their assessment must include both manual and electronic storage and access arrangements.

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

**Records:** where learners are required to use both electronic and manual recording systems, assessment must include both ways of record keeping

### Good practice in handling information

Features of both manual and electronic information storage systems to ensure security:

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

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 7: Person-centred Practice for Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

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

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

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

<b>Learning outcomes</b>	<b>Assessment criteria</b>
1 Be able to work in a person-centred way	1.1 Work with an individual and others to establish and understand the individual's history, preferences, wishes, strengths and needs

Learning outcomes	Assessment criteria
	<p>1.2 Work with individuals to identify how they want to actively participate in their care and support, taking into account their history, preferences, wishes, strengths and needs</p> <p>1.3 Be responsive to individuals changing needs or preferences and adapt actions and approaches accordingly</p> <p>1.4 Demonstrate respect for individual's lifestyle, choices and relationships</p> <p>1.5 Promote understanding and application of active participation amongst others</p>
<p>2 Understand the application of person-centred practices in care settings</p>	<p>2.1 Explain how person-centred values can be applied in a range of situations</p> <p>2.2 Describe how to effectively build relationships with individuals</p> <p>2.3 Explain how and why person-centred values and strength-based approaches must influence all aspects of care work</p> <p>2.4 Explain how to use care plans and other resources to apply person-centred values and strength-based approaches</p> <p>2.5 Explain how the active participation of individuals and others in care planning promotes person-centred values and strength-based approaches to meet the holistic needs of an individual, now and in planning for their futures</p> <p>2.6 Explain how to seek feedback to support the delivery of person-centred care in line with roles and responsibilities</p> <p>2.7 Describe how to support an individual to question or challenge decisions concerning them that are made by others</p>
<p>3 Understand the importance of individuals' relationship</p>	<p>3.1 Describe the different people and relationships that may be important to individuals, including intimate or sexual relationships</p> <p>3.2 Describe the impact maintaining and building relationships can have for individuals</p>

Learning outcomes	Assessment criteria
	3.3 Explain own role in supporting individuals to maintain and build relationships

## Unit content

What needs to be learned
<b>Learning outcome 1: Be able to work in a person-centred way</b>
<b>Work in a person-centred way</b> <ul style="list-style-type: none"><li>• working towards person-centred outcomes, e.g., involvement with care, feeling of wellbeing</li><li>• using person-centred values as a foundation for daily practice</li><li>• promoting personalised care by communicating with individual and others, e.g., team members, advocates, relatives</li><li>• sharing decision making with the individual</li><li>• working in a non-judgemental way, ensuring equality and inclusive practice</li><li>• promoting empowerment, self-management and autonomy of individuals</li><li>• building on individuals' existing strengths and potential, developing new knowledge, skills and experiences</li><li>• reviewing information relevant to the individual's choices, e.g., medical records, care plan, risk assessments.</li></ul> <p><b>Individual:</b> A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Others:</b> Others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates.</p> <p><b>History, preferences, wishes, strengths and needs:</b> These may be based on experiences, desires, values, beliefs or culture and may change over time</p> <p><b>Active participation:</b> A way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.</p>
<b>Learning outcome 2: Understand the application of person-centred practices in care settings</b>
<b>Person centred values:</b> including <ul style="list-style-type: none"><li>• individuality</li><li>• rights</li><li>• choice</li><li>• privacy</li><li>• independence</li></ul>

## What needs to be learned

- dignity
- respect
- partnership
- The six Cs (communication, compassion, competence, courage, care and commitment).

### Active participation

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

### Implement and promote

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

**Strength-based approaches:** Also referred to as 'asset-based approaches'. This approach focuses on individuals' strengths, resources and what they are able to do themselves to keep well and maintain independence.

**Use of care plans:** A care plan may be known by other names e.g., support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed. Learners should consider how they use care plans when providing person centred care, but importantly should consider how care plans are used to create and enable person centred care. They should consider how the individuals' needs, wishes and preferences are included and reflected in the care plan.

## What needs to be learned

They should consider who should be involved in creating a care plan (the individual and those important to them, as well as professionals) and how the care plan is reviewed to ensure it continues to reflect the individual's aspirations.

**Other resources:** these might include, but are not limited to:

- one-page profiles
- advanced care plans
- assessments from other organisations
- information from other people important to the individual.

**Planning for their futures:** This might include, but is not limited to:

- living arrangements
- health and wellbeing
- relationships
- education or employment
- end of life care.

## Learning outcome 3: Understand the importance of individuals' relationships

**Relationships:** Learners should consider the range of relationships important to individuals they are supporting. Consideration should go beyond immediate family and next of kin, and may include partners/spouses, extended family, friends, pets, neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality and sexual relationships.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 8: Choice, Independence, Health and Wellbeing for Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

In this unit, you will learn about person-centred care values and how they work together to influence all aspects of adult care work. You will have the opportunity to learn about, and demonstrate, the skills used to facilitate the person-centred approach. This includes promoting the individual's rights, sharing decision making, supporting self-management, encouraging active participation, and providing access to integrated care. Supporting the individuals in a way that promotes independence and looking at the role of risk assessments. You will explore the relationships between identity, self-image and self-esteem and how these may impact on the individual's wellbeing. You will learn to work in agreed ways, taking assessed risks to benefit the individual and promote their wellbeing.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to promote individuals' rights to make choices	<p>1.1 Support individuals to make informed choices and decisions</p> <p>1.2 Establish informed consent when providing care and support</p> <p>1.3 Use support mechanisms and guidance to support the individual's right to make choices</p> <p>1.4 Work with individuals to manage risk in a way that maintains and promotes the individual's right to make choices</p>

Learning outcomes		Assessment criteria	
2	Be able to promote individuals' independence	2.1	Demonstrate the involvement of individuals in their care and support
		2.2	Support individuals to recognise their strengths and their abilities to gain confidence to self-care
		2.3	Identify a range of technologies that can support or maintain individuals' independence
3	Understand the role of risk assessments in promoting person-centred approaches, choice and independence	3.1	Explain how risk assessments can be used to promote and enable individuals' choice, independence and right to take risks
		3.2	Identify different risk assessment methods that can be used in different situations and own role within these
		3.3	Explain the importance of risk assessment reviews, including: <ul style="list-style-type: none"> <li>• why it is important to review and update individuals' risk assessments</li> <li>• when individuals' risk assessment should be reviewed and updated</li> <li>• who should be involved in the review and update of individuals' risk assessments</li> </ul>
4	Understand the importance of individuals' wellbeing	4.1	Explain the relationship between identity, self-image and self-esteem and the impact this can have on an individual's wellbeing
		4.2	Analyse factors that positively and negatively influence the individuals' wellbeing
		4.3	Identify the range of services and resources available to support individuals' wellbeing and how to access this
		4.4	Explain how an individuals' wellbeing may affect their behaviours and relationships
5	Know how to monitor individuals' health	5.1	Describe how to engage and involve individuals in monitoring their own health and wellbeing
		5.2	Identify the early indicators of physical and mental health deterioration
		5.3	Explain how to escalate concerns about an individual's health deterioration, and to whom

Learning outcomes		Assessment criteria	
6	Be able to assess and respond to changes in an individual's health and wellbeing	6.1	Engage and involve individuals in understanding and monitoring their health and wellbeing
		6.2	Use appropriate tools to monitor and report changes in health and wellbeing
		6.3	Record observations of health and wellbeing and take appropriate action
7	Be able to promote individuals' health and wellbeing	7.1	Support an individual in a way that promotes their sense of identity, self-image, and self-esteem
		7.2	Demonstrate ways to contribute to an environment that promotes wellbeing
		7.3	Demonstrate a person-centred approach to working with individuals and others to improve individuals' health and wellbeing

## Unit content

What needs to be learned
<b>Learning outcome 1: Be able to promote individuals' rights to make choices</b>
<p><b>Individual:</b> A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Right to make choices:</b></p> <ul style="list-style-type: none"><li>• importance of empowerment, independence and autonomy of individuals</li><li>• importance of inclusive practice</li><li>• awareness of relevant legislation and agreed ways of working that influence individuals' rights, e.g., equality and human rights.</li></ul> <p><b>Support the individual:</b></p> <ul style="list-style-type: none"><li>• developing respectful relationships</li><li>• the importance of non-judgemental communication and inclusive information</li><li>• respecting individuals' choices.</li></ul> <p><b>Informed consent:</b> Where an individual, with capacity to consent, voluntarily agrees to an action or decision based on awareness and understanding of risks, benefits and alternatives.</p> <p><b>Capacity to express consent:</b></p> <ul style="list-style-type: none"><li>• awareness of factors that can influence an individual's capacity to express their consent, e.g., mental impairment, physical illness, learning disabilities or language barriers</li><li>• working sensitively with individuals who may have an impaired capacity to express consent, e.g., adapting working approaches, using physical or communication aids, seeking help where necessary.</li></ul> <p><b>Establishing consent:</b></p> <ul style="list-style-type: none"><li>• information is accessible, appropriate, and inclusive, using individuals' communication preference. Communication skills (verbal, non-verbal and written, active listening)</li><li>• listening and responding to questions and concerns</li><li>• importance of consultation</li><li>• respect individuals' choices, seeking extra support and advice where necessary</li><li>• complying with relevant legislation and guidance, e.g., Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Human Rights Act 1998</li></ul>

## What needs to be learned

- ongoing process issues, e.g., duration, withdrawal and/or refusal of consent.

### **If consent cannot be readily established:**

- consent process demonstrates a high level of accountability to the individual
- working to resolve conflicts if consent cannot be established
- support and extra assistance are sought if necessary from the advocate:
  - relative, primary caregiver
  - lasting power of attorney
  - Independent Mental Capacity Advocates (IMCA), (using Mental Capacity Act 2005)
  - timely reporting and recording of any difficulties involving establishing individual consent to a supervisor and/or manager.

## Learning outcome 2: Be able to promote individuals' independence

**Technologies:** These might include assistive technology and/or digital technology

**Assistive Technology** refers to any device that enables an individual to perform a task that they ordinarily would be unable to do or would need additional support to carry out. Assistive Technology promotes independence, choice, control, and enablement.

Assistive technology equipment can be something as simple as a special spoon right through to home automation. The use of Assistive Technology is about enabling an individual to continue to live independently and improve their quality of life.

## Learning outcome 3: Understand the role of risk assessments in promoting a person-centred approach, choice and independence

**Risk assessment methods:** In line with organisational policies, procedures and practices.

### **Managing risks:**

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

## What needs to be learned

- importance of inclusive practice and awareness of discrimination issues.

### Learning outcome 4: Understand the importance of individuals' wellbeing

**Individuals' well-being:** In this context, well-being refers to that of people accessing care and support services. Well-being is a broad concept referring to a person's quality of life. It considers health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

#### Promoting wellbeing:

- importance of, and links between, individual identity, self-image and self-esteem
- understanding emotional literacy
- awareness of individuals' feelings
- importance of privacy and maintaining dignity
- support and encouragement for individuals
- respecting the spiritual, religious and cultural beliefs of individuals.

**Factors:** Factors affecting wellbeing will be different for different people. Learners should show consideration for environmental, physical, social, and psychological factors.

**Range of services and resources:** Learners should consider a range of services and resources available within their organisation and external to their organisation that could support individuals' different wellbeing strengths and needs.

**Identity, self-image and self-esteem:** An individual's self-image is their perception of themselves based upon their identity. An individual's self-esteem is how they feel about themselves and how confident they are with themselves. If an individual's identity is repressed, this can directly affect their self-image and lower their self-esteem.

### Learning outcome 5: Know how to monitor individuals' health

**Early indicators:** These may also be referred to as 'soft signs' of deterioration and include restlessness, confusion, temperature changes, changes in mobility, pain, discoloured skin, changes in appetite, breathing difficulties, changes to urine or bowel habits, sickness, changes in mood or temperament.

### Learning outcome 6: Be able to assess and respond to changes in an individual's health and wellbeing

## What needs to be learned

**Appropriate tools:** Tools will vary depending on learner's role and organisational practices. They may include, but not limited to: 'Stop and Watch,' RESTORE2, NEWS2, SBARD (Situation, Background, Assessment, Recommendation, Decision) as well as technological aids.

**Appropriate action:** Actions will vary depending on learners' role and organisational practices, as well as the specific change in an individual's wellbeing. Action may include referring to a colleague or another organisation.

## Learning outcome 7: Be able to promote individuals' health and wellbeing

### **Promote and support an individual's own sense of identity, their self-esteem and their wellbeing:**

- attitudes, behaviours and approaches that promote well-being
- contribute to an environment that promotes well-being
- support and encourage a sense of identity and self-esteem
- reporting concerns.

### **Supporting individuals' health and wellbeing:**

- working in partnership to set realistic and achievable goals
- empowering individuals to develop confidence
- creating and maintaining a positive environment to promote wellbeing, e.g., attitudes, activity, surroundings
- fostering positive relationships by encouraging open communication
- supporting agreed ways of working that contribute to the wellbeing of individuals, e.g., facilitating discussion
- using agreed ways of working that contribute to the promotion of dignity and self-respect
- providing varied and interesting activities to meet the holistic needs of the individual.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 9: Equality, Diversity, Inclusion and Human Rights in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

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

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

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand influences on working practices to promote equality, diversity, inclusion and human rights	1.1	Explain how legislation, policies and codes of practice apply to and influence own work role
		1.2	Explain how external factors influence own work role

Learning outcomes	Assessment criteria
<p>2 Understand the importance of equality, diversity, inclusion and human rights within your work setting</p>	<p>2.1 Explain the definition and relevance to own practice of:</p> <ul style="list-style-type: none"> <li>• Diversity</li> <li>• Equality</li> <li>• Inclusion</li> <li>• Discrimination</li> <li>• Unconscious bias</li> <li>• Protected Characteristics</li> <li>• Human Rights</li> </ul> <p>2.2 Explain how inclusive practice and cultures promote equality, diversity, inclusion and human rights</p> <p>2.3 Describe how the promotion of equality, diversity, inclusion and human rights can lead to improved outcomes for individuals</p> <p>2.4 Explain how your organisation promotes equality, diversity, inclusion and human rights</p> <p>2.5 Explain own role in promoting equality, diversity, inclusion and human rights</p>
<p>3 Know how to promote equality, diversity, inclusion, and human rights</p>	<p>3.1 Describe the potential effects of discrimination</p> <p>3.2 Describe how unconscious biases may affect own and others' behaviours</p> <p>3.3 Describe how to respond to and challenge discrimination in a way that promotes positive change</p> <p>3.4 Explain how to report any discriminatory or exclusive behaviours, and to whom</p>
<p>4 Be able to work in an inclusive way</p>	<p>4.1 Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values and preferences</p> <p>4.2 Promote a culture that supports inclusive practices</p> <p>4.3 Reflect on and make improvements to own practice in promoting equality, diversity, inclusion and human rights</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand influences on working practices to promote equality, diversity, inclusion and human rights</b>
<p><b>Legislation:</b> These must relate to equality, diversity, inclusion, discrimination and human rights and might include Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012</p> <p><b>External factors:</b> These may include, but are not limited to, societal movements and campaigns or periods in modern history.</p>
<b>Learning outcome 2: Understand the importance of equality, diversity, inclusion and human rights within your work setting</b>
<p><b>Individuals:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Own role in promoting:</b> this may include the learner's role:</p> <ul style="list-style-type: none"><li>• within their team, workplace or organisation</li><li>• within networks of practice</li><li>• within the community</li><li>• supporting or advising other professionals with regards to reasonable adjustments for individuals</li></ul> <p><b>Diversity:</b> differences between individuals and groups:</p> <ul style="list-style-type: none"><li>• culture</li><li>• nationality</li><li>• ability</li><li>• ethnic origin</li><li>• gender and gender reassignment</li><li>• age</li><li>• religion</li><li>• beliefs</li><li>• sexual orientation</li><li>• social class</li><li>• dress.</li></ul>

## What needs to be learned

### **Equality:**

- protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- promotion of individual rights
- giving choice and opportunity
- respect and fairness
- services in response to individual need.

### **Inclusion:**

- placing individuals at the centre of planning and support
- valuing diversity.

**Discrimination:** the prejudicial treatment of different categories of people:

- individuals being treated less favourably than others
- lack of opportunity
- prejudice and injustice
- harassment
- stereotyping
- labelling
- delay in development
- loss of self-esteem
- treating a person unfairly because of who they are.

### **Types of discrimination:**

- direct discrimination
- indirect discrimination
- institutional discrimination.

**Effects of discrimination:** discrimination may affect

- the individual
- families or friends of the individual

## What needs to be learned

- those who inflict discrimination
- wider society.

### **Inclusive practice:**

- being responsive to the needs of all users
- diversity is acknowledged and respected.

### **Promoting equality:**

- following policies and procedures in the workplace setting
- promoting inclusive practices and procedures
- challenging discrimination
- promoting rights
- empowering individuals
- removing barriers
- ensuring physical access
- impact on effective communication
- improving participation
- promoting dignity and respect
- putting individuals at the centre of planning and delivery of services.

### **Supporting diversity:**

- valuing differences between individuals
- using positive images of individuals from diverse groups
- celebrating differences.

## **Learning outcome 3: Know how to promote equality, diversity, inclusion and human rights**

**Effects:** these may include effects on the individual, their loved ones, those who inflict discrimination and the wider community and society.

**Others:** in this context, this refers to everyone a worker is likely to come in to contact with, including:

- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services

## What needs to be learned

- colleagues and peers
- managers and supervisors
- professionals from other services
- visitors to the work setting
- members of the community
- volunteers.

### **Inclusive practice:**

- observing the social model of disability
- engaging in reflective practice
- encouraging choice
- empowering individuals
- encouraging independence
- removing barriers to access
- promoting equality and rights
- providing opportunity and access to services according to needs
- using appropriate language.

### **Challenging discrimination:**

- identifying and challenging discriminatory behaviour
- recognising stereotypes in attitudes or written materials
- understanding and adapting own beliefs and attitudes
- know how to report concerns
- review and develop policy and procedures.

## Learning outcome 4: Be able to work in an inclusive way

### **Interactions:**

- colleagues
- adults using services
- active listening
- knowledge of individuals:
  - beliefs

## What needs to be learned

- cultures
- values
- preferences
- maintaining confidentiality, as appropriate
- using preferred method of communication.

### **Preferences:**

- beliefs
- values
- culture.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 10: Health and Safety (General and Topics) for Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	4
<b>Guided learning hours:</b>	30

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### Unit introduction

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

You will investigate potential hazards for individuals in care settings and demonstrate the use of risk assessment. You will look at fire safety and handling hazardous materials. You will also demonstrate skills in supporting others' understanding of health and safety and moving and handling. The unit concludes with the implementation of security measures in a care setting. On completing this unit, you will understand how to minimise risks to all individuals in care settings, whether they are the individuals being supported or cared for, their friends and family, or employees in the setting. You should be able to foresee potential hazards and know how to make appropriate responses to minimise risks in the context of relevant legal and local policy requirements.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1	Identify legislation relating to health and safety in a care work setting
		1.2	Explain the main points of health and safety policies and procedures agreed with the employer
		1.3	Analyse the main health and safety responsibilities of:

Learning outcomes	Assessment criteria
	<ul style="list-style-type: none"> <li>• self</li> <li>• the employer or manager</li> <li>• others in the work setting</li> </ul> <p>1.4 Identify specific tasks in the work setting that should not be carried out without special training</p>
2 Understand procedures for responding to accidents and sudden illness	<p>2.1 Describe different types of accidents and sudden illness that may occur in own work setting</p> <p>2.2 Explain procedures to be followed if an accident or sudden illness should occur</p>
3 Be able to carry out own responsibilities for health and safety	<p>3.1 Use policies and procedures or other agreed ways of working that relate to health and safety</p> <p>3.2 Support others' understanding and follow safe practices</p> <p>3.3 Monitor potential health and safety risk</p> <p>3.4 Use risk assessment in relation to health and safety</p> <p>3.5 Minimise and manage potential risks and hazards</p> <p>3.6 Access additional support or information relating to health and safety</p>
4 Be able to move and handle equipment and other objects safely	<p>4.1 Explain the main points of legislation that relate to moving and handling</p> <p>4.2 Explain principles for safe moving and handling</p> <p>4.3 Move and handle equipment and other objects safely</p>
5 Be able to handle hazardous substances and materials	<p>5.1 Describe types of hazardous substances that may be found in the work setting</p> <p>5.2 Demonstrate safe practices for:</p> <ul style="list-style-type: none"> <li>• storing hazardous substances</li> <li>• using hazardous substances</li> <li>• disposing of hazardous substances and materials</li> </ul>
6 Be able to promote fire safety in the work setting	<p>6.1 Describe practices that prevent fires from:</p> <ul style="list-style-type: none"> <li>• starting</li> <li>• spreading</li> </ul> <p>6.2 Explain emergency procedures to be followed in the event of a fire in the work setting</p>

Learning outcomes		Assessment criteria
		<p>6.3 Demonstrate measures that prevent fires from starting</p> <p>6.4 Ensure clear evacuation routes are maintained at all times</p>
7	Be able to implement security measures in the work setting	<p>7.1 Explain the importance of ensuring that others are aware of own whereabouts</p> <p>7.2 Use agreed procedures for checking the identity of anyone requesting access to:</p> <ul style="list-style-type: none"> <li>• premises</li> <li>• information</li> </ul> <p>7.3 Use measures to protect own security and the security of others in the work setting</p>

## Unit content

### What needs to be learned

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

**Work setting** this may include one specific location or a range of locations, depending on the context of a particular work role

**Others:** may include

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

#### **Agreed ways of working:**

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

#### **General health and safety legislation**

Relevant and up-to-date legislation, including local and national requirements for health and safety in care work settings,:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992 (as amended in 2002)
- Health and Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Control of Substances Hazardous to Health (COSHH) Regulations 2002, including subsequent amendments.

#### **Health and safety policies and procedures:**

- details of agreed ways of working and codes of practice
- dealing with accidents, injuries and emergency situations
- dealing with first-aid situations.

#### **Policies relating to:**

- specific working conditions and the working environment
- use of equipment

## What needs to be learned

- food handling and preparation
- infection control and dealing with hazardous substances.
- manual handling
- security and personal safety.

Policies may include other agreed ways of working as well as formal policies and procedures.

### **Own responsibilities for health and safety:**

- responsibility to take care of own health and safety
- applying relevant legislation and agreed ways of working
- responsibility for undertaking relevant training and updating as required
- importance of co-operating with others on health and safety
- others may include team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates
- importance of the correct use of anything provided for individual health, safety or welfare
- advantages and disadvantages of undertaking own responsibility in health and safety issues.

### **Responsibilities of employers and others for health and safety:**

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

**Specific tasks:** tasks should not be carried out without special training

- use of equipment
- first aid
- administering medication

## What needs to be learned

- healthcare procedures
- food handling and preparation.

### **Learning outcome 2: Understand procedures for responding to accidents and sudden illness**

#### **Accidents and sudden illness:**

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

#### **Procedures to be followed:**

- policies, procedures and agreed ways of working for the work setting
- importance of procedures to be followed if an accident or sudden illness should occur
- ensuring and maintaining safety for individuals concerned and others
- assessing individuals for injuries
- when to administer basic first aid if necessary, and if trained to do so
- importance of staying with the injured/sick individual until help arrives
- observing and noting any changes in an individual's condition
- requirements of verbal reporting to relevant medical staff or others
- completing a full written report and relevant documentation.

### **Learning outcome 3: Be able to carry out own responsibilities for health and safety**

#### **Use health and safety policies and procedures:**

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

#### **Monitor and report potential health and safety risks**

- Importance of:

## What needs to be learned

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

### **Risk assessment**

- health and safety risk assessment for the work environment or particular activities
- importance of risk assessment for protecting self and individuals from danger or harm
- need to comply with the law
- identifying what could cause harm
- taking precautions to prevent harm
- importance of minimising accidents, injuries and ill health
- reducing the risk of individuals being injured at work.

### **Health and Safety Executive five-step recommendations for risk assessment:**

- identifying the hazards and differentiating between hazard and risk
- deciding who might be harmed and how
- evaluating the risks and deciding on precautions
- recording findings and implementing them
- reviewing assessment and updating if necessary on a regular basis.

**Additional support or information:** accessing information from organisations such as the Health and Safety Executive

## **Learning outcome 4: Be able to move and handle equipment and other objects safely**

### **Legislation relating to moving and handling**

- the Health and Safety at Work Act 1974
- the Manual Handling Operations Regulations 1992 (as amended in 2002)
- regulations from the Health and Safety Executive (HSE) covering manual handling risk factors and how injuries can occur.

## What needs to be learned

### Safe moving and handling

Key principles of:

- avoidance
- reduction
- importance of assessment
- reducing the risk of injury
- avoiding hazardous manual handling
- using mechanical aids where necessary
- changing the task or approach where necessary
- importance of following appropriate systems and agreed ways of working
- making proper use of equipment provided for safe practice
- taking care to ensure that activities do not put others at risk
- reporting any potentially hazardous handling activities.

### Learning outcome 5: Be able to handle hazardous substance and materials

#### Hazardous substances and material

- Control of Substances Hazardous to Health (COSHH) Regulations 2002 include substances that are:
  - corrosive
  - toxic
  - highly flammable
  - dangerous to the environment.
- clinical waste
- germs that cause diseases
- materials that are harmful
- potentially infectious
- body fluids.

#### Safe practices with hazardous substances and materials

- importance of training
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- following agreed ways of working, policies and procedures

## What needs to be learned

- avoiding exposure to hazardous substances
- using control measures
- using protective clothing where necessary
- importance of checking with colleagues and completing appropriate records and documentation
- safe disposal of hazardous substances and materials
- importance of protecting others
- importance of protecting the environment
- minimising the spread of infection.

## Learning outcome 6: Be able to promote fire safety in the work setting

### Practices that prevent fires from starting and spreading

- identifying potential fire hazards in the health and social care workplace, understanding how fires start and spread (the fire triangle of ignition, fuel and oxygen)
- preventing fires from starting
- importance of regular checks on electrical equipment
- importance of staff training and vigilance in the workplace
- risk-assessment procedures
- preventing fires from spreading through safe practices
- importance of checking smoke detectors regularly.

### Measures that prevent fires from starting

- importance of taking care with electrical appliances and equipment
- importance of taking care with heating devices
- importance of taking care with naked flames.

### Emergency procedures to be followed

- raising the alarm if a fire is discovered
- agreed procedures for alerting all personnel in the work setting
- basic fire-fighting procedures
- procedures for evacuation
- evacuation routes and assembly points

## What needs to be learned

- special evacuation procedures for individuals with mobility or other difficulties
- agreed procedures for checking on the presence of all personnel in the work setting
- importance of staff training and regular evacuation drills
- importance of ensuring that clear evacuation routes are maintained at all times.

## Learning outcome 7: Be able to implement security measures in the work setting

### Procedures for checking identity

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

### Protecting security

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

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

# Unit 11: Infection Prevention and Control in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	2
<b>Guided learning hours:</b>	10

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## Unit introduction

Infection control has become an increasingly important factor in the provision of care for vulnerable individuals in adult care. National media has highlighted the effects of substandard provision in some areas of the health and care services, and the need for more efficient control and prevention of infection. In addition, it will help you understand how procedures and risk assessment can help minimise the risk of an outbreak of infection.

You will also gain an understanding of how to use personal protective equipment (PPE) correctly and the importance of personal hygiene. You will understand the importance of hand washing and decontamination process and the impact their own health and hygiene may have on others. One of the roles of an adult care worker is to contribute to infection prevention and control in the workplace. You will investigate how to minimise the risks of the spread of infection by following risk assessment. On completion of this unit, you will be better equipped to deal with potential hazards and risks to health presented by infections in a variety of workplace settings.

## Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand how to prevent and control the spread of infection	1.1	Describe different types of infection and how they are spread (chain of infection)
		1.2	Explain how to identify individuals who have, or are at risk of developing and infection and the actions to take to reduce the risks to them and others

Learning outcomes	Assessment criteria
	<p>1.3 Explain own role and responsibilities in identifying, or acting upon the identification, of an outbreak or spread of infection</p> <p>1.4 Explain own role in supporting others to follow practices that reduce the spread of infection</p> <p>1.5 Explain own responsibilities for ensuring the appropriate cleaning and decontamination of environments and equipment</p>
<p>2 Be able to prevent and control the spread of infection</p>	<p>2.1 Risk assess a range of situations and select and use appropriate Personal Protective Equipment (PPE) correctly</p> <p>2.2 Identify when it is necessary to perform hand hygiene</p> <p>2.3 Select appropriate products and perform hand hygiene using recommended techniques</p> <p>2.4 Ensure that own health and hygiene does not pose a risk to individuals and others</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand how to prevent and control the spread of infection</b>
<p><b>Individuals:</b> a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.</p> <p><b>Others:</b> in this context, this refers to everyone a worker is likely to come in to contact with, including:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• colleagues and peers</li><li>• managers and supervisors</li><li>• professionals from other services</li><li>• visitors to the work setting</li><li>• members of the community</li><li>• volunteers.</li></ul> <p><b>Risk assessment</b></p> <ul style="list-style-type: none"><li>• identify the hazard(s)</li><li>• assess the risk</li><li>• record the risk</li><li>• remove/reduce the risk</li><li>• review the risk regularly.</li></ul> <p><b>Decontamination:</b> after cleaning, environments and equipment may require disinfection and sterilisation.</p> <p><b>Decontamination process:</b> three steps of the decontamination process:</p> <ul style="list-style-type: none"><li>• cleaning, e.g., methods and frequencies</li><li>• disinfection</li><li>• sterilisation, including techniques.</li></ul>
<b>Learning outcome 2: Be able to prevent and control the spread of infection</b>

## What needs to be learned

**Appropriate use of Personal Protective Equipment (PPE):** This should include the different equipment available and donning/doffing and disposal.

**Hand hygiene:** Refers to following recommended hand-washing techniques and the use of appropriate sanitizer.

### **Standard precautions to minimise infection**

Hand hygiene:

- hand washing technique
- use of alcohol gels and antiseptics
- hand drying
- skin care
- facilities required.

### **Use of appropriate personal protective equipment (PPE)**

General cleanliness:

- personal
- environmental
- materials
- equipment
- safe practice/following correct procedures
- prevention of sharps injury.

Immunisation:

- occupational health for staff
- general public
- individuals
- management of outbreaks of infection
- food handling
- soiled laundry management.

## What needs to be learned

Support and guidance to others

- training in procedures
- induction
- demonstration.

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 12: Continuous Development when Working in Adult Care

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<b>Level:</b>	3
<b>Unit type:</b>	Mandatory
<b>Credit value:</b>	3
<b>Guided learning hours:</b>	20

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### Unit introduction

Personal development is a process that continues throughout life. When working in care, it starts with agreeing aims and objectives, and assessing strengths and development needs. Targets and goals are then set in order to meet objectives. This unit covers promoting continuous personal development in care settings. It will give you the skills you need to plan for, monitor and reflect on your professional development. You will investigate, and gain an understanding of, personal development in care settings. Beginning with a skills audit to consider your knowledge, skills, practice, values and beliefs in relation to working in care, you will then draw up a personal development plan over the duration of your programme. You will review your progress against this plan at intervals throughout the programme, adjusting the plan as circumstances change. A personal development plan is a plan of action that helps you to get organised and identifies your learning and development needs. It will help you to better carry out your job and will also help with your career development. You will consider your personal and professional development holistically, linking your learning and your personal experiences. You will draw on a range of sources of information to assess your personal and professional development. This will include your vocational experience and other relevant experiences, for example formal study, employment and voluntary activities.

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Know what is required to be competent in own role	1.1 Describe the duties and responsibilities of own work role

Learning outcomes	Assessment criteria
	<p>1.2 Explain expectations of own work role as expressed in relevant standards</p> <p>1.3 Explain the relationship between continuing professional development and the provision of quality care</p> <p>1.4 Identify sources of support for planning and reviewing own development</p>
<p>2 Be able to demonstrate commitment to own development</p>	<p>2.1 Assess own knowledge, performance and understanding against relevant standards</p> <p>2.2 Work with others to identify and prioritise own learning needs, professional interests and development aspirations</p> <p>2.3 Work with others to agree own personal and professional development plan</p> <p>2.4 Work with others to achieve and review personal and professional development plan</p> <p>2.5 Record progress in relation to personal and professional development</p>
<p>3 Understand the value of reflective practice</p>	<p>3.1 Describe the benefits and scope of reflective practice</p> <p>3.2 Explain the importance of reflective practice in supporting continuous improvements to own practice and provision of quality care</p>
<p>4 Be able to use reflective practice to improve ways of working</p>	<p>4.1 Reflect on how learning activities have affected practice</p> <p>4.2 Reflect on how own values, beliefs and experiences may affect working practices</p> <p>4.3 Reflect on own ability to use initiative, make decisions and take responsibility for own actions</p> <p>4.4 Use reflections and feedback from others to evaluate own performance and inform development</p>
<p>5 Be able to develop leadership behaviours</p>	<p>5.1 Model high standards of practice to encourage others to make a positive difference</p> <p>5.2 Share ideas to improve services with others</p> <p>5.3 Promote partnership approaches to supporting individuals</p>

## Unit content

What needs to be learned
<b>Learning outcome 1: Know what is required to be competent in own role</b>
<p><b>Duties and responsibilities:</b> Learners should discuss their duties and responsibilities in the context of providing person centred care and support. Learners should discuss their specific roles and responsibilities and keep up to date with changes to practice.</p>
<p><b>Effective working:</b></p> <ul style="list-style-type: none"><li>• communicate appropriately with others</li><li>• share relevant information</li><li>• provide support to others</li><li>• respect the views of others</li><li>• others could be team members, colleagues, families, carers and advocates</li></ul>
<p><b>Standards:</b> may include Codes of Practice, regulations, minimum standards, national occupational standards.</p>
<p><b>Continuing professional development:</b> Refers to the process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training.</p>
<p><b>Sources of support:</b> may include:</p> <ul style="list-style-type: none"><li>• formal or informal support</li><li>• supervision</li><li>• appraisal</li><li>• mentoring</li><li>• peer support</li><li>• within and outside the organisation.</li></ul>
<b>Learning outcome 2: Be able to demonstrate commitment to own development</b>
<p><b>Others:</b> In this context, this will likely refer to line manager, assessor and/or supervisor. It could also include:</p> <ul style="list-style-type: none"><li>• individuals accessing care and support services</li><li>• carers, loved ones, family, friends of those accessing care and support services</li><li>• colleagues and peers</li></ul>

## What needs to be learned

- professionals from other services

**Personal and professional development plan:** may be known by different names but will record information such as agreed objectives for personal and professional development, proposed activities to meet objectives, timescales for review.

**Own knowledge, performance and understanding against relevant standards:**

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

**Use of feedback**

- use feedback to raise awareness of strengths
- identify areas for improvement
- identify actions to be taken to improve performance
- actively seek feedback
- sources of feedback, e.g., mentors, teachers, supervisor, colleagues
- effective feedback develops confidence, competence, motivation.

### Learning outcome 3: Understand the value of reflective practice

**Scope:** Learners should recognise that it is also important to reflect on the practice or behaviours of others as well as reflect on events, activities and situations in order to gain insight and understanding.

**How reflective practice leads to improved ways of working:**

- examples of ways continually challenging current behaviour has developed and enhanced own practice and skills
- how monitoring own practice has enabled change to take place.

**The importance of continuing professional development (CPD):**

- refers to the process of tracking and documenting the skills, knowledge and experience that are gained both formally and informally while at work, beyond any initial training
- it is a record of what is experienced, learned and then applied
- ensures competence
- ensures that skills are current

## What needs to be learned

- increases effectiveness of practitioners.

### Learning outcome 4: Be able to use reflective practice to improve ways of working

**Learning activities:** evaluation must cover a range of learning activities and must include reference to online learning e.g., e-learning, virtual classrooms, online tutorials, webinars, internet research as well as face to face methods (where learner has access).

#### Reflect on own practice in care setting:

- regular reflection and focus
- use a structured approach
- appropriate way of recording, e.g., a reflective journal/diary, learning log, diary, critical incident journal. Reflective questions, e.g., description (what happened, what was the context).
- analysis (what went well and why, what did not go well and why, how do I feel about it, why did I do what I did?)
- theory (what needs to be done differently and why)
- action (what needs to be done next and how)
- seeking alternatives
- keeping an open mind
- viewing from different perspectives
- thinking about consequences
- testing ideas through comparing and contrasting
- ask 'What if?'
- synthesising ideas
- seeking, identifying and resolving questions.

#### Effect of own values, belief systems and experiences:

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

### Learning outcome 5: Be able to develop leadership behaviours

## What needs to be learned

Learners need to think about the importance of leadership behaviours to help them develop the skills

1. Be honest
2. Be confident in your decisions
3. Be approachable
4. Provide objective feedback
5. Lead by example
6. Change how you approach your work
7. Address potential issues before they become problems
8. Pay attention to the needs of individual colleagues and try to meet them
9. Encourage creativity by keeping lines of communication open

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

## Unit 13: Personal Wellbeing when Working in Adult Care

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**Level:** 3

**Unit type:** Mandatory

**Credit value:** 3

**Guided learning hours:** 20

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### Unit introduction

In this unit you will explore own personal wellbeing, self-care, and resilience and what this means and how these impact on your role and behaviour. You will explore the indicators of own wellbeing and wellbeing deterioration and the impact. You will identify strategies to maintain and improve own wellbeing and the support available.

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

### Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand own wellbeing	1.1 Explain what is meant by 'personal wellbeing,' 'self-care' and 'resilience' 1.2 Describe the factors that positively and negatively influence own wellbeing 1.3 Identify indicators of own wellbeing and wellbeing deterioration
2 Understand the importance of maintaining and improving own wellbeing	2.1 Explain how own wellbeing impacts role and behaviour 2.2 Explain how own wellbeing impacts <b>others</b>

Learning outcomes	Assessment criteria
3 Know how to maintain and improve own wellbeing	3.1 Identify strategies to maintain and improve own wellbeing 3.2 Identify a range of wellbeing support offers available and how to access them 3.3 Explain how to access professional help if needed
4 Know how to manage own stress and anxiety	4.1 Explain what is meant by 'stress' and 'anxiety' 4.2 Describe indicators of stress and anxiety in oneself 4.3 Analyse <b>factors</b> that can trigger stress and anxiety in oneself 4.4 Explain how stress and anxiety may affect own reactions and behaviours towards others 4.5 Compare <b>strategies</b> for managing own stress and anxiety 4.6 Explain how to access a range of <b>support offers</b>

## Unit content

What needs to be learned
<b>Learning outcome 1: Understand own wellbeing</b>
<p><b>Own wellbeing:</b> In this context, well-being refers to that of the learner. Well-being is a broad concept referring to a person's quality of life taking into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.</p> <p><b>Factors:</b> These should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace.</p> <p><b>Indicators:</b> These should be specific to the learner. The learner should show consideration of physical, emotional and psychological indicators.</p>
<b>Learning outcome 2: Understand the importance of maintaining and improving own wellbeing</b>
<p><b>Others:</b> May include team members, other colleagues, individuals accessing care and support services, families, carers and other professionals. Learners may also wish to consider their personal relationships.</p>
<b>Learning outcome 3: Know how to maintain and improve own wellbeing</b>
<p><b>Strategies:</b> These should be specific to the learner. Strategies should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.</p> <p><b>Support offers:</b> The range should include offers available inside and outside the learners' workplace. Learners should consider offers they use as well as those they currently choose not to. For example:</p> <ul style="list-style-type: none"><li>• Internal: supervision, employee assistance scheme, mentor or buddying systems</li><li>• External: self-help tools, apps and websites, local groups and networks.</li></ul>
<b>Learning outcome 4: Know how to manage own stress and anxiety</b>
<p><b>Stress:</b> Stress can have positive, as well as negative, effects on a person. In this context, we refer to the negative impacts of stress.</p> <p><b>Common signs and symptoms of stress:</b></p> <ul style="list-style-type: none"><li>• signs and symptoms, e.g., physical signs and symptoms, emotional signs and symptoms, cognitive signs and symptoms, behavioural signs and symptoms.</li></ul>

## What needs to be learned

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

### **Sources of support:**

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

## Essential information for tutors and assessors

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### Essential resources

There are no special resources needed for this unit.

### Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time. Simulation must not be used as an assessment method for skills-based learning outcomes.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

# 10 Suggested teaching resources

This section lists resource materials that can be used to support the delivery of the qualification.

## Textbooks

Aldworth C, Burgess C, Carter-Whiting A, Lavers S – *Apprenticeship Lead Adult Care Worker and BTEC Diploma in Care Level 3 Handbook* (Pearson, 2018) ISBN 9781292279909

Bolton G, Delderfield R – *Reflective Practice: Writing and Professional Development* – (SAGE Publications Ltd – 2018) ISBN 9781526411709

James I A and Gibbons L – *Communication Skills for Effective Dementia Care: A Practical Guide to Communication and Interaction Training (CAIT)* – (Jessica Kingsley Publishers – 2019) ISBN 9781785926235

Gardens Y.D. – *The Well-Being Handbook: A Complete Guide to Optimal Wellness, Positive Habits & Holistic Self-Care* – (The Emerald Society – 2021) ISBN 9781922575081

Law Library, The – *Equality Act 2010 (UK)* – (CreateSpace Independent Publishing Platform – 2018) ISBN 9781987483680

Milner J, Myers S – *Using Solution Focused Practice with Adults in Health and Social Care* – (Jessica Kingsley Publishers – 2017) ISBN 9781785920677

Moi A – *How to Communicate Effectively in Health and Social Care* – (Pavilion Publishing and Media – 2017) ISBN 9781911028376

Parry S - *Effective Self-care and Resilience in Clinical Practice: Dealing with Stress, Compassion Fatigue and Burnout* – (Jessica Kingsley Publishers – 2017) ISBN 9781785920707

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

Starns B – *Safeguarding Adults Together under the Care Act 2014: A multi-agency practice guide* – (Critical Publishing – 2019) ISBN 9781913063252

Thomas K, Lobo B, Detering K – *Advance Care Planning in End of Life Care* – (Oxford University Press – 2018) ISBN 9780198802136

*BSL Alphabet British Sign Language: The Perfect Book for Learning BSL Alphabet* – (Cristie Publishing – 2021) ISBN 9798712678532

## Journals

Communitycare.co.uk – Social Care Research Journal Guide

Narrative-based approaches to person-centred care and practice development in older adult residential care settings

[www.omicsonline.org/infection-control-journals](http://www.omicsonline.org/infection-control-journals)

Safeguarding adults in primary care: Making a safeguarding referral

<https://thesolutionsjournal.com/2021/03/01/understanding-wellbeing>

[www.springer.com/journal/44192](http://www.springer.com/journal/44192) Discover Mental Health

## Websites

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Age UK website providing access to a variety of information and resources.

[www.communitycare.co.uk](http://www.communitycare.co.uk)

Website helping those working in social care to stay up to date with the latest and most significant developments in practice, law and policy.

[www.cqc.org.uk](http://www.cqc.org.uk)

Care Quality Commission website providing news, publications and help and advice.

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Equality and Human Rights Commission website, promoting and upholding equality and human rights ideals and laws across England, Scotland and Wales.

[www.gov.uk](http://www.gov.uk)

Government website providing access to a variety of resources relating to Health & Social Care.

[www.hcpc-uk.org](http://www.hcpc-uk.org)

Health & Care Professions Council website providing a variety of resources, including on reflective practice.

[www.hse.gov.uk](http://www.hse.gov.uk)

The Health and Safety Executive website, providing resources relating to health and safety in the workplace.

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Health Foundation website, which provides access to publications.

[www.mind.org.uk](http://www.mind.org.uk)

Mind website providing access to information and support about mental health.

[www.nhs.uk](http://www.nhs.uk)

NHS website providing information on a wide variety of topics related to health and wellbeing.

[www.scie.org.uk](http://www.scie.org.uk)

Social Care Institute for Excellence website, provides access to a variety of resources.

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Skills for Care website providing resources for those working in the adult social care sector.

<a href="http://www.skillsforcareanddevelopment.org.uk">www.skillsforcareanddevelopment.org.uk</a>	Skills for Care and Development alliance website, providing information on good practice, resources, workforce development and regulation in social care, social work and early years.
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Skills for Health website providing access to a variety of resources.

# 11 Appeals

Centres must have a policy for dealing with appeals from learners. Appeals may relate to assessment decisions being incorrect or assessment not being conducted fairly. 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 the document *Internal assessment in vocational qualifications: Reviews and appeals policy*, available on our website.

# 12 Malpractice

## Dealing with malpractice in assessment

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Malpractice refers to 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 actual 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 malpractice or attempted malpractice has been proven.

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

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 a centre is failing to conduct internal assessment according to our policies. The above document gives further information and examples. It 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 qualifications. We ask centres to complete *JCQ Form M1* ([www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) and email it with any accompanying documents (signed statements from the learner, invigilator, copies of evidence, etc) to the Investigations Processing team at [candidatemalpractice@pearson.com](mailto:candidatemalpractice@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.

Failure to report malpractice constitutes staff or centre malpractice.

## Teacher/centre malpractice

The head of centre is required to inform Pearson's Investigations team of any incident of suspected malpractice (which includes maladministration) by centre staff before any investigation is undertaken. The head of centre is requested to inform the Investigations team by submitting a *JCQ M2* Form (downloadable from [www.jcq.org.uk/malpractice](http://www.jcq.org.uk/malpractice)) with supporting documentation to [pqsmalpractice@pearson.com](mailto: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.

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.

You should be aware that Pearson may need to suspend certification when undertaking investigations, audits and quality assurances 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, 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 centres to create an improvement action plan
- requiring staff members to receive further training
- placing temporary suspensions on certification of learners
- placing temporary suspensions 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 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 the *JCQ Appeals booklet* ([www.jcq.org.uk/exams-office/appeals](http://www.jcq.org.uk/exams-office/appeals)).

# 13 Further information and publications

- Edexcel, BTEC and Pearson Work Based Learning contact details: [qualifications.pearson.com/en/contact-us.html](https://qualifications.pearson.com/en/contact-us.html).
- Books, software and online resources for UK schools and colleges: [www.pearsonschoolsandcolleges.co.uk](http://www.pearsonschoolsandcolleges.co.uk).
- Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

All centres offering external assessments must comply with the Joint Council for Qualifications (JCQ) document *Instructions for conducting examinations*.

Further documents that support the information in this specification:

- *Access arrangements and reasonable adjustments* (JCQ)
- *A guide to the special consideration process* (JCQ)
- *Collaborative and consortium arrangements for the delivery of vocational qualifications policy* (Pearson)
- *UK information manual* (updated annually and available in hard copy) **or** *Entries and information manual* (available online) (Pearson).
- *Distance learning and assessment policy* (Pearson)

## Publisher information

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Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

# 14 Glossary

## Part A – General terminology used in specification

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Term	Description
Level	Units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.
Credit value	All unit(s) in this qualification have a credit value/The unit in this qualification has a credit value. The minimum credit value is 1 and credits can be awarded in whole numbers only.
Guided learning hours (GLH)	This indicates the number of hours of activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study. Units may vary in size.
Total qualification time (TQT)	This indicates the total number of hours that a typical learner will take to complete the qualification. This is in terms of both guided learning hours but also unguided learning, for example private study, time spent in the workplace to master skills.
Learning outcomes	The learning outcomes of a unit set out what a learner knows, understands or is 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, skills and understanding 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.
Summative assessment	Assessment that takes place after the programme of learning has taken place.
Valid assessment	The assessment assesses the skills or knowledge/understanding in the most sensible, direct way to measure what it is intended to measure.

Term	Description
Reliable assessment	The assessment is consistent and the agreed approach delivers the correct results on different days for the same learners and different cohorts of learners.

## Part B – Terms used in knowledge and understanding criteria

Term	Description
Analyse	Examine methodically and in detail, typically in order to interpret.
Assess	Consideration of all factors or events that apply, to identify those which are the most important or relevant and make a judgement.
Compare	Identify the main factors relating to two or more items/situations, explaining the similarities and differences or advantages and disadvantages, and in some cases say which is best and why.
Describe	Give a clear account in their own words, including all the relevant information (e.g. qualities, characteristics or events, etc.). Description shows recall and in some cases application.
Detailed	Having additional facts or information beyond a simple response.
Evaluate	Bring together all information and review it to form a supported conclusion, drawing on evidence, including strengths, weaknesses, alternative actions, relevant data or information.
Explain	Provide details and give reasons and/or evidence to support an opinion, view or argument.  <b>OR</b> Provide details and give relevant examples to clarify and extend a point. This would usually be in the context of learners showing their understanding of a technical concept or principle.
Identify	Shows the main features or purpose of something. Can recognise it and/or name characteristics or facts that relate to it.
Outline	Provide a summary or overview or brief description.
State	Express information in clear and precise terms.

# 15 Assessment principles

## Skills for Care & Development Assessment Principles

### 1. Introduction

1.1. Skills for Care and Development (SfCD) 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).

DB200721 DOCUMENT1.1-146/0

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 SfCD partner organisations at links below in appendix 1

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

1.4. Where Skills for Care and Development qualifications are jointly supported with Skills for Health, [Skill for Health assessment principles](#) should also be considered.

- 1.5. Throughout this document the term unit is used for simplicity, but this can mean module or any other similar term.
- 1.6. In all work we would expect assessors to observe and review learners practising core values and attitudes required for quality practice. These include embracing dignity and respect, rights, choice, equality, diversity, inclusion, individuality and confidentiality. All learners should follow the appropriate standards for conduct 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.
- 2.3. Assessment decisions for skills based learning outcomes must be made during the learner's normal work activity by an occupationally qualified<sup>1</sup>, competent and knowledgeable assessor.

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<sup>1</sup> See Appendix B for links to guidance on qualifications for occupational competence in UK nations



- 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.
- 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 C.
- 4.4. **Qualified to make quality assurance decisions:** Awarding Organisations will determine what will qualify those undertaking internal and external quality assurances to make decisions about that quality assurance.
- 4.5. **Expert witness:** An expert witness must:
  - have a working knowledge of the units for which they are providing expert testimony
  - be occupationally competent in the area for which they are providing expert testimony
  - have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.

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

## Appendix A: Skills for Care and Development partnership website links

- [Social Care Wales](#)
- [Northern Ireland Social Care Council](#)
- [Scottish Social Services Council](#)
- [Skills for Care](#)
- [Skills for Care & Development](#)

## Appendix B: Joint awarding body quality group – recognised 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 (CTLTS)

Diploma in Teaching in the Lifelong Learning sector (DTLLS) Mentorship and Assessment in Health and Social Care Settings Mentorship in Clinical/Health Care 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 Awards and Certificate in Assessing the Quality of Assessment (QCF)  
Level 4 Awards and Certificates 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 Educations and Training

Level 3 Certificates in Assessing Vocational Achievement (RQF)





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