

# Pearson BTEC

# Level 2 Diploma in Care (England)

## Specification

Competence-based qualification (England only)

Issue 2

First registration



## **Edexcel, BTEC and LCCI qualifications**

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

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

Summary of changes made between previous issue and this current issue	Section number
<p>Group B1 optional units 57-62 added including the following:</p> <p>Unit 57 Understand how to support individuals during the last days of life</p> <p>Unit 58 Understand advance care planning</p> <p>Unit 59 Provide support for journeys</p> <p>Unit 60 Understand models of disability</p> <p>Unit 61 The principles of infection and control</p> <p>Unit 62 Understand the process and experience of dementia</p>	Section 4
<p>Group B2 optional units 63-88 added including the following:</p> <p>Unit 63: Support independence in the tasks of daily living</p> <p>Unit 64: Support effective communication with individuals with a sensory loss</p> <p>Unit 65: Equality, diversity and inclusion in dementia care practice</p> <p>Unit 66: Provide active support</p> <p>Unit 67: Supporting individuals with loss and grief before death</p> <p>Unit 68: Managing symptoms in end of life care</p> <p>Unit 69: Recognise indications of substance misuse and refer individuals to specialists</p> <p>Unit 70: Identify and act upon immediate risk of danger to substance misusers</p> <p>Unit 71: Increase awareness about drugs, alcohol or other substances with individuals and groups</p> <p>Unit 72: Carry out initial assessments to identify and prioritise the needs of substance misusers</p> <p>Unit 73: Carry out comprehensive substance misuse assessment</p> <p>Unit 74: Assist with the transfer of individuals, who misuse substances, between agencies and services</p> <p>Unit 75: Develop and sustain effective working relationships with staff in other agencies</p> <p>Unit 76: Supply and exchange injecting equipment for individuals</p> <p>Unit 77: Facilitate learning and development activities to meet individual needs and preferences</p> <p>Unit 78: Support individuals to access and use services and facilities</p> <p>Unit 79: Support individuals to maintain personal hygiene</p> <p>Unit 80: Supporting infection prevention and control in social care</p> <p>Unit 81: Support individuals to live at home</p> <p>Unit 82: Provide support for individuals within a shared lives arrangement</p> <p>Unit 83: Contribute to raising awareness of health issues</p> <p>Unit 84: Meet food safety requirements when providing food and drink for individuals</p> <p>Unit 85: Support individuals with specific communication needs</p> <p>Unit 86: Support care plan activities</p> <p>Unit 87: Administer medication to individuals and monitor the effects</p> <p>Unit 88: Test for substance use</p>	Section 4
<p>Unit 7: Implement person-centred approached in care setting. The 6Cs the word 'choice' has been replaced with 'communication'.</p>	Section 11

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

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



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

## **Overview**

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

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

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

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

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

Learners can take the Pearson BTEC Level 2 Diploma in Care (England) as a stand-alone qualification outside of an apprenticeship if they wish.

## **Sizes of Competence-based qualifications**

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

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

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

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

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

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

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

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

## 2 Qualification summary and key information

Qualification title	Pearson BTEC Level 2 Diploma in Care (England)
Qualification Number (QN)	603/2762/5
Regulation start date	06/12/2017
Operational start date	01/01/2018
Approved age ranges	16–18 19+  Please note that sector-specific requirements or regulations may prevent learners of a particular age from embarking on this qualification. Please refer to the assessment requirements in <i>Section 8 Assessment</i> .
Total Qualification Time (TQT)	460 hours
Guided Learning Hours (GLH)	317
Credit value	46
Assessment	Portfolio of evidence (internal assessment).
Grading information	The qualification and units are graded pass/fail.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification.  Centres must also follow the Pearson Access and Recruitment policy (see <i>Section 7 Access and recruitment</i> ).
Funding	The new Apprenticeship Standard funding rules can be found on the Skills Funding Agency's website at <a href="http://www.gov.uk/government/collections/sfa-funding-rules">www.gov.uk/government/collections/sfa-funding-rules</a>

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

### **3 Qualification purpose**

#### **Qualification objectives**

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The Pearson BTEC Level 2 Diploma in Care (England) is for learners employed as an apprentice in the role of an adult care worker (can include personal assistants) or healthcare support worker (can include healthcare assistant, nursing assistant or nursing auxiliary).

An adult care worker's role in care is to make a positive difference to someone's life when they are faced with physical, practical, social, emotional or intellectual challenges. Adult care workers need to have the right values and behaviours, developing competences and skills to provide high-quality compassionate care and support. They are the frontline staff who help individuals with care and support needs to achieve their personal goals and live as independently and safely as possible, enabling them to have control and choice in their lives, which is at the heart of person-centred care. Job roles are varied and determined by, and relevant to, the type of service being provided and the person supported. Adult care workers may work in residential or nursing homes, domiciliary care, day centres, a person's own home or some clinical healthcare settings.

Personal assistants do the same job as an adult care worker and work directly for one individual, usually within their own home.

Healthcare Support Workers (HCSWs) work as part of a team providing high-quality and compassionate care to individuals requiring care and support, and may include patients, service users or clients. They carry out well-defined routine clinical duties such as monitoring an individual's conditions (by checking things like blood pressure, temperature or weight), and checking on their overall progress, comfort and wellbeing. Depending on where they work, they may also help them to eat, drink, wash, dress or go to the toilet.

Healthcare Support Workers will prepare individuals for healthcare activities carried out by other members of the healthcare team, looking after them before, during and/or after those activities in line with their care plan. They will also carry out non-clinical duties and, depending on where they work, this could include things like keeping records, making beds, tidying up the work area, returning or cleaning the equipment used during a clinical activity. Healthcare Support Workers work in a range of healthcare settings and their team may include workers from both health and social care. They report to a registered healthcare practitioner, who will directly or indirectly supervise their work.

The qualification gives learners the opportunity to:

- develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: communication, personal development, equality and inclusion, duty of care, safeguarding, person-centred approaches, health and safety and handling information. Learners will also be expected to work effectively as part of a team and within agreed ways of working, following the relevant standards, policies and protocols used in their workplace, including the Code of Conduct for Adult Social Care Workers and Healthcare Support Workers in England. For details of the units included in this qualification, please see *Section 5 Qualification structure*

- develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation
- develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement
- achieve a nationally-recognised Level 2 qualification.

## **Relationship with previous qualifications**

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This qualification replaces the Pearson Edexcel Level 2 Diploma in Health and Social Care (Adults) for England, expiry date 31 December 2017.

## **Apprenticeships**

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The Level 2 Diploma in Care (England) is a mandatory requirement within the 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 2 Diploma in Care fulfils this mandatory requirement.

The published Adult Care Worker Apprenticeship Standard and Assessment Plan can be found at: [www.instituteforapprenticeships.org/apprenticeship-standards/adult-care-worker/](http://www.instituteforapprenticeships.org/apprenticeship-standards/adult-care-worker/)

The Level 2 Diploma in Care (England) is **not** a mandatory requirement within the Healthcare Support Worker Apprenticeship Standard. However, learners may take this qualification if required by employers. Learners must achieve the specified requirements of the Healthcare Support Worker Apprenticeship Standard before progressing to the End-point assessment.

The published Healthcare Support Worker Apprenticeship Standard and Assessment Plan can be found at: [www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-support-worker/](http://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-support-worker/)

## **Progression opportunities**

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Learners who achieve the Pearson BTEC Level 2 Diploma in Care (England) can, having achieved all other specified requirements of the relevant Apprenticeship Standard, progress to achieving the full Apprenticeship certification that confirms competency in the job role stated on the previous page.

Learners can then choose to progress to the Level 3 Lead Adult Care Worker Apprenticeship, higher level qualifications in care or specialist qualifications reflecting the context in which they work.

Achievement of the Level 2 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 adult care worker, lead personal assistant.

## **Industry support and recognition**

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The Pearson BTEC Level 2 Diploma in Care (England) was developed through close collaboration with Skills for Care, part of the Sector Skills Council Skills for Care and Development.

This qualification is supported by Skills for Care and Skills for Health and is recognised by the Adult Care Trailblazer Group and the Healthcare Trailblazer Group as an appropriate qualification to support the Adult Care Worker and Healthcare Support Worker Apprenticeship Standards.

## 4 Qualification structure

### Pearson BTEC Level 2 Diploma in Care (England)

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

Minimum number of credits that must be achieved	46
Number of mandatory credits that must be achieved	24
Number of optional credits that must be achieved	22
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 15 credits from Group B2 to ensure the overall credits for the optional units is minimum of 22 credits).	15
<b>Please note that Unit 29 Administering medication to individuals and Unit 87 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	Communication in Care Settings	2	3	20
2	Personal Development in Care Settings	2	3	23
3	Equality and Inclusion in Care Settings	2	2	17
4	Duty of Care	2	1	7
5	Safeguarding and Protection in Care Settings	2	3	26
6	Responsibilities of a Care Worker	2	2	16
7	Implement Person-centred Approaches in Care Settings	2	5	39
8	Health, Safety and Wellbeing in Care Settings	2	4	33
9	Handle Information in Care Settings	2	1	10

<b>Unit number</b>	<b>Optional Group B1 –Context or Specialist Knowledge units</b>	<b>Level</b>	<b>Credit</b>	<b>Guided learning hours</b>
10	Understand Mental Wellbeing and Mental Health Promotion	3	3	20
11	Understand Mental Ill Health	3	3	16
12	Principles of the Mental Capacity Act 2005	3	3	20
13	Awareness of Dementia	2	2	17
14	The Person-Centred Approach to the Care and Support of Individuals with Dementia	2	2	17
15	Understanding the Role of Communication and Interactions with Individuals who have Dementia	3	3	26
16	Introduction to Personalisation in Care	3	3	26
17	Causes and Spread of Infection	2	2	20
18	Cleaning, Decontamination and Waste Management	2	2	20
19	Understanding the Context of Supporting Individuals with Learning Disabilities	2	4	35
20	Principles of Positive Risk Taking for Individuals with Disabilities	2	2	20
21	Awareness of Autistic Spectrum Conditions	2	2	17
22	Introduction to Physical Disability	2	2	19
23	Introduction to the Impact of Acquired Brain Injury on Individuals	2	3	25
24	Awareness of Sensory Loss	2	2	16
25	Understanding How to Work in End of Life Care	2	3	28
26	Recognising and Managing the Symptoms of Stroke	2	3	28
27	Awareness of Diabetes	3	6	46
28	Understand Parkinson's for Care staff	3	2	14
57	Understand how to support individuals during the last days of life	3	3	28
58	Understand advance care planning	3	3	25
59	Provide support for journeys	2	2	17
60	Understand models of disability	3	3	26
61	The principles of infection prevention and control	2	3	30
62	Understand the process and experience of dementia	3	3	22

<b>Unit number</b>	<b>Optional Group B2 – Competence units</b>	<b>Level</b>	<b>Credit</b>	<b>Guided learning hours</b>
29	Administering Medication to Individuals	3	5	25
30	Providing Support for Therapy Sessions	2	3	18
31	Provide Support to Manage Pain and Discomfort	2	2	15
32	Contributing to Monitoring the Health of Individuals Affected by Health Conditions	2	2	18
33	Supporting Individuals to Carry Out their Own Healthcare Procedures	2	2	15
34	Support Individuals to Access and Use Information about Services and Facilities	2	3	20
35	Supporting Individuals who are Distressed	2	3	21
36	Supporting Individuals to Eat and Drink	2	2	15
37	Support Individuals to Meet Personal Care Needs	2	2	16
38	Support Individuals to Manage Continence	2	3	19
39	Providing Agreed Support for Foot Care	2	3	23
40	Undertake Agreed Pressure Area Care	2	4	30
41	Obtain and Test Capillary Blood Samples	3	4	30
42	Obtaining and Testing Specimens from Individuals	2	2	15
43	Safe Movement and Handling of Individuals in Accordance with Own Care Plan	2	4	26
44	Working in Partnership with Families to Support Individuals	3	4	27
45	Promoting Positive Behaviour	3	6	44
46	Supporting Families of Individuals with Acquired Brain Injury	2	3	24
47	Contribute to Supporting Individuals in the Use of Assistive Technology	2	3	20
48	Prepare for and Take Physiological Measurements	3	3	23
49	Contribute to the Effectiveness of Teams in Care Settings	2	3	20
50	Promoting Nutrition and Hydration in Care Settings	3	4	32

<b>Unit number</b>	<b>Optional Group B2 – Competence units</b>	<b>Level</b>	<b>Credit</b>	<b>Guided learning hours</b>
51	Assessing the Needs of Carers and Families	3	4	28
52	Monitoring and Maintaining the Environment and Resources during and after Healthcare Activities	2	3	20
53	Support Individuals Undergoing Healthcare Activities	2	3	22
54	Prepare Individuals for Healthcare Activities	2	2	9
55	Assist the Practitioner to Carry out Healthcare Activities	2	2	13
56	Select and Wear Appropriate Personal Protective Equipment for Work in Healthcare Settings	2	2	15
63	Support independence in the tasks of daily living	2	5	33
64	Support effective communication with individuals with a sensory loss	2	3	23
65	Equality, diversity and inclusion in dementia care practice	3	4	31
66	Provide active support	2	3	27
67	Supporting individuals with loss and grief before death	3	2	15
68	Managing symptoms in end of life care	3	3	22
69	Recognise indications of substance misuse and refer individuals to specialists	3	4	24
70	Identify and act upon immediate risk of danger to substance misusers	3	4	24
71	Increase awareness about drugs, alcohol or other substances with individuals and groups	3	7	42
72	Carry out initial assessments to identify and prioritise the needs of substance misusers	3	5	30
73	Carry out comprehensive substance misuse assessment	3	5	30
74	Assist with the transfer of individuals, who misuse substances, between agencies and services	3	1	6

<b>Unit number</b>	<b>Optional Group B2 – Competence units</b>	<b>Level</b>	<b>Credit</b>	<b>Guided learning hours</b>
75	Develop and sustain effective working relationships with staff in other agencies	3	4	24
76	Supply and exchange injecting equipment for individuals	3	3	18
77	Facilitate learning and development activities to meet individual needs and preferences	3	5	35
78	Support individuals to access and use services and facilities	3	4	25
79	Support individuals to maintain personal hygiene	2	2	17
80	Supporting infection prevention and control in social care	3	2	18
81	Support Individuals to Live at Home	3	4	25
82	Provide support for individuals within a shared lives arrangement	3	5	35
83	Contribute to raising awareness of health issues	3	4	26
84	Meet food safety requirements when providing food and drink for individuals	2	2	15
85	Support individuals with specific communications needs	3	5	35
86	Support care plan activities	2	2	13
87	Administer medication to individuals and monitor the effects	3	5	30
88	Test for substance use	3	5	30

### **Unit selection guidance**

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

## 5 Programme delivery

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

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

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

### Elements of good practice

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- Carrying out a thorough induction for learners to ensure that they completely understand the apprenticeship programme and what is expected of them. The induction could include, for example, the requirements of the apprenticeship programme, an initial assessment of current competency levels, assessment of individual learning styles, identification of training needs, an individual learning plan, details of training delivery and the assessment process.
- Having regular progress meetings with the learner to keep them engaged and motivated, and ensuring that there are open lines of communication among all those involved in delivering the training and assessment.
- Using flexible delivery and assessment approaches to meet the needs of the learner and the organisational context and requirements, through the use of a range of approaches, for example virtual learning environments (VLEs), online lectures, video, printable online resources, virtual visits, webcams for distance training, e-portfolios.
- Balancing on-the-job and off-the-job training to meet the requirements of the apprenticeship. It is a mandatory requirement in the new apprenticeships that learners have a minimum of 20% or equivalent off-the-job training. Trainers need to use a range of teaching and learning methods to deliver this training effectively while still meeting varying learner needs. Examples of teaching and learning methods for off-the-job training could include: enquiry-based learning, real-world problem solving, reflective practice, questioning and discussions, demonstration, practising ('trial and error'), simulation and role play, peer learning and virtual environments. Trainers also need to plan opportunities for the development and practising of skills on the job. The on-the-job element of the programme offers opportunities for assessment and plays an important role in developing the learner's routine expertise, resourcefulness, craftsmanship and business-like attitude. It is important that there is intentional structuring of practice and guidance to supplement the learning and development provided through engagement in everyday work activities. Teaching and learning methods, such as coaching, mentoring, shadowing, observation, collaboration and consultation, could be used in this structured on-the-job learning.

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

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

## **Delivery guidance for Pearson BTEC Level 2 Diploma in Care (England)**

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

The qualification is essentially practical, underpinned by the theoretical and technical knowledge applied to the everyday role of an adult care worker or healthcare support worker.

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

While it is essential that learners receive full delivery of the unit content, it is important to note that content listed under 'e.g.' consists of examples of what could be delivered. For example, for learning outcome 2 in *Unit 1: Communication in Care Settings*, the unit content offers several examples of the specific needs of individuals. All of these could be delivered or a choice of those regarded most suitable for the group of learners could be selected. The level of the qualification and the breadth and depth required should be kept in mind when selecting examples for delivery.

Taught sessions are essential for the more theoretical components of the qualification, notably, the context or specialist knowledge units within optional group B1, but also for other units where learners are required to demonstrate their knowledge and understanding. For example *Unit 1: Communication in Care Settings* learning outcome 1 and *Unit 5: Safeguarding and Protection in Care Settings* learning outcomes 1 to 7, where learners are asked to identify, describe, define and explain the various elements of the unit content

It is recommended that a variety of delivery methods are used, including brief lectures, DVD clips from relevant websites, including NHS Choices, The Care Quality Commission (CQC) and BBC news items.

Case studies from professional magazines or valid media sites will enable the theory to be applied to practical situations. Supported internet searches will also be of use. Alternatively, case studies can be produced by the centre or can be based on situations known to learners, while maintaining complete confidentiality.

Visits from practitioners in the field and visits to alternative settings will enhance learner understanding.

DVD clips, for example from the Social Care Institute for Excellence (SCIE) website ([www.scie.org.uk/socialcaretv/topic.asp?t=dignityincare](http://www.scie.org.uk/socialcaretv/topic.asp?t=dignityincare)) will enhance understanding of how skills can be applied to relevant situations.

Looking at actual workplace policies and procedures will support understanding of the links between different pieces of the legislation (learned in class sessions) with the practical tasks within the workplace, for example in *Unit 5: Safeguarding and Protection in Care Settings* learning outcome 4, criterion 4.1, where learners are asked to identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse.

To further understand how to apply practical skills to live, work-based situations before formal assessment takes place, learners could shadow senior work colleagues or be mentored by an experienced colleague. Observing learners in practice and providing constructive feedback on their performance is important for the learning and development of practical skills and behaviours.

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

## 6 Centre resource requirements

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

- Centres must have the appropriate physical resources to support delivery and assessment of the qualifications. For example, a workplace in line with industry standards, or a Realistic Working Environment (RWE) where permitted, as specified in the assessment strategy for the sector; equipment, IT, learning materials, teaching rooms.
- Where a RWE is permitted, it must offer the same conditions as the normal, day-to-day working environment, with a similar range of demands, pressures and requirements for cost-effective working.
- Centres must meet any specific human and physical resource requirements outlined in the assessment strategy in *Annexe A*. Staff assessing learners must meet the occupational competence requirements in the assessment strategy. To meet assessor competence requirement, they must also hold or be working towards an appropriate qualification in assessment. This will include one or more of the following depending on the assessor's role: Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only); Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only) and/or the Level 3 Certificate in Assessing Vocational Achievement. Recognised predecessor qualifications are acceptable where continuing professional development (CPD) has been maintained, e.g. D32, Assess Candidate Performance (competence only); D33, Assess Candidate Using Differing Sources of Evidence; A1, Assess Candidate Performance Using a Range of Methods and A2, Assessing Candidates' Performance through Observation (competence only). Any queries about the suitability of an assessor's qualification/s should be discussed with the centre's appointed Standards Verifier (SV).
- Centres must have in place robust internal verification systems and procedures to ensure the quality and authenticity of learners' work as well as the accuracy and consistency of assessment decisions between assessors operating at the centre. Staff with an internal quality assurance role should hold or be working towards the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice, and/or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice. Recognised predecessor qualifications are acceptable where CPD has been maintained, e.g. V1, Award in Conducting Internal Quality Assurance of the Assessment Process and D34, Internally Verify the Assessment Process. Any queries about the suitability of an internal quality assurer's qualification/s should be discussed with the centre's appointed Standards Verifier (SV). For information on the requirements for implementing assessment processes in centres, please refer to the document *General Guidance for Centres and Learners*. Additionally, centres offering the qualification as stand alone should refer to the document *Centre Guide to Quality Assurance Pearson NVQ/SVQ & Competence-based Qualifications*, and centres offering the qualification within BTEC Apprenticeship frameworks should refer to the document *Quality Assurance Handbook BTEC Apprenticeship*. All three documents are available on our website, [qualifications.pearson.com](http://qualifications.pearson.com).
- There must be systems in place to ensure CPD for staff delivering and quality assuring the qualification.

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

## **7 Access and recruitment**

Our policy on access to our qualifications is that:

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

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

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

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

### **Prior knowledge, skills and understanding**

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No specific prior knowledge, understanding, skills or qualifications are required before learners register for this qualification.

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

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

We are committed to making sure that:

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

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

## **8 Assessment**

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

### **Language of assessment**

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Assessments for the units in this qualification are in English only. A learner taking the qualification may be assessed in British or Irish Sign Language where it is permitted for the purpose of reasonable adjustment. Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Adjustments for candidates with disabilities and learning difficulties, Access Arrangements, Reasonable Adjustments and Special Consideration, General and Vocational qualifications*. The document is available on our website.

### **Internal assessment**

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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 the learner must:

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

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

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

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

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

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

## **Assessment strategy**

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The assessment strategy for this qualification, titled Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 is included in *Annexe A*. This document sets out the overarching assessment requirements and the framework for assessing the units to ensure that the qualification remains valid and reliable. It has been jointly developed by Skills for Care and Skills for Health. Skills for Care is part of the UK Sector Skills Council (SSC) and represents Adult Care in England and Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

## **Types of evidence**

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

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

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

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

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

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

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

## **Assessment of knowledge and understanding**

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

Assessment of knowledge-based learning outcomes:

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

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

## **Appeals**

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

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

## **Dealing with malpractice**

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

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

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

## **Internal assessment**

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

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

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

## **Learner malpractice**

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

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

## **Teacher/centre malpractice**

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The head of centre is required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. The head of centre is requested to inform the Investigations Team by submitting a *JCQ Form M2(a)* (available at [www.jcq.org.uk/exams-office/malpractice](http://www.jcq.org.uk/exams-office/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.

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

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

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

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

## **Sanctions and appeals**

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

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

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

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

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

The centre will be notified if any of these apply.

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

## **Reasonable adjustments to assessment**

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Centres are able to make adjustments to assessments to take account of the needs of individual learners in line with the guidance given in the document

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

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

Both documents are on our website.

## **Special consideration**

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

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

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

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

Both of the documents mentioned above are on our website.

## **9 Centre recognition and approval**

### **Centre recognition**

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

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

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

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

### **Approvals agreement**

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

## 10 Quality assurance

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

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

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

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

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

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

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

All three documents mentioned above are available on our website, [qualifications.pearson.com](http://qualifications.pearson.com)

# 11 Unit format

Each unit has the following sections.

## **Unit number**

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

## **Unit title**

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

## **Unit reference number**

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

## **Level**

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

## **Unit type**

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

## **Credit value**

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

## **Guided Learning Hours (GLH)**

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

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

## **Unit summary**

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

## **Learning outcomes**

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

## **Assessment criteria**

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

## **Unit content**

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

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

## **Relationship between unit content and assessment criteria**

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

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

## **Legislation**

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

## **Information for tutors**

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

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

# **Units**

This specification includes the qualification's mandatory units only.

Optional units can be found on the qualification page of the Pearson website:  
[qualifications.pearson.com](http://qualifications.pearson.com)



**Unit 1:****Communication in  
Care Settings****Unit reference number:** K/616/7112**Level:** 2**Unit type:** Mandatory**Credit value:** 3**Guided learning hours:** 20

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**Unit summary**

Being able to communicate with others is an essential aspect of day-to-day working practice in care settings. This can include face-to-face interactions with individuals, colleagues and professionals; using verbal and non-verbal forms of communication; and employing a range of written communications. Being able to communicate messages and information appropriately, and in accordance with policy, will promote inclusive practice and foster positive working relationships with individuals.

This unit introduces the central importance of communication in care settings and ways to overcome barriers to meet individuals' needs and preferences in communication. You will learn about the importance of confidentiality when working with individuals in care settings, the types of information that are confidential, and the policies and procedures for recording, handling and storing information to ensure that individuals' information is protected.

By the end of this unit, you will be able to demonstrate the communication skills needed to work in care settings. You will also be able to demonstrate how to ensure that you are correctly following the policies and procedures that promote positive relationships with individuals.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand why communication is important in the work setting	1.1 Identify different reasons why people communicate 1.2 Explain how effective communication affects all aspects of your own work 1.3 Explain why it is important to observe an individual's reactions when communicating with them
2 Be able to meet the communication and language needs, wishes and preferences of individuals	2.1 Find out an individual's communication and language needs, wishes and preferences 2.2 Demonstrate communication methods that meet an individual's communication needs, wishes and preferences 2.3 Show how and when to seek advice about communication
3 Be able to reduce barriers to communication	3.1 Identify barriers to communication 3.2 Demonstrate how to reduce barriers to communication in different ways 3.3 Demonstrate ways to check that communication has been understood 3.4 Identify sources of information, support and services to enable more effective communication
4 Be able to apply principles and practices relating to confidentiality at work	4.1 Explain the term 'confidentiality' 4.2 Demonstrate confidentiality in day-to-day communication in line with agreed ways of working 4.3 Describe situations where information normally considered to be confidential might need to be passed on 4.4 Explain how and when to seek advice about confidentiality

# Content

What needs to be learned
<b>Learning outcome 1: Understand why communication is important in the work setting</b>
<b>Care settings</b> <ul style="list-style-type: none"><li>Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.</li></ul>
<b>Work setting</b> <ul style="list-style-type: none"><li>One specific location or a range of locations, depending on the context of a particular work role.</li></ul>
<b>Individual</b> <ul style="list-style-type: none"><li>Someone requiring care or support; this usually means the person or people supported by the carer.</li></ul>
<b>Reasons for communication</b> <ul style="list-style-type: none"><li>Express needs, feelings and wishes.</li><li>Share ideas, experiences and information.</li><li>Reassure.</li><li>Assert judgements and opinions.</li><li>Build relationships.</li><li>Socialise and network.</li><li>Ask questions and clarify information.</li></ul>
<b>Role of communication in the work environment</b> <ul style="list-style-type: none"><li>Dealing with others in work environments, e.g. colleagues, users of services, families, professionals.</li><li>Building effective relationships and trust.</li><li>Impact on individuals' needs, wishes and preferences.</li><li>Prevents misunderstandings.</li><li>Supports development of own knowledge and skills.</li><li>Negotiating and resolving conflicts efficiently.</li><li>Reflection, promoting change and development.</li></ul>
<b>Importance of observing the reactions of individuals</b> <ul style="list-style-type: none"><li>Body language in understanding emotional state, e.g. facial expressions, gestures, touch, eye contact.</li><li>Ability to know if information has been understood.</li><li>Ability to understand emotional state.</li><li>Ability to know when and how to adjust communication method.</li><li>Recognising barriers to communication.</li></ul>

## **What needs to be learned**

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

#### **Establishing communication needs, wishes and preferences**

- Home language.
- Preferred method of communication.
- Sensory difficulties.
- Preference based on beliefs, values, culture, age and gender.
- Identifying specific needs, e.g. language, physical disabilities.
- Identifying needs, wishes and preferences through other sources, e.g. families/carers, other professionals, records.

#### **Communication methods**

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

#### **How and when to seek advice about communication**

- Awareness of barriers.
- Understanding own strengths and areas for development relating to communication skills.
- Seeking support from colleagues, managers/supervisors.

### **Learning outcome 3: Be able to reduce barriers to communication**

#### **Barriers to communication**

- Language, e.g. dialect, use of jargon, sector-specific vocabulary.
- Environmental factors, e.g. external noise, poor lighting.
- Social isolation, e.g. lack of confidence, from intimidation, abuse or trauma.
- Physical, e.g. sensory deprivation, physical and mental illness.

#### **Reducing barriers to communication**

- Open body language.
- Positive, non-judgemental attitude.
- Use of technological aids, e.g. hearing aids, induction loop, telephone relay services.

## **What needs to be learned**

- Human aids, e.g. interpreters, signers, translators, advocates.
- Use of age-appropriate vocabulary.
- Staff training.
- Improving environment, e.g. noise, lighting.
- Minimising distractions

## **Checking communications have been understood**

- Techniques for checking understanding, e.g. use of visual cues.
- Asking questions, repeating and/or rephrasing when necessary.
- Clarifying through written form, e.g. emails, witnessed records of meetings.

## **Sources of support to aid communications**

- Advocacy services, e.g. Support Empower Advocate Promote (SEAP), British Institute of Learning Disabilities (BILD), Empower Me service, Independent Mental Capacity Advocates (IMCAs), Action on Hearing Loss.
- Translation services.
- Interpreting services.
- Speech and language services.

## **Learning outcome 4: Be able to apply principles and practices relating to confidentiality at work**

### **Agreed ways of working**

- Policies and procedures where these exist (may be less formally documented with micro-employers).

### **Confidentiality**

- Meaning of confidentiality in care settings.
- Types of information that should be kept confidential.
- Data Protection Act 1998:
  - how information is stored
  - recording and reporting information
  - information sharing
  - information retention.

### **Confidentiality in day-to-day communication**

- Agree forms of communication with line manager.
- Communicating with colleagues and managers.
- Communication with individuals and families/carers.
- Communication with professionals.
- Roles and responsibilities
- Boundaries to communication.
- Following policies and procedures:
  - confidentiality, to include: knowing when information is confidential and who to share with, procedures for disclosure
  - report writing and record keeping

### **What needs to be learned**

- reporting accidents, injuries or incidents
- handling of sensitive information
- role of individuals in reporting, recording, handling and sharing different types of information.

### **When information needs to be shared**

- Safeguarding situations.
- With individual's consent.
- Concept of need to know.
- Through court judgment.
- Whistleblowing.

### **Seeking advice about confidentiality**

- Referring to line manager or supervisor.
- Seeking consent.
- Importance of following procedures.

## Information for tutors

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### Suggested resources

#### Books

Moi A – *How to Communicate Effectively in Health and Social Care: A Practical Guide for Caring Professions* (Pavilion, 2017) ISBN 9781911028376

Rawles Z – *Essential Knowledge and Skills for Healthcare Assistants* (Routledge, 2014) ISBN 9781444169232

#### Websites

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

Information on communicating and language assessment.

[www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/](http://www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/)

Community Care website article on improving communication within care.

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

Website for current government legislation.

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

Royal College of Nursing First Steps for Health Care Assistants.

[www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf](http://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-6.pdf)

Standard 6 of the Care Certificate.

[www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx](http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx)

Skills for Care – guidance on the Care Act 2014.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

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

## **Unit 2: Personal Development in Care Settings**

**Unit reference number:** M/616/7287

**Level:** 2

**Unit type:** Mandatory

**Credit value:** 3

**Guided learning hours:** 23

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### **Unit summary**

Personal development is integral to success in life and work.

This unit is aimed at those who work in care settings. The unit introduces the concepts of personal development and reflective practice. You will explore the different ways in which learning can take place and how learning from individual experiences can be used to enhance the quality of knowledge, skills and practice.

You will plan and monitor your personal and professional development and reflect on it. You will gain a key understanding of the care sectors, including aspects of service delivery and the fundamentals of research methodology. You will consider your personal and professional development holistically, linking different units in your programme and your personal experiences. You will then draw up a personal plan for self-development over the duration of your programme, as appropriate to your personal abilities, goals and career aspirations.

You will review your progress against these plans at intervals throughout the programme. You will adjust them to changing circumstances as appropriate. You will develop the ability to draw on a range of sources of information to assess your personal and professional development, including vocational experience and other relevant experiences such as formal study, employment and/or voluntary activity.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand what is required for competence in own work role	1.1 Describe the duties and responsibilities of own role 1.2 Identify standards, regulatory requirements and agreed ways of working that may influence your knowledge, understanding and skills required to carry out your work role 1.3 Describe how to ensure that own personal values, attitudes or beliefs do not obstruct the quality of work and working practice
2 Be able to reflect on own work activities	2.1 Explain why reflecting on work activities is an important way to develop knowledge, skills and practice 2.2 Assess how well own knowledge, skills and understanding meet standards 2.3 Demonstrate the ability to reflect on work activities
3 Be able to agree a personal development plan	3.1 Identify sources of support and how they can be used for own learning and development 3.2 Describe the process for agreeing a personal development plan and who should be involved 3.3 Contribute and agree to own personal development plan
4 Be able to develop own knowledge, skills and understanding	4.1 Describe how a learning activity has improved own knowledge, skills and understanding 4.2 Describe how reflecting on a situation has improved own knowledge, skills and understanding 4.3 Explain the importance of continuing professional development 4.4 Describe how feedback from others has developed own knowledge, skills and understanding 4.5 Demonstrate how to record progress in relation to personal development

# Content

What needs to be learned
<b>Learning outcome 1: Understand what is required for competence in own work role</b>
<b>Duties and responsibilities</b> <ul style="list-style-type: none"><li>• Job description for own role.</li><li>• Organisational goals and practices.</li><li>• Inter-agency working.</li></ul> <b>Standards that influence role</b> <ul style="list-style-type: none"><li>• Codes of practice.</li><li>• Regulations.</li><li>• Care Standards.</li><li>• National Occupational Standards (NOS).</li></ul> <b>Ways to prevent personal attitudes and beliefs obstructing quality of work</b> <ul style="list-style-type: none"><li>• Reflecting on own background and experiences.</li><li>• Understanding effects of own beliefs and attitudes on practice.</li><li>• Seeking ways to gain feedback on own practice.</li><li>• Seeking professional development opportunities.</li><li>• Developing knowledge and understanding of:<ul style="list-style-type: none"><li>◦ needs</li><li>◦ culture</li><li>◦ background of individuals using services.</li></ul></li></ul>
<b>Learning outcome 2: Be able to reflect on own work activities</b>
<b>The importance of reflecting on work activities</b> <ul style="list-style-type: none"><li>• Supports learning from and helps to make sense of experiences.</li><li>• Identifying new opportunities.</li><li>• Developing skills and techniques.</li><li>• Understanding what has been achieved.</li><li>• Thinking about aspects that worked well or not so well.</li><li>• Considering what could have been done differently.</li></ul> <b>Assessing own knowledge and skills</b> <ul style="list-style-type: none"><li>• Knowledge to carry out role effectively.</li><li>• Ability to follow codes of practice and procedures.</li><li>• Ways to seek feedback from individuals using services.</li><li>• Ways to seek feedback from:<ul style="list-style-type: none"><li>◦ colleagues</li><li>◦ managers or supervisors</li><li>◦ other professionals.</li></ul></li></ul>

## **What needs to be learned**

### **Reflecting on work activities**

- Keeping a record of development through a log or diary.
- Identifying positive and negative aspects of activity:
  - organisation
  - own role
  - resources used.
- Reflecting on outcomes for individuals using services.
- Understanding own role and contribution to team and/or inter-agency working.

### **Learning outcome 3: Be able to agree a personal development plan**

#### **Sources of support for own learning and development**

- Informal support.
- Formal support.
- Within the organisation:
  - line manager
  - supervisor.
- Supervision.
- Appraisal.
- Mentoring schemes.
- Beyond the organisation:
  - accessing specialist information through partner and external organisations
  - online professional discussion groups.

#### **Planning process**

- Cyclical nature of planning and review.
- Understanding own role.
- Identifying own strengths and weaknesses.
- Identifying gaps in knowledge.
- Using feedback from others.
- Appraisal process.
- Understanding development goals of own sector.
- Identifying opportunities to develop knowledge and skills.
- Reviewing progress.

#### **People involved**

- The individual.
- Carers.
- Advocates.
- Supervisor, line manager or employer.
- Team members.
- Other professionals.

## **What needs to be learned**

### **Personal development plan**

- Agreeing objectives for development.
- Proposing activities to meet objectives.
- Timescales for review.
- Understanding needs for SMART targets:
  - specific
  - measurable
  - achievable
  - realistic
  - timed.
- Need for regular review of development plans.
- Need to identify training opportunities and support.

### **Learning outcome 4: Be able to develop own knowledge, skills and understanding**

#### **Developing knowledge, skills and understanding through a learning activity**

- Developing new concepts and ideas through discussion:
  - working with colleagues
  - asking questions
  - training.
- Evidence of applying learning to own practice.
- Activities to develop knowledge and understanding about individuals' needs and preferences.

#### **Role of reflection in improving own knowledge, skills and understanding**

- Situations in a work context:
  - supporting an individual using health or care services
  - working with colleagues.
- Effectiveness of own practice.
- Recognition of own contribution to teamwork.
- Evidence of applying learning and skills to new situations.
- Changes in own practice.
- Ability to advise and support colleagues.
- Value and role of continuing professional development:
  - tracking and documenting the skills, knowledge and experience beyond initial training
  - record of what you experience, learn and then apply
  - lifelong learning.

## **What needs to be learned**

### **Feedback from others**

- Others may include team members, other colleagues, those who use or commission their own health or care services, families, carers and advocates.
- Feedback from colleagues, e.g. line manager, supervisor.
- Feedback from people using services, e.g. adults, families.
- Ways that feedback has been used to make changes to own practice.

### **Ways to record evidence of personal progress**

- Importance of regular review.
- Use of diary or journal.
- Personal development plans and reviews.
- Witness testimonies.
- Attendance records, e.g. from training, meetings.

## Information for tutors

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### Suggested resources

#### Books

- Cottrell S – *Skills for Success: Personal Development and Employability* (Palgrave Macmillan, 2015) ISBN 9781137426529
- Ferreiro Peteiro M – *Level 2 Health & Social Care Diploma SHC 22 Assessment Workbook: Introduction to personal development in health, social care or children's and young people's settings* (Hodder Education, 2015) ISBN 9781471850301
- Masters, A and Wallace H – *Personal Development for Life and Work* (South-Western Educational Pub, 2010) ISBN 9780538450232

#### Websites

<a href="http://www.careknowledge.com">www.careknowledge.com</a>	Professional development, research and policy information for the social care sector.
<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	Health and Safety Executive – information relating to health and safety visits.
<a href="http://www.scie.org.uk">www.scie.org.uk</a>	Social Care Institute for Excellence – independent charity and improvement agency providing accredited training, consultancy, research and resources for the social care and health sectors.
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Sector Skills Council for the UK care sector – sets the standards and qualifications for social care workers.
<a href="http://www.skillsforcareanddevelopment.org.uk">www.skillsforcareanddevelopment.org.uk</a>	Sector Skills Council for Care and Development – develops workforce skills for those working in social work and social care.
<a href="http://www.skillsyouneed.com/ps/personal-development">www.skillsyouneed.com/ps/personal-development</a>	Personal development website.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

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

## **Unit 3: Equality and Inclusion in Care Settings**

**Unit reference number:** **T/616/7288**

**Level:** **2**

**Unit type:** **Mandatory**

**Credit value:** **2**

**Guided learning hours:** **17**

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### **Unit summary**

We live in a multicultural society made up of individuals with diverse needs. When working in care settings, practitioners meet people who look and sound different to them, and who have backgrounds completely different to their own. It is important that all individuals have equal access to care services and that these diverse needs can be met.

This unit introduces the knowledge and skills to enable you to work in a fair and inclusive way; you will explore the meaning of diversity, equality, inclusion and discrimination. You will consider the importance of non-discriminatory practice in care settings by looking at its impact on individuals and those who work in the sector. You will explore the promotion of equality and diversity and investigate ways to adapt services to meet individuals' diverse needs, assessing the benefits to users of services of doing so.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand the importance of equality and inclusion	<ul style="list-style-type: none"><li>1.1 Explain what is meant by:<ul style="list-style-type: none"><li>• diversity</li><li>• equality</li><li>• inclusion</li><li>• discrimination</li></ul></li><li>1.2 Describe ways in which discrimination may deliberately or inadvertently occur in the work setting</li><li>1.3 Explain how practices that support equality and inclusion reduce the likelihood of discrimination</li></ul>
2 Be able to work in an inclusive way	<ul style="list-style-type: none"><li>2.1 Identify which legislation and codes of practice relating to equality, diversity and discrimination apply to own role</li><li>2.2 Show interaction with individuals that respects their beliefs, culture, values and preferences</li><li>2.3 Describe how to challenge discrimination in a way that encourages change</li></ul>
3 Know how to access information, advice and support about diversity, equality and inclusion	<ul style="list-style-type: none"><li>3.1 Identify a range of sources of information, advice and support about diversity, equality and inclusion</li><li>3.2 Describe how to access information, advice and support about diversity, equality and inclusion</li><li>3.3 Identify when to access information, advice and support about diversity, equality and inclusion</li></ul>

# Content

## What needs to be learned

### Learning outcome 1: Understand the importance of equality and inclusion

#### Work settings

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

#### Care settings

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

#### Diversity

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

#### Equality

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

#### Inclusion

- Placing individuals at the centre of planning and support.
- Valuing diversity.
- Being included within either a group or society as a whole.

#### Discrimination

- Treating some individuals less favourably than others.
- Effects of discrimination.
- Direct discrimination.
- Indirect discrimination.
- Institutional discrimination.

## **What needs to be learned**

### **Deliberate and inadvertent discrimination**

- Institutional discrimination.
- Discrimination by individuals.
- The effects of lack of knowledge and understanding.
- Prejudice.
- Labelling.
- Lack of opportunity.
- Stereotyping.
- Harassment.
- Bullying.
- Use of inappropriate language.

### **Practices that support equality and inclusion**

- Policies and procedures in workplace settings.
- Challenging discrimination.
- Promoting rights.
- Empowering individuals.
- Removing barriers, e.g. physical access, communication.
- Improving participation.
- Promoting dignity.
- Placing individuals at the centre of the planning and delivery of services.

## **Learning outcome 2: Be able to work in an inclusive way**

### **Individual**

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

### **Legislation and codes of practice**

- Codes of practice of sector.
- Policies of workplace setting.
- Human Rights Act 1998.
- Equality Act 2010.

### **Interactions**

- Interactions with individuals, including:
  - colleagues
  - adults using services.
- Active listening.
- Knowledge of individuals:
  - beliefs
  - cultures
  - values
  - preferences.

**What needs to be learned**

- Maintaining confidentiality.
- Appropriate use of language.

**Challenging discrimination**

- Challenging discriminatory behaviour.
- Challenging own beliefs and attitudes.
- Disciplinary procedures.
- Complaints procedures.
- Staff training.
- Reviewing and developing policy and procedures.

**Learning outcome 3: Know how to access information, advice and support about diversity, equality and inclusion****Sources of information, advice and support**

- Sector Skills Councils:
  - Skills for Health
  - Skills for Care.
- Professional organisations:
  - Nursing and Midwifery Council.
- Voluntary organisations.
- Government websites for current legislation and guidelines.
- Books.
- Journals.

**Accessing information, advice and support**

- Colleagues.
- Feedback on own practice.
- Inter-agency working.
- Liaison with community leaders or organisations.
- Professional development opportunities.

## Information for tutors

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### Suggested resources

#### Books

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

Eales M – *Diversity, Equality and Inclusion in Adult Social Care Workbook* (CreateSpace Independent Publishing Platform, 2013) ISBN 9781492744146

Moore S – *Social Welfare Alive Third Edition* (Nelson Thornes, 2002)  
ISBN 9780748765614

Ogden C – *Equality and Diversity* (Crabtree Publishing Company, 2017)  
ISBN 9780778733485

#### Magazine

*Community Care Magazine*

#### Websites

<a href="http://ageuk.org.uk">ageuk.org.uk</a>	Age UK – charity that supports people in later life.
<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>	Department of Health – information relating to the support, care and treatment of patients with compassion, respect and dignity.
<a href="http://www.eoc.org.uk">www.eoc.org.uk</a>	Equal Opportunities Commission – information about the promotion and protection of everyone's right to equal opportunities in the workplace as laid down in the Equality Act 2010.
<a href="http://www.linkability.org.uk">www.linkability.org.uk</a>	Care and support website for people with learning disabilities.
<a href="http://www.rnib.org.uk">www.rnib.org.uk</a>	Royal National Institute of Blind People – provides practical and emotional support for the blind and partially sighted.
<a href="http://www.actiononhearingloss.org.uk">www.actiononhearingloss.org.uk</a>	Action on hearing loss – practical information for those living with hearing loss.
<a href="http://www.scie.org.uk">www.scie.org.uk</a>	Social Care Institute for Excellence – independent charity and improvement agency providing accredited training, consultancy, research and resources for the social care and health sectors.
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Sector Skills Council for the UK care sector – sets the standards and qualifications for social care workers.
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Sector Skills Council for the UK health sector – information about policy and standards focusing on health, education and improving the wider wellbeing of public health.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

Assessment decisions for learning outcome 2 (competence) must be made based on evidence generated during the learner's normal work activity. Assessment of learning outcomes 1 and 3 (knowledge) may take place in or outside of a real work environment but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcome 2.

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



## **Unit 4: Duty of Care**

**Unit reference number:** A/616/7289

**Level:** 2

**Unit type:** Mandatory

**Credit value:** 1

**Guided learning hours:** 7

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### **Unit summary**

When working in the care sector, care workers must always act in the best interests of the individuals they are working with. They need to make sure that no one in their care comes to any harm, so it is essential that they work within the remit of their own skills and knowledge. Care workers have a 'duty of care' to all those they work with.

In this unit, you will gain an understanding of what it means to have a 'duty of care' and learn how to handle any dilemmas and complaints. You will also learn where to get advice.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand the implications of duty of care	1.1 Define the term 'duty of care' 1.2 Describe how duty of care relates to duty of candour 1.3 Describe how the duty of care affects own work role
2 Understand support available for addressing dilemmas that may arise about duty of care	2.1 Describe dilemmas that may arise between the duty of care and an individual's rights 2.2 Explain where to get additional support and advice about how to resolve such dilemmas
3 Know how to respond to complaints	3.1 Describe the process to follow when responding to complaints 3.2 Identify the main points of agreed procedures for handling complaints

# Content

What needs to be learned
<b>Learning outcome 1: Understand the implications of duty of care</b>
<b>Duty of care</b> <ul style="list-style-type: none"><li>• Duty of care towards individuals using services, colleagues and self.</li><li>• Care practice that is not detrimental to the health, wellbeing and safety of individuals.</li><li>• Legal obligation to act in the best interests of individuals and others to promote wellbeing.</li></ul>
<b>Duty of candour</b> <ul style="list-style-type: none"><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>Individual</b> <ul style="list-style-type: none"><li>• An individual refers to someone requiring care or support; it will usually mean the person, or people, supported by the learner.</li></ul>
<b>Own work role</b> <ul style="list-style-type: none"><li>• Carry out duties given in own job description and declining care work that is not in that job description.</li><li>• Follow standard procedures in all aspects of work, including use of resources and equipment.</li><li>• Standards of care in line with principles and codes of practice of setting/service.</li><li>• Importance of induction and regular updating of knowledge and skills.</li><li>• Duty to report concerns (whistleblowing).</li></ul>
<b>Learning outcome 2: Understand support available for addressing dilemmas that may arise about duty of care</b>
<b>Addressing dilemmas</b> <ul style="list-style-type: none"><li>• Balance between health and safety and an individual's human rights and freedoms.</li><li>• Concept of 'mental capacity'.</li><li>• Tensions between individual choice and keeping the individual safe from harm.</li><li>• Conflict between confidentiality and the need to share information in the interest of the individual or public safety.</li></ul>

## **What needs to be learned**

### **Additional support and advice to help address dilemmas**

- Employee support, e.g. mentor, tutor, line manager.
- Regulatory bodies, e.g. Care Quality Commission.
- Professional bodies, e.g. Health and Care Professions Council (HCPC)
- Skills councils, e.g. Skills for Care, Skills for Health.
- Trade unions, e.g. UNISON.

## **Learning outcome 3: Know how to respond to complaints**

### **Why it is important that individuals know how to make a complaint**

- Protect individual's legal rights.
- Prevent poor practice.
- Raise awareness with managers and regulatory bodies.
- Improve healthcare and care services for self and other users.

### **Handling complaints**

- Keep records of complaints.
- Identify what went wrong.
- Respond to complainant within agreed time.
- Respond to the complaint, e.g. apologising, putting things right (local resolution stage).
- Inform complainant of rights/who to complain to when complaints are not resolved.

### **Responding to complaints**

- Follow policy and procedures of service/setting.
- Listen carefully to what is said.
- Clarify problem.
- Give advice on procedures for complaining.
- Pass on complaints to line manager/complaints manager.

## Information for tutors

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### Suggested resources

#### Books

Cape C et al – *Preparing to Work in Adult Social Care Level 2* (Nelson Thornes, 2012) ISBN 9781408518120

Walsh M et al – *Health and Social Care Diplomas – Level 2 Diploma Candidate Handbook* (HarperCollins, 2011) ISBN 9780007430512

#### Websites

<a href="http://www.communitycare.co.uk">www.communitycare.co.uk</a>	Various articles about care.
<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>	Care Quality Commission – the independent regulator of health and adult social care in England.
<a href="http://www.hcpc-uk.co.uk">www.hcpc-uk.co.uk</a>	Health and Care Professions Council (HCPC).
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Sector Skills Council for the UK care sector. Section 3 of the Care Certificate.
<a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a>	Sector Skills Council for the UK health sector. A not-for-profit organisation committed to the development of an improved and sustainable healthcare workforce across the UK.
<a href="http://www.unison.org.uk">www.unison.org.uk</a>	One of the UK's largest trade unions, represents full-time and part-time staff who provide public services.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

**Unit 5:****Safeguarding and Protection in Care Settings****Unit reference number:** D/616/2943**Level:** 2**Unit type:** Mandatory**Credit value:** 3**Guided learning hours:** 26

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**Unit summary**

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

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

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand principles of safeguarding adults	<ul style="list-style-type: none"><li>1.1 Explain the term safeguarding</li><li>1.2 Explain own role and responsibilities in safeguarding individuals</li><li>1.3 Define the following terms:<ul style="list-style-type: none"><li>• physical abuse</li><li>• domestic abuse</li><li>• sexual abuse</li><li>• emotional/psychological abuse</li><li>• financial/material abuse</li><li>• modern slavery</li><li>• discriminatory abuse</li><li>• institutional/organisational abuse</li><li>• self-neglect</li><li>• neglect by others</li></ul></li><li>1.4 Describe harm</li><li>1.5 Describe restrictive practices</li></ul>
2 Know how to recognise signs of abuse	<ul style="list-style-type: none"><li>2.1 Identify the signs and/or symptoms associated with each of the following types of abuse:<ul style="list-style-type: none"><li>• physical abuse</li><li>• domestic abuse</li><li>• sexual abuse</li><li>• emotional/psychological abuse</li><li>• financial/material abuse</li><li>• modern slavery</li><li>• discriminatory abuse</li><li>• institutional/organisational abuse</li><li>• self-neglect</li><li>• neglect by others</li></ul></li><li>2.2 Describe factors that may contribute to an individual being more vulnerable to abuse</li></ul>

<b>Learning outcomes</b>	<b>Assessment criteria</b>
3 Know how to respond to suspected or alleged abuse	<p>3.1 Explain the actions to take if there are suspicions that an individual is being abused</p> <p>3.2 Explain the actions to take if an individual alleges that they are being abused</p> <p>3.3 Identify ways to ensure that evidence of abuse is preserved</p>
4 Understand the national and local context of safeguarding and protection from abuse	<p>4.1 Identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse</p> <p>4.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse</p> <p>4.3 Identify factors that have featured in reports into serious cases of abuse and neglect</p> <p>4.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse, including whistleblowing</p> <p>4.5 Identify when to seek support in situations beyond your experience and expertise</p>
5 Understand ways to reduce the likelihood of abuse	<p>5.1 Explain how the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> <li>• working with person-centred values</li> <li>• encouraging active participation</li> <li>• promoting choice and rights</li> <li>• supporting individuals with awareness of personal safety</li> </ul> <p>5.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse</p> <p>5.3 Outline how the likelihood of abuse can be reduced by managing risk and focusing on prevention</p>

Learning outcomes	Assessment criteria
6 Know how to recognise and report unsafe practices	<p>6.1 Describe unsafe practices that may affect the wellbeing of individuals</p> <p>6.2 Explain the actions to take if unsafe practices have been identified</p> <p>6.3 Describe the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response</p>
7 Understand principles for online safety	<p>7.1 Describe the potential risks presented by:</p> <ul style="list-style-type: none"> <li>• the use of electronic communication devices</li> <li>• the use of the internet</li> <li>• the use of social networking sites</li> <li>• carrying out financial transactions online</li> </ul> <p>7.2 Explain ways of reducing the risks presented by each of these types of activity</p> <p>7.3 Explain the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices</p>

# Content

What needs to be learned
<p><b>Learning outcome 1: Understand principles of safeguarding adults</b></p> <p><b>Definition of safeguarding</b></p> <ul style="list-style-type: none"><li>Protecting people's health, wellbeing and human and individual rights, and enabling them to live free from harm, abuse and neglect.</li></ul> <p><b>Own role and responsibilities</b></p> <ul style="list-style-type: none"><li>Training.</li><li>Knowledge of policies and procedures relevant to own level of responsibility.</li><li>Awareness of own practice.</li></ul> <p><b>Types of abuse</b></p> <ul style="list-style-type: none"><li>Physical abuse, e.g. hitting, shaking, biting, throwing, burning or scalding, suffocating, force-feeding or otherwise causing physical harm to an individual.</li><li>Sexual abuse, e.g. forcing an individual to take part in sexual activities or behave in sexually inappropriate ways; penetrative acts, including rape or buggery; non-penetrative acts, e.g. watching sexual activities, including viewing inappropriate sexual activity on the internet.</li><li>Emotional abuse, e.g. bullying, invoking threats or fear, devaluing individual self-esteem, verbal abuse and swearing, imposing inappropriate expectations, conveying feelings of worthlessness, exploitation, domestic acts of control and coercion.</li><li>Financial abuse, e.g. theft of money or property, misappropriation or mismanagement of individuals' finances, denying individuals access to their own finances, particularly the elderly or individuals with learning difficulties.</li><li>Institutional abuse, e.g. misuse of authority, information or power over vulnerable individuals by staff in care settings, failure to maintain professional boundaries, inappropriate use of medication, physical restraint, humiliation or bullying, denying privacy.</li><li>Self-neglect, e.g. individuals engaging in neglectful or self-harming behaviours, including refusing to eat or drink, neglecting personal hygiene or toilet needs, causing actual bodily harm to self, including cutting.</li><li>Neglect or acts of omission, e.g. not caring for the basic needs of individuals, including neglectful practice in washing, toileting, feeding or personal care, ignoring or isolating individuals.</li><li>Domestic abuse, e.g. patterns of controlling, coercive or threatening behaviour, 'honour'-based violence, female genital mutilation and forced marriage.</li><li>Modern slavery, e.g. human trafficking, forced labour, domestic servitude.</li><li>Discriminatory abuse, e.g. unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual characteristics.</li></ul>

## What needs to be learned

### Harm

- Physical or emotional injury that is deliberately inflicted.

### Restrictive practices

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

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

### Signs and symptoms of abuse

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

### Factors contributing to vulnerability

- Factors may include:
  - a setting or situation
  - the individual.
- The individual's age, e.g. the elderly.
- Physical ability, e.g. frail, immature development, physical disability or sensory impairment.
- Cognitive ability, e.g. maturity, level of education and intellectual understanding, learning difficulties.

### **What needs to be learned**

- Emotional resilience, e.g. mental health difficulties, depression; stress, e.g. impact of stressful life events, including bereavement, divorce, illness or injury.
- Culture or religion, e.g. as a result of prejudice or discrimination, refugees and asylum seekers.
- Socio-economic factors, e.g. financial situation.

### **Learning outcome 3: Know how to respond to suspected or alleged abuse**

#### **Factors may include the following**

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

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

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

#### **Actions to take if an individual alleges they are being abused**

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

#### **Ways to ensure that evidence of abuse is preserved**

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

## **What needs to be learned**

### **Learning outcome 4: Understand the national and local context of safeguarding and protection from abuse**

#### **National policies and local systems**

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

#### **Roles of different agencies**

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

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

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

#### **Sources of information and advice**

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

### **What needs to be learned**

- Voluntary organisations.
- Publications; information from the Independent Safeguarding Authority (ISA).
- Social Care Institute for Excellence (SCIE).
- Professional bodies/trade unions, e.g. Royal College of Nursing.
- Care Quality Commission (CQC).
- Whistleblowing policy and procedure – a whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct.

### **When to seek support**

- Recognising when support is needed.
- Recognising the boundaries of own role.
- Awareness of own expertise in dealing with situations.
- Local policies and procedures.

### **Seeking support**

- Line manager.
- Senior carer.
- Care Quality Commission (CQC).
- Professional body/trade union.
- Local policy and procedure for seeking support.

### **Learning outcome 5: Understand ways to reduce the likelihood of abuse**

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

## **What needs to be learned**

### **Working with person-centred values**

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

### **Encouraging active participation**

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

### **Promoting choices and rights**

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

### **Awareness of personal safety**

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

### **Accessible complaints procedure**

- Ensure an accessible complaints procedure for reducing the likelihood of abuse.
- Transparent policies, procedures and agreed ways of working.
- Importance of accountability.
- Clear systems for reporting and recording complaints.
- Robust procedures for following up on any complaints.
- Legal requirement to have a complaints procedure in place.
- Ways of ensuring the procedure is accessible (by published policy, high visibility, widespread distribution).

## What needs to be learned

### Risk management and prevention

- Local policies and procedures.
- Types of risk assessment, e.g. slips, trips and falls.
- Sensible and proportionate measures.
- Common risks to individuals.
- Individual risks.

### Learning outcome 6: Know how to recognise and report unsafe practices

#### Unsafe practices

- Neglect in duty of personal care in relation to inappropriate feeding, washing, bathing, dressing, toileting.
- Inappropriate physical contact in relation to moving and handling.
- Unsafe administration of medication.
- Unreliable systems for dealing with individuals' money or personal property.
- Failure to maintain professional boundaries.
- Failure to ensure supervision.
- Inappropriate communication or sharing of information.
- Failure to update knowledge on safeguarding issues.
- Unsafe recruitment practices may include:
  - poor working practices
  - resource difficulties
  - operational difficulties.

#### Actions to take if unsafe practices have been identified

- Report unsafe practices that have been identified.
- Report concerns to a manager or supervisor immediately, verbally and in writing.
- Use policies on whistleblowing.

#### Actions to take if abuse or suspected abuse has been reported but nothing has been done in response

- Report concerns directly to social services, the Care Quality Commission (CQC) or the police.
- Anyone can report a suspicion or allegation of abuse.
- Workers can be disciplined, suspended or dismissed for not reporting abuse or not following the correct procedures.
- Importance of raising genuine concerns and acting on them.
- Reassurance of protection from possible reprisals and victimisation following reporting.

## **What needs to be learned**

### **Learning outcome 7: Understand principles for online safety**

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

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

#### **Ways to reduce risks**

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

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

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

## Information for tutors

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### Suggested resources

#### Books

- Mengele C – *Safeguarding Adults Online: A guide for practitioners* (Policy Press, 2016) ISBN 9781447333951
- Nolan Y et al – *Level 2 Diploma Health and Social Care (Heinemann Work-Based Learning)*, 3rd edition (Heinemann, 2011) ISBN 9780435031947

#### Websites

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

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

## **Unit 6:**

## **Responsibilities of a Care Worker**

**Unit reference number:** **T/616/2950**

**Level:** **2**

**Unit type:** **Mandatory**

**Credit value:** **2**

**Guided learning hours:** **16**

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### **Unit summary**

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

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

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand working relationships in care settings	1.1 Explain how a working relationship is different from a personal relationship 1.2 Describe different working relationships in care settings
2 Be able to work in ways that are agreed with the employer	2.1 Describe why it is important to adhere to the agreed scope of the job role 2.2 Access full and up-to-date details of agreed ways of working 2.3 Work in line with agreed ways of working 2.4 Contribute to quality assurance processes to promote positive experiences for individuals receiving care
3 Be able to work in partnership with others	3.1 Explain why it is important to work in partnership with others 3.2 Demonstrate ways of working that can help improve partnership working 3.3 Identify skills and approaches needed for resolving conflicts 3.4 Access support and advice about: <ul style="list-style-type: none"><li>• partnership working</li><li>• resolving conflicts</li></ul>

# Content

What needs to be learned
<b>Learning outcome 1: Understand working relationships in care settings</b>
<b>Care settings</b> <ul style="list-style-type: none"><li>Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.</li></ul>
<b>Roles in care settings</b> <ul style="list-style-type: none"><li>Social worker.</li><li>Paramedic.</li><li>Care manager.</li><li>Occupational therapist.</li><li>Nurse.</li><li>Counsellor.</li></ul>
<b>Working relationship</b> <ul style="list-style-type: none"><li>A relationship with work colleagues.</li><li>The nature of professional relationships, including mutual respect.</li><li>Concept of teamwork.</li><li>Working within agreed guidelines.</li><li>Working towards common goals with a shared purpose.</li><li>A business relationship.</li><li>Multi-agency working relationships.</li></ul>
<b>Personal relationship</b> <ul style="list-style-type: none"><li>A relationship with a friend, family member or within a social group.</li><li>Interpersonal relationship.</li><li>Relationship based on love, liking, family bond or social commitment.</li></ul>
<b>Different working relationships in care settings</b> <ul style="list-style-type: none"><li>Relationships between co-workers, e.g. colleagues.</li><li>Between worker and manager, e.g. supervisory.</li><li>Relationships within teams, e.g. multidisciplinary team, care planning team.</li><li>Between different care workers, e.g. nurse and care assistant.</li><li>Relationships between different professionals, e.g. care worker and legal advocate.</li><li>Professional relationships with others, e.g. families of individuals.</li><li>Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.</li></ul>

## **What needs to be learned**

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

#### **Adhere to the scope of the job role**

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

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

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

#### **Contribute to quality-assurance processes**

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

## **What needs to be learned**

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

#### **Partnership working**

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

#### **Others**

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

#### **Resolving conflicts**

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

#### **Access support and advice**

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

## Information for tutors

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### Suggested resources

#### Books

Nolan Y et al – *Level 2 Health and Social Care Diploma: Candidate Book 3rd edition (Level 2 Work Based Learning Health and Social Care)* (Heinemann, 2013)  
ISBN 9780435031947

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

Rawles Z – Essential Knowledge and Skills for Healthcare Assistants (Routledge, 2014) ISBN 9781444169232

#### Websites

<a href="http://www.communitycare.co.uk">www.communitycare.co.uk</a>	Expert guide to health and social care joint working.
<a href="http://www.dementiapartnerships.com">www.dementiapartnerships.com</a>	'No Secrets Guidance' on protecting vulnerable adults.
<a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a>	Website for current government legislation.
<a href="http://www.rcnhca.org.uk">www.rcnhca.org.uk</a>	The Royal College of Nursing (RCN) online learning resource.
<a href="http://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx">www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx</a>	Standard 1 of the Care Certificate.
<a href="http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx">www.skillsforcare.org.uk/Standards-legislation/Care-Act/Care-Act.aspx</a>	Skills for Care: The Care Act brings together care and support legislation in England with the principle of wellbeing at its heart.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

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

## **Unit 7:**

# **Implement Person-centred Approaches in Care Settings**

**Unit reference number:** M/616/7290

**Level:** 2

**Unit type:** Mandatory

**Credit value:** 5

**Guided learning hours:** 39

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## **Unit summary**

Person-centred care allows individuals who use care services to be at the centre of their care, working in equal partnership with care professionals to express their preferred choices when meeting their particular needs. It is an empowering approach, as individuals build their knowledge, skills and confidence, enabling them to make informed decisions and manage their own health and care. Those who provide their care, work in agreed ways, embedding values in their day-to-day practice and treating individuals with dignity, respect and compassion. This approach provides better care, tailored to individual needs, and can improve clinical outcomes.

In this unit, you will learn about person-centred care values and how they underpin and influence all aspects of care work. You will learn, and have the opportunity to demonstrate, skills. You will work in agreed ways to promote the person-centred approach, including promoting individual rights, sharing decision making, supporting self-management, encouraging active participation, and enabling access to integrated care. You will learn to take assessed risks, which will benefit the individual and promote their wellbeing.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand person-centred approaches for care and support	1.1 Define person-centred values 1.2 Explain why it is important to work in a way that embeds person-centred values 1.3 Explain why risk taking can be part of a person-centred approach 1.4 Explain how using an individual's care plan contributes to working in a person-centred way
2 Be able to work in a person-centred way	2.1 Find out the history, preferences, wishes and needs of the individual 2.2 Apply person-centred values in day-to-day work, taking into account the history, preferences, wishes and needs of the individual
3 Be able to establish consent when providing care or support	3.1 Explain the importance of establishing consent when providing care or support 3.2 Establish consent for an activity or action 3.3 Explain what steps to take if consent cannot be readily established
4 Be able to encourage active participation	4.1 Describe how active participation benefits an individual 4.2 Identify possible barriers to active participation 4.3 Demonstrate ways to reduce the barriers and encourage active participation
5 Be able to support the individual's right to make choices	5.1 Support an individual to make informed choices 5.2 Use agreed risk assessment processes to support the right to make choices 5.3 Explain why a worker's personal views should not influence an individual's choices 5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others

<b>Learning outcomes</b>	<b>Assessment criteria</b>
6 Be able to support the individual's wellbeing	<p>6.1 Explain how an individual's identity and self-esteem are linked with wellbeing</p> <p>6.2 Describe attitudes and approaches that are likely to promote an individual's wellbeing</p> <p>6.3 Support an individual in a way that promotes a sense of identity and self-esteem</p> <p>6.4 Demonstrate ways to contribute to an environment that promotes wellbeing</p> <p>6.5 Recognise and respond to changes in physical and mental health</p> <p>6.6 Explain the importance of good nutrition and hydration</p>

# Content

What needs to be learned
<b>Learning outcome 1: Understand person-centred approaches for care and support</b>
<b>Care settings</b> <ul style="list-style-type: none"><li>Adult care settings but could, where appropriate, include young people settings where individuals are transitioning into adult care.</li><li>Individual, i.e. someone requiring care or support (usually the person or people supported by the learner).</li><li>Others, e.g. team members and colleagues, other professionals, families, friends, advocates or others who are important to individuals.</li></ul>
<b>Person-centred values</b> <ul style="list-style-type: none"><li>Individuality.</li><li>Rights.</li><li>Choice.</li><li>Privacy.</li><li>Independence.</li><li>Dignity.</li><li>Respect.</li><li>Partnership.</li><li>The 6 Cs (communication, care, compassion, competence, courage and commitment).</li></ul>
<b>Person-centred approaches</b> <ul style="list-style-type: none"><li>Appreciate the importance of person-centred values for all aspects of care work.</li><li>Person-centred planning (PCP) and reviews, particularly with vulnerable adults, e.g. individuals with disabilities, mental health issues.</li><li>Personalised care promoting empowerment and independence.</li><li>Person-centred relationships, e.g. Carl Rogers' person-centred counselling core conditions.</li><li>Provide holistic care, increasing wellbeing and improving outcomes.</li><li>Total Communication using preferred communication methods.</li><li>Promoting individual rights, ensuring inclusion and individuality, respecting diversity, culture, and values.</li><li>Enabling individuals to make informed decisions and choices.</li><li>The importance of dignity, respect and privacy.</li></ul>
<b>Risk taking</b> <ul style="list-style-type: none"><li>Awareness of risk taking in person-centred approaches.</li><li>Enabling individuals to make informed decisions with awareness of risk and consequences, e.g. effects of smoking, the benefits of taking prescribed medication.</li><li>Promotes individual's rights and responsibilities, increasing empowerment, control and independence.</li></ul>

## **What needs to be learned**

### **Role of care plan in contributing to working in a person-centred way**

- Document where day-to-day requirements and preferences for care and support are detailed. Also known as a support plan or individual plan.
- Using personalised care plans to document needs, treatment and preferences of individual.
- Holistic approach to meet needs and preferences of individuals.
- Sets boundaries of information sharing with formal carers and involved others (family, informal carer), e.g. on a need-to-know basis.

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

#### **Finding out about the person as an individual**

- Preferences may be based on, e.g. beliefs, values, culture.
- Put individual at the centre of the caring process, respecting their decisions.
- Use individual's preferred communication preferences, adapting if necessary.
- Be non-judgemental, inclusive and promote equality.

#### **Working in a person-centred way**

- Applying person-centred values and using them as the foundation for building daily practice.
- Sharing decision making, implementing person-centred planning.
- Working towards person-centred outcomes, e.g. satisfaction with care, involvement with care, feeling of wellbeing.
- Importance of working in a non-judgemental and non-discriminatory way, ensuring equality and inclusive practice.
- Providing care that fits the needs of the individual, including communicating with individuals to find out their history, preferences and wishes; recognising and working with the individual's beliefs, values and preferences; providing the level of support required rather than what services can manage to achieve; providing for physical needs.
- Promoting the independence and autonomy of individuals.
- Empowering individuals to use their strength and potential.

## **What needs to be learned**

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

#### **Consent**

- Informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent ('mental capacity').
- Relevant legislation covering consent.

#### **Establishing consent**

- Access to the appropriate information, provided in a way that the individual can understand.
- Importance of a consultation that respects the individual's choices.
- Communication skills, e.g. verbal, non-verbal, written, and including active listening.
- Listening and responding appropriately to any questions and concerns.
- Seeking advice where necessary, e.g. an advocate such as a relative, primary caregiver, lasting power of attorney, another professional.
- Complies with relevant legislation, e.g. Mental Capacity Act 2005, Human Rights Act 1998.
- Ongoing consent issues, e.g. duration, withdrawal and/or refusal of consent.

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

- Seeking extra assistance if necessary, e.g. an Independent Mental Capacity Advocates (IMCA).
- Timely reporting and recording of any difficulties involving establishing individual consent to a supervisor and/or manager.

### **Learning outcome 4: Be able to encourage active participation**

#### **Benefits of active participation to individual**

- 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 as a passive recipient.

#### **Barriers**

- Possible barriers to participation linked to, e.g. the individual's specific needs and/or abilities and/or the ways of working of the carer/routines of the care setting, e.g. institutionalised care.

#### **Ways to reduce the barriers**

- Working with the individual to promote discussion and choice.
- Provide information, opportunities, appropriate activities, changing care routines if necessary.
- Use of physical, communication or visual aids to overcome disabilities.

## What needs to be learned

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

#### Right to make choices

- Importance of empowerment, independence and autonomy of individuals.
- Importance of impartiality, being aware of own attitudes, values and beliefs, not allowing personal views to influence an individual's decision making.
- Awareness of relevant legislation and agreed ways of working that ensure inclusive practice, e.g. equality and human rights.

#### Supporting the individual to make informed choices

- Empowering individuals to make informed choices.
- Developing supportive relationships respecting individuals' choices.
- Supporting individuals to question or challenge decisions made by others.
- Self-awareness of own attitudes, values and beliefs/being non-judgemental.
- Importance of communication using individual's preferred method.
- Providing inclusive information, including access to the complaints procedure, if required.

#### Risk assessment

- 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.

#### Influencing choices

- Avoiding preconceptions and discrimination.
- Importance of impartiality.
- Preventing empowerment by going against the individual's choice.

#### Supporting individual to challenge decisions

- Encourage feedback from individual about decisions.
- Empowering individual to build their confidence and assertiveness.

## **What needs to be learned**

### **Learning outcome 6: Be able to support the individual's wellbeing**

#### **Wellbeing**

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

#### **Promoting wellbeing**

- Importance of individual identity and self-esteem.
- Links between individual identity, self-esteem and wellbeing.
- Understanding emotional literacy.
- Awareness of individuals' feelings.
- Importance of privacy, maintaining dignity.

#### **Supporting individuals to promote a sense of identity and self-esteem**

- Support and encouragement for individuals.
- Respecting the spiritual, religious and cultural beliefs of individuals.
- Working in partnership to set realistic and achievable goals.
- Empowering individuals to develop confidence, feel good about themselves and raise their self-esteem, e.g. through positive encouragement, being active.

#### **Environment that promotes wellbeing**

- Physical environment, e.g. temperature, light.
- Atmosphere, e.g. positive, inclusive.

#### **Monitor, respond and document changes in physical and mental health**

- Be alert to early signs of physical and/or mental deterioration specific to individual need.
- Agreed ways of working for reporting any issues or concerns.
- Responding to changes, e.g. making relevant observations when assessing an individual's condition, maintaining an individual's comfort, showing compassion and empathy.

#### **Importance of good nutrition**

- Definition of balanced diet.
- Impact on, e.g. wellbeing, weight, sleep, general health, mental health.

#### **Current national guidelines for a balanced diet**

- National guidelines, e.g. government dietary recommendations, e.g. The Eatwell Guide (Food Standards Agency), eight tips for healthy eating (NHS).

#### **Importance of hydration**

- Role of water in the body, e.g. dilution and removing toxins, kidney function.
- Water loss, e.g. excretion, sweating.
- Water gain, e.g. eating, drinking.
- Water balance.

## Information for tutors

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### Suggested resources

#### Books

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

Nolan Y – *Level 2 Health and Social Care (Adults) Diploma: Candidate Book 3rd edition* (Level 2 Work Based Learning Health and Social Care) (Heinemann, 2011) ISBN 9780435031947

#### Websites

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

Care Quality Commission –  
Regulations 9 and 11: Person-  
centred care.

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

The Health Foundation – an  
independent charity committed to  
bring about better health and care  
for people in the UK.

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

Website for current government  
legislation.

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

Includes information on person-  
centred care.

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

Introduction e-learning course

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

Videos on person-centred care.

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

Standard 5 of the Care Certificate

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

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

## **Unit 8:**

# **Health, Safety and Wellbeing in Care Settings**

**Unit reference number:** **A/616/7292**

**Level:** **2**

**Unit type:** **Mandatory**

**Credit value:** **4**

**Guided learning hours:** **33**

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## **Unit summary**

Within care settings, employers have a responsibility to protect the health, safety and welfare of their employees and other people who might be affected, i.e. the individuals being supported in the care setting. Employees also have a responsibility, under health and safety law, to assess and report any risks in their workplace. Knowing that people are safe and secure in their environment will increase feelings of wellbeing. This unit is one of the most important for a care worker to grasp competently, as the knowledge and skills learned from it will be used constantly throughout their career.

In this unit, you will explore the responsibilities for health and safety and current legislation, including the use of risk assessment. You will examine the roles of various professionals, including those who need special training. You will learn about procedures for responding to accidents and sudden illness, fire safety, handling hazardous materials and ways to reduce the spread of infection.

You will demonstrate hand washing procedures, how and when to use personal protective equipment (PPE), how to implement security measures in a care setting, and how to handle and move equipment and objects safely.

The unit finishes with a look at the signs and triggers of stress, and the techniques for managing your own stress. Stress can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting	<ul style="list-style-type: none"><li>1.1 Identify legislation relating to general health and safety in a care work setting</li><li>1.2 Outline the main points of the health and safety policies and procedures agreed with the employer</li><li>1.3 Outline the main health and safety responsibilities of:<ul style="list-style-type: none"><li>• self</li><li>• the employer or manager</li><li>• others in the work setting</li></ul></li><li>1.4 Identify tasks relating to health and safety that should not be carried out without special training</li><li>1.5 Explain how to access additional support and information relating to health and safety</li></ul>
2 Understand the use of risk assessments in relation to health and safety	<ul style="list-style-type: none"><li>2.1 Explain why it is important to assess health and safety risks posed by the work setting, situations or by particular activities</li><li>2.2 Explain how and when to report potential health and safety risks that have been identified</li><li>2.3 Explain how risk assessment can help address dilemmas between rights and health and safety concerns</li></ul>
3 Understand procedures for responding to accidents and sudden illness	<ul style="list-style-type: none"><li>3.1 Describe different types of accidents and sudden illnesses that may occur in own work setting</li><li>3.2 Outline the procedures to be followed if an accident or sudden illness should occur</li></ul>

Learning outcomes	Assessment criteria
4 Be able to reduce the spread of infection	<p>4.1 Explain own roles and responsibilities as an employee and those of the employer in the prevention and control of infection</p> <p>4.2 Explain the causes and spread of infection in care settings</p> <p>4.3 Demonstrate the recommended method for handwashing</p> <p>4.4 Demonstrate the use of personal protective equipment (PPE) and when to use it</p> <p>4.5 Demonstrate ways to ensure that own health and hygiene do not pose a risk to others at work</p>
5 Be able to move and handle equipment and objects safely	<p>5.1 Identify legislation that relates to moving and handling</p> <p>5.2 Explain principles for moving and handling equipment and other objects safely</p> <p>5.3 Demonstrate how to move and handle equipment and objects safely</p>
6 Know how to handle hazardous substances and materials	<p>6.1 Describe hazardous substances and materials that may be found in the work setting</p> <p>6.2 Explain 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>
7 Understand how to promote fire safety in the work setting	<p>7.1 Describe practices that prevent fires from:</p> <ul style="list-style-type: none"> <li>• starting</li> <li>• spreading</li> </ul> <p>7.2 Describe emergency procedures to be followed in the event of a fire in the work setting</p> <p>7.3 Explain the importance of maintaining clear evacuation routes at all times</p>

Learning outcomes	Assessment criteria
8 Be able to implement security measures in the work setting	<p>8.1 Use agreed ways of working for checking the identity of anyone requesting access to:</p> <ul style="list-style-type: none"> <li>• premises</li> <li>• information</li> </ul> <p>8.2 Implement measures to protect own security and the security of others in the work setting</p> <p>8.3 Explain the importance of ensuring that others are aware of own whereabouts</p>
9 Know how to manage own stress	<p>9.1 Identify common signs and indicators of stress in self and others</p> <p>9.2 Identify circumstances and factors that tend to trigger stress in self and others</p> <p>9.3 Describe ways to manage stress and how to access sources of support</p>

# Content

What needs to be learned
<b>Learning outcome 1: Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting</b>
<b>Care settings</b> <ul style="list-style-type: none"><li>Adult care settings, but could, where appropriate, include young people settings where individuals are transitioning into adult care.</li></ul>
<b>Work setting</b> <ul style="list-style-type: none"><li>May include one specific location or a range of locations, depending on the context of a particular work role.</li></ul>
<b>Agreed ways of working</b> <ul style="list-style-type: none"><li>Includes policies and procedures where these exist; they may be less formally documented with micro-employers.</li></ul>
<b>General health and safety legislation</b> <ul style="list-style-type: none"><li>Relevant, up-to-date legislation, including local and national requirements for health and safety in care work settings, e.g. Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1992, Health and Safety (First-Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, Control of Substances Hazardous to Health (COSHH) regulations 2002, including subsequent amendments.</li></ul>
<b>Health and safety policies and procedures</b> <ul style="list-style-type: none"><li>Agreed ways of working and approved codes of practice in care settings relating to health and safety.</li><li>Dealing with accidents, injuries and emergency situations, e.g. operating, reporting and recording procedures.</li><li>First-aid situations, e.g. hygiene procedures, administering basic first aid, reporting and recording procedures.</li><li>Working conditions and the working environment, e.g. moving and handling procedures.</li><li>Use of equipment, e.g. regulations for using mechanical or electrical equipment.</li><li>Healthcare procedures, e.g. procedures for administering personal care.</li><li>Food handling and preparation, e.g. food hygiene regulations.</li><li>Infection control and dealing with hazardous substances, e.g. procedures for disposing of clinical waste.</li><li>Security and personal safety, e.g. procedures for personal security and safeguarding personal property.</li></ul>

## What needs to be learned

### Own responsibilities

- The duty to take care of own health and safety.
- Applying relevant legislation and agreed ways of working.
- Responsibility to undertake relevant training and updating as required.
- Importance of co-operating with others on health and safety.
- Importance of the correct use of anything provided for health, safety or welfare, e.g. protective clothing, specialised equipment.
- Limits of own job role, e.g. carrying out tasks only within own remit, reporting and escalating issues outside own authority.

### Responsibilities of employers and managers

- Duty of employers to provide:
  - information, e.g. risks to health and safety from working practices, changes that may harm or affect health and safety, how to do the job safely, what is done to protect health and safety, how to get first-aid treatment, what to do in an emergency
  - training to do the job safely, protection such as special clothing, gloves and masks, health checks such as vision testing
  - Health and Safety Executive (HSE) information 'Health and Safety Law: What you should know', with contact details of those who can help or provide further information.
- Responsibilities of others, e.g. team members, other colleagues, those who use or commission their own health or social care services, families, carers, advocates.

### Specific tasks

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

### Additional support or information

- Accessing information from organisations such as the Health and Safety Executive (HSE).
- Organisational staff with health and safety responsibilities, e.g. health and safety officer.

## **What needs to be learned**

### **Learning outcome 2: Understand the use of risk assessments in relation to health and safety**

#### **Importance of assessing health and safety risks**

- Health, safety and risk assessment for the work environment or particular activities.
- Importance of risk assessment for protecting self and others from danger or harm.
- Complying 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.
- Reducing the risk of liability.

#### **Reporting potential health and safety risks that have been identified**

- Importance of continuous assessment of risks and regular checking.
- Reporting identified risks immediately.
- Importance of reporting any changes.
- Examine examples of risk assessment reports, accident report forms and other relevant documentation.
- Importance of written records being clear and accurate.
- Agreed reporting procedures and lines of communication.

#### **Address dilemmas between rights and health and safety concerns using risk assessment**

- Using risk assessment procedures, regulations and relevant health and safety legislation to justify compliance for specific procedures or actions, e.g. hand washing and wearing latex/disposable gloves to minimise the spread of infection.
- Using risk assessments to help address dilemmas between the human rights of an individual and health and safety concerns.
- Values and principles from 'Investing for Health' (2002) published by the Faculty of Public Health.

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

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

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

## What needs to be learned

### Procedures following an accident or sudden illness

- Ensuring and maintaining safety for individuals concerned and others, e.g. clearing the area, safely moving equipment if possible.
- Ensuring area is clear.
- Remaining calm.
- Sending for help.
- Assessing the individual for injuries.
- Administering basic first aid if necessary and if trained to do so.
- Staying with the injured/sick individual until help arrives.
- Observing and noting any changes in condition.
- Providing a full verbal report to relevant medical staff or others.
- Completing a full written report and relevant documentation, e.g. accident report, incident report.
- Policies, procedures and agreed ways of working for the work setting.

### Learning outcome 4: Be able to reduce the spread of infection

#### Roles and responsibilities of employee/employer in the prevention and control of infection

- Employee:
  - ensuring they are up to date with all policies and procedures provided by employer and any other relevant information, e.g. from the Health and Safety Executive (HSE) and legislation
  - attending training on infection control and prevention
  - using relevant PPE appropriately
  - following reporting procedures when a risk of infection is identified
  - keeping self away from individuals if unwell.
- Employer:
  - importance of communicating policies and procedures to all staff, e.g. display boards, emails, presentations
  - importance of providing regular staff training and updates
  - providing necessary PPE and cleaning equipment and/or materials
  - conducting regular risk assessments and taking any appropriate actions that are recommended as a result
  - providing safe areas for food preparation, washing/toileting and waste disposal
  - having a clear reporting procedure.

#### Common causes and spread of infection

- Causes, e.g. poor personal hygiene; poor practices, e.g. not washing at correct temperatures.
- Spread, e.g. airborne, contact (direct/indirect).

#### Recommended method for hand washing

- Follow the recommended method for hand washing, e.g. the World Health Organization's 11-step recommended procedure.

## What needs to be learned

### Use of personal protective equipment (PPE)

- Different types of PPE, e.g. face masks, gloves.
- How to use PPE correctly and appropriately in the work environment. Appropriate use may, in some cases, mean after consideration that PPE is not required.

### Own health and hygiene

- Importance of basic personal hygiene measures in reducing the spread of infection, e.g. hand washing after using the toilet or before preparing food, covering the mouth when sneezing or coughing, using disposable tissues, covering any cuts or abrasions with plasters or suitable dressings.
- Importance of staying away from work when affected by illness or infection.
- Getting prompt treatment for illness or infection.

### Learning outcome 5: Be able to move and handle equipment and objects safely

#### Legislation that relates to moving and handling

- Health and Safety at Work Act etc Act 1974.
- Manual Handling Operations Regulations 1992 (as amended in 2002).
- Subsequent amendments to legislation.

#### Safe moving and handling

- Key principles:
  - avoid, e.g. the need for hazardous manual handling
  - assess, e.g. the risk of injury from any hazardous manual handling
  - reduce, e.g. the risk of injury from hazardous manual handling.
- Importance of assessment, e.g. the task, load, working environment, own capability.
- Reducing the risk of injury, e.g. people with musculoskeletal disorders avoiding hazardous manual handling.
- Importance of correct posture and technique.
- Working in teams – the importance of a co-ordinated approach and good communication.
- Using mechanical aids where necessary, e.g. a hoist.
- 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.

## What needs to be learned

### Learning outcome 6: Know how to handle hazardous substances and materials

#### Identifying hazardous substances and materials

- Corrosive, e.g. acid.
- Irritant, e.g. cleaning fluids.
- Toxic, e.g. medicines.
- Highly flammable, e.g. solvents.
- Dangerous to the environment, e.g. chemicals, clinical waste.
- Germs that cause diseases, e.g. Legionnaires' disease.
- Materials that are harmful, e.g. used needles.
- Potentially infectious, e.g. used dressings.
- Body fluids, e.g. blood, faeces, vomit, urine.

#### Safe handling of hazardous substances and materials

- Importance of training.
- Awareness of COSHH regulations.
- Always follow instructions for agreed ways of working.
- Safe storage of hazardous substances and materials – always follow agreed ways of working.
- Policies and procedures, e.g. safe storage of drugs and medicines.
- Stored out of reach.
- Store materials in containers recommended by the manufacturer.
- Importance of clear labelling.
- Containers securely sealed.
- Storing incompatible substances separately.
- Safe usage of hazardous substances and materials.
- Always following agreed ways of working, policies and procedures.
- Avoiding exposure to hazardous substances, e.g. inhaling, contact with the skin or eyes, swallowing or skin puncture.
- Using control measures, e.g. universal precautions for dealing with blood and other body fluids.
- Using protective clothing where necessary, e.g. latex/disposable gloves, masks, aprons.
- Importance of checking with colleagues and completing appropriate records and documentation.
- Safe disposal of hazardous substances and materials, always following agreed ways of working, policies and procedures, e.g. use of clinical waste bags.
- Importance of protecting others, e.g. using a sharps box for used needles.
- Protecting the environment, e.g. disposal of dangerous chemicals.
- Minimising the spread of infection, e.g. disposal of used dressings.

## **What needs to be learned**

### **Learning outcome 7: Understand how to promote fire safety in the work setting**

#### **Prevent fires from starting and spreading**

- Identifying potential fire hazards in the workplace.
- How fires start and spread (the fire triangle of ignition, fuel and oxygen).
- Preventing fires from starting, e.g. the danger from lit cigarettes, naked flames, hot surfaces, faulty electrical equipment.
- Importance of regular checks on electrical equipment, e.g. PAT testing.
- Importance of staff training and vigilance in the workplace.
- Risk-assessment procedures.
- Preventing the spread of fires through safe practices, e.g. storage of flammable materials (waste materials, paper, wood, furnishings, flammable liquids), keeping fire doors shut.
- Importance of checking smoke detectors regularly.

#### **Emergency procedures to be followed**

- How to raise the alarm if a fire is discovered, e.g. operating a fire-alarm system.
- Agreed procedures for alerting all personnel in the work setting.
- Knowledge of basic firefighting procedures, e.g. use of different fire extinguishers, fire blankets and other fire-safety equipment.
- Procedures for evacuation, e.g. using designated routes, not using lifts, closing all doors.
- Special evacuation procedures for individuals with mobility or other difficulties, e.g. use of an evacuation-chair.
- Knowledge of evacuation routes and assembly points.
- Agreed procedures for checking on the presence of all personnel in the work setting.
- Importance of staff training and regular evacuation drills.
- Importance of maintaining clear evacuation routes at all times, e.g. keeping fire exits and doorways clear, not storing furniture or other equipment in the way of evacuation routes, keeping stairwells or designated special evacuation areas clear at all times.

## **What needs to be learned**

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

#### **Procedures for checking identity**

- Agreed ways of working for checking the identity of anyone requesting access to work setting premises, e.g. checking official ID, signing-in procedures, allocating visitor badges, the use of biometric security systems such as fingerprint scanners.
- Agreed ways of working for checking the identity of anyone requesting access to information in the work setting, e.g. checking official ID, secure password systems for electronic information.
- Importance of confidentiality relating to information.
- Procedures for dealing with electronic requests for information.

#### **Protecting security**

- Agreed ways of working for protecting own security and the security of others in the work setting, e.g. knowledge of security systems, alarms, CCTV, gaining access to buildings.
- Special procedures for shift or night-time working.
- Importance of procedures for lone working and ensuring that others are aware of own whereabouts, e.g. signing in and out, agreed procedures for communicating whereabouts, use of special codes or mobile phone.
- Importance of staff training on security and vigilance in the workplace.

### **Learning outcome 9: Know how to manage own stress**

#### **Common signs and symptoms of stress**

- Physical signs and symptoms, e.g. aches and pains, nausea, dizziness, chest pain, rapid heartbeat.
- Emotional signs and symptoms, e.g. moodiness, irritability or short temper, agitation, inability to relax, feeling overwhelmed, sense of loneliness and isolation, depression or general unhappiness.
- Cognitive signs and symptoms, e.g. memory problems, inability to concentrate, poor judgement, constant worrying.
- Behavioural signs and symptoms, e.g. eating more or less, sleeping too much or too little, neglecting responsibilities, using alcohol, cigarettes or drugs to relax, nervous habits such as nail-biting.

#### **Identifying triggers for stress**

- Work factors, e.g. changes in routine, dealing with difficult situations, pressure to meet targets, interpersonal relationships with individuals and others, expectations from managers, demands of working unsocial hours, taking on special projects.
- Personal factors, e.g. financial problems, relationship or family problems, major life changes, bereavement, injury or illness.

## What needs to be learned

### Managing stress

- Own coping strategies.
- Relaxation techniques, e.g. massage, yoga, aromatherapy, listening to music.
- Physical activity and exercise, e.g. going for a jog, joining a gym.
- Social strategies, e.g. meeting up with friends and family, volunteering or helping with community work.
- Logical strategies, e.g. making lists, prioritising.
- Creative strategies, e.g. music, painting or other artistic pursuits.
- Faith strategies, e.g. religion or other beliefs.
- Importance of emotional wellbeing and resilience.
- Understanding and recognising stressors and taking time out.

### Sources of support

- Support, e.g. formal support, informal support, supervision, appraisal, in the organisation, beyond the organisation.

## Information for tutors

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### Suggested resources

#### Books

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

Kemshall H – *Good Practice in Assessing Risk: Current Knowledge, Issues and Approaches (Good Practice in Health, Social Care and Criminal Justice)*  
(Jessica Kingsley Publishers, 2011) ISBN 9781849050593

Leeson V – *An Introduction to Health and Safety in Health and Social Care*  
(Chadwick House Group Ltd, 2006) ISBN 9781904306542

#### Magazine

*Community Care*

#### Websites

<a href="http://www.doh.gov.uk">www.doh.gov.uk</a>	Department of Health – UK government department that shapes and funds health and care in England, making sure people have support, care and treatment.
<a href="http://www.food.gov.uk">www.food.gov.uk</a>	Food Standards Agency – UK government department responsible for protecting public health in relation to food in England, Wales and Northern Ireland.
<a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	Health and Safety Executive – information and advice about work-related health and safety.
<a href="http://www.nhsemployers.org">www.nhsemployers.org</a>	Health and Well-Being in Healthcare Settings – information report.
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Information and guidance on health and safety.

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

Assessment of learning outcomes 1, 2, 3, 6, 7 and 9 (knowledge) may take place in or outside of a real work environment.

# **Unit 9: Handle Information in Care Settings**

**Unit reference number:** **J/616/7294**

**Level:** **2**

**Unit type:** **Mandatory**

**Credit value:** **1**

**Guided learning hours:** **10**

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## **Unit summary**

Handling information is an essential part of daily practice when working in care settings in order for services to function efficiently and effectively. Individuals need to trust that those who are providing their care and support will keep their personal information confidential. It is also important that any information, particularly personal information, is accurately recorded, stored and shared according to the policies and procedures of the care setting.

In this unit, you will learn what constitutes good practice in recording, storing and sharing information, and following agreed ways of working and secure systems within the setting. You will explore policies and procedures relating to legislation that is required in the recording, storing and sharing of information in the care setting, and the actions to take if you have concerns.

## Learning outcomes and assessment criteria

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

Learning outcomes	Assessment criteria
1 Understand the need for secure handling of information in care settings	1.1 Identify the legislation that relates to the recording, storage and sharing of information in care settings 1.2 Explain why it is important to have secure systems for recording and storing information in a care setting
2 Know how to access support for handling information	2.1 Describe how to access guidance, information and advice about handling information 2.2 Explain what actions to take when there are concerns over the recording, storing or sharing of information
3 Be able to handle information in accordance with agreed ways of working	3.1 Keep records that are up to date, complete, accurate and legible 3.2 Follow agreed ways of working for: <ul style="list-style-type: none"><li>• recording information</li><li>• storing information</li><li>• sharing information</li></ul>

# Content

## What needs to be learned

### **Learning outcome 1: Understand the need for secure handling of information in care settings**

#### **Care settings**

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

#### **Secure handling of information**

- Relevant legislation relating to the recording, storage and sharing of information in care settings:
  - Data Protection Act 1998 (relating to data protection and confidentiality)
  - Freedom of Information Act 2000.
- Ensuring necessary safeguards and appropriate uses of personal information.
- Duty of confidentiality as part of the duty of care.

#### **Importance of secure information systems**

- Accuracy, retention, availability and disposal of information issues relating to secure recording of information:
  - systems of manual recording
  - security of electronic recording
  - confidentiality of information.
- Issues relating to secure storage of information:
  - security of stored electronic data
  - safety of stored manual information
  - access to secure information.
- Issues relating to sharing information:
  - freedom of information
  - principles of confidentiality.
- Agreed ways of inter-agency and multi-agency/integrated working.
- Impact of social media on the security of information.

## What needs to be learned

### Learning outcome 2: Know how to access support for handling information

#### Accessing support

- Awareness of the agreed ways of working – will include policies and procedures where they exist.
- Codes of practice for handling information.
- Roles and responsibilities in relation to handling information.
- Seeking permission from the appropriate people to access records where needed.
- Importance of staff training for support on issues relating to the secure handling of information, e.g. information governance training.

#### Actions to take when there are concerns

- Individual measures:
  - staff training
  - lines of reporting, staff supervision and management.
- Disclosure and Barring Service (DBS) checks and vetting procedures.
- System measures:
  - electronic audit trails
  - encrypted passwords
  - information-checking systems
  - agreed ways of working with specific policies and procedures.
- Physical measures, e.g. secure storage, CCTV.

### Learning outcome 3: Be able to handle information in accordance with agreed ways of working

#### Handling information

- Recording information – the importance of keeping legible, accurate, complete and up-to-date records.
- Sharing relevant information – relating to any signs and symptoms that indicate changes in individuals' condition or care needs.
- Information – recording or passing on information about individuals' needs and preferences, e.g. language and communication.
- Reporting accurate and sufficient information to the appropriate people, e.g. activities undertaken, problems encountered and action taken.
- Storing information – ensuring the security of access to records and reports according to legal and organisational procedures, ethical codes or professional standards.
- Sharing information with individuals to enable understanding of why and what has been reported or recorded.
- Agreed ways of working, including workplace policies and procedures where they exist; recognition that these may be less formally documented with micro-employers.

## Information for tutors

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### Suggested resources

#### Book

Ferreiro Peteiro M – *Level 2 Health & Social Care Diploma SHC 22 Assessment Workbook: Handle information in health and social care settings* (Hodder Education, 2015) ISBN 9781471850370

Walsh M and Mitchell A – *Health and Social Care Diplomas: Level 2 Diploma Candidate Handbook* (Harper Collins, 2011) ISBN 9780007430512

#### Websites

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

Various articles relating to the storage and handling of information.

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

A guide to confidentiality in health and social care.

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

Care Quality Commission

[www.gov.uk/data-protection](http://www.gov.uk/data-protection)

Data Protection

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

Information Commissioner's Office

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

Information Governance Training, Caldicott Principles 2013

[www.nursingtimes.net](http://www.nursingtimes.net)

Articles relating to handling information.

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

Office of the Public Guardian

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

Section 14 of the Care Certificate

## **Assessment**

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

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

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

### **Unit assessment requirements**

This unit must be assessed in accordance with the Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1 included in *Annexe A*.

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

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

## 12 Further information and useful publications

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

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

Key publications

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

All of these publications are available on our website: [qualifications.pearson.com](http://qualifications.pearson.com)

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

# 13 Professional development and training

## Professional development and training

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

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

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

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

## Training and support for the lifetime of the qualifications

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

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

To get in touch with our dedicated support teams please visit our website at [qualifications.pearson.com/en/support/contact-us.html](http://qualifications.pearson.com/en/support/contact-us.html)

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

## **14 Contact us**

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

**Email:** wblcustomerservices@pearson.com

**Telephone:** 0844 576 0045

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

**Email:** wbl@pearson.com

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# **Annexe A: Assessment strategy**

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## **Joint Skills for Care and Skills for Health Assessment Principles for the Level 2 Diploma in Care (RQF) in England October 2017 v1**

### **1 Introduction**

- 1.1 Skills for Care is part of the UK sector skills council (SSC) and represents Adult Social Care in England. Skills for Health is the Sector Skills Council (SSC) for the UK health sector.
- 1.2 This document sets out the minimum expected principles and approaches to assessment of the Level 2 Diploma in Care (RQF) in England, and should be read alongside qualification regulatory arrangements.
- 1.3 The information is intended to support the quality assurance processes of Awarding Organisations that offer the Level 2 Diploma in Care.
- 1.4 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.
- 1.5 Assessors should ensure that the voices and choices of individuals 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, competent and knowledgeable assessor.
- 2.4 Skills based assessment must include direct observation as the main source of evidence, and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals and 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 Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor qualification, it is recommended that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.
- 2.8 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 will require consent by the individual (and their families or carers) and should not be used where this compromises the privacy, dignity or confidentiality of any individual.
- 2.9 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.
- 2.10 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.
- 2.11 Witness testimony from others, including individuals and their families, can enrich assessment and make an important contribution to the evidence used in assessment decisions.
- 2.12 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.
- 2.13 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.
- 2.14 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 Where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications, it is recommended that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.
- 3.3 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).
- 3.4 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.
- 3.5 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.
- 4.4 Qualified to make quality assurance decisions: Awarding Organisations will determine what will qualify those undertaking internal and external quality assurance to make decisions about that quality assurance.
- 4.5 Expert witness: An expert witness must:
  - have a working knowledge of the units for which they are providing expert testimony
  - be occupationally competent in the area for which they are providing expert testimony
  - have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.
- 4.6 Witness testimony: Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

#### **Appendix A Codes and Standards of Conduct**

<http://www.skillsforcare.org.uk/Standards/Code%20of%20Conduct/Code-of-Conduct.aspx>

<http://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct>

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