City & Guilds Level 2 Adult Social Care Certificate (3096-02)

Version 1.0 (June 2024)

Qualification at a glance

Subject area	Adult Care
City & Guilds number	3096-02
Age group approved	19+
Entry requirements	Must be working in an adult care setting
Assessment	observation of practice, assessor-led discussion, summative discussion underpinned by personal development portfolio
Grading	Pass/Fail
Approvals	Full approval required
Registration and certification	Consult the Walled Garden/Online Catalogue for last dates

Title and level	City & Guilds qualification number	Regulatory reference number	GLH	TQT
City & Guilds Level 2 Adult Social Care Certificate (3096-02)	3096-02	610/4226/2	185	362

Version and date	Change detail	Section
V1.0 June 2024	Initial version	All

Contents

1. Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	This qualification is for those individuals who work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service. They will typically work under the direction of their manager or supervisor.
What does the qualification cover?	This qualification covers the content of the Skills for Care Qualification Specification for the Level 2 Adult Social Care Certificate. There are 15 mandatory units with the following themes: • Understanding the role of the adult care worker • Personal development • Duty of Care • Equality, diversity, inclusion and human rights • Person-centred working • Communication • Privacy and dignity • Nutrition and hydration • Awareness of Mental health and dementia • Safeguarding of adults, children and young people • Health and safety, basic life support, and infection prevention and control • Handling information • Awareness of Learning disability and autism

Area	Description
What opportunities for progression are there?	Learners that complete this qualification may progress to 3096-31 Level 3 Diploma in Adult Care qualification or Lead Adult Care Worker Apprenticeship, providing they have access to a job role where the learner has the opportunity to meet the requirements of the Level 3 qualification or apprenticeship.
Who did we develop the qualification with?	This qualification was developed based on the Skills for Care Qualification Specification. This specification was produced following consultation and contributions from employers and organisations representing people who use adult care services. The qualification was subject to an approval process managed by Skills for Care.
Is it part of an apprenticeship framework or initiative?	No

Structure

To achieve the City & Guilds Level 2 Adult Social Care Certificate (3096-02), learners must achieve all units (220-234)

City & Guilds unit number	Unit title	GLH	Credits
220	Understand own role in adult social care	11	2
221	Personal development	11	3
222	Duty of care	10	2
223	Equality, diversity, inclusion and human rights	12	2
224	Work in person-centred way	21	3
225	Communication	13	3
226	Privacy and dignity	16	3
227	Nutrition and hydration	9	2
228	Awareness of mental health and dementia	16	3
229	Adult safeguarding	16	3
230	Safeguarding children and young people	5	1
231	Health, safety and principles of basic life support	16	3
232	Handling information	4	1
233	Infection prevention and control	9	2
234	Awareness of learning disability and autisim	16	3

Total Qualification Time (TQT)

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected for a learner to demonstrate the achievement of the level of attainment necessary for the award of a qualification.

TQT comprises of the following two elements:

1) the number of hours that an awarding organisation has assigned to a qualification for guided learning

2) an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike guided learning, not under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

Title and level	GLH	TQT
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2. Centre requirements

Approval

Full approval

To offer City & Guilds Level 2 Adult Social Care Certificate (3096-02), new centres will need to gain both centre and qualification approval. Please refer to the document **Centre Approval Process: Quality Assurance Standards** for further information.

Existing City & Guilds Centres will need to gain qualification approval by submitting a Qualification Approval Form (QAP).

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

Resource requirements

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements. They should:
- be occupationally competent or technically knowledgeable in the area(s) for which they are delivering training and/or have experience of providing training. This knowledge must be to the same level as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

Assessors must also:
- maintain their occupational competence through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.
    - o Hold or be working towards the most current Assessor qualifications, e.g. the Level 3 Award in Assessing Competence in the Work Environment or other Level 3 Certificate in Assessing Vocational Achievement or
    - o hold the A1 Assessors Award or D32/33 units
    - o another suitable qualification equivalent/alternative in the assessment of work-based performance. This must be agreed in advance with the centre's External Quality Assurer.

Competence units MUST be assessed by occupationally competent assessors. Each assessor must be capable of carrying out the full requirements of the area they are assessing, Occupational competence means that they are also occupationally knowledgeable.

Occupationally knowledgeable assessors can assess units or learning outcomes which are designed to assess specific knowledge and understanding. Each assessor must have the relevant knowledge and understanding of the area they are assessing.

Continuing professional development (CPD)

Centres are expected to support their staff in ensuring that their knowledge remains current of the occupational area and of best practice in delivery, mentoring, training, assessment and quality assurance, and that it takes account of any national or legislative developments.

Centre staff may undertake more than one role, e.g. tutor and assessor or internal quality assurer, but cannot internally quality assure their own assessments.

Quality assurance

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications. Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance and City & Guilds is responsible for external quality assurance. All external quality assurance processes reflect the minimum requirements for verified and moderated assessments, as detailed in the Centre Assessment Standards Scrutiny (CASS), section H2 of Ofqual's General Conditions. For more information on both CASS and City and Guilds Quality Assurance processes visit: the What is CASS? and Quality Assurance Standards documents on the City & Guilds website.

Standards and rigorous quality assurance are maintained by the use of:
- Internal quality assurance
- City & Guilds external quality assurance.

Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.
The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:

- hold or be working towards the current Quality Assurance qualifications, e.g.
  - Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
  - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
  - Hold the D34 unit or V1 Verifiers Award.

External quality assurance for the qualification will be provided by City & Guilds EQA process. EQAs are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External quality assurance is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

The role of the EQA is to:
- provide advice and support to centre staff
- ensure the quality and consistency of assessments and marking/grading within and between centres by the use of systematic sampling
- provide feedback to centres and to City & Guilds.

Learner entry requirements

Learners choosing to complete this qualification must be working in an adult social care setting in England, in the capacity of an adult social care worker. Centres must ensure that candidates have the potential and opportunity to gain the qualification successfully.

It is expected that employer specific induction and mandatory training is completed prior to the learner starting the City & Guilds Level 2 Adult Social Care Certificate (3096-02). However, the employer may decide that the qualification can be completed alongside employer specific induction and mandatory training. The City & Guilds Level 2 Adult Social Care Certificate (3096-02) does not replace the need for employer-specific induction or mandatory training.

Age restrictions

This qualification is approved for learners 19+.

Access arrangements and reasonable adjustments

City & Guilds has considered the design of this qualification and its assessments in order to best support accessibility and inclusion for all learners. We understand however that individuals have diverse learning needs and may require reasonable adjustments to fully participate. Reasonable adjustments, such as additional time or alternative formats, may be provided to accommodate learners with disabilities and support fair access to assessment.

Access arrangements are adjustments that allow candidates with disabilities, special educational needs, and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

The Equality Act 2010 requires City & Guilds to make reasonable adjustments where a disabled person would be at a substantial disadvantage in undertaking an assessment.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds for more information. Both are available on the City & Guilds website: http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments

3. Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:
- if the learner has any specific training needs
- support and guidance they may need when working towards their qualification
- opportunities to use recognition of prior learning (RPL), specifically in relation to knowledge gained from employer based statutory and/or mandatory training
- support with maths and/or English that would benefit the learner.

We recommend that centres provide an induction programme so the learner fully understands the requirements of the qualification, their responsibilities as a learner and the responsibilities of the centre. This information can be recorded on a learning contract.

Inclusion and diversity

City & Guilds is committed to improving inclusion and diversity within the way we work and how we deliver our purpose which is to help people and organisations develop the skills they need for growth.

More information and guidance to support centres in supporting inclusion and diversity through the delivery of City & Guilds qualifications can be found here:

Inclusion and diversity | City & Guilds (cityandguilds.com)

Sustainability

City & Guilds are committed to net zero. Our ambition is to reduce our carbon emissions by at least 50% before 2030 and develop environmentally responsible operations to achieve net zero by 2040 or sooner if we can. City & Guilds is committed to supporting qualifications that support our customers to consider sustainability and their environmental footprint.

More information and guidance to support centres in developing sustainable practices through the delivery of City & Guilds qualifications can be found here:

Our Pathway to Net Zero | City & Guilds (cityandguilds.com)

Centres should consider their own carbon footprint when delivering this qualification and consider reasonable and practical ways of delivering this qualification with sustainability in mind. This could include:

- reviewing purchasing and procurement processes (such as buying in bulk to reduce the amount of travel time and energy, considering and investing in the use of components that can be reused, instead of the use of disposable or single use consumables)
- reusing components wherever possible
- waste procedures (ensuring that waste is minimised, recycling of components is in place wherever possible)
- minimising water use and considering options for reuse/salvage as part of plumbing activities wherever possible.

Support materials

The following resources are available for this qualification:

Description	How to access
Candidate instructions	www.cityandguilds.com
Assessor instructions	www.cityandguilds.com

Assessment

Assessment of the qualification

The assessment journey is designed to provide an holistic approach to the assessment of groups of units.

The assessment journey for the Level 2 Adult Social Care Certificate (3096-02) comprises a holistic assessment made-up of a series of internally assessed tasks that include observation of practice, assessor-led discussions and a summative discussion.

These tasks will be underpinned by learners completing a personal development portfolio which will include a reflective journal.

In addition, specific discrete assessor-led discussions will need to be undertaken to assess units 230, 228 and 234.

Unit 221 Personal Development **must** be the last unit that is completed. The final assessment will draw together what the learner has achieved through their learning and assessment journey and support reflection on their practice through the use of a reflective journal.

Assessment strategy

The City & Guilds Level 2 Adult Social Care Certificate (3096-02) is a competence-based qualification which is assessed by a series of internally assessed tasks. The assessment is informed by the learning outcomes and assessment criteria in each unit of the qualification.

The candidate must meet all the learning outcomes within the units to be able to be awarded the qualification. This will be achieved using a series of internally assessed tasks that include observation of practice, assessor-led discussions and a summative discussion. These tasks will be measured against holistic grading descriptors that will guide the reliability of assessors' judgement and support a standardised outcome.

The qualification must be assessed in line with the Skills for Care and Development Assessment Principles, including the Additional Assessment Principles guidance which are published on the Skills for Care website: Awarding organisations (skillsforcare.org.uk) - See Appendix 2 and 3.
These principles underpin our holistic assessment approach and should be used to inform decisions on the use of witness testimony, expert witness testimony, diverse evidence and digital tools.

Centres must carry out a robust initial assessment to ensure that the candidate has the opportunity to provide evidence against all the requirements of the qualification.

Assessment decisions for skills-based learning outcomes must be made during the candidate's normal work activity by an occupationally qualified, competent and knowledgeable assessor. Evidence should be naturally occurring and so minimise the impact on individuals who use care and support, their families and carers.

It is acknowledged there may still be situations where learners may not have the opportunity to demonstrate through direct observation some skills-based criteria. In this situation other sufficient appropriate evidence to show that the learner would be able to do this is permissible. An assessment method such as an assessor led discussion, or expert witness testimony would be acceptable but must be planned and subject to quality assurance. Justification for this must be standardised and documented by the centre delivering the qualification.

Simulation is not permitted for any of the units within this qualification.

Assessment of knowledge-based learning outcomes may take place in or outside of a real work environment, but the final assessment decision must show application of knowledge within the real work environment. This would be achieved using the assessor led discussion and summative discussion which are primary features of the holistic internally assessed tasks.

Evidence must at all times reflect in line with the candidate's workplace and the individuals they support, the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

Confidential records must not to be included in candidates' personal development portfolio but must be referred to in the assessment records. Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

The assessor role can be as part of a wider role within an organisation's training department. Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation.

The use of expert witnesses should be determined and agreed by the assessor.
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.

Personal Development Portfolio

The personal development portfolio is a fundamental part of the internally assessed tasks and will include a reflective journal.

City & Guilds has developed a set of **recording forms** including a template for the reflective journal. These will be available on the City & Guilds website.
Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the external quality assurers, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website. Candidate and centres may decide to use a paper-based or electronic method of recording evidence.

A personal development portfolio will typically include several pieces of evidence – it must contain sufficient evidence to demonstrate the knowledge and skills required.

In addition to the reflective journal, evidence sources may include:
- training logbooks
- workplace documentation/records
- employer contributions focused on direct observation of evidence (for example witness statements) of competence rather than opinions.

This is not a definitive list; other evidence sources are permitted.

The evidence provided must be valid and attributable to the candidate; the personal development portfolio must contain a statement from the centre confirming this.

Evidence **must not** include confidential records but must be referred to in the assessment records.

The internally assessed tasks are designed to ensure the triangulation of evidence, however to help build a well-rounded portfolio, assessors should identify an appropriate mix of other diverse evidence.

The list below provides some examples:

- **Expert witnesses** may observe candidate practice and provide testimony for competence-based units which will have parity with assessor observation for all competence-based units across the qualification. If an assessor is unable to observe their candidate she/he will identify an expert witness in the workplace, who will provide testimony of the candidates work based performance.
- **Work products** can be any relevant products of candidates 'own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.
- **Professional discussion** should be in the form of a planned and structured review of candidates ' practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates can evaluate their knowledge and practice across the qualification.
- **Candidate/ reflective accounts** describe candidates 'actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates 'can evaluate their knowledge and practice across the activities embedded in this qualification.

- **Questions** asked by assessors and answered by candidates to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.
- **Witness testimonies**. These should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.
- **Projects/Assignments.** Candidates may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used
- **Case studies** must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.

City & Guilds endorses several ePortfolio systems, including our own, Learning Assistant, an easy-to-use and secure online tool to support and evidence candidates' progress towards achieving qualifications. Further details are available at www.cityandguilds.com/eportfolios.

Certificates of Unit Credit

As achievement of all 15 units of this qualification is mandatory for a full qualification certificate to be awarded, it is expected that for the majority of learners, a claim will be made for the full qualification following completion of the summative assessment of Unit 221 Personal Development, at the end of the learner's assessment journey.

City & Guilds recognises that there may be exceptional circumstances where a learner may not have the opportunity to complete the whole qualification, for example if they are away from work due to personal circumstances. Only in these exceptional circumstances may a centre request unit accreditation for any completed units. If this becomes necessary, the centre must contact City & Guilds to discuss the individual learner's circumstances. City & Guilds will consider this request before providing a reply in writing to the centre with a decision on whether:

- unit accreditation can be requested and for which units, or
- it is not appropriate to grant unit accreditation.

Unit accreditation will not be granted for unit 221 Personal Development as this must be the final unit completed as part of the learner's assessment journey. As such, completion of Unit 221, should trigger certification of the full certificate, following IQA and EQA sampling.

Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification.

For this qualification, RPL is allowed refer the Centre Manual - Supporting Customer Excellence for further information.

Time constraints

The following must be applied to the assessment of this qualification:

- Candidates must be registered with the Awarding Organisation before formal assessment commences
- Candidates must finish their assessment within their period of registration
- The duration of the qualification is expected to take 6-8 months for completion.

4. Units

Structure of the units

These units each have the following:
- City & Guilds reference number
- title
- level
- guided learning hours (GLH)
- credit value
- unit aim
- learning outcomes, which are comprised of a number of ssessment criteria
- range statements
- supporting information

Guidance for delivery of the units

This qualification comprises a number of **units**. A unit describes what is expected of a competent person in particular aspects of their job.

Each **unit** is divided into **learning outcomes** which describe in further detail the skills and knowledge that a candidate should possess.

Each **learning outcome** has a set of **assessment criteria** in which the performance, knowledge and understanding requirements are specified.

Range statements define the breadth or scope of a learning outcome and its assessment criteria by setting out the various circumstances in which they are to be applied.

Supporting information provides guidance of the evidence requirement for the unit and specific guidance on delivery and range statements. Centres are advised to review this information carefully before delivering the unit.

Unit 220   Understand Own Role in Adult Social Care

Level:	2
Credit value	2
GLH	11
Aim:	This unit introduces learners to their responsibilities in adult social care setting. It explores roles, behaviours, values and standards of work that are expected of adult social care workers. It introduces the knowledge and skills to understand the nature of working relationships, working in ways that are agreed with employers, and partnership working.

Learning outcome

The learner will:

LO1   Understand own role

Assessment criteria

The learner can:

AC1.1 describe own duties and responsibilities
AC1.2 list the **standards** and codes of conduct and practice that relate to own role
AC1.3 describe how experiences, attitudes, values, and beliefs may affect work practice
AC1.4 identify opportunities for professional and career development in the sector

Range

AC1.2 **Standards:** may include:
- regulations
- minimum standards
- national occupational standards
- any other standards and practice requirements relevant to the setting

Learning outcome

The learner will:

LO2   Understand working relationships in adult social care

Assessment criteria

The learner can:

AC2.1 outline **working relationships** in adult social care settings

AC2.2 explain how a working relationship is different from a personal relationship

AC2.3 describe professional **responsibilities** to:
- individuals
- **others** who are significant to individuals

Range

AC2.1 **Working relationships:**
- professionals from other organisations involved in the individual's care

AC2.3 **Responsibilities:** may include for example:
- communicate effectively
- active listening
- value all contributions
- value the individual
- respect
- build trust
- work in a person-centre way

Others may include:
- the friends, family and loved ones of those accessing care and support services
- peers, team members and other colleagues
- managers and senior management
- professionals from other organisations involved in the individual's care
- paid workers and volunteers from other organisations and teams
- advocates

Learning outcome

The learner will:

LO3   Work in ways that have been agreed with the employer

Assessment criteria

The learner can:

AC3.1 describe employment rights and responsibilities

AC3.2 outline the aims, objectives, and values of the service

AC3.3 explain the importance of **working in ways agreed** with the employer

AC3.4 identify how concerns should be reported in line with organisational procedures

AC3.5 identify when concerns should be reported in line with organisational procedures

AC3.6 Explain the importance of reporting errors:
- honestly

- accurately
- promptly
- to relevant person

AC3.7 access full and up-to-date details of **agreed ways of working** relevant to own role
AC3.8 follow employer's **agreed ways of working**

Range

AC3.3, AC3.7, AC 3.8 **Working in ways agreed/ Agreed ways of working:** must include but not limited to:
- policies and procedures
- job descriptions
- less formal agreements
- expected practices

AC3.4, AC3.5 to include reference to whistleblowing procedures: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

Learning outcome

The learner will:

LO4   Work in partnership with others

Assessment criteria

The learner can:

AC4.1 explain the importance of working in partnership with others
AC4.2 outline when to access support and advice about:
- working in partnership with others
- resolving conflicts within partnerships

AC4.3 access support and advice about:
- working in partnership with others
- resolving conflicts within partnerships

AC4.4 work in ways that show behaviours and attitudes that can help improve partnership working

Unit 220   Understand Own Role in Adult Social Care

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC3.7, AC3.8 must be observed at least twice over the duration of the qualification.

AC4.3, AC4.4 observation by the assessor is the preferred method of assessment. These criteria require the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this, if real work evidence is not available, is permissible.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand my role and responsibilities as an adult care worker?
- Do I understand the limitations of my role and responsibilities?
- Am I aware of the range of professionals and organisations I may came come into contact with?

'Individual/s' in this unit means: the person or people the learner is providing care and support for.

The range provided for 'Others' in AC 2.3 also applies to AC4.1.

AC1.4**:** Whilst it is recognised that learners will have their own aspirations, the achievement of this criteria should enable the learner to understand that there are a wide range of development opportunities when working in adult social care and a rewarding career can be gained.

AC3.6 'Relevant person': this may be the manager or a senior member of staff.

This unit outlines the role and responsibility of care/support workers. Best practice would suggest that this unit is the first one to be delivered.

Suggested learning resources

https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Managing-people/Code-of-conduct/Code-of-Conduct.pdf

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[The City & Guilds Textbook Level 2 Diploma in Care for the Adult Care Worker Apprenticeship: Hodder Education](#)

https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Roles/Care-worker.aspx

https://www.adultsocialcare.co.uk/social-care-job-roles/Care-worker.aspx

https://www.scie.org.uk/co-production/what-how/

Unit 221 Personal Development

Level:	2
Credit value:	3
GLH:	11
Aim:	This unit introduces the concept of personal development and reflective practice. It covers the process of creating both a personal and professional development plan. It requires learners to take account of feedback and reflection in order to improve practice.

Learning outcome

The learner will:

LO1   Agree own personal development plan

Assessment criteria

The learner can:

AC1.1 outline:
- processes for identifying own learning needs
- process for agreeing a **personal development plan**
- who is able to support the **personal development plan**

AC1.2 explain why feedback from **others** is important in helping to develop and improve approaches to own work

AC1.3 contribute to and agree own **personal development plan**

Range

AC1.1. AC1.3 **Personal development plan:** may be known by different names but will record information such as:
- agreed objectives for personal and professional development
- proposed activities to meet objectives and timescales for review

AC1.1 **Processes for identifying:** may include:
- reflecting on current practice
- supervision
- observation of others

- job description
- training plans/training needs analysis
- Care Quality Commission (CQC) requirements

AC1.2 **Others** may include:
- the individual accessing care and support
- the friends, family and loved ones of those accessing care and support services
- peers, team members and senior colleagues
- managers and senior management
- professionals from other organisations involved in the individual's care

Learning outcome

The learner will:

LO2   Develop own knowledge, skills and understanding

Assessment criteria

The learner can:

AC2.1 identify learning opportunities available

AC2.2 explain how learning opportunities can improve ways of working

AC2.3 outline **sources of support** for own learning and development

AC2.4 outline the level of literacy, numeracy, digital and communication skills needed to carry out own role

AC2.5 outline where to find information and support to develop own current skill level of:
- literacy
- numeracy
- digital
- communication

AC2.6 explain how learning activities have improved own knowledge, skills and understanding

AC2.7 **reflect** on how a situation has improved own knowledge, skills and understanding

AC2.8 explain how feedback from others has developed own knowledge, skills and understanding

AC2.9 measure own knowledge, performance and understanding against relevant **standards**

AC2.10 record progress in relation to own continuing professional development

Range

AC2.3 **Sources of support:** may include:
- formal or informal support
- support mechanisms provided throughout induction period
- supervision
- appraisal
- peer support
- from within and outside the organisation

AC2.7 **Reflect:** should involve thinking about what needs to be changed to improve future practice.

AC2.9 **Standards:** may include
- Codes of Practice
- regulations
- minimum standards
- National Occupational Standards
- any other standards and good practice relevant to the service

Unit 221   Personal Development

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC1.3, AC2.9, AC2.10 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the purpose and importance of a personal and professional development plan?
- Do I understand how personal development supports my practice?
- Am I able to complete my personal development plan in detail?

The range provided for 'Others 'in AC 1.2 also applies to AC2.8.

AC2.4, AC2.5 'Literacy, numeracy, digital and communication skills': will be appropriate to the learners individual learning and development needs. This could include exploring different options available to develop such skills. On-going development of these skills will support all aspects of the learners practice and could reference to an appropriate functional skill level needed where applicable.

AC2.10 'Continuing professional development': Refers to the process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training. It is a record of experience, learning and application.

This unit represents the candidate's learning journey through this qualification.
It is therefore likely that they will not achieve this unit until the final assessment activity has taken place.

Suggested learning resources

https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-Certificate/Care-Certificate-Standards/Standard-2.pdf

https://www.hoddereducation.com/city-guilds

https://carelearning.org.uk/training/personal-development-plan/

The City & Guilds Pocket Guide, Reflection and Reflective Practice. Siobhan Maclean. ISBN9780851932316

Digital Skills Framework (skillsforcare.org.uk)

Unit 222 Duty of Care

Level:	2
Credit value:	2
GLH:	10
	This unit requires learners to consider both duty of care and duty of candour. It also explores ways of identifying and managing dilemmas, incidents, errors, near misses and confrontational situations. Finally, it includes how to respond to comments and complaints in line with agreed ways of working.

Learning outcome

The learner will:

LO1 Understand duty of care and duty of candour

Assessment criteria

The learner can:

AC1.1 define:
- duty of care
- duty of candour

AC1.2 describe how the following affect own work role:
- duty of care
- duty of candour

Learning outcome

The learner will:

LO2 Understand how to manage dilemmas that may arise about duty of care

Assessment criteria

The learner can:

AC2.1 describe dilemmas that may arise between the duty of care and an individual's rights
AC2.2 describe actions to take within own role when managing conflicts and dilemmas
AC2.3 describe actions that must not be taken when managing conflicts and dilemmas
AC2.4 identify where to obtain additional support and advice about how to resolve conflicts and dilemmas

Learning outcome

The learner will:

LO3 Know how to respond to incidents, errors and near misses

Assessment criteria

The learner can:

AC3.1 describe how to recognise:
- an adverse event
- an incident
- an error
- a near miss

AC3.2 describe actions to take in relation to adverse events, incidents, errors and near misses
AC3.3 describe actions that must not be taken in relation to adverse events, incidents, errors and near misses
AC3.4 describe **agreed ways of working** in relation to **reporting** any adverse events, incidents, errors and near misses

Range

AC3.4 **Agreed ways of working:** including but not limited to:
- policies and procedures
- job descriptions
- less formal agreements
- expected practices
- legal requirements

AC3.4 **Reporting**: in line with agreed ways of working within the setting and may include manual and electronic records.

Learning outcome

The learner will:

LO4 Deal with comments and complaints

Assessment criteria

The learner can:

AC4.1 identify sources of advice and support in handling comments and complaints
AC4.2 explain the importance of learning from comments and complaints to improve the quality of service
AC4.3 **respond** to comments and complaints in line with agreed ways of working

Range

AC4.3 **Respond:** including the formal reporting procedures in the workplace

Learning outcome

The learner will:

LO5 Recognise issues and access support relating to confrontation

Assessment criteria

The learner can:

AC5.1 describe **factors** and difficult situations that may cause confrontation
AC5.2 explain how **communication** can be used to solve problems and reduce the likelihood or impact of confrontation
AC5.3 outline how to assess risks in confrontational situations
AC5.4 outline how to of reduce risks in confrontational situations
AC5.5 describe agreed ways of working for reporting any confrontations
AC5.6 outline when it may be necessary to access support and advice about resolving conflicts
AC5.7 access support and advice about resolving conflicts

Range

AC5.1 **Factors** may include but are not limited to:
- activities
- behaviours
- environment

AC5.2 **Communication:** In this context a range of communication methods could be considered with the individual and appropriate others. This could include but not limited to:
- language
- words

- tone, pitch
- volume
- position/proximity
- eye contact
- touch
- gestures
- body language
- active listening skills
- interpretation of non-verbal communication

Unit 222   Duty of Care

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC4.3, AC5.7 observation by the assessor is the preferred method of assessment.

AC4.3 and AC5.7 requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this, if real work evidence is not available, is permissible.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Do I understand what is meant by duty of care in my role as a care worker?

- What dilemmas or conflicts might arise in my day-to-day work?

- Why is it important to learn from comments and complaints?

'Individuals' in this unit means: A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

AC2.1- AC2.4 'Dilemmas': A situation in which a difficult choice has to be made.

AC2.2, AC2.3, AC2.4, AC5.6, AC5.7 'Conflicts': For example, a disagreement or clash of opinions which could upset or harm the individual.

Learning Outcome 4 'Comments and complaints'**:** Learner should recognise that comments may be constructive, complimentary or critical. It is important to note that a complaint is a formal statement about something that is unsatisfactory or unacceptable. Comments and complaints may be received from individuals or others. Both comments and complaints should be considered as potential learning points to develop the quality of the service.

The range provided for 'Agreed ways of working' in AC 3.4 applies to AC4.3 and AC5.5.

AC5.3, AC5.4' Assess risks/reduce risks': Dynamic Risk Assessment for example Person, Object, Place (POP).

The range provided for 'Reporting' in AC 3.4 applies to AC5.5.

Suggested learning resources

https://www.hcpc-uk.org/standards/meeting-our-standards/raising-concerns-openness-and-honesty/the-duty-of-candour/

https://www.cqc.org.uk/care-services/what-expect-good-care-service

https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/inspect/Topic-resources.aspx?kloe=responsive&topic=concerns-and-complaints&services=residential-nursing-care#gotab

https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/inspection-toolkit/Topic-focus.aspx?services=residential-homes-including-nursing-care-services-2&kloe=safe-3&topic=involving-people-to-manage-risk

https://www.scie.org.uk/social-work/advice-best-practice/risk-assessment-process/

Unit 223   Equality, Diversity, Inclusion, and Human Rights

Level:	2
Credit value:	2
GLH:	12
Aim:	This unit introduces the learner to the importance of legislation and codes of practice relating to equality, diversity, inclusion, and human rights. It supports learners to understand and be able to work in an inclusive way. The learner will know and be able to access information, advice and support about equality, diversity, inclusion, and human rights.

Learning outcome

The learner will:

LO1   Understand the importance of equality, diversity, inclusion, and human rights

Assessment criteria

The learner can:

AC1.1 outline what is meant by:
- human rights
- **protected characteristics**

AC1.2 outline what is meant by discrimination

AC1.3 explain the potential **effects** of discrimination on
- individuals
- **others**

AC1.4 describe how **practices** that support equality, diversity, inclusion, and human rights reduce the likelihood of discrimination

AC1.5 describe what is meant by
- disability hate crime
- mate crime
- bullying

AC1.6 describe how to:
- recognise discrimination in line with **agreed ways of working**
- challenge discrimination in line with **agreed ways of working**
- report discrimination in line with **agreed ways of working**

AC1.7 explain how positive change is promoted by recognising, challenging and reporting discrimination

Range

AC1.1 **Protected characteristics:** as identified by current and relevant equality legislation (see Appendix 1) including:
- age
- disability
- gender reassignment
- marriage or civil partnership (in employment only)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

AC1.3 **Effects:** could include:
- assumptions
- effects on the individual
- effects on their loved ones
- those who inflict discrimination
- the wider community and society

Others: for example:
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers, managers, and supervisors
- professionals from other services volunteers
- visitors to the work setting and members of the community.

AC1.4 **Practices** eg:
- unconditional positive regard
- unconscious bias
- communication
- celebrating differences
- access arrangements

AC1.6 **Agreed ways of working** including but not limited to:
- policies and procedures
- job descriptions
- less formal agreements
- expected practices
- legal requirements

Learning outcome

The learner will:

LO2   Understand when and how to access information, advice and support about equality, diversity, inclusion, and human rights

Assessment criteria

The learner can:

AC2.1 identify **sources** of information, advice and support about:
- equality
- diversity
- inclusion
- human rights

AC2.2 explain when to access information, advice and support about equality, diversity, inclusion, and human rights

AC2.3 describe **how** to access information, advice and support about equality, diversity, inclusion, and human rights

Range

AC2.1 **Sources:** including both those available within the work setting and externally

AC2.3 **How:** may include:
- polices and procedures
- senior staff
- websites
- intranet

Learning outcome

The learner will:

LO3   Work in an inclusive way

Assessment criteria

The learner can:

AC3.1 outline the key concepts within the **legislation and codes of practice** relating to equality, diversity, inclusion, and human rights

AC3.2 explain how legislation and codes of practice relating to equality, diversity, inclusion, and human rights apply to own role and practice

AC3.3 describe approaches and practices which support **culturally appropriate care**

AC3.4 interact with individuals and others in a way that respects their:
- lifestyle
- beliefs
- culture
- values
- preferences

Range

AC3.1 **Legislation and codes of practice includes:** current and relevant (legislation and codes of practice/conduct relating to human rights, equality, diversity and inclusion - see Appendix 1)

AC3.3 **Culturally appropriate care**: including for example eg:
- ethnicity
- nationality
- religion
- belief
- individual's sexuality
- gender identity

Unit 223   Equality, Diversity, Inclusion, and Human rights

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC3.4 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the importance of equality, diversity, inclusion, and human rights?

- Do I know how to work in an inclusive way?

- Do I know how to access information, advice and support about equality, diversity, inclusion, and human rights?

The term in 'Individuals 'in this unit means: A person accessing care and support. The individuals, or individual will normally refer to the person or people that the learner is providing care and support for.

AC1.1, AC 3.1 Refer to Appendix 1.

AC1.5' Mate crime' is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends.

AC3.3 'Culturally appropriate care': the Care Quality Commission describes this as being sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage.

Suggested learning resources

Please see a definition of Mate Crime provided by Mencap here: https://www.mencap.org.uk/advice-and-support/bullyingand discrimination/mate-and-hate-crime.

External sources could include:

Equality and Human Rights Commission website

https://www.equalityhumanrights.com/en/equality-and-diversity
https://www.equalityhumanrights.com/en/human-rights/human-rights-act

https://www.equalityhumanrights.com/en/equality-act/equality-act-2010

Codes of Practice | EHRC (equalityhumanrights.com)

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England:

Code of Conduct (skillsforcare.org.uk)

Human rights, choice and control in care planning - SCIE

Deprivation of Liberty Safeguards (DoLS) at a glance - SCIE

Unit 224   Work in a Person-Centred Way

Level:	2
Credit value:	3
GLH:	21
Aim:	This unit introduces the concept of person-centred values, how to work in a person-centred way and understanding of mental capacity. The unit requires practical application when supporting individuals to be comfortable, maintaining identity, self-esteem, spiritual and overall well-being. Finally this unit requires the application of person centred values in practice.

Learning outcome

The learner will:

LO1   understand person-centred values

Assessment criteria

The learner can:

AC1.1 identify **person-centred values**
AC1.2 explain how to put **person-centred values** into practice in day-to-day work
AC1.3 explain why it is important to work in a way that promotes **person-centred values** when providing support to individuals
AC1.4 outline ways to promote dignity in day-to-day work
AC1.5 explain the importance of supporting **relationships** significant to the individual

Range

AC1.1, AC1.2, AC1.3: **Person-centred values**:
- individuality
- independence
- privacy
- partnership
- choice
- dignity
- respect
- rights

AC1.5 **Relationships:** including a range of relationships important to individuals eg:
- partners/spouses
- children/grandchildren
- extended family
- friends
- pets
- neighbours
- people in the community
- other professionals including advocates

Considerations should include:
- intimacy
- sexuality
- sexual relationships

Learning outcome

The learner will:

LO2   understand how to work in a person-centred way

Assessment criteria

The learner can:

AC2.1 explain the importance of finding out the history, preferences, wishes and needs of the individual
AC2.2 explain why the changing needs of an individual must be reflected in their care or support plan
AC2.3 explain the importance of supporting individuals to plan for their future **wellbeing** and fulfilment, including **end of life care**

Range

AC2.3 **Wellbeing:** a broad concept referring to the person's quality of life. It considers health, happiness, and comfort. It may include aspects of:
- social
- emotional
- cultural
- mental
- intellectual
- economic
- physical
- spiritual wellbeing

End of life care: should include an awareness of Advance Care Plans

Learning outcome

The learner will:

LO3   understand the meaning of mental capacity when providing person-centred care

Assessment criteria

The learner can:

AC3.1 identify **legislation** and **codes of practice** relating to mental capacity

AC3.2 define what is meant by the term capacity

AC3.3 explain why it is important to assume that an individual has capacity unless there is evidence that they do not

AC3.4 define what is meant by 'consent'

AC3.5 identify **factors** that influence an individual's mental capacity and ability to express consent

AC3.6 describe situations where an **assessment** of capacity might need to be undertaken

AC3.7 explain the meaning and significance of:
- best interest decisions
- advance statements

Range

AC3.1 **Legislation and codes of practice:** current and relevant (legislation and codes of practice/conduct relating to all aspects of mental capacity', including deprivation of liberty safeguards/ liberty protection safeguards - see Appendix 1)

AC3.5 **Factors:** may include:
- personal
- environmental
- social

AC3.6 **Assessment:** may include
- ongoing
- decisions specific
- formal

Learning outcome

The learner will:

LO4   support an individual to be comfortable and make adaptations to address pain, discomfort or emotional distress

Assessment criteria

The learner can:

AC4.1 provide support where individuals have restricted movement or mobility to ensure they are comfortable

AC4.2 recognise **signs** that might indicate an individual is in pain, discomfort, or **emotional distress**

AC4.3 **remove or minimise** factors which may be causing pain, discomfort, or **emotional distress** to the individual

AC4.4 raise concern directly and appropriately with others who may be causing pain, discomfort, or **emotional distress** to the individual

AC4.5 r**eport** concerns following **agreed ways of working**

Range

AC4.2 **Signs:** could include but is not limited to:

- verbal reporting from the individual
- nonverbal communication
- changes in behaviour

AC4.2, AC4.3 **Emotional distress:** could include a range of negative feelings being displayed by the individual such as:
- sadness
- anxiety/fear
- anger
- despair

AC4.3 **Remove and minimise**: could include but is not limited:
- following the plan of care eg
    - re-positioning or giving prescribed pain relief medication
- reporting to a more senior member of staff
- ensuring equipment or medical devices are working or in the correct position eg
    - wheelchairs
    - prosthetics
    - catheter tubes
- seeking additional advice when needed
- providing emotional support and reassurance to the individual
- adjusting lighting, volume/noise and temperature
- removing unpleasant odours
- minimising disruption by others
- providing a private/quiet space
- other reasonable adjustment

AC4.5 **Report:** this could include:
- appropriate reporting systems such as
    - written/electronic records
- opportunities to share information appropriately such as
    - within handover and team meetings
- reporting to a senior member of staff or family member/carer

Agreed ways of working: these will include
- policies and procedures
- job descriptions
- less formal agreements
- expected practices

Learning outcome

The learner will:

LO5   Support an individual to maintain their identity, self-esteem, spiritual and overall wellbeing through person-centred practice

Assessment criteria

The learner can:

AC5.1 explain how individual identity and self-esteem are linked to emotional, spiritual and overall wellbeing

AC5.2 promote emotional, spiritual wellbeing, and overall wellbeing of an individual through own attitudes and behaviours

AC5.3 **work in a way** which promotes person-centred values

AC5.4 encourage and support individual's sense of identity and self-esteem

AC5.5 report concerns about an individual's emotional, spiritual and overall wellbeing in line with agreed ways of working.

Range

AC5.3 Work in a way: may include:
- inclusive practice
- use of person-centred thinking tools
- person-centred reviewing
- work with advocates

Unit 224   Work in a Person-Centred Way

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

Learning outcome 4 and 5 observation by the assessor is the preferred method of assessment (see assessment guidance).
Learning Outcome 4 and Learning Outcome 5 require to provide performance evidence however the opportunity to do this may not arise during the period of the qualification. Direct observation is the preferred main source of evidence, however other evidence to show that the learner would be able to do this, if real work evidence is not available, is permissible.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Do I understand what is meant by person-centred values?

- Do I know how to work in a person-centred way?

- Am I able to work in ways that support individuals' overall wellbeing?

'Individual and Individuals in this unit means**:** A person accessing care and support.
The individual, or individuals, will normally refer to the person or people the learner is providing care and support for.

AC2.2 'Care/ support plan': A care plan may be known by other names eg support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed.

The range provided for Wellbeing in AC 2.3 also applies to Outcome 5.

AC2.3: with reference to planning for End of Life Care, it is important to have an Advance Care Plan, this helps people to have a good end of life experience by ensuring their wishes and respecting the person's treatment and support preferences are known and can be supported.

AC3.1-AC3.3, AC3.5, AC3.6 'Capacity': means the ability to use and understand information to make a specific decision, at the time that decision needs to be made.

AC 3.1 Refer to Appendix 1.

AC3.7 'Best Interest decisions': decisions made by a Best Interest Assessor who takes into account: what an individual would have decided if they could, including their past and present values and wishes.

'Advance statements'**:** as per the individuals Advance Care Plan if they have chosen to have one in place.

The range provided for 'report' and 'agreed ways of working' in AC 4.5 also applies to Learning Outcome 5.

Suggested learning resources

https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Person-centred-approaches-in-health-and-care/Person-centred-approaches-in-health-and-care.aspx

https://www.nice.org.uk/guidance/ng21/resources/tailored-resource-2433814097/chapter/person-centred-working

https://www.hee.nhs.uk/our-work/person-centred-care

https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf

https://helensandersonassociates.com/person-centered-thinking-tools/

Unit 225   Communication

Level:	2
Credit value:	3
GLH:	13
Aim:	This unit explores different ways to communicate with individuals and others in the workplace. It covers how to meet an individual's communication needs, wishes and preferences and how to reduce barriers to communication. Finally this unit also deals with the practices and principles relating to confidentiality.

Learning outcome

The learner will:

LO1   Understand the importance of effective communication in the workplace

Assessment criteria

The learner can:

AC1.1 identify **ways** people communicate in the **workplace**
AC1.2 explain how communication affects relationships at **work**

Range

AC1.1 **Ways:** including but not limited to
- verbal
- written
- digital
- intranet

AC1.1, AC1.2 **Workplace** and **work:** in this context may include one specific location or a range of locations depending on the context of the learner's role and should encompass everyone the learner communicates with, but not limited to:
- individuals accessing care and support services
- peers, team members, other colleagues, managers, and senior management
- friends, family and loved ones of those accessing care and support services
- paid workers and volunteers from other organisations and teams

Learning outcome

The learner will:

LO2 Understand how to meet the communication and language needs, wishes
and preferences of individuals

Assessment criteria

The learner can:

AC2.1 explain how to establish an individual's communication and language **needs,
wishes** and **preferences**
AC2.2 describe methods and styles, that could help meet an individual's communication
- **needs**
- **wishes**
- **preferences**

AC 2.3 describe **communication aids** that could help meet an individual's communication **needs,
wishes** and **preferences**
AC 2.4 describe **assistive technologies** that could help meet an individual's communication **needs,
wishes** and **preferences**
AC2.5 outline **digital communication tools** that can be used to support and enhance an individual's
communication **needs, wishes, preferences** and **connections**

Range

AC2.1-AC2.5 **Needs, wishes** and **preferences:** may change over time and may be based on:
- experiences
- desires
- values
- beliefs
- culture

AC2.3 **Communication aids:** aids which can support individuals to communicate in a way they
understand. This could include but is not limited to:
- signs
- symbols and pictures
- objects of reference
- communication boards
- communication passport
- Makaton
- British Sign Language
- hearing aids
- glasses
- Braille

AC2.4 **Assistive technologies:** includes augmentative and alternative communication technologies
which support, assist, and enable the individual to communicate. This could include a range of
software such as:

- light writers
- eye gaze devices
- voice recognition
- speech synthesizers
- symbol making software

Other technologies could include for example:
- alerting devices
- virtual assistants
- sensors
- hearing loops
- Artificial Intelligence

AC2.5: **Digital communication tools:** could include use of virtual communications platforms eg:
- a PC
- tablet
- telephone/text
- smart phone/watch
- technical platforms such as:
  - using online services
  - monitoring platforms
  - forums
  - video calling
  - email
  - social media
  - chatbots

Connections: could include:
- family
- friends
- loved ones
- community

Learning outcome

The learner will:

LO3 Understand how to promote effective communication with individuals

Assessment criteria

The learner can:

AC3.1 identify potential **barriers** to effective communication with individuals
AC3.2 describe how **barriers** to effective communication can be reduced
AC3.3 explain how an individual's behaviour may be a form of communication
AC3.4 outline where to find information and **support** or **services**, to help individuals communicate effectively

Range

AC3.1- AC 3.2: **Barriers:** may include, but are not limited to:
- environment
- time
- own physical, emotional, or psychological state
- own skills, abilities, or confidence to use communication aids, assistive technologies, and digital communication tools
- prejudices or unconscious bias
- conflict

AC3.4: **Support** or **services**: in this context may include:
- translation services
- interpretation services
- speech and language services
- advocacy services
- occupational services
- self-help groups

Learning outcome

The learner will:

LO4   Understand the principles and practices relating to confidentiality

Assessment criteria

The learner can:

AC4.1 explain what confidentiality means in relation to own role
AC4.2 identify l**egislation** and **agreed ways of working** which support confidentiality across all types of communication
AC4.3 explain situations where information, normally considered to be confidential, might need to be passed on
AC4.4 state **who** to ask for advice and support about confidentiality

Range

AC4.2 **Legislation**: relevant and current including how different legislation relates
to and influences practice (legislation relating to human rights, confidentiality in care practice, data protection and freedom of information. Codes of practice/conduct referencing all aspects of confidentiality – See Appendix 1)

Agreed ways of working: may include
- policies and procedures
- job descriptions
- less formal agreements
- expected practices

AC4.4 **Who:** may include:
- internal to organisation
- external to organisation

Learning outcome

The learner will:

LO5 Use appropriate communication with individuals and support safe use of communication aids and technologies

Assessment criteria

The learner can:

AC5.1 explain why it is important to observe and be receptive to an individual's reactions when communicating with them
AC5.2 use **appropriate** verbal and non-verbal communication with individuals
AC5.3 use the following **aappropriately** and **safely**:
- communication aids
- assistive technologies
- digital tools

AC5.4 check understanding when communicating with individuals
AC5.5 **report** concerns about communication aids or technologies to the appropriate person

Range

AC5.2: **Appropriate**: this may include:
- language
- words
- tone, pitch
- volume
- position/proximity
- eye contact
- touch
- gestures
- body language
- active listening skills
- interpretation of non-verbal communication

AC5.3 **Appropriately** and **safely**: could include but not limited to, ensuring that any aids and technologies used are:
- available
- clean
- working properly and software is updated where needed
- in good repair
- fitted appropriately where applicable
- used safely and securely when online

AC5.5: **Report:** could include reporting using recommended and agreed ways of working and systems, such as:
- senior member of staff

- family member/carer
- professional responsible for the communication aid
- the appropriate technical support

Unit 225   Communication

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC5.2, AC5.3, AC5.4 must be observed at least twice over the duration of the qualification.

AC5.5 observation by the assessor is the preferred method of assessment (see assessment guidance). It requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this, if real work evidence is not available, is permissible.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the importance of communicating effectively in the workplace?
- Do I know how to use different methods or communication aids to meet individuals needs and preferences?
- Am I aware of how to use the agreed ways of working relating to confidentiality?

'Individual 'in this unit means: A person accessing care and support. The individuals, or individual, will normally refer to the people or persons the learner is providing care and support for.

AC4.2 Refer to Appendix 1.

AC5.3: will be relevant to own role and ideally should relate to the support provided to the individual. If this is not achievable then as a minimum this can be evidenced within daily practices and use of digital tools in the workplace.

Suggested learning resources

[Data protection: The Data Protection Act - GOV.UK (www.gov.uk)](www.gov.uk)

[Safeguarding adults: sharing information - SCIE](#)

[Dignity: Information and good communication - SCIE](#)

https://www.autism.org.uk/advice-and-guidance/professional-practice/aug-alt-comm

https://www.stroke.org.uk/sites/default/files/communication_passport.pdf

https://www.scope.org.uk/advice-and-support/communication-aids-and-aac/

https://www.makaton.org

Unit 226   Privacy and Dignity

Level:	2
Credit value:	3
GLH:	16
Aim:	This unit explores the principles of maintaining privacy and dignity for individuals receiving care. It covers topics such as understanding what privacy and dignity mean, how they can be compromised, and techniques for maintaining privacy and dignity, as well as for supporting individuals in making informed choices. Finally the unit considers the importance of promoting active participation.

Learning outcome

The learner will:

LO1   Maintain the privacy and dignity of individuals

Assessment criteria

The learner can:

AC1.1 state what is meant by the term 'privacy'
AC1.2 state what is meant the term 'dignity'
AC1.3 describe situations where an individual's privacy and dignity could be compromised
AC1.4 describe **ways** to maintain privacy and dignity of individuals
AC1.5 explain why it is important not to disclose details about the individual that they may wish to be kept **private**
AC1.6 explain **circumstances** where it may be appropriate to disclose details that are **private**
AC1.7 promote the privacy and dignity of individuals
AC1.8 maintain the privacy and dignity of individuals

Range

AC1.4 **Ways:** could include but not limited to:
- using appropriate volume to discuss the care and support of an individual
- discussing care and support activities in a place where others cannot overhear
- using the individual's preferred form of address/name
- making sure doors, screens, or curtains are in the correct position
- getting permission before entering someone's personal space
- knocking before entering the room
- ensuring any clothing is positioned correctly
- ensuring the individual is positioned appropriately, and the individual is protected from unnecessary exposure of any part of their body they would not want others to be able to see
- supporting the individual with their identity eg personal appearance
- providing consideration of the individuals preferred routine and personal space

AC1.5, AC1.6 **Private:** could include but not limited to:
- health condition
- sexual orientation
- personal history
- social circumstances
- financial situation

AC 1.6 **Circumstances:** could include but not limited to
- emergency situations
- unusual events
- near misses
- accidents/ incidents
- safeguarding

Learning outcome

The learner will:

LO2   Support individuals to make choices

Assessment criteria

The learner can:

AC2.1 outline ways to support individuals to make informed choices
AC2.2 describe how **risk assessment processes** can be used to support individuals' rights to make their own decisions
AC2.3 explain why own personal views must not influence an individual's choices or decisions
AC2.4 explain when it may be necessary to support an individual to challenge decisions made about them by **others**
AC2.5 support individuals to make informed choices
AC2.6 follow **risk assessment processes** to support the rights of individuals to make their own decisions
AC2.7 enable individuals to make choices or decisions without influencing them with own views

Range

AC2.2, AC2.6 **Risk Assessment Processes:** should include being able to use the risk assessment process positively to enable individuals to take risks they choose (positive risk taking).

AC2.4 **Others:** in this context, may include but is not limited to:
- carers, loved ones, family, and friends
- colleagues in the setting
- professionals from other services

Learning outcome

The learner will:

LO3   Support individuals in active participation

Assessment criteria

The learner can:

AC3.1 explain how valuing individuals contributes to **active participation**
AC3.2 describe how to enable individuals to make informed choices about their lives
AC3.3 outline ways to support **active participation** with individuals
AC3.4 explain the importance of enabling individuals to be as independent as possible
AC3.5 explain the importance of individuals maintaining relationships and **connections** with their community
AC3.6 explain how personal views may restrict the individual's ability to actively participate
AC3.7 support **active participation** for individuals

Range

AC3.1, AC3.3, AC3.7 **Active participation:** 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.

AC3.5 **Connections:** may include but not limited to:
- family
- friends
- loved ones
- community facilities
- groups/ volunteers
- places of worship

Unit 226   Privacy and Dignity

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC1.7, AC1.8, AC2.5, AC2.6, AC2.7, AC3.7 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the meaning of privacy and dignity?
- Do I know how to use techniques to promote and maintain dignity?
- Am I aware of how dignity and privacy may be compromised?

'Individual and Individuals' in this unit means: A person accessing care and support. The individual, or individuals will normally refer to the person or people that the learner is providing care and support for.

Suggested learning resources

https://www.scie.org.uk/providing-care/dignity-in-care/privacy/

https://www.cqc.org.uk/guidance-providers/regulations/regulation-10-dignity-respect

Unit 227   Nutrition and Hydration

Level:	2
Credit value:	2
GLH:	9
Aim:	This unit provides the learner with the understanding of food safety and the principles of nutrition and hydration, including signs and symptoms indicating poor nutrition and hydration. The learner will also be able to support individuals with their nutritional and hydration needs and preferences.

Learning outcome

The learner will:

LO1   Understand the principles of food safety

Assessment criteria

The learner can:

AC1.1 explain the importance of **food safety**
AC1.2 explain the importance of **hygiene in the preparation and handling** of food

Range

AC1.1 **Food safety**: may include
- avoiding cross contamination
- storage
- disposal
- allergies and intolerances

AC1.2 **Hygiene in the preparation and handling**: may include:
- hand washing
- use of clean equipment
- use of personal protective equipment (ppe)
- use of correct colour chopping boards

Learning outcome

The learner will:

LO2   Understand the principles of nutrition and hydration

Assessment criteria

The learner can:

AC2.1 explain the importance of the following in maintaining health and wellbeing
- good nutrition
- good hydration

AC2.2 identify **signs** and **symptoms** of poor
- **nutrition**
- **hydration**

AC2.3 outline ways to promote and support adequate
- nutrition
- hydration

AC2.4 outline how to **identify** changes or **risks** relating to
- nutritional needs
- hydration needs

AC2.5 outline how to **report** changes or **risks** relating to nutrition and hydration needs

Range

AC2.2 **Signs and symptoms** can include but not limited to
Poor nutrition:

- reduced appetite
- lack of interest in food and/or drink
- feeling tired all the time
- feeling weaker
- getting ill often and taking a long time to recover
- wounds that take a long time to heal
- poor concentration
- feeling cold most of the time

Poor hydration:

- feeling thirsty
- dark yellow, strong-smelling urine
- urinating less often than usual
- feeling dizzy or lightheaded
- feeling tired
- dry mouth, lips and tongue
- sunken eyes

AC2.4 **Identify**: to include changes or risks in line with:
- the individuals' preferences
- assessed needs
- care and support plan requirements

AC2.4, AC2.5: **Risks:** may include
- physical
- emotional
- behavioural

Report:
- in line with agreed ways of working within the setting

Learning outcome

The learner will:

LO3   Support individuals with nutrition and hydration

Assessment criteria

The learner can:

AC3.1 outline how to identify the nutrition and hydration care and support needs of individuals
AC3.2 describe **factors** that can affect an individual's care and support needs with regards to nutrition and hydration
AC3.3 explain when to seek **additional advice and guidance** when supporting individuals with their nutrition and hydration needs
AC3.4 explain how to seek **additional advice and guidance** when supporting individuals with their nutrition and hydration needs
AC3.5 support individuals with nutrition and hydration in line with their:
- **preferences**
- **needs**
- care or support plan

AC3.6 **monitor** and **record** the nutrition and hydration care and support provided to individuals in line with agreed ways of working

Range

AC3.2 **Factors:** which can affect the nutrition and hydration needs and choices of individuals may include but not limited to:
- health needs and conditions:
  - diabetes, coeliac disease, heart disease
- dietary requirements
- physical factors:
  - eating, drinking, or swallowing difficulties, aspiration/choking
  - having food and drink within reach
  - having the correct cutlery, crockery and/or equipment to maintain independence
- impact of poor oral health
- food allergies
- appetite
- moral or ethical beliefs
- religious requirement or cultural preference
- personal choice and control
- mental capacity
- mental health and wellbeing
- eating disorders
- side effects of medication

AC3.3, AC3.4 **Additional advice and guidance:** will vary depending on the role, agreed ways of working and area of advice and support needed. Action may include but not limited to referring to:

- senior colleague
- family member
- carer
- professional practitioner eg
  - general practitioner
  - dietitian
  - speech and language therapist
  - occupational therapist
  - other practitioner/professional/specialist

AC3.5 **Preferences:** to include any:
- personal choices
- religious preferences
- cultural preferences

AC3.5 Needs: may include:
- nutritional
- health
- medical

AC3.6 **Monitor**: within the context of the individuals care / support plan, this may include but not limited to:
- recording preferences and changes in needs
- planning daily intake
- planning meals
- approaches to maintaining a healthy lifestyle

Record might not be needed in all services or for all individuals. If required it could include recording daily intake and output. The recording could include:
- electronic
- paper
- both electronic and paper (where learners are required to use both)

Unit 227　　　　　Nutrition and Hydration

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC3.5, AC3.6 observation by the assessor is the preferred method of assessment.

AC3.5 and AC3.6 (Record): Both criteria should be evidenced in normal work activity. It is acknowledged there may still be situations where learners may not have the opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that the learner would be able to do this is permissible.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the importance of food safety?
- Do I understand the effects of poor nutrition and hydration?
- Do I know how to support individuals with nutrition and hydration?

'Individuals' in this unit means: The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

Whilst supporting individuals with meeting their nutritional and hydration needs may not seem to be part of every role in adult social care, it is important to ensure the learner has good transferable competency. This will ensure wherever they are working, individuals have appropriate access to nutrition and hydration and safe care and support.

This unit requires the learner to provide performance evidence (AC3.5 and AC3.6) and this needs to reflect and be contextualised to the needs of the individuals the learner is providing care and support for. Examples of how the required performance evidence might be contextualised and confirmed in the learner's practice could include:
- encouraging regular nutrition and hydration/fluid intake and ensuring refreshed drinks and meals/snacks are placed within reach of the individual during care visits
- providing appropriate assistance to enable the individual to eat and drink comfortably and with dignity
- supporting an individual with nutrition and hydration aspects such as healthy eating, which could include meal planning and preparation, along with budgeting and purchasing food items
- supporting an individual to access, understand and follow recommended dietary advice provided by a health professional or similar

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- supporting an individual with specific nutrition support which could include the use of special nutrient-rich foods, nutritional supplements, and fortified foods, as well as enteral feeding tubes
- being able to discuss and report any changes, concerns, or dilemmas they may face with nutrition and hydration when supporting individuals
- responding to any changes in the individual's health which may impact on their ability to self-manage their nutrition and hydration needs
- signposting and supporting the individual to gain and follow healthy eating advice or advice from another professional which has an impact on their nutrition and hydration needs.

AC3.5 'Care or Support plan': may be known by other names. It is the document where day to day requirements and preferences for care and support are detailed.

Suggested learning resources

https://www.food.gov.uk/business-guidance/managing-food-safety

https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/the-nutrition-and-hydration-digest/the-significance-of-nutrition-and-hydration.html

https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/water-drinks-nutrition/

https://www.nutrition.org.uk/healthy-sustainable-diets/hydration/

Unit 228   Awareness of mental health and dementia

Level:	2
Credit value:	3
GLH:	16
Aim:	This unit will develop understanding of the needs and experiences of people living with mental health conditions and dementia. This unit provides understanding of the importance of early identification and provision of personalised care, reasonable adjustments and the legal framework associated with mental health conditions and dementia.

Learning outcome

The learner will:

LO1   understand the needs and experiences of individuals living with mental health conditions or dementia

Assessment criteria

The learner can:

AC1.1 explain what is meant by the terms:
- mental health
- mental well-being
- **dementia**

AC1.2 list common **types** of mental health conditions

AC1.3 outline how living with a mental health condition or dementia can **impact** an individual's:
- everyday life and the lives of their families and carers
- health and well-being
- care and support needs

Range

AC1.1 **Dementia:** to include:

- causes
- different types of dementia

- prevalence

It is important to note that individuals living with dementia can experience the condition in very different and unique ways.

AC1.2 **Types:** to include:
- psychosis
- depression
- anxiety disorders

Other conditions can include:
- eating disorders
- bi-polar disorder
- obsessive compulsive disorders (OCD)
- Post Traumatic Stress Disorder (PTSD)

AC1.3 **Impact:** impact will be different for every individual . The issues may be:
- physical
- social
- psychological

Learning outcome

The learner will:

LO2   understand the importance of early identification of mental health conditions and dementia

Assessment criteria

The learner can:

AC2.1 outline **early indicators** of mental health deterioration

AC2.2 list **early signs and indicators** of dementia

AC2.3 explain why early identification of mental health conditions or dementia is important

AC2.4 describe how an individual's needs may change when a mental health condition, or dementia:
- is identified
- has declined

AC2.5 outline ways to engage with and signpost individuals, their families and carers to **other services and support**

Range

AC2.1 **Early indicators:** may include:
- physical eg self-harm
- emotional eg suicidal thoughts
- social eg isolation
- environmental eg hoarding

AC2.2 **Early signs and indicators:** may include:
- memory loss
- difficulty concentrating

- issues with language and communication
- confusion about time and place
- mood swings

AC2.5 **Other services and support:** may include
- services and resources available within own organisation
- services and resources available externally

Learning outcome

The learner will:

LO3   understand aspects of personalised care which support an individual living with a mental health condition or dementia

Assessment criteria

The learner can:

AC3.1 explain how **positive attitudes** can support individuals living with a mental health condition or dementia
AC3.2 explain why it is important to recognise an individual living with a mental health condition or dementia as a unique individual
AC3.3 explain how using **person-centred approaches** and active participation can enable an individual to keep well and maintain independence
AC3.4 describe barriers individuals living with a mental health condition or dementia can face in accessing healthcare services

Range

AC3.1 **Positive attitudes**: in relation to
- the individual
- family members
- friends
- colleagues
- other professionals

To include approaches or behaviours that encourage overall wellbeing, self-esteem and are person-centred.

AC3.3 **Person centred approaches**: including the principles and values of person-centred care:
- individuality
- rights
- choice
- privacy
- independence
- dignity
- respect
- partnership

Learning outcome

The learner will:

LO4   understand how reasonable adjustments support individuals living with a mental health condition or dementia to access care or health services

Assessment criteria

The learner can:

AC4.1 identify **reasonable adjustments** which can be made to support individuals living with a mental health condition or dementia to access care and health services
AC4.2 explain the importance of planning **reasonable adjustments** in advance
AC4.3 outline how to **report** concerns associated with an individual's unmet needs when reasonable adjustments are not made

Range

AC4.1, AC4.2 **Reasonable adjustments:** Steps, adaptions and changes which can be made to meet the needs and preferences of an individual. Including but not limited to:
- providing the person with more time
- using Easy Read information
- using pictures
- adjusting pace of communication
- using simple, easy language
- making changes to the environment
- making changes to the environment, including opportunities to avoid sensory overload eg
  o turning off unnecessary lights, TV / radio
  o offering quiet space
  o enabling the use of sensory protection such as noise-cancelling ie headphones
- considering the use of an alternative location

Learners must also recognise that they may need to make reasonable adjustments to their ways of working when supporting individuals to access services

AC4.3 **Report:** in line with agreed ways of working within the setting and could include:
- verbal
- written
- electronic systems

Learning outcome

The learner will:

LO5   understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia

Assessment criteria

The learner can:

AC5.1 explain how **legislation** supports and promotes the following for **individuals** living with a mental health condition or dementia
- human rights
- inclusion
- equal life chances
- citizenship

AC5.2 explain how **local and national guidance** supports and promotes the following for individuals living with a mental health condition or dementia:
- human rights
- inclusion
- equal life chances
- citizenship

Range

AC5.1 **Legislation** and **guidance:** current and relevant (legislation and codes of practice/conduct relating to mental health, mental capacity, dementia care, human rights, inclusion and care practice - See Appendix 1)

AC5.2 **Local and national guidance:** current and relevant (relating to mental health and dementia care- see Appendix 1)

Unit 228   Awareness of mental health and dementia

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

Evidence for this unit will by generated through assessor led discrete discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects

Unit guidance

Learners should consider the following questions as a starting point to this unit

- Do I understand the needs and experiences of individuals living with mental health conditions or dementia?

- Do I understand the importance of early identification of these conditions?

- Do I understand the reasonable adjustments which may be necessary to support an individual living with mental health conditions or dementia?

Where mental health or dementia is stated then the learner must evidence understanding of both.

'Individual' in this unit means: in this context, 'individual' will usually mean the person supported by the carer, but it may include those for whom there is no formal duty of care.
AC1.1: whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and wellbeing relate to every individual.

AC2.5 'Carers': in this context means those who provide unpaid care for anyone aged 16 or over with health or social care needs.

AC3.3: a strength-based approach focuses on individuals 'strengths, resources and what they can do themselves to keep well and maintain independence.
Whilst a Level 2 learner may not yet be familiar with this term, they should be encouraged to understand how this term relates to and builds on person-centred approaches and active participation.

AC3.3 'Active participation': 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.

AC5.2 'Local and national guidance': learners should be encouraged to explore guidance available from their local adult social care services or local mental health organisations or health services. Nationally, the Alzheimer's Society website hosts many resources that are useful for a wide

audience. The Skills for Care website hosts a Common Core Principles document that supports staff development regarding mental health and wellbeing. It also contains links to a number of resources.

For AC5.1 and 5.2 refer to Appendix 1.

Suggested learning resources

https://www.mentalhealth.org.uk/explore-mental-health

https://www.nhs.uk/mental-health/conditions/

https://www.mind.org.uk/information-support/types-of-mental-health-problems/

https://www.alzheimersresearchuk.org/dementia-information/types-of-dementia

https://www.nhs.uk/conditions/dementia/about-dementia/what-is-dementia/

Unit 229   Adult Safeguarding

Level:	2
Credit value:	3
GLH:	16
Aim:	In this unit learners will develop an understanding of the principles of adult safeguarding, including how to identify potential abuse. This unit explores the different ways in which individuals may be harmed, including the use of restrictive practices and through misuse of technology. Learners will understand and demonstrate how practice that promotes person-centred values, dignity and respect can help to protect individuals. Finally it considers the impact of legislation, national and local policies and lessons learnt from Safeguarding Adult Reviews.

Learning outcome

The learner will:

LO1   understand the principles of adult safeguarding

Assessment criteria

The learner can:

AC1.1 explain the terms:
- adult safeguarding
- **adult at risk**
- harm

AC1.2 describe **types of abuse**

AC1.3 describe possible **indicators** of abuse

AC1.4 outline factors which have **featured** in cases of adult abuse and neglect

AC1.5 describe potential risks for individuals when **using technology**

AC1.6 describe how to support individuals to be safe when using technology without being risk averse

AC1.7 describe own role and responsibilities in adult safeguarding

AC1.8 outline where to get **information** and advice about own role and responsibilities in preventing and protecting individuals from harm and abuse

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Range

AC1.1 **Adult at Risk**: must refer to the current legal definition of adult at risk (Care Act 2014 – see Appendix 1)

AC1.2 **Types of abuse:** must include:
- physical abuse
- domestic abuse, including coercive control
- sexual abuse
- psychological abuse
- financial/material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect/acts of omission
- self-neglect
- radicalisation
- cuckooing

AC1.3 **Indicators** eg:
- physical
- emotional
- behavioural

AC1.4 **Featured:** this include reference to Safeguarding Adult Reviews (SAR)and lessons learnt.

AC1.5 **Using technology**: could include:

- use of electronic communication devices
- use of the internet
- use of social networking sites
- carrying out financial transactions online
- how the individual can be supported to be kept safe

AC1.8: **Information**: should include both those available within the work setting and externally

Learning outcome

The learner will:

LO2   Know how respond to suspected or disclosed abuse

Assessment criteria

The learner can:

AC2.1 describe what to do if abuse of an adult is known or suspected
AC2.2 describe how to raise concerns within local freedom to speak up/whistleblowing policies or procedures

Learning outcome

The learner will:

LO3 Understand local and national systems for protecting individuals from harm and abuse

Assessment criteria

The learner can:

AC3.1 outline **legislation, principles, local and national policies, and procedures** which relate to safeguarding adults
AC3.2 outline the local arrangements for the implementation of multiagency Adult Safeguarding policies and procedures
AC3.3 explain the importance of sharing appropriate information with the **relevant agencies**
AC3.4 describe the actions to take if barriers are faced when alerting or referring to **relevant agencies**

Range

AC3.1 **Legislation:** should consider how the current and relevant legislations relate to and interact with adult safeguarding (legislation and codes of practice/conduct relating to safeguarding adults, human rights and deprivation of liberty/ liberty protection safeguards – see appendix 1)

Principles: including but not limited to the 6 principles of safeguarding:
- empowerment
- prevention
- proportionality
- protection
- partnership
- accountability

Local and National policies and procedures: which are current and relevant (Making Safeguarding Personal, outcomes framework- see Appendix 1). They should include:
- employer/organisation policies and procedures
- local multi agency adult protection arrangements

AC3.3, AC3.4 **Relevant agencies** may include:
- adult social care safeguarding teams
- health care team
- police services
- advocates
- support services

Learning outcome

The learner will:

LO4   understand restrictive practices

Assessment criteria

The learner can:

AC4.1 explain what is meant by '**restrictive practice'**
AC4.2 outline organisational **policies** and **procedures** in relation to restrictive practices
AC4.3 describe own role in implementing **policies** and **procedures** in relation to restrictive practices
AC4.4 explain the importance of seeking the least restrictive option for the individual

Range

AC4.1 **Restrictive practice**: Practices which intend to restrict and restrain individuals as well as practices that do so inadvertently. Awareness of:
- physical
- mechanical
- chemical
- seclusion
- segregation
- psychological restraint
- threat of restraint

AC4.2, AC4.3 **Policies, and procedures**: in relation to restrictive practice may include the reference to ensuring that any restrictive practice is legally implemented and may take into account relevant and current legislation and practice guidance (legislation relating to deprivation of liberty/ liberty protection safeguards – see Appendix 1)

Learning outcome

The learner will:

LO5   Reduce the likelihood of abuse

Assessment criteria

The learner can:

AC5.1 explain why an individual may be at **risk** from harm or abuse
AC5.2 describe how care environments can promote people's dignity
AC5.3 describe how care environments may undermine people's dignity
AC5.4 explain the importance of individualised and person-centred care in reducing the likelihood of abuse
AC5.5 describe how to apply basic **principles** of supporting individuals to stay safe
AC5.6 explain how the likelihood of abuse may be reduced by:
- working with **person-centred values**
- enabling active participation
- promoting choice and rights
- working in partnership with **others**
AC5.7 treat individuals with dignity and respect when providing care and support services

Range

AC5.1 **Risk:** may include those relating to:
- a setting or situation
- the individuals and their care and support needs

AC5.6 **Person-centred values:** including
- individuality
- rights
- choices
- privacy
- independence
- dignity
- respect
- care
- compassion
- courage
- communication
- competency
- partnership

Others: may include**:**
- friends, family and loved ones of those accessing care and support services
- peers, team members and other colleagues
- managers and senior management
- professionals from other organisations involved in the individual's care
- paid workers and volunteers from other organisations and teams

Unit 229　　　　　　Adult Safeguarding

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC5.7 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit.

- How might I recognise if an individual is being restricted, harmed, abused or neglected?

- Do I understand the policies and procedures in my work setting for reporting known or suspected cases of abuse?

- Do I understand the potential impact of ignoring concerns about harm, abuse or neglect?

AC1.1, AC3.1, AC4.2, AC4.3: Refer to Appendix 1.

AC1.4 Safeguarding Adult Reviews (SAR) are carried out in certain circumstances eg when an adult has died or has been seriously injured and it is known or suspected that they have been abused or neglected. Relevant reports can be found on the local Safeguarding Adult Board website. The aim of the review is to establish whether agencies or individual professionals could have behaved differently and prevented the death or serious injury and to learn lessons that may help prevent future incidents.

AC 1.6 'Risk averse': the importance of balancing safety measures with the benefits individuals can gain from accessing and using technology such as online systems, and the individual's right to make informed decisions.

AC 3.1 Range for 'principles' applies also to AC5.5.

'Individuals' in this unit means: a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

AC5.6 'Active participation': 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 regarding as an active partner in their own care or support, rather than a passive recipient.

For this units application of knowledge, which relates to the work environment and the specific local procedures and arrangements for Safeguarding Adults, is required.

Suggested learning resources

https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/making-safeguarding-personal

https://www.cqc.org.uk

https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Safeguarding.aspx

https://www.scie.org.uk/safeguarding/adults/introduction/what-is/

Unit 230   Safeguarding Children and Young People

Level:	2
Credit value	1
GLH:	5
Aim:	This unit introduces learners to the basic principles of safeguarding children and young people. It explores the different types of abuse and considers signs and symptoms that might indicate a child or young person is being harmed, abused or exploited, including how to respond.

Learning outcome

The learner will:

LO1   Understand how to safeguard children and young people

Assessment criteria

The learner can:

AC1.1 describe **circumstances** where there could be contact with a child or young person in the normal course of work within adult social care
AC1.2 outline **factors** that may contribute to a child or young person being vulnerable to harm, abuse or exploitation
AC1.3 outline **types of abuse, harm or exploitation** a child or young person could be at risk from
AC1.4 describe **signs** and **symptoms** that might indicate a child or young person is being harmed, abused or exploited
AC1.5 explain how to **respond** if it is known or suspected that a child or young person is at risk of harm, abuse or exploitation in line with legal requirements, agreed ways of working and local procedures

Range

AC1.1 **Circumstances:** may include the following:

- if the adult social care worker is also in a role which involves working directly with children and young people

- in a transitional social care service ie supporting young people under 18 who are moving from children's service provision to adult care service provision
- in a registered adult care service eg a domiciliary care agency which is also registered to provide care to children and young people
- working in a healthcare setting
- when relatives or groups visit individuals, including children and young people
- when providing care in an individual's own home
- when providing support in the community

AC1.2 **Factors:** may include but are not limited to:
- a setting or situation
- the care and support needs of a child or young person
- age
- disability
- family circumstances

AC1.3 **Types of abuse, harm or exploitation:** could include but are not limited to:
- sexual
- physical
- neglect
- emotional
- domestic
- bullying
- cyber bullying
- online abuse
- exploitation
  - sexual
  - financial
  - criminal
- trafficking
- female genital mutilation
- grooming
- breast ironing

AC1.4 **Signs** and **symptoms:** may include but not limited to
- physical
  - unexplained bruising
  - unexplained injuries
  - inappropriate clothing
- behavioural
  - flinching
  - crying
  - mood changes
  - behavioural changes
- financial/rewards
  - unexplained gifts
  - unexplained finance
  - lack of finance
  - insufficient food or personal items

AC1.5 **Respond:** including:
- what actions they must take if they suspect or know about incidents of harm, abuse or exploitation

- what actions they must not take if they suspect or know about incidents of harm, abuse or exploitation
- raising concerns in accordance with employer/organisational policies and procedures and local multi-agency arrangements

Unit 230   Safeguarding Children

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

Evidence for this unit will by generated through assessor led discrete discussion based on City & Guilds devised scenario and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Every adult social care worker needs to know what to do if they suspect a child or young person is being abused or neglected. As a minimum adult social care workers should be able to explain what they must do if they suspect a child, young person (met in any circumstances) is being subjected to neglect, harm, abuse, exploitation, or violence. This will include the worker knowing how to recognise such situations and how to respond.

The learners understanding for this unit should be demonstrated as an independent element and not inferred from Adult Safeguarding.

Learners should consider the following questions as a starting point to this unit:
- Do I understand what is meant by safeguarding children and young people?
- Do I know who to contact in my work setting if I know or suspect a child is at risk of harm, abuse or exploitation?
- What might be the consequences if I take no action, or act incorrectly?

The learner must understand as an adult social care worker, that there is a responsibility to ensure the child or young person's wellbeing is safeguarded at all times.

Learners must show awareness of the following:

- there may be occasions when there is contact with a child or young person when working in adult social care
- as an adult social care worker, that there is a responsibility to ensure the child or young person's wellbeing is safeguarded at all times.

Where an adult social care worker comes into contact with a child or young person as part of their role, it is the employer's responsibility to provide/access statutory or mandatory training, as defined by the national minimum training standards for safeguarding children and young people.
The organisation and worker must meet the most up to date national minimum training standards for Safeguarding Children at the level appropriate to their workplace/role and duties as set out in the current guidance issued by the local Safeguarding Children Partnership Board and statutory children's social care services, which may be the Local Authority Children's Social Care services or Local Children's Trust procedures for reporting safeguarding concerns.

AC1.5 refer to Appendix 1.

Suggested learning resources

https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

https://learning.nspcc.org.uk/safeguarding-child-protection/

Unit 231 Health, Safety, and Principles of Basic Life Support

Level:	2
Credit value:	3
GLH:	16
Aim:	This unit will provide learners with awareness of their responsibilities and those of the employers for health and safety. Learners will be aware of how health and safety legislation affects the workplace and how to follow risk assessments to help keep themselves and others safe. Learners will gain knowledge of safe working practices and procedures, including moving and assisting, accidents, sudden illnesses, basic life support, carrying out healthcare tasks, handling medications, hazardous substances and promoting fire safety. Finally, learners will know how to work safely and securely in the workplace, whilst managing own mental health and personal wellbeing.

Learning outcome

The learner will:

LO1 Understand own responsibilities, and the responsibilities of others, relating to health and safety, security, medication and healthcare tasks in the work setting

Assessment criteria

The learner can:

AC1.1 identify **legislation** relating to health and safety in an adult social care **work setting**
AC1.2 outline **workplace** health and safety **policies and procedures** relevant to own role
AC1.3 describe the **workplace** health and safety responsibilities of:
- self
- the employer or manager
- **others**

AC1.4 explain the **agreed ways of working** in relation to:
- medication in the setting
- healthcare tasks

AC1.5 describe **tasks** relating to health and safety that should not be carried out without special training

AC1.6 identify **sustainable approaches** which can be applied in own role

AC1.7 outline the measures that are designed to protect the following at work:
- personal safety and security
- safety and security of individuals

AC1.8 describe the **agreed ways of working** for checking the identity of anyone requesting access to:
- premises
- information

AC1.9 describe how to access additional support and information relating to health and safety

Range

AC1.1 **Legislation:** relevant and current (legislation and Regulations relating to all aspects of health and safety - see Appendix 1)

AC1.2, AC1.3 **Workplace/work setting:** in this context may include one specific location or a range of locations depending on the context of own role

AC1.2 **Policies and procedures:** may include:
- other agreed ways of working
- formal policies and procedures

AC1.3 **Others:** in this context could include:
- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- professionals visiting the work setting
- visitors to the work setting

AC1.5 **Tasks:** may include:
- use of equipment
- moving and assisting people and objects
- basic life support and first aid
- medication – administration/storing/receiving/disposal
- food handling and preparation
- healthcare/clinical tasks and procedures for example:
  - delegated healthcare tasks
  - obtaining urine samples
  - blood sugar tests
  - stoma care
  - catheter care
  - Percutaneous Endoscopic Gastrostomy (PEG)

AC1.6 **Sustainable approaches**: Human, social, economic and environmental considerations eg:
- eco-friendly approaches
- appropriate reuse of items and reduction of waste
- recycling and efficient use of resources
- adherence to relevant workplace initiatives, policies and procedures where these exist and local/national priorities

- encouraging and supporting individuals who access care and support to live in a more sustainable way

AC1.4, AC1.8 **Agreed ways of working:** these will include
- policies and procedures
- job descriptions
- less formal agreements
- expected practices

Learning outcome

The learner will:

LO2   Understand risk assessment

Assessment criteria

The learner can:

AC2.1 explain why it is important to assess the health and safety risks posed by the work settings, situations and activities
AC 2.2 explain how to **report** health and safety risks in the workplace
AC 2.3 explain when to **report** health and safety risks in the workplace

Range

AC2.2, AC2.3 **Report:** in line with agreed ways of working and may include:
- verbal
- written
- electronic systems

Learning outcome

The learner will:

LO3   Understand how to promote fire safety

Assessment criteria

The learner can:

AC3.1 explain how to prevent fires from:
- **starting**
- **spreading**
AC3.2 describe what to do in the event of a fire

Range

AC3.1 **Starting:** may include:
- keeping areas clean and tidy
- regular checks of smoke alarms
- regular testing of electrical equipment
- safe management of electrical sockets
- following smoking policies
- storing flammable materials correctly
- cooking safely

Spreading: may include:
- closing windows and doors
- using fire doors appropriately
- keeping areas clean and tidy
- use fire extinguishers or fire blankets when is safe to do so
- complete regular fire training
- call emergency services
- carry out regular fire drills
- clear evacuation routes
- clear fire exits

Learning outcome

The learner will:

LO4 Understand procedures for responding to accidents, sudden illness and providing basic life support

Assessment criteria

The learner can:

AC4.1 outline types of accidents that may occur in the workplace
AC4.2 outline types of sudden illnesses that may occur in the workplace
AC4.3 describe the workplace procedures to be followed if:
- an accident occurs
- a sudden illness occurs
- basic life support is required

AC4.4 describe the emergency **basic life support and first aid** actions that:
- are permitted to be taken as part of own role.
- are not permitted to be taken as part of own role

Range

AC4.4 **Basic life support:** may include:
- Primary Survey DRABC (danger, responsive, airway, breathing, circulation)
- CPR
- defibrillator

First aid: may include:
- burns and scalds
- choking
- minor and severe bleeding
- seizures
- shock

Learning outcome

The learner will:

LO5   Know how to manage own mental health and personal wellbeing

Assessment criteria

The learner can:

AC5.1 identify **factors** that can affect own mental health and **wellbeing**
AC5.2 describe circumstances that may trigger factors that can affect own mental health and **wellbeing**
AC5.3 outline **resources** available to support own mental health and **wellbeing**
AC5.4 describe how to access and use available resources to support own mental health and **wellbeing**

Range

AC5.1 **Factors**: may include:
- workplace
- personal
- environmental

AC5.1-AC5.4 **Wellbeing:** a broad concept referring to a person's quality of life. It considers health, happiness, and comfort. It may include aspects of:
- social
- emotional
- cultural
- mental
- intellectual

AC5.3 **Resources:** may include:
- internal to workplace
- external to workplace
- economic
- physical
- spiritual well-being

Learning outcome

The learner will:

LO6   Handle hazardous substances

Assessment criteria

The learner can:

AC6.1 identify **hazardous substances** in the workplace
AC6.2 follow safe practices for:
- storing hazardous substances
- using hazardous substances
- disposing of hazardous substances

Range

AC6.1, AC6.2 **Hazardous substances**: may include but not limited to:
- cleaning materials
- bodily fluids
- infectious bodily substances
- clinical waste
- soiled fabrics (clothing, bedding, etc.)
- infectious pathogens
- medications

Learning outcome

The learner will:

LO7   Move and assist safely

Assessment criteria

The learner can:

AC7.1 outline **agreed ways of working** when **moving and assisting** people and/or objects
AC7.2 maintain individual's dignity when moving and assisting, in line with legislation and agreed ways of working
AC7.3 move and handle objects in line with legislation and agreed ways of working

Range

AC7.1 **Agreed ways of working:** these will include
- policies and procedures
- job descriptions
- less formal agreements
- expected practices

AC 7.1, AC7.2 **Moving and assisting:** May also be known 'moving and positioning 'in adult social care. It can include:

- an individual
- an individual's personal belongings

AC 7.2, AC7.3 **Legislation:** current and relevant (health and safety legislation and Regulations, including that relevant to manual handling, use of equipment - see Appendix 1)

Unit 231   Health, Safety, and Principles of Basic Life Support

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC6.1, AC6.2 must be observed at least twice over the duration of the qualification.
AC7.2 observation by the assessor is the preferred method of assessment (see assessment guidance). Some learners may not be employed in settings where moving and assisting individuals is required. Other evidence to show that the learner would be able to do this is permissible.

AC7.3 As a minimum the learner must demonstrate safe practice in moving and handling objects following agreed ways of working and in line with legislation.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
* Do I understand what my responsibilities are for health and safety at work?
* Do I know what to do in the event of a fire?
* Do I know what the procedures are for handling hazardous substances?
* Do I know how to manage own health and wellbeing?

'Individual 'in the unit means: A person accessing care and support. The individual, or individuals will normally refer to the person of people that the learner if providing care and support to.

AC1.1, AC7.2, AC7.3 Refer to Appendix 1.

Learning Outcome 4: Achievement of this learning outcome does not enable learner competency in being able to respond safely to basic life support or first aid situations. It is the employer's statutory responsibility to determine workplace needs and provide the appropriate level of training. When basic life support training is provided by the employer then this should meet the UK (United Kingdom) Resuscitation Council guidelines.

The range provided in learning outcome 1 for 'agreed ways of working 'and 'legislation' also applies to learning outcome 7.

Suggested learning resources

https://www.hse.gov.uk/

https://www.hse.gov.uk/healthservices/moving-handling.htm

https://www.hse.gov.uk/coshh/

https://www.hse.gov.uk/riddor/

https://www.gov.uk/workplace-fire-safety-your-responsibilities

https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/

Unit 232   Handling Information

Level:	2
Credit value:	1
GLH:	4
Aim:	This unit covers the knowledge and skills required to handle information securely in care settings. It introduces the learners to agreed ways of working and legislation that will support them to handle information appropriately. Learners will understand how to maintain confidentiality and report data breaches.

Learning outcome

The learner will:

LO1   Handle information securely

Assessment criteria

The learner can:

AC1.1 explain why it is important to have **secure systems** for:
- accessing information
- recording information
- storing information
- sharing information

AC1.2 explain why it is important to follow the **agreed ways of working for:**
- accessing information
- recording information
- storing information
- sharing information

AC1.3 explain the support an individual may need to keep their information safe and secure

AC 1.4 describe how to **report** if:
- **agreed ways of working** and **legislation** have not been followed
- there has been a **data breach** or risk to data security

AC1.5 outline who to **report** to if:
- **agreed ways of working** and **legislation** have not been followed
- there has been a **data breach** or risk to data security

AC1.6 keep records that are up to date, complete, concise, accurate and legible

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Range

AC1.1 **Secure systems**: this includes both manual/written recording and electronic systems where learners are required to use different systems within the setting.

AC1.2, AC1.4. A.C1.5 **Agreed ways of working:** how to work in accordance with the employer, these may include but are not limited to:

- policies and procedures
- job descriptions
- code of practice/ conduct
- approaches to maintaining and promoting confidentiality
- approaches to data and cyber security

AC1.4, AC1.5 **Report:** in line with agreed ways of working within the setting and could include the use of :

- verbal
- written
- electronic systems

AC1.4, AC1.5 **Legislation:** considering how current and relevant legislation impacts practice (data protection, freedom of information, human rights, legislation and codes of practice/conduct relating to data security - see Appendix 1)

AC1.4, AC1.5 **Data Breach:** this is the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal or secure data

Unit 232   Handling Information

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC1.6 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand the agreed ways of working for handling information?
- Do I know the legislation related to handling information and how this affects my work?
- Am I aware of what to do if I recognise a data breach?

'Individual' in this unit means: a person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for. This will include supporting the individual to understand their rights and choices with regards to their personal information, such as how their information is stored and used.

AC1.6: The learner should avoid the use of abbreviations and jargon and use respectful and inclusive language when contributing to records and reports.

AC1.4, AC1.5 Refer to Appendix 1.

Achievement of this unit should reflect handling information both manual/written and electronically where learners are required to use different systems within the setting.

Suggested learning resources

https://www.gov.uk/data-protection

Unit 233   Infection Prevention and Control

Level:	2
Credit value:	2
GLH:	9
Aim:	This unit aims to help learners understand the meaning and importance of infection control. It explores the causes of infections and the ways that they can be spread. It also covers how to use methods to prevent and control infection spread, including PPE, cleaning and decontamination.

Learning outcome

The learner will:

LO1   Prevent the spread of infection

Assessment criteria

The learner can:

AC1.1 describe the causes of infection
AC1.2 describe the main ways infection can get into the body
AC1.3 describe the **chain of infection**
AC1.4 describe standard Infection Prevention and Control (IPC) precautions which must be followed to protect:
- self
- **others**

AC1.5 outline where to find the most up to date information about Infection Prevention and Control (IPC) precautions
AC1.6 explain how the following might pose a risk to **others**:
- own health
- own personal hygiene
- own vaccination status
- own exposure to infections

AC1.7 summarise own job role in preventing infection at work
AC1.8 use products to perform effective hand hygiene

Range

AC1.3 **Chain of infection**: must include:
- the infectious agent
- reservoir
- portal of exit
- mode of transmission
- portal of entry
- susceptible host

AC1.4, A.C 1.6 **Others**: In this context, this refers to everyone a learner is likely to come in to contact with, for example:
- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- managers and supervisors
- professionals from other services
- visitors to the work setting
- members of the community
- volunteers

AC1.6: including consideration to factors which may contribute to the individual being more vulnerable to infection.

Learning outcome

The learner will:

LO2 Protect individuals from the risk of infection

Assessment criteria

The learner can:

AC2.1 identify common types of **personal protective equipment (PPE)** and **clothing**
AC2.2 describe when to use common types of **personal protective equipment (PPE)** and **clothing**
AC2.3 describe how to use common types of personal protective equipment (PPE) and **clothing**
AC2.4 describe the safe handling for spillages of bodily fluids
AC2.5 state the **principles of safe handling and disposal** of:
- infected or soiled linen
- infected or soiled equipment
- **clinical waste**

AC2.6 describe appropriate methods for cleaning and/or decontamination of the care environment
AC2.7 describe appropriate methods for cleaning and/or decontamination of care equipment
AC2.8 use PPE appropriate to the care activity including putting on and taking off safely

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Range

AC 2.1-AC2.3, AC2.8: **Use of Personal Protective Equipment (PPE)**: to include:
- PPE recommended and available

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- donning/doffing
- disposal

AC2.1- AC2.3 **Clothing:** where appropriate to the setting, this may include reference to uniform requirements.

AC2.4-AC2.7: methods, processes, and principles should include reference to local procedures where applicable.

AC2.5 **Principles of safe handling and disposal:** may include:
- correct use of PPE
- correct hands washing
- separation of linen
- correct use of clinical waste
- sterilisation of equipment

Clinical waste: a type of waste that has the potential to cause infection or disease and includes:
- 'sharps' such as needles
- bodily fluids
- incontinence products
- used dressings

Unit 233 Infection Prevention and Control

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

AC1.8, AC2.8 must be observed at least twice over the duration of the qualification.

Evidence for this unit will by generated through assessor observation of practice, assessor led discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit:
- Do I understand how infections are caused and spread?
- What precautions are in place to prevent the spread of infection?
- Do I know what PPE is appropriate for the task and how I should dispose of any clinical waste?

AC1.4, AC.1.5 'Precautions': relate to service type and current organisational, national, and local policy/procedure and guidance.

AC1.8 'Hand hygiene': refers to following recommended hand-washing techniques and the use of appropriate sanitiser.

AC2.6, AC2.7 'Decontamination': after cleaning, environments and equipment may require disinfection and sterilisation.

AC2.8 'Putting on and taking off 'is also known as donning and doffing. (14.1g)

Suggested learning resources

https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care

Unit 234   Awareness of Learning Disability and Autism

Level:	2
Credit value:	3
GLH:	16
Aim:	This unit provides an awareness of the specific needs of people with a learning disability and autistic people. Learners will consider how a learning disability or autism may affect a person's day to day life, including communication, health and support needs. Learners will explore how reasonable adjustments can be made to reduce the likelihood of health inequalities. Finally learners will recognise how relevant legislation and guidance can uphold the rights of people with a learning disability or autistic people.

Learning outcome

The learner will:

LO1   understand the needs and experiences of people with a learning disability and autistic people

Assessment criteria

The learner can:

AC1.1 describe what is meant by the term **learning disability**

AC1.2 describe what is meant by the term **autism**

AC1.3 identify **other mental or physical conditions** that a person with a learning disability or autistic person are more likely to live with

AC1.4 explain how learning disability or autism may **impact** on a person's:
- everyday life
- health and well-being
- care and support needs

AC1.5 describe **barriers** people with a learning disability or an autistic person can face **in accessing healthcare services**

AC1.6 describe the different **health inequalities** experienced by people with a learning disability and autistic people

Range

AC1.1 **Learning Disability:** to include as a mimimum the following aspects:
- possible causes
- lifelong condition
- different types
- different experience for each person

AC1.2 **Autism:** to include as a mimimum the following aspects:
- neurodevelopmental condition
- prevalence
- lifelong condition
- different combination of traits and sensitivities unique to the individual

AC1.3 **Other mental or physical conditions:** this could include but is not limited to:
- physical impairments
- mental health conditions
- learning difficulties
- intellectual disabilities
- neurological conditions such as epilepsy
- health related conditions
- visual or hearing impairment
- those experienced as a result of trauma
- exceptional cognitive skills

AC1.3, AC1.: should recognise that conditions and impact will be very different for a person with a learning disability and for an autistic person. Learners should also be encouraged to consider positive aspects of learning disability and autism.

AC1.4 **Impact:** should recognise that the impact will be different depending on for example:
- the learning disability or experience of autism
- environmental factors eg
  - noise
  - light
- personality
- heritage eg
  - family background
  - culture
  - education

AC1.5 **Barriers accessing healthcare services:** this could include but not limited to:
- the associated additional health conditions a person may have
- the need for reasonable adjustments which are not recognised or applied
- accessibility issues including transport
- communication and language differences
- support to access health procedures
- checks and screening
- inaccurate assessment of mental capacity
- misuse of the mental capacity legislation
- lack of understanding of learning disability and autism

- diagnostic overshadowing

AC1.6 **Health inequalities:** reference should be made to reviews and findings from current local and national initiatives (see Appendix 1). This should include 'Learning from Lives and Deaths reviews (LeDeR).

Health inequalities should include but is not limited to:
- differences in life expectancy
- co morbidity
- prevalence of avoidable medical conditions
- overmedication - Stop over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP)
- issues with access to treatment
- support for behaviour that challenges
- Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) - this is national initiative launched by NHS England and The Royal College of Paediatrics and Child Health

Learning outcome

The learner will:

LO2   understand how to meet the communication and information needs of people with a learning disability and autistic people

Assessment criteria

The learner can:

AC2.1 identify key **differences in communication** for:
- a person with a learning disability
- an autistic person

AC2.2 describe how **sensory issues** can impact autistic people

AC2.3 explain the importance of meeting a **person's unique communication and information needs**

AC2.4 describe **ways to adapt own communication** when supporting people with a learning disability and autistic people

AC2.5 identify different ways to engage with and signpost, people with a learning disability, autistic people, their families and carers, to information, services, and support

Range

AC2.1 Key **differences in communication:** this could include but is not limited to
People who may:
- use different methods to communicate
- interpret communication differently
- not recognise non-verbal communication
- not recognise emotional and social cues
- need longer to process communication and information
- need longer to express themselves
- take language and social interaction literally
- display communication through behaviours

AC2.2 **Sensory issues:** this could include but is not limited to:
- over-sensitivity or under-sensitivity to
  - lighting
  - sound
  - temperature
  - touch
  - smell
- how anxiety and stress can contribute to sensory tolerance

AC2.3 **Person's unique communication and information needs:** including differences and individuality

AC2.4 **Ways to adapt own communication:** this could include but is not limited to:
- adjusting pace, tone and volume
- adjusting space
- provide more time when communicating
- provide a quiet space
- making environmental changes eg
  - adjusting noise
  - adjusting light
- active listening
- use preferred methods of communication
- alternative methods of communication
- using simple easy language

Learning outcome

The learner will:

LO3   understand reasonable adjustments which may be necessary in health and care delivery

Assessment criteria

The learner can:

AC3.1 identify **reasonable adjustments** which can be made in health and care services accessed by people with a learning disability and autistic people
AC3.2 explain the importance of planning reasonable adjustments in advance
AC3.3 outline how to **report** concerns associated with unmet health and care needs when **reasonable adjustments** are not made

Range

AC3.1-AC3.3 **Reasonable adjustments:** steps, adaptions and changes which can be made to meet the needs and preferences of a person with a learning disability or autistic person. Including but not limited to:
- providing the person with more time
- using Easy Read information
- using pictures
- adjusting pace of communication
- using simple, easy language
- making changes to the environment, including opportunities to avoid sensory overload eg

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- o turning off unnecessary lights, TV / radio
- o offering quiet space
- o enabling the use of sensory protection such as noise-cancelling ie headphones
- considering the use of an alternative location

AC3.1, 3.2 It is important to recognise and consider not only the reasonable adjustments which may be needed in the care and support service accessed by the person, but also reflecting on the adjustments which may be needed when they are supporting a person to access other care and health services.

AC3.3 **Report:** in line with agreed ways of working within the setting and could include
- verbal
- written
- electronic systems

Learning outcome

The learner will:

LO4   understand how legislation and guidance support people with a learning disability and autistic people

Assessment criteria

The learner can:

AC4.1 explain how key pieces of **legislation** support and promote the following for people with learning disabilities and autistic people:
- human rights
- inclusion
- equal life chances
- citizenship

AC4.2 explain how **local and national guidance** support and promote the following for people with learning disabilities and autistic people:
- human rights
- inclusion
- equal life chances
- citizenship

Range

AC4.1 **Legislation:** current and relevant (equality, inclusion, human rights, mental capacity, Down syndrome, autism, legislation and the codes of practice/conduct relevant to individuals with a learning disability or autistic people – see Appendix 1)

AC4.2 **Local and national guidance**: current and relevant, to also include lessons learnt from safeguarding reviews (National Strategy, All Our Health – see Appendix 1)

Guidance: may refer to ways of identifying and understanding behaviour that can limit the use of and access to everyday services and facilities. This may include:
- Staring and eye contact, tone and volume of voice, anxiety, mumbling and pacing

- Antecedents Behaviour Consequences (ABC)

Unit 234   Awareness of Learning Disability and Autism

Supporting information

Evidence requirements

This unit will be assessed holistically using the internally assessed tasks.

Evidence for this unit will by generated through assessor led discrete discussion and summative personal development discussion.

Further evidence may be generated through expert witness testimony, witness testimony, inspection of work products, reflective journal, projects.

Unit guidance

Learners should consider the following questions as a starting point to this unit

- Do I know the difference between a learning disability and autism?

- Do I have an awareness of how a learning disability or autism might impact on communication?

- Do I have an awareness of the reasonable adjustments that might support care provision?

The Learning Outcomes for Standard 15 have been updated to be consistent with learning outcomes from the Core Capabilities Frameworks for supporting people with a learning disability and autistic people.

These learning outcomes also reflect the minimum expected learning set out in standard one of the Oliver McGowan draft code of practice (the code of practice) on statutory learning disability and autism training for health and social care staff.

They also align with the learning outcomes in tier 1 of the Oliver McGowan Mandatory Training on Learning Disability and Autism, which is the government's preferred and recommended package for all health and social care staff which meets the code of practice standards.

Undertaking the Oliver McGowan Mandatory Training on Learning Disability and Autism to tier 1 or equivalent training will which meets all the standards of the code of practice will support a learner to achieve this unit. Learners will still need to evidence their learning to an assessor.

Care providers should ensure that all staff receive training in how to interact appropriately with and care for people with a learning disability and autistic people, at a level appropriate to their role.

For service providers regulated by the Care Quality Commission, this is a legal requirement introduced by the Health and Care Act 2022. To support service providers to meet this legal requirement, standards for learning disability and autism training are set out in the [draft] Oliver McGowan code of practice. It is expected that all learners undertaking the Care Certificate who work for regulated service providers will have attended training that meets the standards in the code of practice prior to or alongside completing this qualification.

In this unit 'person/people' may refer to:

- an individual in receipt of care and support
- the family or friends of an individual
- colleagues
- other practitioners/professionals

AC1.6, 4.1, 4.2: Refer to Appendix 1.

AC2.5 'Carers': in this context means those who provide unpaid care for anyone aged 16 or over with health and social care needs.

Individual staff members may have learning disability and autism training needs that go beyond the learning outcomes in this unit and therefore require further training to enable their employer to meet the legal requirement. It is the employer's responsibility to identify and address this need as appropriate. Therefore, achievement of this qualification unit does **not** mean that an individual has automatically met their overall learning disability and autism training needs. Care providers should assess the learning needs of each staff member with relation to learning disability and autism.

To enable learners to transfer prior learning from training they have attended, centres are encouraged to consider the appropriate use of RPL as an assessment method towards formal achievement of this unit.

Suggested learning resources

https://www.mencap.org.uk/

https://www.autism.org.uk/

https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Oliver-McGowan-Mandatory-Training/Oliver-McGowan-Mandatory-Training.aspx

NHS England » Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)Meeting the Accessible Information Standard - Care Quality Commission (cqc.org.uk)

Appendix 1 Legislations, Code of Practice, National Guidance/Policies

Candidates need to have knowledge of and follow the requirements of current and relevant legislation, national guidance and policies, codes of practice/conduct relating to adult social care and may include the following.

Details included are accurate at the time of publication, however candidates must refer to the latest versions of legislation, national guidance and policies, codes of practice/conduct.

Legislation
- Data Protection Act 2018
- The General Data Protection Regulation (GDPR) 2016
- Freedom of Information Act 2000
- Care Act 2014
- Health and Social Care Act 2012
- Health and Care Act 2022
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019
- Equality Act 2010
- Mental Health Act 1983/2007/
- Autism Act 2009
- Down Syndrome Act 2022
- Domestic Abuse Act 2021
- Health and Safety at Work Act 1974 (HSWA)
- Manual Handling Operations Regulations 1992 (MHOR)
- The Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Reporting of Injuries, Diseases and Dangerous Regulations (RIDDOR)
- Control of Substances Hazardous to Health Regulations (COSHH)
- Health and Safety (First Aid) Regulations
- Health and Safety (Display Screen Equipment) Regulations
- Fire Safety (England) Regulations

Codes of Practice/Conduct
- Mental Capacity Code of Practice
- Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
- Code of Practice of the Prevention and Control of Infections
- Mental Health Act Code of Practice

National Guidance and Policies
- Putting People First
- Care Data Matters
- Adult Social Care Outcomes Framework
- Quality Matters
- People at the Heart of Care

- Making Safeguarding Personal
- All Our Health
- Living Well With Dementia
- National Strategy for Autistic Children, Young People and Adults
- Building the Right Support
- Working Together to Safeguard Children
- Learning from Lives and Deaths - People with a learning disability and autistic people (LeDeR)
- Stop over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP)
- Staring and eye contact, tone and volume of voice, anxiety, mumbling and pacing
- Accessible Information Standard

Appendix 2   Skills for Care and Development Assessment Principles

1. Introduction

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

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

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

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

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

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

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

2. Assessment Principles
Good practice dictates the following:
2.1. Learners must be registered with the Awarding Organisation before formal assessment commences.

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

2.3. Assessment decisions for skills based learning outcomes must be made during the learner's normal work activity by an occupationally qualified[1], competent and knowledgeable assessor.

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

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

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

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

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

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

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

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

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

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

3. Quality Assurance

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

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

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

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

4. Definitions

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

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

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

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

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

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

Appendix 3   Joint awarding body quality group – recognised assessor qualifications

D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence
A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation
QCF Level 3 Award in Assessing Competence in the Work Environment (for competence / skills learning outcomes only)
QCF Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)
QCF Level 3 Certificate in Assessing Vocational Achievement
Qualified Teacher Status
Certificate in Education in Post Compulsory Education (PCE)
Social Work Post Qualifying Award in Practice Teaching
Certificate in Teaching in the Lifelong Learning Sector (CTLLS)
Diploma in Teaching in the Lifelong Learning sector (DTLLS)
Mentorship and Assessment in Health and Social Care Settings
Mentorship in Clinical/Health Care Practice
L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland)
L&D9D - Assessing workplace competence using Direct methods (Scotland)
NOCN – Tutor/Assessor Award
Level 3 Awards and Certificate in Assessing the Quality of Assessment (QCF)
Level 4 Awards and Certificates in Assuring the Quality of Assessment (QCF)
Level 3 Award in Education and Training JABQG Sept 2014 - Version 5
Level 4 Certificate in Education and Training
Level 5 Diploma in Educations and Training
Level 3 Certificates in Assessing Vocational Achievement (RQF)

Appendix 4   Additional Assessment Principles guidance

Audience: Centres delivering competence and work-based qualifications to the adult social care workforce in England.

Introduction
This document and the approaches to practice have been developed and agreed by Skills for Care and the Joint Awarding Body Quality Group (JABQG).

Our aim is to support best practice in maintaining standardised approaches and to uphold the rigour and integrity of qualifications in the sector.

Flexible arrangements to support existing principles and approaches to assessment during the COVID-19 pandemic **have now been removed**. There is an expectation that centres delivering qualifications return to full assessment approaches as guided by the assessment principles. There are currently two sets of assessment principles:
- Joint Skills for Care and Skills for Health Assessment Principles for the **Level 2 Diploma in Care** (RQF) in England
- Skills for Care & Development Assessment Principles: these principles are **for all other** occupational competence and work based qualifications in the sector.

The guidance within this document sets out clarification of aspects from the existing assessment principles and aims to recognise developments e.g., with the use of technology in the assessment process. **This document must be used alongside and in conjunction with the appropriate existing assessment principles**.

Clarification of existing assessment principles: direct observation requirements

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

Direct observation: should continue to act as the preferred main source of evidence for skills based assessment criteria within work based qualifications in the sector.

Direct observation as an assessment activity should be carried out by an occupationally competent and qualified assessor in person with the learner in the workplace.

Direct observations of the learners practice should be carried out and demonstrated over an appropriate period of time. An appropriate period of time needs to reflect the learners journey on their qualification e.g. from start to end of the qualification and not the time period of the actual direct observations carried out eg a 2 hour time period where observation has been carried out.

The amount of direct observations required will be appropriate to the qualification time, level and content of the qualification and take account of the learners circumstances, which could include individual learning needs, breadth of practice, emerging competency, recognition of relevant prior learning and achievement and any additional factors associated to the workplace. Centres can

explore this further through the standardisation process and discussion with the awarding organisation.

There are a range of additional factors which need to be considered when planning for and carrying out direct observations e.g., upholding person-centred values, gaining permission from and minimising distress to individuals who use care and support services, ensuring the environment is safe for the assessor and if there are any security/access restrictions. An additional factor is where direct observations could be difficult to gain during the **period** of the learners 'qualification.

Therefore, if there is an additional factor in being able to meet direct observation requirements, approaches **must be** discussed and agreed prior with the awarding organisation.

This should not be confused with reasonable adjustments or special considerations.

Clarification of existing assessment principles: use of expert witness

The use of an expert witness does not replace the need for direct observation. If there is an additional factor in which this needs to be explored to support achievement of the learner, then again this **must be** discussed and agreed prior with the awarding organisation.

An expert witness in the workplace can be used to provide direct observation evidence when the assessor is not occupationally competent in a specialist area eg, specialist healthcare tasks.

The use of an expert witness could also be used to enrich, supplement, and add triangulation to the main direct observations which have been carried out in person by the assessor.
When an expert witness is used, it remains that overall assessment decisions

When an expert witness is used, it remains that overall assessment decisions when an expert witness is used, it remains that overall assessment decisions.

Use of technology in the assessment process

We know that use of technology in the assessment process brings many benefits for all involved and when done well it can enhance the assessment experience, outcomes and develop skills of the learner.

We know that technology, platforms, and e-portfolios support the assessment process well. This can include and is not limited to planning, review and feedback aspects along with carrying out and recording professional discussions.

We also know that the workforce is making wider use of technology and some roles in the sector are functioning more remotely than they did before.

Using technology in the assessment process should and can be used appropriately and care needs to be taken to ensure:

- recording, storage, and accessibility issues comply with legal requirements in relation to confidentiality and data protection
- centre practices with using different methods of technology are supported by robust centre policies, standardised practices and meet requirements set by the awarding organisation and Ofqual as the regulatory body.

Using technology to carry out direct assessment eg, remote observation (the assessor observing the learner on-line carrying out a work activity)

Whilst we take valuable learning forward and embrace developments, we must not lose sight of the nature of qualifications in the sector. They are competence and work based and there needs to be appropriate consideration and balance when technology is being used to carry out assessment of a qualification e.g., observing skills and practice of a learner. Carrying out a remote observation **does not** replace the need for direct observation in person.

When could it be considered appropriate to carry out a remote observation with the use of the technology?

- When the work activity is task orientated and does not include or require the presence of an individual accessing care or their families. Also, as an approach to enrich, enhance and triangulate the main direct observations and other assessment methods which have been planned and carried out.

Standardisation process

The standardisation process within centres and discussions with awarding organisations needs to support the careful selection of where and how remote observation could be safely utilised within the assessment process.

Tips to support the standardisation process

- Consider the level of the qualification and the specific units (or areas of practice) in which remote observation could be utilised safely.
- At Level 2 and 3 for example, remote observation may not be suitable for some areas of practice due to the nature of the skills based criteria as many of these function with regards to the learner providing direct care and support to individuals, there may however be areas of practice where these risks are minimal.
- More opportunities do present themselves in the higher-Level Diplomas such as Level 4 and 5 and specific units, such as the learner taking part in an on-line meeting, team meeting, or where their role may be more remote based and they are providing remote support to colleagues.

Using technology in the assessment process - good practice example

A remote observation has been planned with a L5 learner who is facilitating an online team meeting with colleagues who work in the community.

The evidenced planning process has considered all aspects of good practice, and these aspects are checked prior to the observation commencing, including the scope of the meeting, its attendees and how confidentiality will be ensured and protected.

The assessor observes the learners practice throughout the remote observation and takes notes. The assessor does not make a video or audio recording of the meeting as it happens.

They use the notes they make during the observation process and record retrospectively as a written/digital record narrative, it is this which is then uploaded to the e-portfolio.

The assessor confirms the parameters of which the remote observation has taken place within the assessment audit trail.

Good practice for direct observation and remote observation assessment activity

All observations should be **planned** well to ensure:

- evidence is naturally occurring, and it will enable the learner to demonstrate a range of competencies from within the qualification they are undertaking
- they are non-obtrusive and minimise any impact on individuals who use care and support, their families and carers
- permission and informed consent are gained from individuals who use care and support, including families and carers and others who may form part of the learners assessment, this should include confirming permission and consent at the time of each assessment activity and not just as prior planning activity
- confidentiality is protected and maintained for everyone involved in the assessment process, this should include consideration of the learner, work setting, individuals, families, carers and other relevant people who may form part of the learners assessment
- the privacy and dignity of the individual who uses care and support is always maintained, this relates to personal information of the individual and the practice being observed. It is not appropriate or required to observe or **listen** to care and support of a sensitive nature eg, personal/intimate and end of life care
- individuals who use care and support and others are not captured inadvertently in recordings of evidence.

Evidencing and **recording** of observation activity:

- method of observation should be stated clearly in the audit trail eg, **direct observation** or **remote observation**.
- all assessment recordings must comply with policy and legal requirements in relation to confidentiality and data protection, this should also be guided by robust centre policies, standardised practices and meet requirements set by the awarding organisation.
- should be documented within the appropriate records to evidence the associated planning, review and feedback provided for the assessment 16.
- the observation recording/outcome of assessment should be in enough detail to ensure that it is valid, traceable, auditable and authenticated.
- assessors must be able to fully evidence and justify the assessment decisions that they have made through the assessment records presented.
- if remote observation has been used then a rationale to support this choice of approach should be provided by the assessor showing clear endorsement by the IQA, in line with the principles laid out in this guidance

Internal quality assurance
Internal quality assurance activity remains key to ensuring that the assessment process and cycle is consistently of good quality and that it meets the assessment principles and assessment strategy of the awarding organisation.

Internal quality assurance methodologies and approaches should be reviewed by centres to account for and enabling monitoring of assessment practices in using technology safely.

Requirements for quality assurance are clearly stated in the existing assessment principles and centres and awarding organisations need to ensure that they are applied consistently.

Definitions
Triangulate: Considerations and practices of collecting evidence from different sources to inform and evidence accurate and consistent assessment decisions.

Qualifications in England: These consist of those currently approved by Skills for Care and include the Level 2 Diploma in Care (delivered to learners in an adult social

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care setting) and the Level 3, 4 and 5 Diploma in Adult Care. The relevant Skills for Care & Development Assessment Principles and this additional Assessment Principles guidance will also support delivery and assessment of the new Level 2 Adult Social Care Certificate qualification, expected to launch for the adult social are sector from June 2024.

JABQG is a partnership of awarding organisations offering a range of qualifications in the health, adult social care and children's workforce, their remit is:
To collaborate on and standardise quality and assessment to ensure the integrity of qualifications across the health and social care and childcare sectors through:

- providing a forum for awarding organisation members to address issues of mutual concern and interest
- informing awarding organisation policy and strategy in relation to the health, social care and childcare's sectors within the agreed remit and in terms of developments, current issues and quality implications
- being proactive in developing strategic responses to external agencies on behalf of the awarding organisations thereby supporting the development of a united voice on key issues within the sector.

Appendix 5　　　　Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the **Centre document library** on **www.cityandguilds.com** or click on the links below:

Centre Handbook: Quality Assurance Standards

This document is for all approved centres and provides guidance to support their delivery of our qualifications. It includes information on:
- centre quality assurance criteria and monitoring activities
- administration and assessment systems
- centre-facing support teams at City & Guilds/ILM
- centre quality assurance roles and responsibilities.

The Centre Handbook should be used to ensure compliance with the terms and conditions of the centre contract.

Centre Handbook: Quality Assurance Standards

This document sets out the minimum common quality assurance requirements for our regulated and non-regulated qualifications that feature centre-assessed components. Specific guidance will also be included in relevant qualification handbooks and/or assessment documentation.

It incorporates our expectations for centre internal quality assurance and the external quality assurance methods we use to ensure that assessment standards are met and upheld. It also details the range of sanctions that may be put in place when centres do not comply with our requirements or actions that will be taken to align centre marking/assessment to required standards. Additionally, it provides detailed guidance on the secure and valid administration of centre assessments.

Access arrangements: When and how applications need to be made to City & Guilds provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The **Centre document library** also contains useful information on such things as:
- conducting examinations
- registering learners
- appeals and malpractice.

Useful contacts

Please visit the **Contact us** section of the City & Guilds website.

City & Guilds

For over 140 years, we have worked with people, organisations and economies to help them identify and develop the skills they need to thrive. We understand the life-changing link between skills development, social mobility, prosperity and success. Everything we do is focused on developing and delivering high-quality training, qualifications, assessments and credentials that lead to jobs and meet the changing needs of industry.

We partner with our customers to deliver work-based learning programmes that build competency to support better prospects for people, organisations and wider society. We create flexible learning pathways that support lifelong employability because we believe that people deserve the opportunity to (re)train and (re)learn again and again – gaining new skills at every stage of life, regardless of where they start.

City & Guilds
Giltspur House
5–6 Giltspur Street
London
EC1A 9DE

cityandguilds.com/about-us