Skills & Education Group Awards

Approved by skillsforcare

Qualification Guidance Document

SEG Awards Level 3 Diploma in Adult Care

England - 610/6757/X

About Us

At Skills and Education Group Awards we continually invest in high quality qualifications, assessments and services for our chosen sectors. As a UK leading sector specialist, we continue to support employers and skills providers to enable individuals to achieve the skills and knowledge needed to raise professional standards across our sectors.

Skills and Education Group Awards have an on-line registration system to help customers register learners on its qualifications, units and exams. In addition, it provides features to view exam results, invoices, mark sheets and other information about learners already registered.

The system is accessed via a web browser by connecting to our secure website using a username and password: Skills and Education Group Awards Secure Login

Sources of Additional Information

The Skills and Education Group Awards website provides access to a wide variety of information.

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Specification Code

The specification code is D2499-03.

Issue	Date	Details of change
1.0	January 2026	New Qualification

1.1	November 2026	New link added on page 17 to Skills for Care and Development Assessment Principles October 2026, V1.2

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This is a live document and as such will be updated when required. It is the responsibility of the approved centre to ensure the most up-to-date version of the Qualification Specification is in use. Any amendments will be published on our website and centres are encouraged to check this site regularly.

This qualification relates to the following National Occupational Standards:

National Occupational Standards – Health and Social Care

Qualification Summary

Qualification Title:								
Qualification Purpose	Confirm Occupational Competence and a mandatory component of the Lead Adult Care Worker Apprenticeship							
Age Range	Pre 16		16-18	✓	18+	✓	19+	✓
Regulation	The above qualification is regulated by: > Ofqual							
Assessment	> Portfolio of Evidence > Practical demonstration/assignment > Coursework > E-assessment > Internal and external moderation							
Type of Funding Available	See FaLA (Find a Learning Aim)							
Grading	Pass/Fail To achieve a Pass grade, learners **must** achieve all the Learning Outcomes and Assessment Criteria in all the units completed and as stated in the rule of combination (RoC)							
Operational Start Date	01/04/2006							
Review Date	01/04/2029							
Operational End Date								
Certification End Date								
Guided Learning (GL)	406 hours							
Total Qualification Time (TQT)	580 hours							
Credit Value	58							
Skills and Education Group Awards Sector	Adult Care							

Regulator Sector	1.3 Health and Social Care
Support from Trade Associations	Skills for Care

Introduction

The content of the SEG Awards Level 3 Diploma in Adult Care has been specified by Skills for Care, in consultation with employers, learning providers and those who use services.

The qualification has core shared knowledge and skills that support the vision of employers providing integrated services and the portability of skills and knowledge across the health and adult care workforce.

The content of the qualification is applicable to the following roles:

> Lead Adult Care Worker (Occupational/Apprenticeship standard)

Care Workforce Pathway for adult social care-role categories upwards from 'care or support worker'

The overall qualification is graded Pass or Fail.

Skills and Education Group Awards is regulated to deliver this qualification by Ofqual. The qualification has a unique Qualification Number (QN) which is shown below. Each unit within the qualification will also have a regulatory Unit Reference Number (URN).

The QN code will be displayed on the final certificate for the qualification.

Pre-requisites

The entry requirements for this qualification are that learners **must** be at least **16 years** of age. It is aimed at all those who are already working in Adult in England.

Skills and Education Group Awards expects approved centres to recruit with integrity on the basis of a learner's ability to contribute to and successfully complete all the requirements of a unit/s or the full qualification.

Qualification Structure and Rules of Combination

Rules of Combination: SEG Awards Level 3 Diploma in Adult Care

Learners **must** achieve **58** credits.

This **must** be made up of **39** credits from the **Mandatory** units in Group A and a minimum of 19 credits from the **Optional** units in Group B.

Unit Title	Unit Number	Level	Credit Value	GL
Mandatory Units Group A – Target – 39 credits				
Responsibilities DAC3A				
Ways of Working in Adult Care Settings	T/651/8628	3	2	15
Safeguarding in Adult Care Settings	Y/651/8629	3	3	20
Understand Mental Capacity and Restrictive Practices in Adult Care Settings	F/651/8630	3	3	20
Understand Duty of Care in Adult Care Settings	H/651/8631	3	3	20
Communication DAC3B				
Understand Effective Communication in Adult Care Settings	J/651/8632	3	4	30
Handling Information in Adult Care Settings	K/651/8633	3	2	15

Values and Behaviours DAC3C				
Person-Centred Practice in Adult Care Settings	L/651/8634	3	4	25
Promoting Choice and Independence in Adult Care Settings	M/651/8635	3	2	15
Understand and Promote Personal Health and Well-being in Adult Care Settings	R/651/8636	3	2	15
Promoting Equality, Diversity, Inclusion, and Human Rights in Adult Care Settings	T/651/8637	3	3	20
Health and Safety DAC3D				
General Health and Safety Policies and Procedures in Adult Care Settings	Y/651/8638	3	2	15
Principles of Infection Prevention and Control in Adult Care Settings	A/651/8639	3	2	15
Health and Safety in Adult Care Settings (Topics)	H/651/8640	3	2	15
Personal Development DAC3E				
Continuous Development in Adult Care Settings	J/651/8641	3	3	15
Personal Well-being in Adult Care Settings	K/651/8642	3	2	15

Unit Title	Unit Number	Level	Credit Value	GL
Optional Units Group B – Target – 19 credits				
Substance Use				
***Carry out Comprehensive Substance Misuse Assessment**	M/651/8743	3	5	30
Support Individuals who are Substance Users	R/651/8744	3	7	42
Identify and Act upon Immediate Risk of Danger to Substance Misusers	T/651/8745	3	4	24
Increase Awareness about Drugs, Alcohol or other Substances with Individuals and Groups	Y/651/8746	3	7	42
***Carry out Initial Assessments to Identify and Prioritise the needs of Substance Misusers**	A/651/8747	3	5	30
Digital Skills				
IT Security for Users	D/651/8748	3	3	20
Specialist Software	F/651/8749	3	4	30
Digital Health and Care Technologies	K/651/8750	3	9	50
Dementia				

Understand the Administration of Medication to Individuals living with Dementia using a Person-Centred Approach	L/651/8751	3	2	15
Understand the Process and Experience of Dementia	M/651/8752	3	3	22
End of Life and Dementia Care	R/651/8753	3	2	20
***Understand the role of Communication and Interactions with Individuals living with Dementia**	T/651/8754	3	3	26
***Understand and Enable Interaction and Communication with Individuals who have Dementia**	Y/651/8755	3	4	30
End of Life				
Understand how to Provide Support when Working in End of Life Care	A/651/8756	3	4	33
Personalisation and Planning				
Introduction to Personalisation in Social Care	D/651/8757	3	3	22
Promote Active Support	F/651/8758	3	5	36
Infection Control and Hygiene				

Support Individuals to Maintain Personal Hygiene	H/651/8759	2	2	17
Health and Healthcare and Medication				
***Support use of Medication in Adult Care Settings**	L/651/8760	3	5	40
Diabetes Awareness	M/651/8761	3	6	46
***Administer Medication to Individuals and Monitor the Effects**	R/651/8762	3	5	30
Promote Positive Behaviour				
Promote Positive Behaviour	T/651/8763	3	4	25
Teamwork and Supervision				
Contribute to Effective Team Working in Health and Social Care or Children and Young People's Settings	Y/651/8764	3	4	25
Manage Team Performance	A/651/8765	3	4	21
Understand Professional Supervision Practice	D/651/8766	4	3	22
Principles of Leadership and Management	F/651/8767	3	8	40
Manage Conflict within a Team	H/651/8768	3	2	20

Supporting Individuals				
Understand Sensory Loss	J/651/8769	3	3	21
Support Individuals with Specific Communication Needs	M/651/8770	3	5	35
Provide support to maintain and develop skills for everyday life	R/651/8771	3	4	28
Support Individuals to Live at Home	T/651/8772	3	4	29
Moving People				
Move and Position Individuals in Accordance with their Care Plan	Y/651/8773	2	4	26
Caring for People with Disabilities				
***Understand how to Support Autistic People**	A/651/8774	3	3	28
***** Support Individuals with Autistic Spectrum Conditions**	D/651/8775	3	4	33
Support Person-Centred Thinking and Planning	F/651/8776	3	5	41
Understand Stroke Care Management	H/651/8777	3	4	36
Stroke Awareness	J/651/8778	2	3	28

Understand the Impact of Acquired Brain Injury on Individuals	K/651/8779	3	3	28
Understand Physical Disability	R/651/8780	3	3	22
Trauma Informed Care **Note:** Completion of this unit does **NOT** qualify the learner as a Trauma Informed Practitioner	T/651/8781	3	5	30
Neurodiversity in Adult Care	Y/651/8782	3	6	35
Mental Health				
Understand Mental Well-Being and Mental Health Promotion	A/651/8783	3	3	20
Support individuals with multiple conditions and/or disabilities	D/651/8784	3	4	31
Understand Mental Health Problems	F/651/8785	3	3	16
Understand the Context of Supporting Individuals with Learning Disabilities	H/651/8786	3	4	35

Barred Units

***Denotes barred units**

NOTE: Learners may select **any** units, but please note the **barred combinations below.**

Substance Use

This unit	Is barred against this unit
Carry out Initial Assessments to Identify and Prioritise the Needs of Substance Misusers	Carry out Comprehensive Substance Misuse Assessment

Health and Healthcare and Medication

This unit	Is barred against this unit
Administer Medication to Individuals and Monitor the Effects	Support use of Medication in Adult Care Settings

Dementia

This unit	Is barred against this unit
Understand the role of Communication and Interactions with Individuals living with Dementia	Understand and Enable Interaction and Communication with Individuals living with Dementia

Caring for People with Disabilities

This unit	Is barred against this unit
Understand how to support Autistic People	Support Individuals with Autistic Spectrum Conditions

Aim

The primary purpose of the qualification is to confirm occupational competence. The Level 3 Diploma in Adult Care can be studied as a standalone qualification, but it also meets the mandatory component requirements of the Lead Adult Care Worker End-point Assessment.

Target Group

Learners will work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service. They will work under the direction of their manager or supervisor but will have a degree of autonomy. Learners would be expected to have completed employer specific induction and mandatory training. As well as demonstrating best practice, they will be working towards promoting and modelling it.

Learners may or may not have supervisory responsibility for others.

Skills and Education Group Awards expects approved centres to recruit with integrity on the basis of a learner's ability to contribute to and successfully complete all the requirements of a unit/s or the full qualification.

This qualification is appropriate for use in the following age ranges:

- 16
- 18+
- 19+

Assessment

This qualification is assessed through internal assessment, internal and external moderation. Each unit is accompanied by specific assessment criteria that define the requirements for achievement. Specific requirements and restrictions may apply to individual units within qualifications. Please check unit and qualification details for specific information.

This qualification **must** be assessed in line with Skills for Care and Development Assessment Principles October 2026, V1.2 (see below).

Access the full Shared Assessment Principles here.

Skills for Care and Development Assessment Principles

1 Introduction

1.1. Skills for Care and Development (SfCD) is an alliance of key organisations from England, Northern Ireland, Ireland, Scotland and Wales with varied roles across social work, social care, children and young people, early years and childcare, with remits across workforce development and regulation.

1.2. This document sets out the minimum expected principles and approaches to assessment and internal quality assurance and should be read alongside qualification regulatory arrangements and any specific requirements set out for qualifications. Additional information and guidance regarding assessment can be obtained from Awarding Organisations/Body (AO/B) and from SfCD partner organisations using the links in Appendix A.

1.3. The information in this document is intended to support the quality assurance processes of AO/Bs and approved centres that offer qualifications in the sectors.

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

1.5. Throughout this document the following terms are used:

- "Unit" is used for simplicity, but this can mean module or any other similar term
- "Centre" is also used for simplicity; this means the training / learning provider who is approved to deliver qualifications by the AO/B
- Individual and others: "individual" refers to the person or people receiving care or support. "Others" may include families, carers, other people in the setting, team members and other professionals

1.6. In all work, we would expect assessors to observe and review learners upholding core values and standards, inclusive practices, professional behaviour, and attitudes required for quality practice and being assessed within the qualification.

1.7. All learners should follow appropriate standards for conduct. All parties involved in any form of assessment **must** know and embrace the values and standards of practice set out in these documents.

1.8. The voices of individuals who use services **must** be at the centre of all assessor and learners' practice. This should be apparent throughout the evidence provided for a learner's practice. Learners should also be provided an opportunity

to provide feedback throughout the assessment and internal quality assurance process.

2 Assessment principles

2.1. Good practice dictates the following:

- Robust initial assessments are needed to identify and plan for each learner's needs, ensuring their role and responsibilities meet all qualification requirements, including the mandatory and optional units
- Centres should have in place processes to identify and recognise opportunities for use of Accredited Prior Learning (APL) and/or Recognition of Prior Learning (RPL), and these should meet the requirements of the AO/B
- Centres should also have in place processes to support reasonable adjustments, and again, these should meet the requirements of the AO/B

2.2. The centre **must** monitor that learners are registered with the AO/B before formal assessment continues. Assessors **must** be able to fully evidence and justify the assessment decisions they have made in line with the principles of validity, authenticity, reliability, currency and sufficiency. Assessment records should be accurate, legible and complete, and meet requirements set out by the AO/B and associated assessment strategy where this is in place.

2.3. Skills-based assessment **must** include direct observation as the principal and most reliable assessment source of evidence, carried out by the assessor in person with the learner in their workplace. Observation **must** be carried out over an appropriate period of time and not be end-loaded. Evidence should be naturally occurring and minimise the impact on individuals who use care or support, their families and carers. Where a centre has valid and genuine reasons for being unable to meet the direct observation requirements, short-term flexible approaches may be permitted. These approaches **must** be standardised, and the centre **must** discuss and agree this with the AO/B. See 2.8 and 5.5.

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

2.5. Assessors **must** demonstrate occupational competence and sector knowledge at or above the level they assess, maintaining this through ongoing continual professional development.

- In examples where assessors are returning to practice, a professional development plan should be in place to ensure current sector competency against the level, the subject matter being assessed, and overall assessment practices

- If an assessor is occupationally competent but not yet qualified, a qualified assessor **must** make the final assessment decisions. These **must** be validated through countersigning and supported by robust internal quality assurance, sampling plans and activities until qualification requirements are met
- It is the responsibility of the AO/B to confirm that assessors in centres are suitably qualified and competent to make assessment decisions

2.6. Simulation **must** only be used to assess skills-based learning outcomes when specified in the unit assessment requirements or agreed with the AO/B or agreed with the External Quality Assurer acting on behalf of the AO/B.

2.7. Witness testimony from others, including those who use services, their families and professionals, can be an important contribution to evidence in the assessment process and can enrich and triangulate other evidence obtained. A witness testimony does not replace direct observation and should not be used as the only evidence of skills. A witness testimony and an expert witness testimony are two different types of evidence. Informed consent **must** be gained for those providing witness testimonies.

2.8. Expert witnesses play an important role in assessments. They **must**:

- Have a working knowledge of the relevant units
- Be occupationally competent in the relevant units, and
- Have either a qualification in workplace assessment or a role evaluating staff performance within their area of expertise

2.9. Appropriate processes to identify and recruit, confirm, support, and standardise suitable expert witnesses should be applied by the centre and assured by the AO/B.

2.10. The expert witness is a reliable source of evidence:

- Where the assessor is not occupationally competent in a specialist area e.g. a healthcare task, an expert witness testimony can be used for direct observation of the unit (not the whole qualification) where they have occupational expertise in the specialist area
- When used as a method to enrich, supplement, and add triangulation to other assessment methods and outcomes
- In supporting flexibility where there are valid and genuine factors in not being able to obtain direct observation in the workplace e.g. individual considerations, environment and practice sensitivities. Occasions where this is needed **must** be discussed and agreed with the AO/B. This should not be the sole primary method used in place of all observations
- Where allowed as per the assessment strategy

2.11. The use of expert witnesses should be determined and agreed by the assessor, in line with internal quality assurance arrangements and AO/B requirements for assessment of units within the qualification and the sector. The assessor remains responsible for supporting the expert witness through the process and making the final assessment decision.

3 Assessment of knowledge-based learning outcomes

3.1. The 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
- Can be supported by eLearning programmes to support overall summative assessment, by helping learners acquire and review knowledge, but they cannot replace practical assessment in a real work environment
- May include pre-set automated tests (such as multiple-choice questions) which contribute evidence towards summative decisions. However, they **must** be complemented by direct assessment methods that demonstrate the learner's ability to apply knowledge in real work situations
- **Must** take into account APL/RPL to avoid duplication of learning

4 Recording and documentation

4.1. All assessment and quality assurance evidence, regardless of format, **must** comply with confidentiality and data protection laws. Information **must** be traceable, auditable, authenticated, and meet assessment principles. In addition, no recordings should compromise anyone's privacy or dignity. As such, clear and robust referencing is necessary to establish a relationship between the evidence and the assessment standard, which validates competence. Referencing should clearly indicate the specific location within the evidence where the relevant skills and knowledge are claimed, either in paper-based or e-portfolios.

5 Use of technology in the assessment process

5.1. Centres should have in place robust policies and procedures regarding Artificial Intelligence (AI) and technology, and these **must** meet requirements as set out by the AO/B.

5.2. Technology, platforms, and e-portfolios can support assessment by enabling planning, reviews, learner reflection, professional discussions, and capturing evidence from expert witnesses. When using technology in these contexts, ensure:

- Recording, storage, and access comply with confidentiality and data protection legislation
- Individuals receiving care or support and others are not unintentionally recorded
- Informed consent **must** be freely given by everyone involved in the assessment and this **must** be documented

5.3. Using technology to observe and verify learner competency (remote observation) is not allowed if it risks anyone's privacy, dignity, or confidentiality.

5.4. Where permitted by sector or qualification guidelines, technology may be used to remotely observe learners' task-based competencies, such as online meetings or remote support to colleagues. Such evidence **must** be clearly marked and distinguished from other types. It should not be used when there is a requirement for direct interaction with individuals using care or support services or others.

5.5. The remote observation approach in 5.4 is supplementary and does not replace direct observation as the primary assessment method. It should be used to support and enhance planned direct assessments throughout the qualification.

5.6. Centre practices in the use of technology are to be monitored and assured by the AO/B, and this should include centre consideration of the following:

- Use aligns to adherence to any additional guidance set by the AO/B, the qualification, which is being assessed, any specific sector considerations and associated assessment strategies in place
- The centre understands the ethical considerations in the use of technology in the sectors and has policies and procedures in place to support use
- Robust approaches to risk assessment are used to ensure risks to individuals and others are eradicated
- Centre practices and approaches are guided and supported by thorough standardisation
- Technology and programmes used are standardised, accessible, safe and reliable
- If the centre allows assessor and internal quality assurer use of personal devices (e.g. phones, tablets, or personal laptops), then procedures should be in place to ensure data and confidentiality aspects. This includes consideration of where and how devices are accessed to view learner evidence
- Assessment planning and discussion should capture the relevant and safe opportunities to use technology, along with the approach used to explore and mitigate any risks
- Evidence recording methods and assessment outcome processes do not increase the risk of any data or confidentiality breaches

- Assessment outcomes and decisions and outcomes generated by use of technology in the process are reliable, sufficient and traceable
- All protocols are upheld in the 'observation' context e.g. permissions sought and confirming the purpose of the assessment activity
- Assessment activities where technology is used, **must** be incorporated in internal and external quality assurance sampling planning and activities
- Learners are not disadvantaged by the use of technology, and they are aware of its use
- Learning requirements, support, skill development or other developmental needs of the learner are fully supported throughout the qualification process
- Technology is used well to genuinely enhance the assessment process, experience, outcomes and digital skills of the learner
- Practices and lessons learned should be shared by all to support review and continuous improvement

6 Internal quality assurance

6.1. Internal quality assurance is key to ensuring the assessment of evidence is of a consistent and appropriate quality. This process should be supported by robust sampling plans and activity that takes place at beginning, middle and end of the qualification journey and accounts for any potential risks in the assessment process. 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 AO/B to confirm that those involved in internal quality assurance are suitably qualified for this role.

6.2. If the internal quality assurer is knowledgeable but not yet qualified, a qualified internal quality assurer **must** make final decisions. A clear countersigning strategy should support and confirm decisions by unqualified staff until they are fully qualified.

6.3. Those involved in internal quality assurance **must** have the authority and the resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment 10 process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners).

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

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

Definitions

Occupationally competent

This means that each assessor **must** be capable of carrying out the full requirements of the specific qualification units 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 also means being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

Occupationally knowledgeable

This means that each assessor and internal quality assurer should possess knowledge and understanding relevant to the specific qualifications and / or units they are assessing or internally quality assuring. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development. It is crucial that internal quality assurers understand the nature and context of the assessors' work and that of their learners.

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. AO/B will determine what will qualify those making assessment decisions according to the unit of skills under assessment. A list of general assessor qualifications is included in Appendix B. Please also refer to additional guidance for qualifications in the relevant nation, where available.

Qualified to make quality assurance decisions

AO/B will determine what qualifies those undertaking internal and external quality assurances to make decisions about that quality assurance. A list of general internal qualification assurance qualifications is included in Appendix B. Please also refer to additional guidance for qualifications in the relevant nation, where available.

Witness testimony

Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner.

Appendix A: Skills for Care and Development partnership website links

Skills for Care and Development
Northern Ireland Social Care Council
Social Care Wales
Skills for Care
Scottish Social Services Council

Appendix B: Recognised assessor and internal quality assurance qualifications

This list aims to provide an overview of generally recognised qualifications. Please gain additional guidance from the individual nation and AO/B where needed. Please also check and apply CPD/CPL requirements for qualifications held.

Assessor:

- 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 (plus CPD/CPL in line with current L&D9 or L&D9DI)
- Level 3 Award in Assessing Competence in the Work Environment (for competence / skills learning outcomes only)
- Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only)
- Level 3 Certificate in Assessing Vocational Achievement
- Qualified Teacher Status
- Level 3 Award in Assessing competence in the work environment
- 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)
- Tutor/Assessor Award Level 3 Awards and Certificate in Assessing the Quality of Assessment
- Level 4 Awards and Certificates in Assuring the Quality of Assessment
- Level 3 Award in Education and Training
- Level 4 Certificate in Education and Training
- Level 5 Diploma in Education and Training
- Level 3 Certificates in Assessing Vocational Achievement
- Specific to Wales: Relevant learning programmes which support practice learning/practice education on social work, they **must** be regulated and approved by Social Care Wales
- Specific to Scotland: Teaching Qualification for Further Education plus CPD in line with current L&D9D

Internal Quality Assurance:

- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice
- D34 Unit: Internally verify the assessment process
- V1 Verifiers Award
- V1 Conduct internal quality assurance of the assessment process (plus CPD/CPL in line with the current L&D11 standard)
- L&D11- Internally Monitor and Maintain the Quality of Workplace Assessment (Scotland J8RT 04)

Appendix C: Addendum: The review of assessment and quality assurance qualifications (October 2026)

Skills for Care and Development welcomes the review of assessment and quality assurance qualifications and recognises the revised qualifications as equivalent to those currently accepted.

However, the minimum requirement for assessors carrying out assessment practice within the sector, is the achievement of the Assessing Occupational Achievement – In Person unit within the overall qualification structure.

The guidance for skills-based assessment remains unchanged in Section 2.3. This **must** include direct observation as the principal and most reliable source of assessment evidence. Direct observation **must** be undertaken in person by the assessor, observing the learner carrying out their role within the workplace.

To support evolving assessment practices, new assessors could also seek to achieve the Assessing Occupational Achievement – Remote unit, but this must only be in addition to Assessing Occupational Achievement – In Person. Achievement of the Remote unit alone, though, does not meet the requirements for assessment practice within the sector. The guidance referenced in Section 5 of this document regarding the use of technology to observe learner competence remains unchanged.

Additionally, to support continuous professional development, existing qualified assessors may wish to further develop their practice by engaging with refreshed qualification content and associated developments in assessment approaches.

Resources

Skills and Education Group Awards provides the following additional resources for this qualification:

- Purpose Statement
- Learner Unit Achievement Checklist
- Qualification Guide with Assessment and Guidance notes
- Learner Unit Achievement Checklist
- Learner Summative Reflection – Template
- Case Study – Template
- Expert Witness Statement/Testimony – Template
- Observation Record – Template
- Oral/Written Questioning – Template
- Professional Discussion – Template

Practice Assessment Material

Skills and Education Group Awards confirm that there are no practice assessment material for this qualification.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of all individuals. The aims and aspirations of all the learners, including those with identified special needs or learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Progression Opportunities

Achievement of this qualification confirms the learner has gained the knowledge and skills required to progress onto the Level 4 Diploma in Adult Care (England) or the Level 4 Lead Practitioner in Adult Care apprenticeship.

Centres should be aware that Reasonable Adjustments, which may be permitted for assessment, may in some instances limit a learner's progression into the sector. Centres **must**, therefore, inform learners of any limits their learning difficulty may impose on future progression.

Language

This specification and associated assessment materials are in English only.

Understanding the Units

The units outlined in this specification establish clear assessment expectations. They serve as a valuable guide for conducting assessments and ensuring quality assurance efficiently. Each unit within this specification follows a consistent structure. It is imperative that all Educators, Assessors, Internal Quality Assurers, and other personnel overseeing the qualification familiarise themselves with these units to ensure a comprehensive understanding of the content.

Mandatory Units Group A

Ways of Working in Adult Care Settings		
Unit Reference	T/651/8628	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit will enable the learner to understand and demonstrate ways of working in an adult care setting.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.1)**	
The learner will	**The learner can**	
1. Understand agreed ways of working	1.1	Explain why it is important to work within the scope of own role, responsibility, and training
	1.2	Explain what is meant by the term 'delegated healthcare activity' who might delegate a healthcare task, and why
	1.3	Outline own role in quality assurance processes and promoting positive experiences for individuals accessing care
2. Work in ways that are agreed with the employer	2.1	Access full and up-to-date details of agreed ways of working
	2.2	Implement agreed ways of working
3. Understand working relationships in care settings	3.1	Explain how a working relationship is different from a personal relationship
	3.2	Describe different working relationships in care settings

	3.3 3.4 3.5	Explain why it is important to work in partnership with others Identify different skills and approaches used when working in partnership with others Describe how and when to access support and advice about: > Partnership working > Resolving conflicts in relationships and partnerships
4. Work in partnership with others	4.1	Demonstrate ways of working that can help improve partnership working

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a primarily a skill-based unit. Learning Outcomes 2 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace. Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g., in direct and holistic practices in the working environment, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Delegated healthcare activities: a delegated healthcare activity is a health intervention or activity, usually of a clinical nature, that a registered healthcare professional delegates to a paid care worker. It is recognised that not all care and support workers will have healthcare tasks delegated to them. However, it is important learners develop an understanding of what these are and the requirements around them. This is to help prepare learners for potential delegated responsibility in the future. There is no defined list of a delegated healthcare activities, but may include / are not limited to:

> Administering medication via non-oral routes: eye drops, insulin injections or applying topical creams
> Wound care / skin integrity: carrying out a basic wound dressing or changing a wound dressing

- Supporting a person's nutrition using a PEG (percutaneous endoscopic gastrostomy)
- Blood glucose monitoring: Using a glucometer to monitor blood sugar levels

Quality assurance processes: this will include own role and understanding of accountability with internal governance and processes used such as assurance and auditing procedures. Learners should be encouraged to relate how practice supports these processes in the workplace.

Agreed ways of working: these will include formal policies and procedures and job descriptions. And may also involve fewer formal agreements and shared understanding within teams, including expectations around behaviours, communication and teamwork.

Working relationships: learners **must** consider the following groups of people they have working relationships with, (unless their role means they do not have a relationship with a particular group of people):

- Individuals accessing care and support services
- The friends, family, loved ones and unpaid workers of those accessing care and support services
- Peers and team members
- Regulated professionals/practice supervisors/assessors supervising the delegated activities
- Other colleagues, (paid and volunteers), within the organisation
- Managers and senior management
- Paid workers and volunteers from other organisations and teams

Others: in this context, others may include:

- Individuals accessing care and support services
- The friends, family, loved ones and unpaid workers of those accessing care and support services
- Peers and team members
- Manager and senior management
- Paid workers and volunteers from other organisations and teams

Safeguarding in Adult Care Settings		
Unit Reference	Y/651/8629	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	This unit will enable to learner to understand safeguarding in an adult care setting.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.2)**	
The learner will	**The learner can**	
1. Understand the national and local context of safeguarding and protection from abuse and neglect	1.1	Describe relevant legislation, principles, national policies and frameworks and local systems that relate to safeguarding and protection from abuse and neglect
	1.2	Explain the roles of different agencies in safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect
	1.3	Identify reports into serious failures in upholding individuals' rights to live free from abuse and neglect and how they influence current practice
	1.4	Describe sources of information and advice about own role in safeguarding, including whistle blowing and accountability for decision making and information sharing
2. Know how to recognise signs of abuse and neglect	2.1	Explain what is meant by the terms: > Safeguarding > Abuse > Harm

	2.2	Identify the factors that contribute to an individual being more at risk of abuse or Neglect
	2.3	Explain what is meant by abuse and neglect, including: > Physical abuse > Domestic abuse > Sexual abuse > Psychological abuse > Financial/material abuse > Modern slavery > Discriminatory abuse > Organisational abuse > Neglect/acts of omission > Self-neglect
	2.4	Describe indicators that an individual may be being abused
	2.5	Identify indicators of perpetrator behaviour
3. Understand ways to reduce the likelihood of abuse or neglect occurring	3.1	Explain how the likelihood of abuse may be reduced by: > Working with the person, using person centred values > Enabling active participation > Promoting choice and rights > Working in partnership with others
	3.2	Explain the relationship between the person's wellbeing and positive risk taking
	3.3	Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse
4. Know how to respond to suspected or disclosed abuse and neglect	4.1	Describe the actions to take if there are suspicions an individual is being abused or neglected

	4.2	Identify how to respond if an individual discloses that they are being abused
	4.3	Identify issues relating to consent to share information and how to share information about suspicions or disclosures of abuse or neglect
	4.4	Explain how to keep the individual and others appropriately informed and involved about their safeguarding concern in line with policies and procedures
	4.5	Identify ways to ensure evidence is preserved
	4.6	Explain how and when to seek support in relation to responding to safeguarding concerns
	4.7	Describe how to respond to suspicion or disclosure that a child or young person is being abused or neglected
5. Know how to recognise and report unsafe practices	5.1	Identify unsafe practices that may affect individuals' wellbeing
	5.2	Describe the actions to take if unsafe practices have been identified
	5.3	Describe the action to take if suspected abuse or unsafe practices have been reported but no action taken in response
6. Understand the principles of online safety	6.1	Explain the importance of balancing online safety measures with the benefits individuals can gain from accessing online systems and the individual's right to make informed decisions
	6.2	Describe the potential risks to individuals presented by: > Use of electronic communication devices > use of the internet

		> Use of social networking sites > Carrying out financial transactions online ways of working in inclusively with individuals to reduce the risks presented by each of these types of activities

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Relevant legislation: learners should consider how different legislation relates to and influences safeguarding practices. This may include, but is not limited to:

- Mental Capacity Act (Amendment) 2019 (including Deprivation of Liberty Safeguards 2009)
- Human Rights Act 1998
- Equality Act 2010
- Health and Social Care Act 2012
- Care Act 2014

Principles: including, but not limited to, the six principles of safeguarding embedded within the Care Act 2014: Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability.

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

Local systems may include:

- Employer/organisational policies and procedures
- Multi-agency adult protection arrangements for a locality

Whistle blowing: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

Factors may include:

- A setting or situation
- The individual and their care and support needs

Domestic abuse: learners should consider acts of control and coercion.

Indicators: learners should consider various kinds of abuse/neglect and the physical, emotional, behavioural, and social indicators that suggest they may be occurring or have occurred.

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

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

Active participation: an approach that empowers individuals to take the lead in their own care and support, recognising their right to be fully involved in the decisions, activities and relationships that shape their daily lives, rather than being passive recipients.

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

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

Unsafe practices may include:

- Poor working practices
- Resource difficulties
- Operational difficulties

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

Understand Mental Capacity and Restrictive Practices in Adult Care Settings		
Unit Reference	F/651/8630	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	This unit will enable the learner to understand the principles of mental health capacity and restrictive practices in adult care.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.4)**	
The learner will	**The learner can**	
1. Understand the principles of mental capacity	1.1	Explain main purpose and principles of relevant legislation and codes of practice relating to mental capacity and how these principles interact
	1.2	Identify factors that influence an individual's mental capacity and ability to express consent
	1.3	Explain the relationship between an individual's mental capacity, consent, choice and safety
	1.4	Explain what is meant by 'valid consent'
2. Understand the application of the principles of mental capacity and consent	2.1	Identify own role and responsibilities in relation to relevant principles, legislation and codes of practice and upholding individuals' rights
	2.2	Explain why it is important to establish an individual's consent when providing care and support

	2.3	Describe how personal values and attitudes can influence perceptions of situations and of individuals' capacity
	2.4	Explain strategies and skills that could be used to maximise individuals' capacity to make their own decisions
	2.5	Identify own role in identifying when an assessment of capacity may be required
	2.6	Describe the steps to take if consent cannot be readily established and own role in this
3. Understand restrictive practices	3.1	Explain what is meant by 'restrictive practice'
	3.2	Explain the importance and impact of seeking the least restrictive option for individuals
	3.3	Explain how to raise concerns when restrictions appear out of proportion with evident risk
	3.4	Describe organisational policies and procedures in relation to restrictive practices and own role in implementing these

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Principles: this **must** include the 'best interest' principle.

Legislation and codes of practice: including, but not limited to:

- Mental Capacity Act (Amendment) 2019 (including Deprivation of Liberty Safeguards 2009)
- Human Rights Act 1998
- Equality Act 2010
- Mental Health Act 1983
- Health and Social Care Act 2012
- Care Act 2014
- Data Protection Act 2018

Factors: these may include, but not limited to - fluctuating capacity, decisions and time specificity, environmental influence, influences of others and early indicators of change.

Strategies and skills: these will include effective communication and engagement skills to provide practical support. These may include providing information in a range of accessible formats to support understanding, using appropriate communication aids, adapting the environment to reduce distractions or barriers, active listening, awareness of signs of coercion or control from others and responding appropriately to protect the individuals' rights.

Steps to take: these will include adhering to the principles of the Mental Capacity Act, as well as adhering to organisation's policies and procedures and include best interest decisions.

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

Supporting resources for centres and learners: Restraint Reduction Network (RNN) training standards.

Duty of Care in Adult Care Settings		
Unit Reference	H/651/8631	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	In this unit the learner will understand how duty of care contributes to safe practice, know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care as well as knowing how to respond to concerns and complaints.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.3)**	
The learner will	**The learner can**	
1. Understand how duty of care contributes to safe practice	1.1	Explain what it means to have a duty of care in own work role
	1.2	Explain how duty of care relates to duty of candour
	1.3	Explain how duty of care contributes to the safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect
2. Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care	2.1	Describe potential conflicts or dilemmas that may arise between the duty of care and an individual's rights
	2.2	Describe how to work effectively with individuals and others to manage conflicts and dilemmas related to duty of care to achieve positive outcomes for individuals
	2.3	Explain where to get additional support and advice about conflicts and dilemmas

3. Know how to respond to concerns and complaints	3.1 3.2 3.3	Identify own role in listening and responding to comments and complaints Describe the main points of agreed procedures for handling comments and complaints Explain the importance of empowering individuals and others to express their comments and complaints
4. Know how to recognise and respond to adverse events, incidents, errors and near misses	4.1 4.2 4.3	Explain what is considered to be an adverse event, incidents, error and near miss Explain how to recognise, report and respond to adverse events, incidents, errors and near misses Describe how own role in recognising and responding to adverse events, incidents, errors and near misses can prevent further occurrences and improve quality of care

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

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

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

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services

- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

Understand Effective Communication in Adult Care Settings		
Unit Reference	J/651/8632	
Level	3	
Credit Value	4	
Guided Learning (GL)	30 hours	
Unit Summary	In this unit the learner will understand how to effectively communicate in adult care settings.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.5)**	
The learner will	**The learner can**	
1. Understand why effective communication is important in the work setting	1.1	Identify the different reasons people communicate
	1.2	Explain how communication affects relationships in the work setting
	1.3	Explain how communication skills can be used to manage complex, sensitive, abusive and difficult situations
	1.4	Describe the importance of maintaining open and honest communication
2. Understand the variety in peoples' communication needs and preferences	2.1	Describe the range of communication styles, methods, and skills available
	2.2	Explain how people may use and or interpret communication methods and styles in different ways
	2.3	Describe the factors to consider when promoting effective communication
	2.4	Describe digital tools and other technologies which are used to promote and enhance communication between self and others

	2.5	Identify the barriers that may be present when communicating with others
	2.6	Explain how to access extra support or services to enable effective communication with and between individuals
	2.7	Describe the impact of poor or inappropriate communication practices
3. Be able to communicate effectively with others	3.1	Demonstrate a range of effective communication methods and skills
	3.2	Apply and use communication skills appropriately in relation to message and audience for maximum impact
	3.3	Use communication skills to build relationships
	3.4	Identify and overcome barriers to communication and using technology with others
4. Meet the communication and language needs, wishes and preferences of individuals	4.1	Establish the communication and language needs, wishes and preferences of individuals to maximise the quality of interactions
	4.2	Demonstrate a range of communication styles, methods, and skills to meet individuals' needs
	4.3	Respond to an individual's reactions when communicating
	4.4	Demonstrate professionalism when using a variety of communication methods
5. Understand the role of independent advocacy services in supporting individuals to communicate their wishes, needs, and preferences	5.1	Explain the purpose and principles of independent advocacy
	5.2	Explain when to offer support to individuals to access an advocate

	5.3	Describe how to support individuals to access advocacy services
6. Understand confidentiality in care settings	6.1	Explain the meaning of the term 'confidentiality'
	6.2	Describe the importance of maintaining confidentiality when communicating with others
	6.3	Identify when and why confidentiality may need to be breached
	6.4	Explain the potential tension between maintaining an individual's confidentiality and disclosing concerns
	6.5	Explain how own duty of care contributes to safe practice with communication, confidentiality and inclusion of digital recording and systems in the workplace

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skills-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g., direct practice in providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Work setting: this **must** include own work setting and a range of locations in the context of the learner's role.

Communication styles, methods, and skills: learners **must** also include the use of digital technology within their own setting and other settings in the context of the learner's role and should consider additional communication styles, methods, and skills:

- Digital technology: e.g., digital social care records (DSCRs) integrated care systems (ICSs) and shared records, artificial intelligence (AI) and smart technologies, AI- Assisted Administrative Support (Magic Note)
- Verbal: words, voice, tone, pitch, spoken and written
- Non-verbal: body language, proximity, eye contact, touch, gestures, behaviour
- Additional methods to support communication: signs, symbols and pictures, objects of reference
- Face to face communication (physically together or online)
- Active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
- Interpretation of non-verbal communication
- Ability to use silence to provide space and support

Skills: learners should consider digital skills e-learning, digital skills communities of practice, learning through digital change programmes.

Digital and other technologies: learners should consider:

- Video calling platforms – Zoom, Microsoft Teams, WhatsApp video
- Electronic Care planning Systems
- Mobile phones and tablets
- Speech-to-text or text-to-speech apps
- Augmentative and alternative communication Tools (AAC)
- NHS-mail and care-specific messaging platforms
- Other (non-digital) technologies

Barriers: may include, but are not limited to:

- Environment
- Time
- Own physical, emotional or psychological state
- Physical, emotional or psychological state of others
- Own skills, abilities or confidence
- Own or others' prejudices
- Conflict
- Access to technology
- Device charging and operation
- Wi-fi access

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

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

Services: may include:

- Translation services
- Interpretation services
- Speech and language services
- Advocacy services
- Communication and support teams
- Occupational therapy (OT)
- Assistive technology services
- Specialist teams which support individuals

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

- Patronising individuals
- Not listening to individuals
- Not being available to communicate effectively
- Not respecting individuals' communication preferences, needs or strengths
- Using communication skills to control or take ownership of an interaction.
- Interrupting or talking over someone
- Offering inappropriate or unsolicited advice
- Placating an individual

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

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

Digital recording and Digital systems: in this context, learners **must** show understanding of how digital systems and digital technologies are used to support

safe practices – this may include but is not limited to - electronic care plans, incident logs, audit trails and safeguarding alerts.

Handling Information in Adult Care Settings		
Unit Reference	K/651/8633	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit is aimed at those who work in care settings. The unit is about the central importance of communication in the adult care setting and ways to overcome barriers to meet individual needs and preferences in communication.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.4)**	
The learner will	**The learner can**	
1. Understand requirements for handling information in care settings	1.1	Summarise the main points of legal requirements, policies and codes of practice for handling information in care settings
	1.2	Describe features of manual and electronic information storage systems that help ensure data and cyber security
	1.3	Explain how to support others to keep information secure
	1.4	Identify what would be considered a 'data breach' in the handling of information, and how to respond
2. Implement good practice in handling information	2.1	Ensure data security when sharing, storing, and accessing manual and electronic information
	2.2	Maintain and promote confidentiality in day-to-day communication
	2.3	Maintain manual and electronic records that are up to date, complete, accurate and legible

	2.4	Support audit processes in line with own role and responsibilities

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 2 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g., dealing with confidential information in support of individuals, **this observation should be in actual person and not carried out remotely.**

Guidance notes:

Manual: refers to use of paper e.g., written records.

Electronic: refers to use of digital tools, technology, and devices.

Policies and codes of practice: learners **must** refer to their own work setting's policies and codes of practices and should consider:

- Confidentiality
- General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- Freedom of Information Act 2000
- Data (Use and Access) Act 2025
- Individuals' rights
- Workplace use of AI policy
- Workplace digital and use of technology policy

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

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

- Individuals accessing care and support services

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

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

Sharing, storing and accessing: assessment **must** include manual (paper based) and electronic (digital) within assessment. Learners **must** consider in their practice their own workplace procedures and arrangements for sharing, storing, accessing, and sharing information across both formats. Learners should also consider how information is securely transferred or shared between digital systems and paper records online within data protection and confidentiality requirements.

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

Audit: in this context, learners **must** refer to own responsibilities, within their own workplace.

Person-Centred Practice in Adult Care Settings		
Unit Reference	L/651/8634	
Level	3	
Credit Value	4	
Guided Learning (GL)	25 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to implement and promote person-centred approaches.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.5)**	
The learner will	**The learner can**	
1. Understand the application of person-centred practices in care settings	1.1	Explain how person-centred values can be applied in a range of situations
	1.2	Describe how to effectively build relationships with individuals
	1.3	Describe how and why person-centred values and strength-based approaches **must** influence all aspects of care work
	1.4	Explain how to use a range of care plans, relevant digital social care records (DSCRs) and other resources to apply person-centred values and strengths-based approaches
	1.5	Discuss how the active participation of individuals and others in care planning promotes person-centred values and strength-based approaches to meet the holistic needs of an individual, now and in planning for their futures
	1.6	Describe how to seek feedback to support the delivery of person-centred care in line with roles and responsibilities

	1.7	Explain how to support an individual to question or challenge decisions concerning them that are made by others
2. Understand the importance of individuals' relationships	2.1	Identify the different people and relationships that may be important to individuals, including intimate or sexual relationships
	2.2	Explain the impact maintaining and building relationships can have for individuals
	2.3	Describe own role in supporting individuals to maintain and build relationships
3. Be able to work in a person-centred way	3.1	Work with an individual and others to establish and understand the individual's history, preferences, wishes, strengths and needs
	3.2	Work with individuals to identify how they want to actively participate in their care and support, considering their history, preferences, wishes, strengths, and needs
	3.3	Be responsive to individuals' changing needs or preferences and adapt actions and approaches accordingly
	3.4	Demonstrate respect for individuals' lifestyle, choices and relationships
	3.5	Promote understanding and application of active participation amongst others

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skills-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

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

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

History, preferences, wishes, strengths, and needs: these may be based on experiences, desires, values, beliefs, or culture and may change over time.

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.

Person centred values: including individuality, rights, choice, privacy, independence, dignity, respect, partnership.

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

Care plans, digital social care records (DSCRs) and other resources: A care plan may be known by other names such as a support plan or individual plan and are central to providing person-centred care. Digital care plans are used in place of, or alongside paper-based records. These are often part of the Digital Social Care Record (DSCR) which help ensure that information is up-to-date, securely stored and easily accessible to the appropriate persons.

In addition to care plans and digital care plans, other resources that support person-centred care may include:

- One-page profiles
- Advanced care plans
- Assessments from other organisations
- Information from family, carers and others

These resources, paper based and/or digital contribute to a full picture of the individual's needs and support safe, coordinated and high-quality care.

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

- Living arrangements
- Health and wellbeing
- Relationships
- Education or employment
- End of life care

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

Promoting Choice and Independence in Adult Care Settings		
Unit Reference	M/651/8635	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit is aimed at those who work in a wide range of care settings. The unit covers how to promote 'individuals' rights to make choices and the role of risk assessments in promoting person-centred approaches, choice, and independence.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.3)**	
The learner will	**The learner can**	
1. Be able to promote individuals' rights to make choices	1.1	Support individuals to make informed choices and decisions
	1.2	Establish informed consent when providing care and support
	1.3	Use support mechanisms and guidance to support the individual's right to make choices
	1.4	Work with individuals to manage risk in a way that maintains and promotes the individual's right to make choices
2. Be able to promote individuals' independence	2.1	Involve individuals in their care and support
	2.2	Support individuals to recognise their strengths and their abilities to gain confidence to self-care
	2.3	Identify a range of technologies that support or maintain individual's independence

3. Understand the role of risk assessments in promoting person-centred approaches, choice, and independence	3.1	Explain how risk assessments can be used to promote and enable individuals' choice, independence and right to take risks
	3.2	Describe the different risk assessments methods that can be used in different situations and own role within these
	3.3	Discuss the importance of risk assessment reviews, including: > Why is it important to review and update individuals' risk assessments > When individuals' risk assessments should be reviewed and updated > Who should be involved in the review and update of individuals' risk assessments

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 1 and 2 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g. direct practice in providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

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

Informed consent: where an individual, with capacity to consent, voluntarily agrees to an action or decision based on awareness and understanding of risks, benefits, and alternatives.

Technologies: learners should consider smart home and assistive technologies, robotics and AI integration, digital tools and applications, remote health monitoring and cognitive support technologies.

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

Understand and Promote Personal Health and Well-being in Adult Care Settings		
Unit Reference	R/651/8636	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote personal health and well-being in adult care settings.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.3)**	
The learner will	**The learner can**	
1. Understand the importance of individuals' wellbeing	1.1	Explain the relationship between identity, self-image and self-esteem and the impact this can have on an individual's wellbeing
	1.2	Describe factors that positively and negatively influence the individual's wellbeing
	1.3	Describe the range of services and resources available to support individuals' wellbeing and how to access this
	1.4	Explain how an individuals' wellbeing may affect their behaviours and relationships
2. Know how to monitor individuals' health and wellbeing	2.1	Outline the role of prevention in supporting individuals to stay healthy, happy and independent for as long as possible
	2.2	Explain how to engage, support and involve individuals in monitoring their own health and wellbeing
	2.3	Identify the early indicators of physical and mental health deterioration

	2.4	Explain how to escalate concerns about an individual's health deterioration and to whom
3. Be able to assess and respond to changes in an individual's health and wellbeing	3.1	Engage and involve individuals in understanding and monitoring their health and wellbeing
	3.2	Use appropriate tools to monitor and report changes in health and wellbeing
	3.3	Record observations of health and wellbeing and take appropriate action
4. Be able to promote individuals' health and wellbeing	4.1	Support an individual in a way that promotes their sense of identity, self-image and self-esteem
	4.2	Demonstrate ways to contribute to an environment that promotes wellbeing
	4.3	Demonstrate a person-centred approach to working with individuals and others to improve individuals' health and wellbeing

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g., direct practice in providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Individuals' wellbeing: in this context, wellbeing refers to the overall quality of life of people receiving care and support. It includes health, happiness, and comfort. Learners **must** include aspects of social, emotional, cultural, spiritual, intellectual, physical, mental wellbeing, economic and personal identity.

Factors: factors affecting wellbeing will be different for different people. Learners **must** show consideration for environmental, physical, social (loneliness and social isolation for example), psychological factors, technological, economic, cultural and societal factors.

Prevention: prevention involves recognising and responding to individuals' needs as early as possible with the aim of reducing risk of health and wellbeing deterioration.

Learners **must** show consideration for: Early intervention, community engagement, environmental adaptations, technology integration, cultural competence, mental health support and economic assistance.

Range of services and resources: learners should consider a range of services and resources available within their organisation and external to their organisation that could support individuals' different wellbeing strengths and needs. May include clinical and non-clinical approaches.

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

Monitoring: monitoring helps to put in place early support to protect an individual's wellbeing and should look at a whole individual's physical, emotional, and social wellbeing. Ways to monitor wellbeing my include but are not limited to monitoring plans, self-monitoring, technologies, emotional support, social networks, access to healthcare and screening. May include clinical and nonclinical approaches.

Appropriate tools: tools will vary depending on a learner's role and organisational practices. They may include but are not limited to: AI-driven monitoring systems, lifestyle monitoring technologies, Digital Social Care Records (DSCRs), 'Stop and Watch,' RESTORE2, SBARD (Situation, Background, Assessment, Recommendation, Decision), UCLA (loneliness and social isolation scale).

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

Promoting Equality, Diversity, Inclusion, and Human Rights in Adult Care Settings		
Unit Reference	T/651/8637	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	In this unit the learner will understand and know how to promote Equality, Diversity, Inclusion, and Human Rights in Adult Care Settings.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.3)**	
The learner will	**The learner can**	
1. Understand influencers on working practices to promote equality, diversity, inclusion, and human rights	1.1	Explain how legislation, policies and codes of practice apply to and influence own work role
	1.2	Describe how external factors influence own work role
2. Understand the importance of equality, diversity, inclusion, and human rights within your work setting	2.1	Describe the definition and relevance to own practice of: > Diversity > Equality > Inclusion > Discrimination > Unconscious bias > Protected characteristics > Neurodiversity > Human rights
	2.2	Explain how equity and inclusive practice and cultures can support and promote equality, diversity, inclusion and human rights

	2.3	Identify how the promotion of equality, diversity, inclusion, and human rights can lead to improved outcomes for individuals
	2.4	Explain how your organisation promotes equality, diversity, inclusion, and human rights
	2.5	Identify own role in promoting equality, diversity, inclusion and human rights
3. Know how to promote equality, diversity, inclusion, and human rights	3.1	Describe the potential effects of discrimination
	3.2	Describe how unconscious biases may affect own and others' behaviours
	3.3	Explain how to respond to and challenge discrimination in a way that promotes positive change
	3.4	Explain how to report any discriminatory or exclusive behaviours, and to whom
4. Work in an inclusive way	4.1	Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values, preferences, and communication, processing or sensory needs (including those associated with neurodiversity)
	4.2	Promote a culture that supports inclusive practices
	4.3	Reflect on and make improvements to own practice in promoting equality, diversity, inclusion and human rights
Assessment: This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance. **This is a knowledge and skill-based unit.**		

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcome 4 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit, e.g., direct practice in providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Legislation: these **must** relate to equality, diversity, inclusion, discrimination and human rights and might include Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012.

External factors: these may include, but are not limited to, societal movements and campaigns or periods in modern history.

Equity: is recognising that individuals have different needs by providing the right support to achieve fair outcomes for the individuals. Learners **must** show how to recognise when an individual may be treated unfairly due to factors such as disability, culture, language or socio-economic background and show how to value each individual to ensure equal access to care or opportunities. This may include:

- Reasonable adjustments to care and support
- Communication methods that meet language or sensory needs
- Celebrating diverse cultures or religions
- Challenging discrimination or unfair treatment in the workplace

Individuals: 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.

Own role in promoting: this may include the learner's role:

- Within their team, workplace or organisation
- Within networks of practice
- Within the community
- Supporting or advising other professionals with regards to reasonable adjustments for individuals

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

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

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

General Health and Safety Policies and Procedures in Adult Care Settings		
Unit Reference	Y/651/8638	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	In this unit the learner will understand own responsibilities, and the responsibilities of others, relating to health and safety and the procedures for responding to accidents and sudden illnesses.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.6)**	
The learner will	**The learner can**	
1. Understand own responsibilities, and the responsibilities of others, relating to health and safety	1.1	Identify legislation relating to health and safety in a care work setting
	1.2	Explain the main points of health and safety policies and procedures agreed with the employer
	1.3	Analyse the main health and safety responsibilities of: > Self > The employer or manager > Others in the work setting
	1.4	Identify specific tasks in the work setting that should not be carried out without special training
2. Understand procedures for responding to accidents and sudden illness	2.1	Describe different types of accidents and sudden illness that may occur in own work setting
	2.2	Explain procedures to be followed if an accident or sudden illness should occur

3. Be able to carry out own responsibilities for health and safety	3.1	Use policies and procedures or other agreed ways of working that relate to health and safety
	3.2	Support others' understanding and follow safe practices
	3.3	Monitor potential health and safety risks
	3.4	Use risk assessment in relation to health and safety
	3.5	Minimise and manage potential risks and hazards
	3.6	Access additional support or information relating to health and safety

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 3 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g., in direct practice whilst providing care and support to individuals, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Others: may include:

- Team members
- Other colleagues
- Those who use or commission their own health or social care services.
- Families, carers and advocates

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

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

- Use of equipment
- First aid
- Medication
- Health care procedures
- Food handling and preparation

Principles of Infection Prevention and Control in Adult Care Settings		
Unit Reference	A/651/8639	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit will introduce the learner to national and local policies in relation to infection control; to explain employer and employee responsibilities in this area; to understand how procedures and risk assessment can help minimise the risk of an outbreak of infection. Learners will also gain an understanding of how to use Personal Protective Equipment (PPE) correctly and the importance of good personal hygiene.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.4)**	
The learner will	**The learner can**	
1. Understand how to prevent and control the spread of infection	1.1	Describe different types of infection and how they are spread (chain of infection)
	1.2	Explain how to identify individuals who have, or are at risk of developing, an infection, and the actions to take to reduce the risks to them and others
	1.3	Explain own role and responsibilities in identifying, or acting upon the identification, of an outbreak or spread of infection
	1.4	Identify own role in supporting others to follow practices that reduce the spread of infection
	1.5	Describe own responsibilities for ensuring the appropriate cleaning and decontamination of environments and equipment

2. Be able to prevent and control the spread of infection	2.1	Risk assess a range of situations and select and use appropriate Personal Protective Equipment (PPE) correctly
	2.2	Identify when it is necessary to perform hand hygiene
	2.3	Select appropriate products and perform hand hygiene using recommended techniques
	2.4	Demonstrate ways to ensure that own health and hygiene does not pose a risk to individuals and others

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 2 is skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g., in direct practice whilst providing care and support to individuals, this observation should be in actual person and not carried out remotely.

Guidance notes:

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

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

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers

- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers

Decontamination: after cleaning, environments and equipment may require disinfection and sterilisation. Learners **must** refer to own workplace and agreed policies and procedures.

Appropriate use of Personal Protective Equipment (PPE): this should include learners workplace policies and current guidelines on the proper use of PPE and different equipment available. This includes but is not limited to, gloves, masks face shields, aprons and gowns. And donning (putting on), doffing (removal) and disposal.

Hand hygiene: refers to following recommended hand-washing techniques and the use of appropriate sanitizer. Learners should refer to own company policies and procedures including following recommend hand washing techniques using soap and water as well as appropriate use of hand sanitizers appropriate to the situation.

Health and Safety in Adult Care (Topics) Settings		
Unit Reference	H/651/8640	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit will enable the learner to move and handle equipment and other objects safely, know how to handle hazardous substances and materials, as well as understanding how to promote fire safety in the work setting.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.3)**	
The learner will	**The learner can**	
1. Be able to move and handle equipment and other objects safely	1.1	Explain the main points of legislation that relate to moving and handling
	1.2	Explain the principles for safe moving and handling
	1.3	Move and handle equipment and other objects safely
2. Know how to handle hazardous substances and materials	2.1	Describe types of hazardous substances that may be found in the work setting
	2.2	Demonstrate safe practices for: > Storing hazardous substances > Using hazardous substances > Disposing of hazardous substances and materials
3. Know how to promote fire safety in the work setting	3.1	Describe practices that prevent fires from: > Starting > Spreading

	3.2 3.3 3.4	Explain emergency procedures to be followed in the event of a fire in the work setting Demonstrate measures that prevent fires from starting Ensure clear evacuation routes are maintained at all times
4. Be able to implement security measures in the work setting	4.1 4.2 4.3	Explain the importance of ensuring that others are aware of own whereabouts Follow agreed procedures for checking the identity of anyone requesting access to: > Premises > Information Use measures to protect own security and the security of others in the work setting

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a primarily a skill-based unit.

Learning Outcomes 1, 2, 3 and 4 are skill based, and primary evidence should include observation of direct practice in the workplace.

Due to the nature of this unit and scenarios where this evidence is likely to be gained e.g., in direct and holistic practices in the working environment, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Objects: relates to those in the learner's working environment and does not mean individuals.

Hazardous substances: are materials that could pose a risk to health if not handled correctly. These may include but are not limited to: cleaning agents, clinical waste, bodily fluids, and medications.

Security measures in the work setting: maintaining a safe and secure environment is essential for protecting individuals,' staff and sensitive information.

Security measures may include but are not limited to:

- Controlled access to buildings
- Visitor signing in procedures.
- Alarm systems
- Safe storage of records and medications

If lone working additional measures **must** be followed to reduce risks these may include but not limited to:

- Carrying a mobile phone
- Logging in house calls
- Checking in with supervisors or managers
- Following lone working policies and procedures and risk assessments

Premises: referring to care home, individuals' own home and other care services.

Continuous Personal Development in Adult Care Settings		
Unit Reference	J/651/8641	
Level	3	
Credit Value	3	
Guided Learning (GL)	15 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote personal wellbeing and continuous development in adult care settings.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.3)**	
The learner will	**The learner can**	
1. Know what is required to be competent in own role	1.1	Identify the duties and responsibilities of own work role
	1.2	Discuss expectations of own work role as expressed in relevant standard
	1.3	Explain the relationship between continuing professional development and the provision of quality care
	1.4	Identify sources of support and guidance for planning and reviewing own development
2. Be able to demonstrate commitment to own development	2.1	Assess own knowledge, performance and understanding against relevant standards
	2.2	Work with others to identity and prioritise own learning needs, professional interests and development aspirations
	2.3	Work with others to agree own personal and professional development plan

	2.4	Work with others to achieve and review personal and professional development plan
	2.5	Record progress in relation to personal and professional development
3. Understand the value of reflective practice	3.1	Describe the benefits and scope of reflective practice
	3.2	Explain the importance of reflective practice in supporting continuous improvements to own practice and provision of quality care
4. Be able to use reflective practice to improve ways of working	4.1	Reflect on how learning activities have affected practice
	4.2	Reflect on how own values, beliefs and experiences may affect working practices
	4.3	Reflect on own ability to use initiative, make decisions and take responsibility for own actions
	4.4	Use reflections and feedback from others to evaluate own performance and inform development
5. Be able to develop leadership behaviours	5.1	Model high standards of practice to encourage others to make a positive difference
	5.2	Share ideas to improve services with others
	5.3	Promote partnership approaches to supporting individuals
Assessment: This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance. **This is a knowledge and skill-based unit.**		

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Learning Outcomes 2, 4 and 5 are skill based, and primary evidence should include observation of direct practice in the workplace. For Learning Outcomes 2 and 4, it is acknowledged observation could be carried out remotely e.g., a learner discussing their development and reflecting on practices with a line manager. Safe and reliable approaches to use of remote technologies in the assessment process **must** be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording and storage protocols. For Learning Outcome 5 and likely holistic scenarios where this evidence is likely to be gained e.g., in direct and holistic practices in the working environment, this observation should be in actual person and **not** carried out remotely.

Guidance notes:

Duties and responsibilities: learners should discuss their duties and responsibilities in the context of providing person-centred care and support.

Standards: may include Codes of Practice, regulations, minimum standards, national occupational standards.

Continuing professional development: refers to the ongoing process of learning, monitoring, recording and reflecting on the skills, knowledge, and experience throughout a care worker's career – both formally and informally. As part of continuing professional development (CPD) the Care Workforce Pathway can support the learner to progress, reflect on up-to-date practices and can support the learner to develop.

Sources of support and guidance: may include:

- Formal and informal support
- Supervision and appraisal
- Mentoring and peer support
- Within and outside the organisation
- The Care Workforce Pathway

Others: in this context, this will refer to line-manager, assessor, and/or supervisor. It could also include:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Professionals from other services

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

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

Reflective Practice: supports continuous improvement in own skills and contributes to better outcomes for the individuals that are being supported. It is also an essential part of the Care Workforce Pathway, which encourages ongoing learning and development to help progress in own role and maintaining professional standards.

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

Personal Well-being in Adult Care Settings		
Unit Reference	K/651/8642	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote personal well-being.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.5)**	
The learner will	**The learner can**	
1. Understand own well-being	1.1	Explain what is meant by 'personal wellbeing', 'self-care' and 'resilience'
	1.2	Describe factors that positively and negatively influence own well-being
	1.3	Explain indicators of own well-being and wellbeing deterioration
2. Understand the importance of maintaining and improving own well-being	2.1	Describe how own well-being impacts role and behaviour
	2.2	Describe how own well-being impacts others
3. Know how to maintain and improve own well-being	3.1	Discuss strategies to maintain and improve own well-being
	3.2	Identify a range of well-being support offers available and how to access them
	3.3	Explain how to access professional help if needed
4. Know how to manage own stress and anxiety, what is	4.1	Identify indicators of stress and anxiety in oneself

meant by 'stress' and 'anxiety'	4.2	Describe factors that can trigger stress and anxiety in oneself
	4.3	Explain how stress and anxiety may affect own reactions and behaviours towards others
	4.4	Discuss strategies for managing own stress and anxiety
	4.5	Identify how to access a range of support offers

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Own well-being: in this context, wellbeing refers to that of the learner. Wellbeing is a broad concept referring to a person's quality of life considering health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

Personal well-being: refers to overall physical, mental, emotional and social health and covers area such as:

- Physical health (rest, nutrition, exercise, diet)
- Mental health (managing anxiety and coping with demands)
- Social connections (relationships, support networks)
- Work life balance and job satisfaction

Self-care: means taking active steps to prevent, protect and improve one's own well-being to ensure focus needed to deliver quality care: this could include setting health boundaries at work and in own personal life:

- Getting enough sleep and eating a balanced diet

- Asking for help when needed
- Taking regular breaks and utilising annual leave
- Reflecting on own emotional needs

Resilience: is the ability to cope with pressure, recover from setbacks and adapt to change and covers area such as:

- Positive thinking and self-reflection
- Using support networks
- Taking part in training and personal development
- Practicing self-care routinely

Factors: these should be specific to the learner. The learner should show consideration of environmental, physical, social and psychological factors inside and outside the workplace.

Others: may include team members, other colleagues, individuals accessing care and support services, families, carers, and other professionals. Learners may also wish to consider their personal relationships.

Strategies: these should be specific to the learner. Strategies should include those that enable the learner to maintain their well-being as well as strategies to implement if indicators of deterioration are recognised.

Support offers: accessing support offers reduces stress, prevents burnout and maintains a healthy work life balance. It also supports a learner's personal and professional development – one of the key goals within the Care Workforce Pathway. Learners should consider offers they use as well as those they currently choose not to:

- Workplace support: supervision and appraisal, employer assistance programmes (EAPs), occupational health services
- Professional support: unions and professional bodies
- External wellbeing services
- Peer support and networks: team meetings, buddy systems, reflective practice groups

Stress: is a natural response to pressure or challenging situations and can have positive as well as negative effects on a person. In this context we refer to the negative impacts of stress. Examples of impact could include:

- Physical impact – headaches, fatigue, sleep problems weakened immune system.

- Emotional and mental health impact – anxiety, low mood, feeling overwhelmed, loss of motivation
- Behavioural impact – withdrawing from others and work situations, poor time management and risk of full burnout
- Impact on work performance – poor communications, making mistakes and missing key details
- Impact on professional standards – increased risk of breaching policies and procedures

Anxiety: is a feeling of worry or fear that can become overwhelming and can affect your thoughts, emotions and ability to focus. In this context, we refer to the negative impacts.

Optional Units Group B

All of the optional units have been grouped into the following themes:

- Substance Use
- Digital Skills
- Dementia
- End of Life Care
- Personalisation and Care Planning
- Infection Control and Hygiene
- Positive Behaviour
- Health and Healthcare and Medication
- Teamwork and Supervision
- Supporting Individuals
- Moving People
- Caring for People with Disabilities
- Mental Health

Learners **may** select any units, but please note the **barred combinations**.

Note: *Denotes barred units.

Substance Use

Carry out Comprehensive Substance Misuse Assessment		
Unit Reference	M/651/8743	
Level	3	
Credit Value	5	
Guided Learning (GL)	30 hours	
Unit Summary	This unit provides the learner with the knowledge and skills to carry out comprehensive substance misuse assessments.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.4)**	
The learner will	**The learner can**	
1. Understand the signs and implications of a range of substance misuse related problems	1.1	Identify the different substances which individuals might use
	1.2	Explain how the different substances are used and their likely effect
	1.3	Identify challenges often associated with substance misuse e.g. significant psychiatric and or physical co-morbidity, children at risk, social problems, legal problems
	1.4	Explain ways of keeping knowledge about substances and indications of substance misuse up to date
	1.5	Describe the jargon used by substance misusers in the locality
2. Understand the range of substance misuse services and interventions	2.1	Describe **four** treatment interventions and assessment services available locally
	2.2	Describe the eligibility criteria and protocols for accessing services locally

	2.3	Explain how to respond to individuals who do not want to be referred to other services
3. Prepare for comprehensive substance misuse assessment	3.1	Obtain information on individuals from previous assessments carried out by other services in line with protocols
	3.2	Establish any particular needs of the individual which will need to be taken into account during the assessment
	3.3	Fully and accurately record arrangements for the assessment in line with the organisations' procedures
4. Assess possible risks to the individual	4.1	Demonstrate how to assess the risk to individuals from their substance misuse and/or co-existent problems
	4.2	Explain the importance of regularly reviewing risk assessments
	4.3	Demonstrate that the risk assessment takes account of the individual's needs and the legal duty of care to the individual and others
5. Assess individuals' substance misuse and related problems	5.1	Involve the individual in the assessment as far as possible, according to their capability
	5.2	Assess the nature of the individual's substance misuse problems and other problems
	5.3	Assess the individual's understanding of services available and readiness to engage in a treatment programme
	5.4	Conduct the assessment in line with locally agreed criteria and using standardised documentation
	5.5	Manage challenging, abusive, aggressive or chaotic behaviour

	5.6	Seek clear conclusions from the assessment to inform the development of a comprehensive care plan
	5.7	Explain how to involve adults with parental responsibility in the assessment and referral of children and young people
	5.8	Describe how to take account of a child or young person's age and maturity when involving them in assessment
	5.9	Describe the principles of the relevant legislation
6. Follow up the assessment process	6.1	Keep accurate, legible and complete records of the assessment
	6.2	Continue assessment at appropriate intervals once the individual has commenced a care plan
	6.3	Provide individuals with accurate and clear information on systems for making complaints about the assessment system and appealing on the decisions
	6.4	Ensure consistency of approach with other members of the substance misuse service team

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence. Simulation is **not** permitted for this unit.

The nature of this unit means that **all** of the learner's evidence **must** come from real work activities.

The evidence **must** reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Other sources of performance and knowledge evidence:

The assessor will identify other sources of evidence to ensure the most reliable and efficient mix of evidence- gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of the learner's performance can be established.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Support Individuals who are Substance Users		
Unit Reference	R/651/8744	
Level	3	
Credit Value	7	
Guided Learning (GL)	42 hours	
Unit Summary	This unit enables the learner to support individuals to adopt safe practices and reduce their substance use.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.5)**	
The learner will	**The learner can**	
1. Understand about different substances, their effects and how they might be used	1.1	Identify the different substances which individuals might use
	1.2	Explain how the different substances are used and their likely effects
	1.3	Identify the risks involved with substance use both in the short and the long term
	1.4	Explain legislation, policies and guidelines on the use and storage of substances
2. Enable individuals to adopt safe practices associated with substance use	2.1	Explain factors that influence individuals to use substances and reasons why individuals decide to reduce or cease substance use
	2.2	Communicate with individuals in a manner that maximise the individuals' understanding
	2.3	Support individuals to discuss their circumstances and history of substance use

	2.4	Advise individuals on ways in which methods of substance use and activities affected by it can be practised more safely
	2.5	Support individuals to dispose of hazardous materials and equipment safely
	2.6	Describe harm reduction strategies, how and why these may differ from individual to individual
	2.7	Identify the potential effects and difficulties that are likely to arise in attempting to cease or reduce substance use and the strategies/methods for alleviating them
3. Support individuals when they have used substances	3.1	Explain relevant policies and procedures for the support of individuals who have used substances
	3.2	Support individuals in a manner appropriate to the substance used, the effect which the substance has had and the condition of the individual
	3.3	Demonstrate how to make the environment as safe as possible, including how and when to move individuals for their own safety
	3.4	Support individuals to meet their own needs and requirements after the effects of the substance have worn off
	3.5	Show when and how to request further support and assistance
	3.6	Report information about episodes of substance use to an appropriate person and record it in the required format
4. Support individuals in reducing substance use	4.1	Assist individuals who have made a commitment to reduce substance use to review their reasons for doing so

	4.2	Offer appropriate support to individuals which respects their individual rights
	4.3	Assist individuals to review their progress in reducing substance use
	4.4	Describe how to manage your own feelings about the individual's progress or lack of this in such a way as to minimise their impact on the support provided
	4.5	Identify the specialist agencies and support networks involved in supporting substance users

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence. Simulation is **not** permitted for this unit.

The nature of this unit means that **all** of the learner's evidence **must** come from real work activities.

The evidence **must** reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Required sources of performance and knowledge evidence:

Observation and/or expert witness testimony is the **required** assessment method to be used to evidence some part of this unit.

If the assessor is unable to observe the learner, she/he will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities, and this is likely to provide most of the evidence for the assessment criteria for this unit.

Other sources of performance and knowledge evidence:

The assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence gathering methods from the list below. This

will ensure that all learning outcomes and assessment criteria are met and that the consistency of the candidate's performance can be established.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual

- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Identify and Act upon Immediate Risk of Danger to Substance Misusers		
Unit Reference	T/651/8745	
Level	3	
Credit Value	4	
Guided Learning (GL)	24 hours	
Unit Summary	This unit enables the learner to identify and act upon immediate risk of danger to substance misusers.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.10)**	
The learner will	**The learner can**	
1. Identify immediate risk of danger to substance misusers	1.1	Describe the range of different substances subject to misuse and their effects
	1.2	Describe any signs of immediate risk of danger which may include risk of: > Overdose > Individuals causing injury or harm to themselves or others (e.g., family members)
	1.3	Explain the relevant policies and procedures for dealing with risk of danger to individuals and others
2. Act upon immediate risk of danger to substance misusers	2.1	Describe how to make the individual aware that they are available and willing to help
	2.2	Obtain information on the substance used from the individual or any person near the individual
	2.3	Obtain personal details from the individual or any person near the individual

	2.4	Encourage the individual to describe any pain or discomfort they may be experiencing
	2.5	Take actions which are appropriate to the substance used and the effect it has had on the individual
	2.6	Show how to interact with the individual in a manner which recognises their needs and rights
	2.7	Demonstrate how to make the environment as safe as possible
	2.8	Explain how and when to move individuals for their safety
	2.9	Demonstrate when and how to request any first aid support
	2.10	Support and encourage the individual to recognise the consequences of the episode and to seek further support and assistance
	2.11	Record all information and report to appropriate person in the required format

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence. Simulation is **not** permitted for this unit. The nature of this unit means that **most** of the learner's evidence **must** come from real work activities.

The evidence **must** reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Required sources of performance and knowledge evidence:

Observation and/or expert witness testimony is the **required** assessment method to be used to evidence some part of this unit.

If the assessor is unable to observe the learner, she/he will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities, and this is likely to provide most of the evidence for the assessment criteria for this unit.

Other sources of performance and knowledge evidence:

Assessment criteria 2.5 may be difficult to evidence by observation and/or expert witness testimony because it refers to contingencies or infrequently occurring activities.

Your assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence-gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of your performance can be established.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the

learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Increase Awareness about Drugs, Alcohol or other Substances with Individuals and Groups		
Unit Reference	Y/651/8746	
Level	3	
Credit Value	7	
Guided Learning (GL)	42 hours	
Unit Summary	This unit provides the learner with knowledge on legislation relevant to substance use, the effects and treatment of substance use and the ability to pass this knowledge on to substance users.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.4)**	
The learner will	**The learner can**	
1. Understand legislation and policy relevant to substance use	1.1	Identify the legislation which relates to substance use and describe the difference between legal and illegal drugs
	1.2	Describe government policy in relation to substance use services: > Prevention > Treatment > Rehabilitation
	1.3	Identify organisations that are designed to deliver the government's strategy on drugs and alcohol
	1.4	Describe the legislation, policies and procedures regarding: > Equality > Confidentiality of information
2. Understand substance use, its effects and treatments	2.1	Describe the different substances which are available and the effects they have on the body e.g. stimulants, sedatives and hallucinogenics

	2.2	Identify the street names for substances, and how these change over time and in different locations
	2.3	Describe the dangers of substance use e.g. related to quantity, frequency, purity and polydrug use
	2.4	Describe the methods of substance use and the risks associated with the different methods
	2.5	Explain the inter-relationship between the background of individuals and the effect of substances on them
	2.6	Identify reasons why individuals use substances and the influence on substance use of individuals' age, gender, economic disadvantage and/or emotional deprivation
	2.7	Describe the relationship between substance use, crime and antisocial behaviour
3. Be able to identify individuals' knowledge and values about substances	3.1	Enable individuals to talk about and identify what they know and understand about substance use
	3.2	Support individuals to explore their feelings and values about substance use
	3.3	Interact with individuals in a manner that encourages an open exchange of views and is non-judgemental
4. Increase individuals' knowledge and understanding of substances	4.1	Identify the gaps in individuals' knowledge and understanding about substances, their use and effects
	4.2	Demonstrate how the values and beliefs of individuals may need to be challenged in their own interests and those of others

	4.3	Provide learning opportunities in a manner sensitive to individuals' needs and confidence
	4.4	Ensure that the content of the learning provision is accurate and based on up-to-date evidence

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence. Simulation is **not** permitted for this unit.
The nature of this unit means that **all** of the learner's evidence **must** come from real work activities.

The evidence **must** reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Required sources of performance and knowledge evidence:

Observation and/or expert witness testimony is the **required** assessment method to be used to evidence some part of this unit.

If the assessor is unable to observe the learner, she/he will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities, and this is likely to provide most of the evidence for the assessment criteria for this unit.

Other sources of performance and knowledge evidence:

Your assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence-gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of your performance can be established.

Guidance notes:

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Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Carry out Initial Assessments to Identify and Prioritise the needs of Substance Misusers		
Unit Reference	A/651/8747	
Level	3	
Credit Value	5	
Guided Learning (GL)	30 hours	
Unit Summary	This unit enables the learner to evaluate individuals' substance use, identify their needs and refer them to appropriate services.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.5)**	
The learner will	**The learner can**	
1. Understand the range of different substances and their effects	1.1	Identify the range of different substances and their effects
	1.2	Identify different indications of substance misuse
	1.3	Describe ways of keeping knowledge about substances and indications of substance misuse up to date
	1.4	Explain the jargon used by substance misusers in the locality
2. Evaluate individuals' substance misuse and understanding of substance misuse services	2.1	Explain why the assessment of individuals should be carried out promptly
	2.2	Obtain information from the individual and if applicable, from the referring agency, in line with protocols
	2.3	Carry out the assessment in line with locally agreed criteria and using standardised documentation
	2.4	Assess the individual's understanding of services available and readiness to engage in a treatment programme

	2.5	Manage challenging, abusive, aggressive or chaotic behaviour
	2.6	Assess the risks to the individual which may result from substance misuse and/or co-existent problems
	2.7	Identify appropriate persons who can provide support when there are any problems with the assessment
	2.8	Demonstrate how to involve adults with parental responsibility in the assessment and referral of children and young people
	2.9	Demonstrate how to take account of a child or young person's age and maturity when involving them in assessment
3. Assess individuals' needs and appropriate interventions	3.1	Present possible interventions to the individual in a positive manner and review the advantages and disadvantages with them
	3.2	Agree an appropriate course of action with the individual according to the type of intervention required
	3.3	Demonstrate how to achieve the best balance between the interests of the individual, any inherent risks and the legal duty of care
	3.4	Justify the choice of intervention according to locally agreed criteria
	3.5	Describe how to ensure consistency of approach with other members of the substance misuse team
4. Make referrals to substance misuse services	4.1	Explain the importance of referring individuals to the appropriate service with the required degree of urgency

	4.2	Plan arrangements for the referral with the individual and facilitate their contact with the service
	4.3	Make referrals and share information with services in line with local protocols
	4.4	Obtain feedback from the service to evaluate and refine referral practices
	4.5	Record details of the assessment and resulting actions taken

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

The nature of this unit means that **all** of the learner's evidence **must** come from real work activities. The evidence **must** reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Required sources of performance and knowledge evidence:

Observation and/or expert witness testimony is the required assessment method to be used to evidence some part of this unit.

If the assessor is unable to observe the learner she/he will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities, and this is likely to provide most of the evidence for the assessment criteria for this unit.

Other sources of performance and knowledge evidence:

The assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of your performance can be established.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

This unit	Is barred against this unit
Carry out Initial Assessments to Identify and Prioritise the Needs of Substance Misusers	Carry out Comprehensive Substance Misuse Assessment

Digital Skills

IT Security for Users		
Unit Reference	D/651/8748	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	This unit will enable learners to evaluate potential security threats to hardware, software and data. It will then allow them to confidently manage those risks with appropriate procedures that can be put in place.	
Learning Outcomes (1 to 1)	**Assessment Criteria (1.1 to 1.7)**	
The learner will	**The learner can**	
1. Be able to select, use and develop appropriate procedures to monitor and minimise security risk to IT systems and data in own adult care services	1.1	Evaluate the security issues that may threaten system performance in own adult care settings
	1.2	Select, use and evaluate a range of security precautions to protect IT systems and monitor the security of data and information
	1.3	Evaluate the threats to system and information security and integrity
	1.4	Manage access to information sources securely to maintain confidentiality, integrity and availability of information
	1.5	Explain why and how to minimise security risks to hardware, software and data for different users in own adult care service
	1.6	Apply, maintain and develop guidelines and procedures for the secure use of IT in own adult care service

	1.7	Select and use effective backup and archiving procedures for systems and data

Specialist Software		
Unit Reference	F/651/8749	
Level	3	
Credit Value	4	
Guided Learning (GL)	30 hours	
Unit Summary	This unit will allow learners in adult care services to confidently input information using specialist software and then to modify and manipulate it in accordance with service requirements.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.4)**	
The learner will	**The learner can**	
1. Input and combine adult care service data and information using specialist software	1.1	Input relevant information accurately so that it is ready for processing in own adult care setting
	1.2	Select and use appropriate techniques to link and combine information within the application and across different software applications
2. Create and modify appropriate structures to organise and retrieve adult care service data and information efficiently	2.1	Evaluate the use of software functions to structure, layout and style information in own adult care setting
	2.2	Create, change and use appropriate structures and/or layouts to organise data and information efficiently
	2.3	Manage data and in formation files effectively, in line with local and/or legal guidelines and conventions for the storage and use of data where available
3. Exploit the functions of the software effectively to	3.1	Select and use appropriate tools and techniques to edit, analyse and format information

process and present information	3.2	Check information meets needs, using IT tools and making corrections as necessary
	3.3	Identify and respond appropriately to quality problems to ensure that outcomes are fit for purpose and meet the needs of the adult care setting
	3.4	Select and use presentation methods to aid clarity and meaning

Digital Health and Care Technologies		
Unit Reference	K/651/8750	
Level	3	
Credit Value	9	
Guided Learning (GL)	50 hours	
Unit Summary	This unit introduces learners to the rapidly evolving field of digital health and care technologies. It explores how online platforms, personalised tools, data-driven systems, and digital communication methods influence modern health care delivery and health-related behaviours. Learners will examine how digital resources support individuals in managing their wellbeing, how personalised technologies contribute to both clinical care and public health, and how digital tools strengthen research, surveillance, and decision-making. The unit also develops the ability to critically evaluate digital sources, assess accessibility issues, and consider how technology can shape health education and health promotion strategies.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.2)**	
The learner will	**The learner can**	
1. Understand how digital technologies and online platforms can support improved health outcomes	1.1	Explain ways in which digital platforms and online resources are used by both healthcare professionals and the public to obtain health information
	1.2	Assess how access to digital health information can encourage individuals to manage their own health and wellbeing

2. Understand the role of personalised and connected health technologies in promoting better health and care	2.1	Describe the use of personalised or connected health technologies in supporting people with specific health conditions
	2.2	Evaluate how population-level health can be enhanced through the use of personalised or connected health technologies
	2.3	Analyse the main barriers affecting equitable access to digital health technologies
3. Be able to evaluate how digital tools and data technologies contribute to health research and surveillance	3.1	Review a recent research source that focuses on the application of digital or data technologies in health research or surveillance
	3.2	Evaluate the reliability and relevance of the research reviewed in 3.1
	3.3	Explain how digital technologies support the collection and analysis of data for health surveillance and planning
4. Be able to evaluate how communication and media technologies can be applied to health education and promotion	4.1	Explain how digital communication tools can be used to deliver a named public health campaign
	4.2	Evaluate the effectiveness of a selected digital communication approach in reaching and engaging a specific target audience

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

The following assessment strategy could be used:

Learners could produce a written report that integrates all Learning Outcomes and Assessment Criteria by analysing the role of digital technologies across personal health management, personalised care, digital research, and health communication. The report could include evaluation of a selected research source, consideration of digital barriers, and analysis of an applied public health communication approach.

(Approximately 2,500–3,000 words)

Alternatively,

Learners could produce a presentation supported by written notes, covering all Learning Outcomes and Assessment Criteria. This could address how digital technologies support individuals, professionals, research processes, and public health education, including an evaluation of a selected research source and a named digital public health communication approach.

(Equivalent to approximately 2,500–3,000 words)

Guidance notes:

Learning Outcome 1:

- Online health information sources, digital platforms, and portals
- Use of digital tools by health professionals and the public to access guidance, information, and support
- Accuracy, reliability, and provenance of digital health information
- The role of digital literacy in influencing health outcomes
- How access to online information affects self-management, decision-making, and engagement with services

Learning Outcome 2:

- Personalised and connected health technologies, including monitoring devices, apps, and remote-care tools
- Use of personalised digital systems in supporting people with diagnosed conditions and in wider population health strategies
- Digital behaviour tracking, lifestyle tools, and technology-enabled preventative approaches
- Barriers to access, including demographic, economic, cultural, technological, and usability factors
- Implications for equity, inclusion, and health inequalities

Learning Outcome 3:

- Digital tools and technologies used in contemporary health research and surveillance
- Approaches to identifying, selecting, and reviewing research related to digital health technologies
- Evaluating the reliability, relevance, limitations, and methodological quality of research sources
- The role of digital data systems in health surveillance, service planning, monitoring trends, and supporting evidence-based practice

Learning Outcome 4:

- Use of communication technologies in public health education and health promotion
- Digital dissemination strategies aimed at targeted audiences
- Strengths and limitations of digital communication tools for health messaging
- Approaches to evaluating how well digital public health communication meets the needs of specific communities
- Considerations related to engagement, accessibility, clarity, and impact

Dementia

Understand the Administration of Medication to Individuals with Dementia using a Person-Centred Approach		
Unit Reference	L/651/8751	
Level	3	
Credit Value	2	
Guided Learning (GL)	15 hours	
Unit Summary	This unit will enable learners to understand, using a person-centred approach, the administration of common medications which may be prescribed for individuals living with dementia.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.2)**	
The learner will	**The learner can**	
1. Understand the common medications available to, and appropriate for, individuals living with dementia	1.1	Outline **six** of the most common medications used to treat symptoms of dementia
	1.2	Describe how commonly used medications can affect individuals living with dementia
	1.3	Explain the risks and benefits of anti-psychotic medication for individuals with dementia
	1.4	Explain the importance of recording and reporting side effects/adverse reactions to medication
	1.5	Describe how 'as required' (PRN) medication can be used to support individuals living with dementia
2. Understand how to provide person-centred care to individuals with dementia	2.1	Describe person-centred ways of administering medicines whilst adhering to administration instructions

	2.2	Explain the principles, practice and procedures associated with informed consent when administering medicines
	2.3	Explain the importance of advocating for an individual living with dementia who may be prescribed medication

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Administering Assessment Criteria 2.1, for example:

- Fitting with the routines of the individual
- Meeting the preferences of the individual (tablets/solutions)
- Enabling techniques
- Self-administration

Understand the Process and Experience of Dementia		
Unit Reference	M/651/8752	
Level	3	
Credit Value	3	
Guided Learning (GL)	22 hours	
Unit Summary	This unit provides learners with the knowledge of the neurology of dementia to support the understanding of how individuals may experience dementia.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.4)**	
The learner will	**The learner can**	
1. Understand the neurology of dementia	1.1	Describe **four** causes of dementia syndrome
	1.2	Describe the types of memory impairment commonly experienced by individuals with dementia
	1.3	Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia
	1.4	Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia
	1.5	Explain why the abilities and needs of an individual with dementia may fluctuate
2. Understand the impact of recognition and diagnosis of dementia	2.1	Describe the impact of early diagnosis and follow up to diagnosis
	2.2	Explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working

	2.3	Explain the process of reporting possible signs of dementia within agreed ways of working
	2.4	Describe the possible impact of receiving a diagnosis of dementia on: > The individual > Their family and friends
3. Understand how dementia care **must** be underpinned by a person centred approach	3.1	Compare a person-centred and a non-person-centred approach to dementia care
	3.2	Describe **six** techniques that can be used to meet the fluctuating abilities and needs of the individual living with dementia
	3.3	Describe how myths and stereotypes related to dementia may affect the individual and their carers
	3.4	Describe ways in which individuals and carers can be supported to overcome their fears

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

The evidence for this unit is likely to come from:

> The observation of the learner working with an individual
> Confidential assessment records and case records
> The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

End of Life and Dementia Care		
Unit Reference	R/651/8753	
Level	3	
Credit Value	2	
Guided Learning (GL)	20 hours	
Unit Summary	This unit will enable the learner to understand how to support individuals living with dementia at end of life and how to support those caring for them.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.5)**	
The learner will	**The learner can**	
1. Understand considerations for individuals living with dementia at end of life	1.1	Outline in what ways dementia can be a terminal illness
	1.2	Compare the differences in the end of life experience of an individual living with dementia to that of an individual without dementia
	1.3	Explain why it is important that end of life care for an individual living with dementia **must** be person-centred
	1.4	Explain why individuals living with dementia need to be supported to make advance care plans as early as possible
2. Understand how to support individuals living with dementia affected by pain and distress at end of life	2.1	Explain why pain in individuals living with dementia is often poorly recognised and undertreated
	2.2	Describe ways to assess whether an individual living with dementia is in pain or distress

	2.3	Describe ways to support individuals living with dementia to manage their pain and distress at end of life using > Medication > Non-medication techniques
3. Understand how to support carers of individuals living with dementia at end of life	3.1	Explain why carers may experience guilt and stress at the end of life of an individual with dementia
	3.2	Describe ways of supporting carers to understand how the end of life process may differ for individuals living with dementia
	3.3	Describe how others caring for individuals with dementia may experience loss and grief
	3.4	Describe ways of supporting carers when difficult decisions need to be made for individuals living with dementia at end of life
	3.5	Give examples of how to support carers and others to support an individual living with dementia in the final stages of their life

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.
Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand the role of Communication and Interactions with Individuals living with Dementia		
Unit Reference	T/651/8754	
Level	3	
Credit Value	3	
Guided Learning (GL)	26 hours	
Unit Summary	This unit will enable learners to understand the importance of positive interactions and the factors with can affect communication with individuals living with dementia.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.5)**	
The learner will	**The learner can**	
1. Understand that individuals living with dementia may communicate in different ways	1.1	Explain how individuals living with dementia may communicate through their behaviour
	1.2	Give examples of how carers and others may misinterpret communication
	1.3	Explain the importance of effective communication to an individual living with dementia
	1.4	Describe how different forms of dementia may affect the way an individual communicates
2. Understand the importance of positive interactions with individuals living with dementia	2.1	Give examples of positive interactions with individuals living with dementia
	2.2	Explain how positive interactions with individuals living with dementia can contribute to their wellbeing
	2.3	Explain the importance of involving individuals living with dementia in a range of activities

	2.4	Compare a reality orientation approach to interactions with a validation approach
3. Understand the factors which can affect interactions and communication of individuals living with dementia	3.1	List the physical and mental health needs that may need to be considered when communicating with an individual living with dementia
	3.2	Describe how the sensory impairment of an individual living with dementia may affect their communication skills
	3.3	Describe how the environment might affect an individual living with dementia
	3.4	Describe how the behaviour of carers or others might affect an individual with dementia
	3.5	Explain how the use of language can hinder positive interactions and communication

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Assessment Criteria 1.2 and 3.4: **Others** for example:

- Care Worker
- Colleagues
- Manager
- Social worker
- Occupational therapist
- General practitioner
- Speech and language therapist
- Physiotherapist
- Pharmacist

- Nurse
- Psychologist
- Admiral nurses
- Independent mental capacity advocate
- Community psychiatric nurse
- Dementia care advisers
- Advocate
- Support groups

Assessment Criteria 1.2 and 3.4: **Carers,** for example:

- Partner
- Family
- Friends
- Neighbours

Assessment Criteria 2.2: **Wellbeing:**

- Sense of hope
- Confidence
- Self-esteem
- Physical health

Evidenced in wellbeing indicators:

- Can communicate wants, needs and choices
- Makes contact with other people
- Shows warmth and affection
- Shows pleasure or enjoyment
- Alertness, responsiveness
- Uses remaining abilities
- Expresses self creatively
- Is cooperative or helpful
- Responds appropriately to people
- Expresses appropriate emotions
- Relaxed posture or body language
- Sense of humour
- Sense of purpose
- Signs of self-respect

Assessment Criteria 2.4: **Reality orientation:**

This approach tries to place the individual in the here and now, reminding them of the day, place, time and situation they are in.

Assessment Criteria 2.4: **Validation approach:**

Using non-judgmental acceptance and empathy to show the individual that their expressed feelings are valid. Focusing on the feelings rather than the content of speech.

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand and Enable Interaction and Communication with Individuals living with Dementia		
Unit Reference	Y/651/8755	
Level	3	
Credit Value	4	
Guided Learning (GL)	30 hours	
Unit Summary	This unit will enable learners to understand the factors that can affect interactions with individuals living with dementia and how to communicate positively with them.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.5)**	
The learner will	**The learner can**	
1. Understand the factors that can affect interactions and communication of individuals living with dementia	1.1	Explain how individuals living with dementia may communicate through their behaviour
	1.2	Give examples of how carers and others may misinterpret communication
	1.3	Explain the importance of effective communication to an individual living with dementia
	1.4	Describe how different forms of dementia may affect the way an individual communicates
2. Be able to communicate with an individual living with dementia using a range of verbal and non-verbal techniques	2.1	Give examples of positive interactions with individuals living with dementia
	2.2	Explain how positive interactions with individuals living with dementia can contribute to their wellbeing
	2.3	Explain the importance of involving individuals living with dementia in a range of activities

	2.4	Compare a reality orientation approach to interactions with a validation approach
3. Be able to communicate positively with an individual living with dementia by valuing their individuality	3.1	List the physical and mental health needs that may need to be considered when communicating with an individual living with dementia
	3.2	Describe how the sensory impairment of an individual living with dementia may affect their communication skills
	3.3	Describe how the environment might affect an individual living with dementia
	3.4	Describe how the behaviour of carers or others might affect an individual living with dementia
	3.5	Explain how the use of language can hinder positive interactions and communication
4. Be able to use positive interaction approaches with individuals living with dementia	4.1	Explain the difference between a reality orientation approach to interactions and a validation approach
	4.2	Demonstrate a positive interaction with an individual living with dementia
	4.3	Demonstrate how to use aspects of the physical environment to enable positive interactions with individuals living with dementia
	4.4	Demonstrate how to use aspects of the social environment to enable positive interactions with individuals living with dementia
	4.5	Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual living with dementia

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Assessment Criteria 1.4 and 2.3: **Carers** for example:

- Partner
- Family
- Friends
- Neighbours

Assessment Criteria 1.4 and 2.3: **Others,** for example:

- Care worker
- Colleague
- Manager
- Social worker
- Occupational therapist
- GP
- Speech and language therapist
- Physiotherapist
- Pharmacist
- Nurse
- Psychologist
- Admiral nurses
- Independent mental capacity advocate
- Community psychiatric nurse
- Advocate
- Support groups

Assessment Criteria 4.1: **Reality orientation:**

This approach tries to place the individual in the here and now, reminding them of the day, place, time and situation they are in.

Assessment Criteria 4.1: **Validation approach:**

Using non-judgmental acceptance and empathy to show the individual that their expressed feelings are valid. Focusing on the feelings rather than the content of speech.

Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criteria. Alternatively, centre documentation should be used to record this information.

Assessment Criteria 4.4: **Social environment** can provide interactions which create stimulation and enjoyment, e.g.:

- Opportunities to meet with family and friends
- Able to talk about early life, past career, and good memories.
- Engagement with familiar activities i.e., attendance at church, clubs, playing golf, favourite walks
- Engagement with activities, e.g., reminiscence, listening to favourite music
- Continuing social routines, e.g., going to the hairdresser's, out for coffee

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

This unit	Is barred against this unit
Understand the role of Communication and Interactions with Individuals living with Dementia	Understand and Enable Interaction and Communication with Individuals living with Dementia

End of Life

Understand how to Provide Support when Working in End of Life Care		
Unit Reference	A/651/8756	
Level	3	
Credit Value	4	
Guided Learning (GL)	33 hours	
Unit Summary	This unit provides the learner with knowledge about communicating with and supporting individuals at the end of life.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.4)**	
The learner will	**The learner can**	
1. Understand current approaches to end of life care	1.1	Analyse the impact of national and local drivers on current approaches to end of life care
	1.2	Evaluate how a range of tools for end of life care can support the individual and others
	1.3	Analyse the stages of the local end of life care pathway
	1.4	Explain the roles, responsibilities and accountabilities of self and others in end of life care
2. Understand an individual's response to their anticipated death	2.1	Evaluate **three** models of loss and grief
	2.2	Describe how to support the individual throughout each stage of grief
	2.3	Explain the need to explore with each individual their own specific areas of concern as they face death

	2.4	Describe how an individual's awareness of spirituality may change as they approach end of life
3. Understand factors regarding communication for those involved in end of life care	3.1	Explain the principles of effective listening and information giving
	3.2	Explain the importance of noticing cues and non-verbal communication
	3.3	Explain how personal experiences of death and dying may affect capacity to listen and respond appropriately
	3.4	Describe **four** internal and external coping strategies for individuals and others when facing death and dying
	3.5	Explain the importance of ensuring effective channels of communication are in place with others
4. Understand how to support those involved in end of life care situations	4.1	Describe possible emotional effects on staff working in end of life care situations
	4.2	Evaluate possible sources of support for staff in end of life situations
	4.3	Identify areas in group care situations where others may need support in end of life care situations
	4.4	Outline **four** sources of emotional support for others in end of life care situations
5. Understand how symptoms might be identified in end of life care	5.1	Identify **six** symptoms that may be related to an individual's condition, pre-existing conditions and treatment itself
	5.2	Describe how symptoms can cause an individual and others distress and discomfort
	5.3	Describe signs of approaching death

	5.4	Describe **four** different techniques for relieving symptoms
6. Understand advance care planning	6.1 6.2 6.3	Explain the difference between a care or support plan and an advance care plan Identify where to find additional information about advance care planning Describe own role in advance care planning

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Personalisation and Planning

Introduction to Personalisation in Social Care		
Unit Reference	D/651/8757	
Level	3	
Credit Value	3	
Guided Learning (GL)	22 hours	
Unit Summary	This unit will enable the learner to understand the theory of personalisation and how to apply it in practice.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.4)**	
The learner will	**The learner can**	
1. Understand the meaning of personalisation in social care	1.1	Define the term 'personalisation' in relation to social care practice
	1.2	Explain how personalisation can benefit individuals
	1.3	Explain the relationship between rights, choice and personalisation
	1.4	Identify legislation and other national policy documents that underpin personalisation
2. Understand systems that support personalisation	2.1	Identify local and national systems that are designed to support personalisation
	2.2	Describe the impact that personalisation has on the process of commissioning social care
	2.3	Explain how direct payments and individual budgets support personalisation

3. Understand how personalisation affects the way support is provided	3.1	Explain how person centred ways of working support personalisation
	3.2	Describe how personalisation affects the balance of power between individuals and those providing support
	3.3	Explain how personalisation may affect the way an individual is supported from day to day
4. Understand how to apply personalisation in practice	4.1	Analyse the skills, attitudes and approaches needed in order to implement approaches to personalisation
	4.2	Identify potential barriers to personalisation
	4.3	Describe ways to overcome barriers to personalisation in day to day work
	4.4	Describe types of support that individuals or their families might need in order to maximise the benefits of a personalised service

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Assessment Criteria 1.2, 3.2, 3.3 and 4.4: an **individual** is someone requiring care or support.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Promote Active Support		
Unit Reference	F/651/8758	
Level	3	
Credit Value	5	
Guided Learning (GL)	36 hours	
Unit Summary	This unit will provide the learner with the knowledge and skills needed to promote and evaluate an individual's participation in activities.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.4)**	
The learner will	**The learner can**	
1. Understand how active support is linked to the values of person-centred ways of working	1.1	Compare the characteristics associated with active support and the hotel model in relation to an individual's support
	1.2	Identify practical changes that could be made within a service setting to: > Promote an individual's independence > Support informed choices > Improve quality of life
2. Be able to interact positively with individuals to promote active participation	2.1	Assess the levels of help an individual would need to actively participate in a range of new activities
	2.2	Use task analysis to break a range of new activities into manageable steps for an individual
	2.3	Evaluate different ways of positively reinforcing an individual's active participation in a range of new activities

	2.4	Demonstrate positive interaction with an individual to promote active participation in a range of new activities
3. Be able to develop and implement person-centred daily plans to promote active participation	3.1	Develop daily plans with the individual and others to ensure a valued range of activities for an individual are available throughout the day, avoiding lengthy periods of disengagement
	3.2	Support the implementation of daily plans that promote an individual's active participation in a range of activities
	3.3	Review and revise an individual's daily plan with the individual and others to increase the opportunities for active participation
4. Be able to use person-centred records to evaluate an individual's active participation in activities	4.1	Develop a person-centred record to monitor an individual's active participation in activities
	4.2	Review an individual's active participation in activities to assess changes over time
	4.3	Evaluate the extent to which an individual's active participation over time represents the balance of activity associated with a valued lifestyle
	4.4	Explain the changes required to improve the quality of an individual's participation to promote independence, informed choice and a valued life

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 2, 3 and 4 **must** be assessed in a real work environment.

Guidance Notes:

Assessment Criteria 2.1, 2.3, 2.4, 3.2, 3.3, 4.1, 4.2 and 4.3: **active participation** is an approach that empowers individuals to take the lead in their own care and support, recognising their right to be fully involved in the decisions, activities and relationships that shape their daily lives, rather than being passive recipients.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Infection Control and Hygiene

Support Individuals to Maintain Personal Hygiene		
Unit Reference	H/651/8759	
Level	2	
Credit Value	2	
Guided Learning (GL)	17 hours	
Unit Summary	This unit will provide the learner with the knowledge and skills to support individuals with maintaining personal hygiene.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.2)**	
The learner will	**The learner can**	
1. Understand the importance of good personal hygiene	1.1	Explain why personal hygiene is important
	1.2	Describe the effects of poor personal hygiene on health and well-being
2. Be able to support individuals to maintain personal hygiene	2.1	Support an individual to understand factors that contribute to good personal hygiene
	2.2	Address personal hygiene issues with the individual in a sensitive manner without imposing own values
	2.3	Support the individual to develop awareness of the effects of poor hygiene on others
	2.4	Support the preferences and needs of the individual while maintaining their independence
	2.5	Describe how to maintain dignity of an individual when supporting intimate personal hygiene

	2.6 2.7 2.8	Identify risks to own health in supporting an individual with personal hygiene routines Reduce risks to own health when supporting the individual with personal hygiene routines Identify others who may be involved in supporting the individual to maintain personal hygiene
3. Understand when poor hygiene may be an indicator of other underlying personal issues	3.1 3.2	Identify underlying personal issues that may be a cause of poor personal hygiene Describe how underlying personal issues might be addressed

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Learning Outcome 2 **must** be assessed in a real work environment.

Simulation is **not permitted** for this unit.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies,

procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Health and Healthcare and Medication

Support use of Medication in Adult Care Settings		
Unit Reference	L/651/8760	
Level	3	
Credit Value	5	
Guided Learning (GL)	40 hours	
Unit Summary	This unit will enable the learner to understand legislation regarding the use of medication, to know about common types of medication, techniques for administering medication, how to receive, store and dispose of medication and how to record use of medication.	
Learning Outcomes (1 to 8)	**Assessment Criteria (1.1 to 8.2)**	
The learner will	**The learner can**	
1. Understand the legislative framework underpinning the use of medication in adult care settings	1.1	Identify legislation that governs the use of medication in adult care settings
	1.2	Outline the legal classification system for medication
	1.3	Explain how and why policies and procedures or agreed ways of working **must** reflect and incorporate legislative requirements
2. Know about common types of medication and their use	2.1	Identify **eight** common types of medication
	2.2	List conditions for which each type of medication may be prescribed
	2.3	Describe changes to an individual's physical or mental well-being that may indicate an adverse reaction to a medication

3. Understand roles and responsibilities in the use of medication in adult care settings	3.1	Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication
	3.2	Explain where responsibilities lie in relation to use of 'over the counter' remedies and supplements
4. Understand techniques for administering medication	4.1	Describe the routes by which medication can be administered
	4.2	Describe different forms in which medication may be presented
	4.3	Describe materials and equipment that can assist in administering medication
5. Be able to receive, store and dispose of medication supplies safely	5.1	Demonstrate how to receive supplies of medication in line with agreed ways of working
	5.2	Demonstrate how to store medication safely
	5.3	Demonstrate how to dispose of un-used or unwanted medication safely
6. Know how to promote the rights of the individual when managing medication	6.1	Explain why it is important to gain consent from an individual when managing their medication
	6.2	Explain how to ensure active participation with an individual when managing medication
	6.3	Explain how risk assessment can be used to promote an individual's independence in managing medication
	6.4	Describe how to address ethical issues that may arise over the use of medication
7. Be able to support use of medication	7.1	Demonstrate how to access information about an individual's medication

	7.2	Demonstrate how to support an individual to use medication in ways that promote hygiene, safety, dignity and active participation
	7.3	Demonstrate strategies to ensure that medication is used or administered correctly
	7.4	Demonstrate how to address any practical difficulties that may arise when medication is used
	7.5	Explain how and when to access further information or support about the use of medication
8. Be able to record and report on use of medication	8.1	Demonstrate how to record use of medication and any changes in an individual associated with it
	8.2	Demonstrate how to report on use of medication and problems associated with medication, in line with agreed ways of working

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 5, 7 and 8 **must** be assessed in a real work environment.

Guidance Notes:

Assessment Criteria 2.3, 6.2, 7.1, 7.2 and 8.1: an **individual** is someone requiring care or support.

Assessment Criteria 1.3, 5.1 and 8.2: **agreed ways of working** will include policies and procedures where these exist.

Assessment Criteria 6.2 and 7.2: **active participation** is an approach that empowers individuals to take the lead in their own care and support, recognising

their right to be fully involved in the decisions, activities and relationships that shape their daily lives, rather than being passive recipients.

Assessment Criteria 7.3: **using medication correctly must** ensure that the individual receives:

- The correct medication
- In the correct dose
- By the correct route
- At the correct time
- With agreed support
- With respect for dignity and privacy

Assessment Criteria 7.4: **practical difficulties** may include:

- Lost medication
- Missed medication
- Spilt medication
- An individual's decision not to take medication
- Difficulty in taking medication in its prescribed form
- Wrong medication used
- Vomiting after taking medication
- Adverse reaction
- Discrepancies in records or directions for use

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Diabetes Awareness		
Unit Reference	M/651/8761	
Level	3	
Credit Value	6	
Guided Learning (GL)	46 hours	
Unit Summary	This unit provides the learner with knowledge about diabetes, types, causes, implications, nutritional needs and the importance of monitoring diabetes.	
Learning Outcomes (1 to 7)	**Assessment Criteria (1.1 to 7.1)**	
The learner will	**The learner can**	
1. Understand diabetes and the associated implications	1.1	Define diabetes
	1.2	Identify prevalence rates for different types of diabetes
	1.3	Describe possible key long-term complications to health as a result of having diabetes
	1.4	Explain what is meant by the terms: > Hyperglycemia > Hypoglycemia
	1.5	Explain the procedure of referring an individual with diabetes to others
2. Know the most common types of diabetes and their causes	2.1	Describe key features of: > Type 1 diabetes > Type 2 diabetes
	2.2	List the most common possible causes of diabetes:

		> Type 1 > Type 2
	2.3	Describe the likely signs and symptoms of diabetes
	2.4	Outline contributing risk factors that may lead to the development of Type 2 diabetes
3. Understand how to implement a person-centred approach when supporting individuals with diabetes	3.1	Explain the importance of using individualised care plans to support individuals with diabetes
	3.2	Explain the care pathway for the individual with newly diagnosed Type 2 diabetes
	3.3	Explain what self-care skills are
	3.4	Explain how to work with an individual, and/or their carer, to optimise self-care skills
	3.5	Explain the importance of supporting individuals to make informed decisions
4. Understand the nutritional needs of individuals with diabetes	4.1	Explain the principles of a balanced diet
	4.2	Analyse how different carbohydrates affect blood glucose level
	4.3	Explain the role of the nutritional plan and how to report any related problems
5. Understand factors relating to an individual's experience of diabetes	5.1	Describe how different individuals may experience living with diabetes
	5.2	Explain the impact that the attitudes and behaviours of others may have on an individual with diabetes
	5.3	Explain how an individual can manage their diabetes through different aspects of their lifestyle

6. Understand the importance of monitoring diabetes	6.1	Explain the importance of accurately measuring blood pressure when supporting individuals with diabetes
	6.2	Identify the normal parameters for blood pressure
	6.3	State the normal blood glucose range
	6.4	Explain the purpose of accurate blood glucose monitoring for individuals with diabetes
	6.5	Explain the purpose of accurate urine monitoring for individuals with diabetes
	6.6	Describe the annual review checks needed to screen for long term complications
7. Understand the links between diabetes and other conditions	7.1	Explain the links between diabetes and: > Dementia > Depression > Pregnancy

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

The evidence for this unit is likely to come from:

> The observation of the learner working with an individual
> Confidential assessment records and case records
> The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Administer Medication to Individuals and Monitor the Effects		
Unit Reference	R/651/8762	
Level	3	
Credit Value	5	
Guided Learning (GL)	30 hours	
Unit Summary	This unit is for those who prepare for, administer and monitor the effects of medication on individuals. The unit applies to all medication used for and by individuals, both prescribed and non-prescribed.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.8)**	
The learner will	**The learner can**	
1. Understand legislation, policy and procedures relevant to administration of medication	1.1	Identify current legislation, guidelines, policies and protocols relevant to the administration of medication
2. Know about common types of medication and their use	2.1	Describe **eight** common types of medication including their effects and potential side effects
	2.2	Identify medication which demands specific physiological measurements
	2.3	Describe the common adverse reactions to medication, how each can be recognised and the appropriate action(s) required
	2.4	Explain the different routes of medicine administration
3. Understand procedures and techniques for the administration of medication	3.1	Explain the types, purpose and function of materials and equipment needed for the administration of medication via the different routes

	3.2	Identify the required information from prescriptions / medication administration charts
4. Be able to prepare for the administration of medication	4.1	Apply standard precautions for infection control
	4.2	Explain ways to ensure the appropriate timing of medication
	4.3	Obtain the individual's consent and offer information, support and reassurance throughout, in a manner which encourages their co-operation, and which is appropriate to their needs and concerns
	4.4	Select, check and correctly prepare the medication according to the medication administration record or medication information leaflet
5. Be able to administer and monitor medication	5.1	Select the route for the administration of medication, according to the individual's medication administration record and the drug to be administered, and prepare the site if necessary
	5.2	Safely administer the medication: in line with legislation and local policies in a way which minimises pain, discomfort and trauma to the individual
	5.3	Describe how to report any immediate problems with the administration
	5.4	Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay
	5.5	Explain why it may be necessary to confirm that the individual actually takes the medication
	5.6	Maintain the security of medication and related records throughout the process

	5.7 5.8	Return medication and related records to the correct place for storage Describe how to dispose of out of date and part-used medications in accordance with legal and organisational requirements

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 4 and 5 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

This unit	Is barred against this unit
Administer Medication to Individuals and Monitor the Effects	Support use of Medication in Adult Care Settings

Positive Behaviour

Promote Positive Behaviour		
Unit Reference	T/651/8763	
Level	3	
Credit Value	6	
Guided Learning (GL)	44 hours	
Unit Summary	The purpose of this unit is to provide the learner with the knowledge, understanding and skills required to promote positive behaviour and respond appropriately to incidences of challenging behaviour.	
Learning Outcomes (1 to 7)	**Assessment Criteria (1.1 to 7.3)**	
The learner will	**The learner can**	
1. Understand how legislation, frameworks, codes of practice and policies relate to positive behaviour support	1.1	Explain how legislation, frameworks, codes of practice and policies relating to positive behaviour support are applied to own working practice
2. Be able to promote positive behaviour	2.1	Explain factors associated with challenging behaviours
	2.2	Highlight, praise and support positive aspects of an individual's behaviour in order to reinforce positive behaviour
	2.3	Demonstrate how to model to others best practice in promoting positive behaviour
	2.4	Evaluate the effectiveness of proactive strategies on promoting positive behaviour
3. Understand the context and use of proactive and reactive strategies	3.1	Explain the difference between proactive and reactive strategies

	3.2	Identify the proactive and reactive strategies
	3.3	Explain the importance of identifying patterns of behaviour or triggers to challenging behaviour
	3.4	Explain the importance of maintaining a person or child centred approach when using proactive strategies
	3.5	Explain the importance of reinforcing positive behaviour with individuals
	3.6	Evaluate the impact of using reactive rather than proactive strategies on an individual's well being
4. Understand the use of restrictive interventions	4.1	Define restrictive interventions
	4.2	Explain when restrictive interventions may and may not be used
	4.3	Explain why the least restrictive interventions should always be used when dealing with incidents of challenging behaviour
	4.4	Describe safeguards that **must** be in place if restrictive interventions are used
	4.5	Explain reporting and recording requirements of incidents where restrictive interventions have been used
5. Be able to respond appropriately to incidents of challenging behaviour	5.1	Identify **six** types of challenging behaviours
	5.2	Respond to incidents of challenging behaviour following behaviour support plans, agreed ways of working or organisational guidelines
	5.3	Explain the steps that are taken to maintain the dignity of and respect for an individual when responding to an incident of challenging behaviour

	5.4	Complete records following an incident of challenging behaviour
6. Be able to support individuals and others following an incident of challenging behaviour	6.1	Support an individual to return to a calm state following an incident of challenging behaviour
	6.2	Describe how to support an individual to reflect on an incident, to include: > How they were feeling at the time prior to and directly before the incident > Their behaviour > The consequences of their behaviour > How they were feeling after the incident
	6.3	Describe the complex feelings that may be experienced by others involved or witnessing an incident of challenging behaviour
	6.4	Debrief others involved in an incident of challenging behaviour
	6.5	Describe the steps that should be taken to check for injuries following an incident of challenging behaviour
7. Be able to review and revise approaches to promoting positive behaviour	7.1	Work with others to analyse the antecedent, behaviour and consequences of an incident of challenging behaviour
	7.2	Work with others to review the approaches to promoting positive behaviour using information from records, de- briefing and support activities
	7.3	Demonstrate how reflection on own role in an incident of challenging behaviour can improve the promotion of positive behaviour

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 2, 5, 6 and 7 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

Others may include:

- Team members
- Other colleagues
- Those who use or commission their own health or social care services
- Families, carers and advocates

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Teamwork and Supervision

Contribute to Effective Team Working in Health and Social Care or Children and Young People's Settings		
Unit Reference	Y/651/8764	
Level	3	
Credit Value	4	
Guided Learning (GL)	25 hours	
Unit Summary	This unit provides the learner with knowledge of teams and team working and with the skills to work as part of a team.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.3)**	
The learner will	**The learner can**	
1. Understand theories of teams and team working	1.1	Outline models of team working
	1.2	Explain the process of team development
	1.3	Analyse how shared goals can lead to team cohesion
2. Understand the principles that underpin effective teamwork	2.1	Explain why teams need: > Clear objectives > Clearly defined roles and responsibilities > Trust and accountability > Confidentiality > Effective communication > Conflict resolution
	2.2	Explain why mutual respect and support promotes effective teamwork
	2.3	Explain how the values of own organisation influences the working of your team

	2.4	Explain how teams manage change
	2.5	Explain the benefits of effective team performance
3. Be able to work as part of a team	3.1	Identify own role and responsibility in the team
	3.2	Fulfil own responsibilities within the team
	3.3	Communicate effectively with team members
	3.4	Involve other team members in decision making
	3.5	Seek support and advice from others
	3.6	Offer support to other team members
	3.7	Explain lines of reporting and responsibility in the team
	3.8	Analyse the strengths and contributions of other team members to the work of the team
4. Be able to support individual team members	4.1	Provide encouragement and support to individual team members within their roles
	4.2	Provide constructive feedback on performance to individual team members
5. Be able to review the work of the team	5.1	Reflect on own performance in working as part of a team
	5.2	Review team performance in achieving or working towards goals
	5.3	Contribute to the development of continuous improvement within the work of the team

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

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Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
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Manage Team Performance		
Unit Reference	A/651/8765	
Level	3	
Credit Value	4	
Guided Learning (GL)	21 hours	
Unit Summary	The purpose of this unit is to provide the learner with the knowledge to understand the management of team performance and be able to allocate and assure the quality of work.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.6)**	
The learner will	**The learner can**	
1. Understand the management of team performance	1.1	Explain the use of benchmarks in managing performance
	1.2	Explain a range of quality management techniques to manage team performance
	1.3	Describe constraints on the ability to amend priorities and plans
2. Be able to allocate and assure the quality of work	2.1	Identify the strengths, competences and expertise of team members
	2.2	Allocate work on the basis of the strengths, competences and expertise of team members
	2.3	Identify areas for improvement in team members' performance outputs and standards
	2.4	Amend priorities and plans to take account of changing circumstances
	2.5	Recommend changes to systems and processes to improve the quality of work

3. Be able to manage communications within a team	3.1	Explain to team members the lines of communication and authority levels
	3.2	Communicate individual and team objectives, responsibilities and priorities
	3.3	Use communication methods that are appropriate to the topics, audience and timescales
	3.4	Provide support to team members when they need it
	3.5	Agree with team members a process for providing feedback on work progress and any issues arising
	3.6	Review the effectiveness of team communications and make improvements

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

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Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a

written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand Professional Supervision Practice		
Unit Reference	D/651/8766	
Level	4	
Credit Value	3	
Guided Learning (GL)	22 hours	
Unit Summary	This unit provides the learner with the basic knowledge of professional supervision practice.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.6)**	
The learner will	**The learner can**	
1. Understand the purpose of supervision	1.1	Evaluate theoretical approaches to professional supervision
	1.2	Analyse how the requirements of legislation, codes of practice, policies and procedures impact on professional supervision
2. Understand how the principles of supervision can be used to inform performance management	2.1	Explain key principles of effective professional supervision
	2.2	Analyse the importance of managing performance in relation to: > Governance > Safeguarding > Key learning from critical reviews and inquiries
3. Understand how to support individuals through professional supervision	3.1	Analyse the concept of anti-oppressive practice in professional supervision
	3.2	Explain methods to assist individuals to deal with challenging situations
	3.3	Explain how conflict may arise within professional supervision

	3.4	Describe how conflict can be managed within professional supervision
4. Understand how professional supervision supports performance	4.1	Explain the responsibility of the supervisor in setting clear targets and performance indicators
	4.2	Explain the performance management cycle
	4.3	Compare methods that can be used to measure performance
	4.4	Describe the indicators of poor performance
	4.5	Explain how constructive feedback can be used to improve performance
	4.6	Evaluate the use of performance management towards the achievement of objectives

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Principles of Leadership and Management		
Unit Reference	F/651/8767	
Level	3	
Credit Value	8	
Guided Learning (GL)	40 hours	
Unit Summary	This unit provides the learner with knowledge of the principles of making effective decisions, understanding different styles of leadership, and the functions and processes of management.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.6)**	
The learner will	**The learner can**	
1. Understand the principles of effective decision making	1.1	Explain the importance of defining the objectives, scope and success criteria of the decisions to be taken
	1.2	Assess the importance of analysing the potential impact of decision making
	1.3	Explain the importance of obtaining sufficient valid information to enable effective decision making
	1.4	Explain the importance of aligning decisions with business objectives, values and policies
	1.5	Explain how to validate information used in the decision making process
	1.6	Explain how to address issues that hamper the achievement of targets and quality standards
2. Understand leadership styles and models	2.1	Explain the difference in the influence of managers and leaders on their teams

	2.2	Evaluate the suitability and impact of different leadership styles in different contexts
	2.3	Analyse theories and models of motivation and their application in the workplace
3. Understand the role, functions and processes of management	3.1	Analyse a manager's responsibilities for planning, coordinating and controlling work
	3.2	Explain how managers ensure that team objectives are met
	3.3	Explain how a manager's role contributes to the achievement of an organisation's vision, mission and objectives
	3.4	Analyse theories and models of management
	3.5	Explain how the application of management theories guide a manager's actions
	3.6	Explain the operational constraints imposed by budgets
4. Understand performance management	4.1	Explain the relationship between business objectives and performance measures
	4.2	Explain the features of a performance measurement system
	4.3	Explain how to set key performance indicators (KPIs)
	4.4	Explain the tools, processes and timetable for monitoring and reporting on business performance
	4.5	Explain the use of management accounts and management information systems in performance management

	4.6	Explain the distinction between outcomes and outputs

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g.,

explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Manage Conflict within a Team		
Unit Reference	H/651/8768	
Level	3	
Credit Value	5	
Guided Learning (GL)	25 hours	
Unit Summary	This unit provides the learner with the knowledge to manage conflict within a team.	
Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.6)**	
The learner will	**The learner can**	
1. Understand the principles of conflict management	1.1	Evaluate the suitability of **three** different methods of conflict management in different situations
	1.2	Describe the personal skills needed to deal with conflict between other people
	1.3	Analyse the potential consequences of unresolved conflict within a team
	1.4	Explain the role of external arbitration and conciliation in conflict resolution
2. Be able to reduce the potential for conflict within a team	2.1	Communicate to team members their roles, responsibilities, objectives and expected standards of behaviour
	2.2	Explain to team members the constraints under which other colleagues work
	2.3	Review systems, processes, situations and structures that are likely to give rise to conflict in line with organisational procedures
	2.4	Take action to minimise the potential for conflict within the limits of their own authority

	2.5	Explain how team members' personalities and cultural backgrounds may give rise to conflict
3. Be able to deal with conflict within a team	3.1	Assess the seriousness of conflict and its potential impact
	3.2	Treat everyone involved with impartiality and sensitivity
	3.3	Decide a course of action that offers optimum benefits
	3.4	Explain the importance of engaging team members' support for the agreed actions
	3.5	Communicate the actions to be taken to those who may be affected by it
	3.6	Adhere to organisational policies and procedures, legal and ethical requirements when dealing with conflict within a team

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Supporting Individuals

Understand Sensory Loss		
Unit Reference	J/651/8769	
Level	3	
Credit Value	3	
Guided Learning (GL)	21 hours	
Unit Summary	This unit provides the learner with knowledge about sensory loss, the different types, causes, signs and the importance of communication.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.3)**	
The learner will	**The learner can**	
1. Understand the factors that impact on an individual with sensory loss	1.1	Analyse how a range of factors can impact on individuals with sensory loss
	1.2	Analyse how societal attitudes and beliefs impact on individuals with sensory loss
	1.3	Explore how a range of factors, societal attitudes and beliefs impact on service provision
2. Understand the importance of effective communication for individuals with sensory loss	2.1	Explain the methods of communication used by individuals with: > Sight loss > Hearing loss > Deaf blindness
	2.2	Describe how the environment facilitates effective communication for people with sensory loss
	2.3	Explain how effective communication may have a positive impact on lives on individuals with sensory loss

3. Understand the main causes and conditions of sensory loss	3.1 3.2 3.3	Identify the main causes of sensory loss Define congenital sensory loss and acquired sensory loss Identify the demographic factors that influence the incidence of sensory loss in the population
4. Know how to recognise when an individual may be experiencing sight and / or hearing loss and actions that may be taken	4.1 4.2 4.3	Identify the indicators and signs of: > Sight loss > Hearing loss > Deaf blindness Explain actions that should be taken if there are concerns about onset of sensory loss or changes in sensory status Identify **six** sources of support for those who may be experiencing onset of sensory loss

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

The evidence for this unit is likely to come from:

> The observation of the learner working with an individual
> Confidential assessment records and case records
> The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Support Individuals with Specific Communication Needs		
Unit Reference	M/651/8770	
Level	3	
Credit Value	5	
Guided Learning (GL)	35 hours	
Unit Summary	This unit is for those who support individuals with specific communication needs. It provides the learner with the knowledge and skills that address personal interaction and explores the use of special methods and aids to promote communication.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.3)**	
The learner will	**The learner can**	
1. Understand an individual's specific communication needs	1.1	Explain the importance of meeting an individual's communication needs
	1.2	Explain how and when to access information and support in relation to communication needs
	1.3	Explain how own role and practice can impact on communication with an individual who has specific communication needs
	1.4	Identify **six** communication methods and aids to support individuals to communicate
	1.5	Analyse features of the environment that impact on communication
	1.6	Explain reasons why an individual may use a form of communication that is not based on a formal language system
	1.7	Describe the potential effects on an individual of having unmet communication needs

2. Understand how to support the use of communication technology and aids	2.1	Identify specialist services relating to communication technology and aids
	2.2	Describe types of support that an individual may need in order to use communication technology and aids
	2.3	Explain the importance of ensuring that communication equipment is correctly set up and working properly
3. Be able to contribute to identifying and addressing specific communication needs of individuals	3.1	Work in partnership with the individual and others to identify the individual's communication needs
	3.2	Contribute to identifying communication methods or aids to meet the individual's communication needs
4. Be able to interact with individuals using their preferred communication method	4.1	Prepare the environment to facilitate communication
	4.2	Use agreed methods of communication to interact with the individual
	4.3	Monitor the individual's responses during and after the interaction
	4.4	Adapt own practice to improve communication with the individual
5. Be able to promote communication between individuals and others	5.1	Support the individual to develop communication methods
	5.2	Provide opportunities for the individual to communicate with others
	5.3	Support others to be understood by the individual
	5.4	Support others to understand the individual
6. Be able to review an individual's communication needs and the support provided	6.1	Collate information in relation to an individual's communication and the support provided

	6.2 6.3	Contribute to evaluating the effectiveness of agreed methods of communication and support provided Work with others to support the continued development of communication

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 2, 3, 4 and 6 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

Communication needs may include:

- Different language
- Hearing loss (both minor and major)
- Learning difficulties, find speech difficult

Examples of communication techniques:

- Sign language
- Speed of verbal communication
- Volume of verbal communication
- Body language
- Written instead of verbal
- Listening

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Provide Support to Maintain and Develop Skills for Everyday Life		
Unit Reference	R/651/8771	
Level	3	
Credit Value	4	
Guided Learning (GL)	28 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. The unit provides the learner with the knowledge and skills required to work with individuals to retain, regain and develop skills for everyday life.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.4)**	
The learner will	**The learner can**	
1. Understand the context of supporting skills for everyday life	1.1	Compare methods for developing and maintaining skills for everyday life
	1.2	Analyse reasons why individuals may need support to maintain, regain or develop skills for everyday life
	1.3	Explain how maintaining, regaining or developing skills for everyday life can benefit individuals
2. Be able to support individuals to plan for maintaining and developing skills for everyday life	2.1	Work with an individual and others to identify skills for everyday life that need to be supported
	2.2	Agree a plan with the individual for developing or maintaining the skills identified
	2.3	Analyse possible sources of conflict that may arise when planning
	2.4	Evaluate ways to resolve any possible sources of conflict

	2.5	Support the individual to understand the plan and any processes, procedures or equipment needed to implement or monitor it
3. Be able to support individuals to retain, regain or develop skills for everyday life	3.1 3.2 3.3	Provide agreed support to develop or maintain skills, in a way that promotes active participation Give positive and constructive feedback to the individual during activities to develop or maintain their skills Describe actions to take if an individual becomes distressed or unable to continue an activity
4. Be able to evaluate support for developing or maintaining skills for everyday life	4.1 4.2 4.3 4.4	Work with an individual and others to agree criteria and processes for evaluating support Carry out agreed role to evaluate progress towards goals and the effectiveness of methods used Agree revisions to the plan Record and report in line with agreed ways of working

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 2, 3 and 4 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

Individual refers to someone requiring care or support; it will usually mean

the person or people supported by the learner.
Others may include:

- Team members
- Other colleagues
- Those who use or commission their own health or social care services
- Families, carers and advocates

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

Agreed ways of working: will include policies and procedures where these exist; they may be less formally documented with micro-employers.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Supporting Individuals to Live at Home		
Unit Reference	T/651/8772	
Level	3	
Credit Value	4	
Guided Learning (GL)	29 hours	
Unit Summary	This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to support individuals who wish to remain living at home.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.3)**	
The learner will	**The learner can**	
1. Understand the principles of supporting individuals to live at home	1.1	Describe how being supported to live at home can benefit an individual
	1.2	Compare the roles of people and agencies who may be needed to support an individual to live at home
	1.3	Explain the importance of providing information about benefits, allowances and financial planning which could support individuals to live at home
	1.4	Explain how risk management contributes to supporting individuals to live at home
2. Be able to contribute to planning support for living at home	2.1	Identify with an individual the strengths, skills and existing networks they have that could support them to live at home
	2.2	Identify with an individual their needs that may require additional support and their preferences for how the needs may be met
	2.3	Agree with the individual and others the risks that need to be managed in living at home and ways to address them

3. Be able to work with individuals to secure additional services and facilities to enable them to live at home	3.1	Support the individual and others to access and understand information about resources, services and facilities available to support the individual to live at home
	3.2	Work with the individual and others to select resources, facilities and services that will meet the individual's needs and minimise risks
	3.3	Contribute to completing paperwork to apply for required resources, facilities and services, in a way that promotes active participation
	3.4	Obtain permission to provide additional information about the individual in order to secure resources, services and facilities
4. Be able to work in partnership to introduce additional services for individuals living at home	4.1	Agree roles and responsibilities for introducing additional support for an individual to live at home
	4.2	Introduce the individual to new resources, services, facilities or support groups
	4.3	Record and report on the outcomes of additional support measures in required ways
5. Be able to contribute to reviewing support for living at home	5.1	Work with the individual and others to agree methods and timescales for on-going review
	5.2	Identify any changes in an individual's circumstances that may indicate a need to adjust the type or level of support
	5.3	Work with the individual and others to agree revisions to the support provided
Assessment: This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.		

This is a knowledge and skill-based unit.

Learning Outcomes 2, 3, 4 and 5 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

Others may include:

- Team members
- Other colleagues
- Those who use or commission their own health or social care services
- Families, carers and advocates

Needs may include:

- Personal
- Physical
- Financial
- Social
- Environmental
- Safety

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

Agreed ways of working: will include policies and procedures where these exist; they may be less formally documented with micro-employers.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Moving People

Move and Position Individuals in Accordance with their Care Plan		
Unit Reference	Y/651/8773	
Level	2	
Credit Value	4	
Guided Learning (GL)	26 hours	
Unit Summary	This unit is aimed at those working in a wide range of adult care settings. It provides the learner with the knowledge and skills required to move and position individuals as part of their plan of care, according to their specific needs.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.2)**	
The learner will	**The learner can**	
1. Understand current legislation, national guidelines, policies, procedures and protocols in relation to moving and positioning individuals	1.1	Identify current legislation, national guidelines, policies, procedures and protocols in relation to moving and positioning individuals
	1.2	Summarise own responsibilities and accountability in relation to moving and positioning individuals
	1.3	Describe health and safety factors to be considered in relation to moving and positioning individuals
2. Understand anatomy and physiology in relation to moving and positioning individuals	2.1	Outline the anatomy and physiology of the human body in relation to moving and positioning individuals
	2.2	Describe the impact of specific conditions on the movement and positioning of an individual

3. Be able to minimise risk before moving and positioning individuals	3.1	Carry out preparatory checks using: > The individual's care plan > The moving and handling risk assessment
	3.2	Identify any immediate risks to the individual
	3.3	Describe the action to take in relation to identified risks
	3.4	Describe the action to take if the individual's wishes conflict with their care plan
	3.5	Prepare the environment ensuring: > Adequate space for the move > Potential hazards are removed
	3.6	Apply standard precautions for infection control
4. Be able to move and position an individual	4.1	Confirm the individual's identity and obtain valid consent
	4.2	Communicate with the individual in a manner which: > Provides relevant information > Addresses needs and concerns > Provides support and reassurance > Is respectful of personal beliefs and preferences
	4.3	Position the individual in accordance with their care plan
	4.4	Communicate effectively with others involved in the manoeuvre
	4.5	Describe the aids and equipment that may be used for moving and positioning

	4.6 4.7 4.8 4.9	Use equipment to maintain the individual in the appropriate position Encourage the individual's active participation in the manoeuvre Monitor the individual throughout the activity Record and report the activity noting when the next positioning manoeuvre is due
5. Know when to seek advice and/or assistance from others when moving and positioning an individual	5.1 5.2	Describe when advice and/or assistance should be sought in relation to moving or positioning an individual Describe sources of information available in relation to moving and positioning individuals

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 3 and 4 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

Valid consent: must be in line with agreed UK country definition.

Others may include:

- Team members
- Other colleagues
- Those who use or commission their own health or social care services
- Families, carers and advocates

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

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Caring for People with Disabilities

Understand how to Support Autistic People		
Unit Reference	A/651/8774	
Level	3	
Credit Value	3	
Guided Learning (GL)	28 hours	
Unit Summary	This unit provides the learner with knowledge of autistic spectrum conditions, the impact of such conditions as well as how to communicate with and support autistic people.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.7)**	
The learner will	**The learner can**	
1. Understand the legal and policy framework that underpins practice in the support of autistic people	1.1	Identify what legislation and national and local policy and guidance exists
	1.2	Explain what individuals or situations the legislation, national and local policy and guidance applies to
	1.3	Explain how the ways in which legislation and national and local policy and guidance apply to autistic people may differ according to their particular needs
2. Understand the core characteristics of autistic spectrum conditions	2.1	Explain why it is important to recognise that each autistic person has their own individual abilities, needs, strengths, gifts and interests
	2.2	Analyse the main diagnostic features of autistic spectrum conditions
	2.3	Explain the meanings of the term 'spectrum' in relation to autism by reference to the notions of sub-conditions

		and individual variation within the autistic spectrum
	2.4	Describe the sensory and perceptual difficulties commonly experienced by autistic people
	2.5	Describe other conditions that may be associated with the autistic spectrum
	2.6	Describe how language and intellectual abilities vary between individuals and sub-groups across the spectrum
3. Understand how autistic spectrum conditions can impact on the lives of individuals and those around them	3.1	Describe ways in which autism can impact on the everyday lives of individuals, their parents/carers and siblings, and others close to them
	3.2	Explain how autistic spectrum conditions can impact on individuals differently according to factors such as their gender, ethnicity and social, cultural and religious environment
	3.3	Explain how stereotyped views, discrimination and a lack of understanding of autistic spectrum conditions can compound the difficulties already experienced by individuals and their families
	3.4	Describe ways of helping an individual and/or their parent/carer/siblings/partner to understand their autistic spectrum condition
4. Understand different theories and concepts about autism	4.1	Explain theories about autism related to: > Brain function and genetics > Psychology
	4.2	Explain why there are alternative choices of terminology used to describe the autism spectrum

	4.3	Describe the strengths and limitations of different types of terminology
	4.4	Explain the contributions of autism rights groups and the implications of their views for the support of individuals with an autistic spectrum condition
	4.5	Outline controversies concerning the search for cures and interventions for autistic spectrum conditions and for pre-natal diagnosis
	4.6	Explain why it is important to take into account individual differences in views of what is important in life
5. Understand how to achieve effective communication with autistic people	5.1	Give **four** examples of how "challenging behaviour" can be a way of expressing emotions where there are communication differences
	5.2	Describe **four** methods and systems used to develop and support an individual's communication
	5.3	Explain how to maximise the effectiveness of communication by making adaptations to own verbal and non-verbal communication style
6. Understand how to support autistic people	6.1	Explain why it is important to establish a person-centred plan catering to an individual's specific preferences and needs
	6.2	Explain why consultation with families/parents/carers is important in person-centred planning and support
	6.3	Describe **four** different techniques and approaches to support autistic people to learn and develop new skills
	6.4	Explain how to reduce sensory overload, or increase sensory stimulation, by making

		adaptations to the physical and sensory environment
	6.5	Explain ways of helping autistic people to protect themselves from harm
	6.6	Explain how needs change for individuals and their families at different stages of their lives
	6.7	Describe the role that advocacy can play in the support of autistic people

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

Whilst autistic spectrum is still used, the preferred term for individuals is now autistic people as opposed to individuals with autistic spectrum conditions.

The terminology chosen to describe the autistic spectrum in this unit is Autistic Spectrum Condition (ASC), one of several different usages in this field. In diagnosis and other clinical and research settings, the more usual term is Autism Spectrum Disorder (ASD). Other usages, such as 'autism' as an umbrella term for the spectrum, are also frequently used informally and by organisations such as the National Autistic Society. ASC has been chosen here since it forms a more neutral and less medical phrase than ASD in this context.

Assessment Criteria: 1.2, 1.3, , 2.1, 2.4, 2.6, 3.1, 3.2, 3.4, 4.6, 5.2, 6.1, 6.3, 6.5 and 6.7: an **individual** is the person requiring care or support.

Assessment Criteria: 6.1: **specific preferences and needs** includes routines, timetables and structures; levels of sensory stimulation; special interests or rituals. Assessment Criteria 6.5: **harm** may include being taken advantage of because of lack of social understanding; violating the law without realising they are doing something harmful; abuse; extreme anxiety.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Support Individuals with Autistic Spectrum Conditions		
Unit Reference	D/651/8775	
Level	3	
Credit Value	4	
Guided Learning (GL)	33 hours	
Unit Summary	This unit provides the learner with the knowledge and skills needed to support autistic people.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.6)**	
The learner will	**The learner can**	
1. Understand legislative frameworks that relate to autistic people	1.1	Outline the legislative frameworks that relate to autistic people
	1.2	Analyse how legislative frameworks underpin the development of services for autistic people
2. Understand the main characteristics of autistic spectrum conditions	2.1	Outline a range of theories on autistic spectrum condition
	2.2	Explain the characteristics of autistic spectrum conditions
	2.3	Describe the sensory and perceptual difficulties commonly experienced by autistic people
	2.4	Describe other conditions that may be associated with the autistic spectrum
	2.5	Describe how language and intellectual abilities vary across the autistic spectrum
3. Be able to support autistic people	3.1	Describe an individual's experience of the autistic spectrum condition and its characteristics

	3.2	Support an individual to understand the impact of autism on themselves and others
	3.3	Encourage an individual to recognise the strengths of their characteristics
	3.4	Support autistic people to develop their personal skills
	3.5	Support an individual and others to develop strategies for dealing with the impact of an autistic spectrum condition
4. Be able to support autistic people. with verbal and non-verbal communication	4.1	Identify specific methods of communication for an individual
	4.2	Use specific methods of communication to support interactions with an individual
	4.3	Ascertain patterns of behaviour associated with an individual's autistic spectrum condition
	4.4	Support an individual in ways that recognise the significance and meaning of their behaviour
5. Be able to support individuals with transitions and change	5.1	Support autistic people to make transitions
	5.2	Work with an individual and others to recognise routines that are important to the individual
	5.3	Support an individual during changes to their routines
	5.4	Enable an individual to use routines to make sense and order of their daily life
	5.5	Recognise how to make adaptations to the physical sensory environment to: > Reduce sensory overload > Increase sensory simulation
	5.6	Work with an individual and others to develop strategies that help them manage their physical and sensory environment

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 3, 4 and 5 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Support Person-Centred Thinking and Planning		
Unit Reference	F/651/8776	
Level	3	
Credit Value	5	
Guided Learning (GL)	41 hours	
Unit Summary	This unit will provide the learner with the ability to understand the current policy, legislation and guidance around person-centred thinking and then the knowledge and skills to implement a successful plan and review.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.7)**	
The learner will	**The learner can**	
1. Understand the principles and practice of person-centred thinking, planning and reviews	1.1	Explain how person-centred thinking relates to person-centred reviews and person-centred planning
	1.2	Explain why person-centred thinking **must** influence all aspects of planning and review
	1.3	Explain the beliefs and values on which person-centred thinking and planning is based
	1.4	Explain how the beliefs and values on which person-centred thinking is based differs from assessment and other approaches to planning
	1.5	Explain how person-centred thinking tools can form the basis of a person-centred plan
	1.6	Describe the key features of different styles of person-centred planning and the contexts in which they are most useful

	1.7	Describe examples of person-centred thinking tools, their purpose, how and when each one might be used
	1.8	Explain the different ways that one page profiles are used
2. Understand the context within which person-centred thinking and planning takes place	2.1	Outline current policy, legislation and guidance underpinning person-centred thinking and planning
	2.2	Analyse the relationship between person-centred planning and the commissioning and delivery of services
	2.3	Describe how person-centred planning and person- centred reviews influence strategic commissioning
	2.4	Explain what a person-centred team is
	2.5	Explain how person-centred thinking can be used within a team
	2.6	Analyse how to achieve successful implementation of person-centred thinking and planning across an organisation
	2.7	Describe the role of the manager in implementing person-centred thinking and planning
3. Understand own role in person- centred planning	3.1	Explain ways to use person-centred thinking, planning and reviews in own role: > With individuals > As a team member > As part of an organisation
	3.2	Explain the different person-centred thinking skills required to support individuals
	3.3	Identify challenges that may be faced in implementing person-centred thinking, planning and reviews in own work

	3.4	Describe how challenges in implementing person-centred thinking, planning and reviews might be overcome
4. Be able to apply person-centred planning in relation to own life	4.1	Demonstrate how to use a person-centred thinking tool in relation to own life to identify what is working and not working
	4.2	Describe what other person-centred thinking tools would be useful in own life
	4.3	Evaluate which person-centred thinking tools could be used to think more about own community connections
	4.4	Evaluate which person-centred thinking tools or person- centred planning styles could be used to think more about own future aspirations
5. Be able to implement person-centred thinking, planning and reviews	5.1	Demonstrate the person-centred thinking and styles of person-centred planning that can be used to help individuals move towards their dreams
	5.2	Show that the plan and process are owned by individual
	5.3	Demonstrate how person-centred thinking tools can be used to develop a person-centred plan
	5.4	Use information from a person-centred review to start a person-centred plan
	5.5	Use person-centred thinking to enable individuals to choose those who support them
	5.6	Support the individual and others involved to understand their responsibilities in achieving actions agreed
	5.7	Demonstrate a successful person-centred review

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcome 5 **must** be assessed in a real work environment.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand Stroke Care Management		
Unit Reference	H/651/8777	
Level	3	
Credit Value	4	
Guided Learning (GL)	36 hours	
Unit Summary	This unit provides the learner with knowledge about the physical and communication needs of individuals who have had a stroke, and the importance of a person-centred approach.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.3)**	
The learner will	**The learner can**	
1. Understand how to support individuals to develop stroke care management according to legislation, policy and guidance	1.1	Summarise current legislation, policy and guidance related to supporting individuals with stroke
	1.2	Explain what current best practice is in the initial stages of stroke care management
	1.3	Explain how an individual could be encouraged to review their lifestyle and promote their own health and well-being
	1.4	Describe the potential implications of mental capacity for an individual following a stroke
2. Understand communication factors affecting individuals following a stroke	2.1	Evaluate the effects of stroke on the brain in relation to the ability to communicate
	2.2	Describe **six** common communication methods and aids to support individuals affected by a stroke
	2.3	Analyse methods of facilitating communication using supported conversation techniques

	2.4	Identify any pre-existing illnesses or disabilities that need to be taken into account when addressing communication needs, abilities and preferences
	2.5	Describe the effects on the individual of experiencing communication difficulties
	2.6	Identify **six** additional agencies and resources to support with communication needs
3. Understand changing physical needs of individuals affected by stroke	3.1	Describe the changes in the brain of an individual affected by a stroke
	3.2	Describe the physical effects of stroke on an individual
	3.3	Explain the impact a stroke may have on swallowing and nutrition
	3.4	Describe the possible effects of stroke on sensory ability
	3.5	Analyse the fluctuating nature of effects of stroke on an individual
4. Understand the impact of the effects of stroke on recovery	4.1	Explain the use of daily activities to promote recovery and independence
	4.2	Explain the importance of repetition to promote recovery
	4.3	Identify the effects of fatigue in stroke rehabilitation
	4.4	Describe the implication of stroke on lifestyle
5. Understand the associated complications for an individual with stroke	5.1	Explain the psychological and emotional effects on the individual with stroke
	5.2	Describe the cognitive needs of the individual with stroke

	5.3	Describe the health needs that may be associated with stroke
6. Understand the importance of adopting a person-centred approach in stroke care management	6.1	Explain how person-centred values **must** influence all aspects of stroke care management
	6.2	Explain the importance of working in partnership with others to support care management
	6.3	Describe the importance of working in ways that promote active participation in stroke care management

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Stroke Awareness		
Unit Reference	J/651/8778	
Level	2	
Credit Value	3	
Guided Learning (GL)	28 hours	
Unit Summary	This unit will provide the knowledge that will enable the learner to understand what a stroke is, how to recognise it, and what should be done in an emergency.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.3)**	
The learner will	**The learner can**	
1. Know what a stroke is	1.1	Identify the changes in the brain associated with stroke
	1.2	Outline other conditions that may be mistaken for stroke
	1.3	Define the differences between stroke and Transient Ischaemic Attack (TIA)
2. Know how to recognise stroke	2.1	List the signs and symptoms of stroke
	2.2	Identify the key stages of stroke
	2.3	Identify the assessment tests that are available to enable listing of the signs and symptoms
	2.4	Describe the potential changes that an individual may experience as a result of stroke
3. Understand the management of risk factors for stroke	3.1	State the prevalence of stroke in the UK
	3.2	Identify the common risk factors for stroke

	3.3	Describe how risk factors may vary in different settings
	3.4	Define the steps that can be taken to reduce the risk of stroke and subsequent stroke
4. Understand the importance of emergency response and treatment for stroke	4.1	Describe why stroke is a medical emergency
	4.2	Describe the actions to be taken in response to an emergency stroke incident in line with agreed ways of working
	4.3	Identify the impact on the individual of the key stages of stroke
	4.4	Identify the correct early positioning for airway management
	4.5	Identify the information that needs to be included in reporting relevant and accurate history of the incident
5. Understand the management of stroke	5.1	Describe why effective stroke care is important to the management of stroke
	5.2	Identify support available to individuals and others affected by stroke
	5.3	Identify other agencies or resources to signpost individual or others for additional support and guidance

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance notes:

Work products: these are non-confidential records made, or contributed to, by the learner, e.g., explanatory leaflets regarding the assessment process.

Confidential records: these may be used as evidence but **must** not be placed in your portfolio. They **must** remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g., assessment records, case records, care plans.

Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.
Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual

- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand the Impact of Acquired Brain Injury on Individuals		
Unit Reference	K/651/8779	
Level	3	
Credit Value	3	
Guided Learning (GL)	28 hours	
Unit Summary	This unit provides the learner with knowledge about acquired brain injury and its impact on individuals in terms of communication needs, personality changes and challenging behaviour.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.4)**	
The learner will	**The learner can**	
1. Understand acquired brain injury	1.1	Define acquired brain injury
	1.2	Describe possible causes of acquired brain injury
	1.3	Explain the difference between a traumatic brain injury and other forms of acquired brain injury
	1.4	Describe brain injuries that are: > Mild > Moderate > Severe
2. Understand the impact on individuals of acquired brain injury	2.1	Discuss initial effects of acquired brain injury on the individual
	2.2	Explain the long term effects of acquired brain injury to include: > Physical > Functional > Cognitive

		> Behavioural effects
	2.3	Explain the concepts of loss in relation to acquired brain injury for individuals and carers
3. Understand the specialist communication needs of an individual with acquired brain injury	3.1	Define dysphasia and dysarthria
	3.2	Explain the effects of dysphasia and dysarthria on communication
	3.3	Compare the different techniques required to support an individual with dysphasia and dysarthria
	3.4	Evaluate different intervention strategies and assistive tools that support communication
4. Understand the impact that personality changes can have on an individual and those providing support	4.1	Explain the impact of personality changes on the individual
	4.2	Explain the impact of personality changes on those caring for the individual
	4.3	Explain how lack of self-awareness/insight may affect the individual
	4.4	Explain the skills needed to support the individual and family/carers to come to terms with personality changes
5. Understand the impact of challenging behaviour	5.1	Explain behaviours which are considered challenging
	5.2	Analyse the importance of own attitudes, values and skills when supporting an individual to manage their behaviour
	5.3	Explain measures that should be taken to manage the risk from challenging behaviour
	5.4	Explain the process for reporting and referring challenging behaviour

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Assessment Criteria 2.1, 2.3, 3.3, 4.1, 4.2, 4.3, 4.4 and 5.2: The **individual** is the person requiring support. An advocate may need to act on behalf of an individual.

Assessment Criteria 2.2: **Functional:** relates to the individual's ability to carry out day-to-day tasks, i.e., dressing, washing, cooking. It does not solely mean the physical ability but also can mean concentration and motivation for doing tasks.

Assessment Criteria 2.3: **Concepts of loss:** consider stages of grief as outlined by Elizabeth Kublar Ross and Warden.

Assessment Criteria 4.1, 4.2 and 4.4: **Personality changes,**

- Irritability
- Disinhibited behaviour
- Frustration
- Loss of social skills
- Lack of self-awareness

Assessment Criteria 4.3: **Self-Awareness:** ability to understand the impact of behaviour on others.

Assessment Criteria 2.3 and 4.4: **Carers:**

- Spouse/partner
- Child
- Parent
- Sibling
- Friend

Assessment Criteria 2.3 and 4.4: **Challenging behaviour:**

- Physical attack
- Threatening language
- Sexual disinhibition

Assessment Criteria 5.3: **Measures:** actions required to manage risk.

- Policies
- Supervision
- Support from colleagues
- Make a risk-assessment
- Risk-management plan

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Questioning: questions may be oral or written. In each case the question and the learner's answer will need to be recorded e.g., outline the jargon used by substance misusers in the locality.

Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

Original certificates: certificates of training and records of attendance **must** be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice e.g., Certificate/Progression Award in Drug and Alcohol Services.

Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

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Understand Physical Disability		
Unit Reference	R/651/8780	
Level	3	
Credit Value	3	
Guided Learning (GL)	22 hours	
Unit Summary	This unit provides the learner with knowledge about different types of physical disability, the impact of physical disability and the importance of inclusion for people with disabilities.	
Learning Outcomes (1 to 4)	**Assessment Criteria (1.1 to 4.6)**	
The learner will	**The learner can**	
1. Understand the importance of differentiating between the individual and the disability	1.1	Explain the importance of recognising the centrality of the individual rather than the disability
	1.2	Explain the importance of an assessment being person centred
	1.3	Compare the difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only
2. Understand the concept of physical disability	2.1	Define the term physical disability
	2.2	Describe the following terminology used in relation to physical disability: > Congenital > Acquired > Neurological
	2.3	Compare a congenital disability with a neurological disability, including causes
	2.4	Explain the emotional impact of a progressive disability on the individual

	2.5	Compare the different impacts on individuals that congenital and progressive disabilities can have
3. Understand the impact of living with a physical disability within society	3.1	Describe environmental and social barriers that can have a disabling effect on an individual with a physical disability
	3.2	Analyse the socio-economic effects of physical disability on an individual
	3.3	Explain the changes that have occurred in society as a result of disability legislation
	3.4	Analyse the extent of improvements for the individual as a result of disability legislation
	3.5	Explain the effects of physical disability on an individual's life choices
	3.6	Explain how attitudes either promote a positive or negative perception of disability
4. Understand the importance of promoting inclusion and independence	4.1	Explain the importance of independence and inclusion for individuals with physical disabilities
	4.2	Analyse ways that inclusion and independence can be promoted
	4.3	Explain the importance of the individual having control of choices and decisions
	4.4	Analyse the importance of positive risk-taking for the individual with physical disabilities
	4.5	Explain how to encourage the individual to take positive risks while maintaining safety
	4.6	Explain strategies you may use to challenge stereotypes, prejudicial or discriminatory attitudes

Assessment:

This unit **must** be assessed in accordance with the Skills for Care Assessment Principles.

Any skill-based element within the unit **must** be assessed in the workplace or using workplace-based evidence.

Simulation is **not permitted** for this unit.

Guidance notes:

Assessment Criteria 2.1, 2.3, 3.3, 4.1, 4.2, 4.3, 4.4 and 5.2: The **individual** is the person requiring support. An advocate may need to act on behalf of an individual.

Assessment Criteria 2.2: **Functional:** relates to the individual's ability to carry out day-to-day tasks, i.e., dressing, washing, cooking. It does not solely mean the physical ability but also can mean concentration and motivation for doing tasks.

Assessment Criteria 2.3: **Concepts of loss:** consider stages of grief as outlined by Elizabeth Kublar Ross and Warden.

Assessment Criteria 4.1, 4.2 and 4.4: **Personality changes:**

- Irritability
- Disinhibited behaviour
- Frustration
- Loss of social skills
- Lack of self-awareness

Assessment Criteria 4.3: **Self-Awareness:** ability to understand the impact of behaviour on others.

Assessment Criteria 2.3 and 4.4: **Carers:**

- Spouse/partner
- Child
- Parent
- Sibling
- Friend

Assessment Criteria 2.3 and 4.4: **Challenging behaviour:**

- Physical attack
- Threatening language
- Sexual disinhibition

Assessment Criteria 5.3: **Measures:** actions required to manage risk.

- Policies
- Supervision
- Support from colleagues
- Make a risk-assessment
- Risk-management plan

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Professional discussion: this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g., outline how they have conducted the assessment in line with locally agreed criteria.

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Case studies, projects, assignments and candidate/reflective accounts of the learner's work: these methods are most appropriately used to cover any outstanding areas of the qualification. Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit e.g., explain how to involve adults with parental responsibility in the assessment and referral of children and young people.

Witness testimony: colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of the learner's performance. The assessor will help the learner to identify the appropriate use of witnesses.

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

This unit	Is barred against this unit
Understand how to support autistic people	Support autistic people.

Trauma-Informed Care		
Unit Reference	T/651/8781	
Level	3	
Credit Value	5	
Guided Learning (GL)	30 hours	
Unit Summary	This unit provides learners with the knowledge and understanding required to work in a trauma-informed way. It explores the nature and impact of trauma, the principles that underpin trauma-informed practice, and the importance of safe relationships, communication, reflective practice, and self-care. Learners will understand how to apply trauma-informed approaches within their role and workplace context. **Note:** Completion of this unit does **NOT** qualify the learner as a Trauma Informed Practitioner.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.3)**	
The learner will	**The learner can**	
1. Understand the concept and impact of trauma	1.1	Define the term trauma and identify at least **three** different types
	1.2	Describe a minimum of **four** potential effects of trauma on an individual's physical, emotional, cognitive, and social wellbeing
	1.3	Explain, using examples, how trauma may influence an individual's behaviour and communication
2. Understand the key principles of trauma-informed care	2.1	Describe the core principles of trauma-informed practice
	2.2	Explain how applying trauma-informed principles can support positive outcomes for individuals

	2.3	Explain why it is important to view trauma-related behaviours as adaptive survival responses
3. Understand the role of relationships and communication in trauma-informed care	3.1	Explain the characteristics of safe, respectful, and consistent relationships in trauma-informed practice
	3.2	Describe communication techniques that help minimise the risk of re-traumatisation
	3.3	Explain how non-verbal communication may affect the sense of safety for a trauma-affected individual
4. Know how to apply trauma-informed approaches in practice	4.1	Describe practical ways to create a safe and supportive environment
	4.2	Give examples of how support strategies can be adapted to reflect trauma-informed principles
	4.3	Describe methods to promote choice, control, and empowerment for individuals
	4.4	Describe strategies for reducing or managing common triggers in a work setting
5. Understand professional boundaries, safeguarding, and ethical considerations	5.1	Explain why clear professional boundaries are essential when supporting individuals affected by trauma
	5.2	Describe safeguarding responsibilities and outline the steps to take when concerns arise
	5.3	Explain the importance of confidentiality and informed consent within trauma-informed practice
6. Understand the importance of reflective practice and self-care in trauma-informed work	6.1	Explain how reflective practice can support continuous improvement in trauma-informed care

	6.2 6.3	Identify signs of vicarious trauma, compassion fatigue, and burnout Describe strategies for maintaining personal wellbeing and resilience when working with trauma-affected individuals

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

1. Nature of trauma

- Definitions of trauma
- Types: acute, chronic, complex, intergenerational, developmental
- Traumatic events (examples only—non-graphic)
- Trauma prevalence and common misconceptions

2. Impacts of trauma

- Neurobiological responses (fight/flight/freeze/fawn explained accessibly)
- Effects on cognitive functioning, emotional regulation, physical health
- Behaviour as communication
- How trauma influences trust and relationships

3. Principles of trauma-informed care

- Safety; trustworthiness; empowerment; choice; collaboration
- Cultural humility, anti-oppressive practice, and intersectionality
- Avoiding re-traumatisation
- Strengths-based approaches

4. Communication and relationships

- Consistency, predictability, boundaries
- Active listening, validation, non-judgement, pacing

- Non-verbal messages: posture, tone, personal space
- Trauma-sensitive questioning and language

5. Application in practice

- Creating safe environments (physical, emotional, relational)
- Identifying and reducing triggers
- Supporting autonomy and shared decision-making
- Adapting service delivery policies and procedures
- Role-specific examples (e.g., education, social care, health, justice)

6. Professional boundaries, safeguarding, ethics

- Role clarity and limits
- Recognising risk
- Reporting procedures and organisational protocols
- Confidentiality, data handling, consent
- Ethical considerations, power dynamics

7. Reflective practice and self-care

- Purpose and models of reflection
- Signs of vicarious trauma
- Self-awareness and emotional regulation
- Strategies for wellbeing: supervision, support networks, boundaries, rest

Note: Completion of this unit does **NOT** qualify the learner as a Trauma Informed Practitioner.

Neurodiversity in Adult Care		
Unit Reference	Y/651/8782	
Level	3	
Credit Value	6	
Guided Learning (GL)	35 hours	
Unit Summary	This unit provides learners with an in-depth understanding of neurodiversity, including autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Tourette's and other neurodivergent conditions. Learners will develop practical skills to support regulation, communication, wellbeing, and inclusion. The unit emphasises rights-based approaches, ethical practice, reflective work, and multi-agency collaboration.	
Learning Outcomes (1 to 8)	**Assessment Criteria (1.1 to 8.2)**	
The learner will	**The learner can**	
1. Understand the concept of neurodiversity	1.1	Explain the concept of neurodiversity
	1.2	Describe characteristics of key neurodivergent conditions
	1.3	Differentiate between medical, social, and neurodiversity-affirming models of understanding neurological differences
2. Be able to recognise strengths, communication styles, and support needs	2.1	Analyse strengths, communication styles, and support needs associated with different neurodivergent profiles
	2.2	Identify environmental and social factors that can impact behaviour, wellbeing, and participation

3. Be able to apply person-centred and inclusive support strategies	3.1	Apply person-centred approaches to adapt communication, routines, or environments for neurodivergent individuals
	3.2	Demonstrate the ability to identify and implement reasonable adjustments that reduce barriers
4. Know how to support behaviour and emotional regulation	4.1	Explain the impact of sensory processing differences on behaviour and emotional regulation
	4.2	Use appropriate strategies to support distress, anxiety, shutdowns, or meltdowns in a neuro-affirming way
5. Understand safeguarding and wellbeing for neurodivergent people	5.1	Evaluate safeguarding risks specific to neurodivergent individuals
	5.2	Implement approaches that promote safety, dignity, autonomy, and wellbeing
6. Understand legal and ethical responsibilities	6.1	Describe legislation, rights, and guidance relevant to supporting neurodivergent individuals
	6.2	Reflect on ethical considerations when balancing autonomy, risk, and best-interest decision-making
7. Know how to work collaboratively to support neurodivergent	7.1	Describe the role of families, professionals, and specialists in supporting neurodivergent individuals
	7.2	Contribute to the development and review of individual support plans
8. Be able to reflect on own practice and development	8.1	Reflect on personal attitudes and assumptions relating to neurodiversity
	8.2	Evaluate own learning and development needs for improving inclusive practice

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

1. Concepts and Models of Neurodiversity

- Definition and origins of neurodiversity
- Common neurodivergent conditions: autism, ADHD, dyslexia, dyspraxia, Tourette's, PDA traits, others
- Neurodiversity-affirming practice
- Differences between medical, social, and affirmative models

2. Communication, Strengths, and Support Needs

- Diverse communication styles (verbal, non-verbal, AAC, echolalia, direct communication)
- Strength-based approaches
- Common support needs relating to executive functioning, sensory processing, social communication
- Environmental and social influences

3. Inclusive and Person-Centred Support

- Person-centred planning
- Co-production with the individual
- Adapting communication (visuals, plain language, time to process)
- Reasonable adjustments: sensory adaptations, flexible routines, pacing, predictability, alternative formats
- Promoting choice, autonomy, and empowerment

4. Sensory Processing and Behaviour Regulation

- Sensory profiles: hyper/hypo-sensitivity, sensory seeking/avoidance
- Links between sensory overload and behaviour
- Shutdowns vs meltdowns
- Practical regulation strategies: sensory tools, de-escalation, low arousal approach, safe spaces

5. Safeguarding and Wellbeing

- Vulnerabilities: communication barriers, masking, social naivety, dependency on others
- Signs of distress or abuse in neurodivergent individuals
- Trauma-informed and rights-based approaches
- Promoting emotional wellbeing and self-advocacy

6. Legal and Ethical Frameworks

- Equality and reasonable adjustments
- Mental Capacity considerations
- Human rights and ethical care
- Balancing risk and autonomy

7. Collaborative Practice

- Role of families and carers
- Working with occupational therapists, psychologists, speech and language therapists, education and health professionals
- Sharing information appropriately
- Reviewing support plans and monitoring progress

8. Professional Development and Reflection

- Reflective practice models (e.g., Gibbs, Kolb—optional)
- Challenging personal bias
- Identifying CPD needs and sources
- Developing a neuro-affirming mindset

Mental Health

Understand Mental Well-Being and Mental Health Promotion		
Unit Reference	A/651/8783	
Level	3	
Credit Value	3	
Guided Learning (GL)	20 hours	
Unit Summary	This unit aims to provide the learner with an understanding of the key concepts of mental wellbeing, mental health and mental health promotion. It focuses on the range of factors that can influence mental wellbeing and how to effectively promote mental wellbeing and mental health.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.4)**	
The learner will	**The learner can**	
1. Understand different views on the nature of mental well-being and mental health	1.1	Evaluate **two** different views on the nature of mental well-being and mental health
	1.2	Explain the factors that may influence mental well-being and mental health problems across the life span, including: > Biological factors > Social factors > Psychological factors > Emotional factors
	1.3	Explain how risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health
2. Know how to implement an effective strategy for promoting mental well-	2.1	Describe key aspects of a local, national and international strategy to promote

being and mental health with individuals and groups		mental well-being and mental health within a group or community
	2.2	Explain how to support an individual in promoting their mental well-being and mental health
	2.3	Evaluate a strategy for supporting an individual in promoting their mental well-being and mental health
	2.4	Explain the steps that an individual may take to promote their mental well-being and mental health

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

Life span: learners are expected to demonstrate their understanding of how factors arising from individuals' early lives may influence their well-being as adults and the potential impact of levels of well-being in later life. This is in order to promote a holistic and whole-person approach to understanding well-being and mental health.

Risk factors: including inequalities, poor quality social relationships.

Protective factors: including socially valued roles, social support and contact.

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

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Support Individuals with Multiple Conditions and/or Disabilities		
Unit Reference	D/651/8784	
Level	3	
Credit Value	4	
Guided Learning (GL)	31 hours	
Unit Summary	This unit provides the learner with the knowledge and skills needed to be able to support individuals with multiple conditions and/or disabilities to engage in activities.	
Learning Outcomes (1 to 5)	**Assessment Criteria (1.1 to 5.4)**	
The learner will	**The learner can**	
1. Understand the impact of multiple conditions and/or disabilities on individuals	1.1	Describe possible multiple conditions and/or disabilities that individuals may have
	1.2	Explain how multiple conditions and/or disabilities may have an additional impact on the individual's wellbeing and quality of life
	1.3	Explain how multiple conditions and/or disabilities may impact on individuals opportunity to participate in a range of activities
2. Understand own role in supporting individuals with multiple conditions and/or disabilities	2.1	Describe own role in supporting the wellbeing of individuals with multiple conditions and/or disabilities
	2.2	Explain the steps to take when actions may be outside of the scope of own role and responsibilities
3. Understand the support available for individuals with multiple conditions and/or disabilities	3.1	Describe the roles of **six** professionals who may provide support to individuals with multiple conditions and/or disabilities in own local area

	3.2	Explain **six** items of equipment available to support the additional needs of individuals with multiple conditions and/or disabilities
	3.3	Explain **six** resources available to support the additional needs of individuals with multiple conditions and/or disabilities
	3.4	Explain the importance of informal networks in providing support to individuals with multiple conditions and/or disabilities
4. Be able to assist individuals with multiple conditions and/or disabilities	4.1	Support an individual to identify needs and preferences
	4.2	Identify any resources or specialist equipment that may be required to support an individual to engage in activities
	4.3	Support an individual to engage in activities that meet their needs and preferences
5. Be able to evaluate the support provided to an individual to engage in activities	5.1	Review with the individual and/or others, how well the activities have met the identified needs and preferences
	5.2	Reflect on own support to an individual to engage in activities
	5.3	Explain where additional advice, guidance or support can be accessed to improve own practice
	5.4	Adapt own practice to support the needs of the individual

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Learning Outcomes 4 and 5 **must** be assessed in a real work environment.

Guidance Notes:

Assessment Criteria 1.1, 1.2, 1.3, 2.1, 3.1, 3.2, 3.3, 3.4 and Learning Outcome 4: **multiple conditions and/or disabilities** could include a combination of factors relating to:

- Sensory loss
- Physical health
- Mental health
- Physical disability
- Learning difficulty/disability
- Emotional health

Assessment Criteria 1.2 and 2.1: **wellbeing** could include:

- Emotional
- Psychological
- Physical

Assessment Criteria 1.3, 4.2, 4.3, 5.1 and 5.2: **activities** could include:

- Education
- Employment
- Leisure activities
- Social activities
- Activities of daily living

Assessment Criteria 3.4: **informal networks** could include:

- Family
- Friends
- Neighbours
- Special interest groups

Assessment Criteria 5.1: **others** could include:

- Other professionals
- Carers/family members
- Advocates
- Colleagues

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand Mental Health Problems		
Unit Reference	F/651/8785	
Level	3	
Credit Value	3	
Guided Learning (GL)	16 hours	
Unit Summary	This unit aims to provide the learner with knowledge of the main forms of mental ill health according to the psychiatric classification system. Learners also consider the different ways in which mental ill health may affect the individual and others in their social network.	
Learning Outcomes (1 to 2)	**Assessment Criteria (1.1 to 2.4)**	
The learner will	**The learner can**	
1. Understand the types of mental ill health	1.1	Describe the following types of mental ill health according to the psychiatric (DSM/ICD) classification system: > Mood disorders > Personality disorders > Anxiety disorders > Psychotic disorders > Substance-related disorders > Eating disorders > Cognitive disorders
	1.2	Explain the key strengths and limitations of the psychiatric classification system
	1.3	Explain alternative frameworks for understanding mental distress
	1.4	Explain indicators of mental ill health
2. Understand the impact of mental ill health on individuals and others in their social network	2.1	Explain how individuals with mental ill health can experience discrimination

	2.2	Explain the effects mental ill health may have on an individual
	2.3	Explain the effects mental ill health may have on those in the individual's familial, social or work network
	2.4	Explain how to intervene to promote an individual's mental health and well-being

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

Assessment criteria 2.2 and 2.3 should cover:

Effects:

- Psychological and emotional impacts
- Behaviour
- Physical health
- Practical and financial impacts
- The impact of using services
- Social exclusion
- Positive impacts

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Understand the Context of Supporting Individuals with Learning Disabilities		
Unit Reference	H/651/8786	
Level	3	
Credit Value	4	
Guided Learning (GL)	35 hours	
Unit Summary	The unit explores the meaning of learning disability, and an awareness of how the attitudes and beliefs of others affect individuals who have learning disabilities. The unit introduces the central place of communication in working with individuals who have learning disabilities.	
Learning Outcomes (1 to 6)	**Assessment Criteria (1.1 to 6.3)**	
The learner will	**The learner can**	
1. Understand how legislation and policies supporting individuals with learning disabilities	1.1	Summarise legislation and policies that promote the human rights, inclusion, equal life chances and citizenship of individuals with learning disabilities
	1.2	Explain how legislation and policies influence the day to day experiences of individuals with learning disabilities and their families
2. Understand the nature, causes and characteristics of learning disability	2.1	Explain what is meant by 'learning disability'
	2.2	Describe causes of learning disabilities
	2.3	Compare the medical and social models of disability
	2.4	Evaluate the potential impact on the family of an individual with a learning disability
3. Understand the historical context of learning disability	3.1	Explain types of services provided for individuals with learning disabilities over time

	3.2	Evaluate how past ways of working may influence present services
	3.3	Describe how person-centred practice impacts on the lives of individuals with learning disabilities in relation to: > Where the individual lives > Daytime activities > Employment > Sexual relationships and parenthood > The provision of healthcare
4. Understand the principles and practice of advocacy, empowerment and active participation in relation to supporting individuals with learning disabilities	4.1	Explain the meaning of the term 'social inclusion'
	4.2	Analyse strategies to promote empowerment and active participation
	4.3	Explain the meaning of the term 'advocacy'
	4.4	Describe different types of advocacy
5. Understand how views and attitudes impact on the lives of individuals with learning disabilities and their family carers	5.1	Explain impacts of views and attitudes of others on individuals with a learning disability
	5.2	Describe strategies to promote positive attitudes towards individuals with learning disabilities and their family/carers
	5.3	Explain the roles of external agencies and others in changing attitudes, policy and practice
6. Understand how to promote effective communication with individuals with learning disabilities	6.1	Explain how to meet the communication needs of individuals with learning disabilities
	6.2	Explain why it is important to use language that is 'age appropriate' and 'ability appropriate' when communicating with individuals with learning disabilities
	6.3	Describe ways of checking whether an individual has understood a communication

	6.4	Explain how to address any misunderstandings there may be during communication

Assessment:

This unit **must** be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge only based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision **must** show application of knowledge within the real work environment.

Guidance Notes:

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

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

The evidence for this unit is likely to come from:

- The observation of the learner working with an individual
- Confidential assessment records and case records
- The learner's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account

Recognition of Prior Learning (RPL), Exemptions, Credit Transfers and Equivalencies

Skills and Education Group Awards policy enables learners to avoid duplication of learning and assessment in a number of ways:

- **Recognition of Prior Learning (RPL)** – a method of assessment that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.
- **Exemption** - Exemption applies to any certificated achievement which is deemed to be of equivalent value to a unit within Skills and Education Group Awards qualification, but which does not necessarily share the exact learning outcomes and assessment criteria. It is the assessor's responsibility, in conjunction with the Internal Moderator, to map this previous achievement against the assessment requirements of the Skills and Education Group Awards qualification to be achieved in order to determine its equivalence.
  - Any queries about the relevance of any certificated evidence should be referred in the first instance to your centre's internal moderator and then to Skills and Education Group Awards.
  - It is important to note that there may be restrictions upon a learner's ability to claim exemption or credit transfer which will be dependent upon the currency of the unit/qualification and a learner's existing levels of skill or knowledge.
  - Where past certification only provides evidence that could be considered for exemption of part of a unit, learners **must** be able to offer additional evidence of previous or recent learning to supplement their evidence of achievement.
- **Credit Transfer** – Skills and Education Group Awards may attach credit to a qualification, a unit or a component. Credit transfer is the process of using certificated credits achieved in one qualification and transferring that achievement as a valid contribution to the award of another qualification. Units/Components transferred **must** share the same learning outcomes and assessment criteria along with the same unit number. Assessors **must** ensure that they review and verify the evidence through sight of:
  - Original certificates OR
  - Copies of certificates that have been signed and dated by the internal moderator confirming the photocopy is a real copy and make these available for scrutiny by the External Moderator.
- **Equivalencies** – opportunities to count credits from the unit(s) from other qualifications or from unit(s) submitted by other recognised organisations towards the place of mandatory or optional unit(s) specified in the rule of combination. The unit **must** have the same credit value or greater than the unit(s) in question and be at the same level or higher.

Skills and Education Group Awards encourages its centres to recognise the previous achievements of learners through Recognition of Prior Learning (RPL), Exemption, Credit Transfer and Equivalencies. Prior achievements may have resulted from past or present employment, previous study or voluntary activities. Centres should provide advice and guidance to the learner on what is appropriate evidence and present that evidence to the external moderator in the usual way.

Further guidance can be found in 'Delivering and Assessing Skills and Education Group Awards Qualifications' which can be downloaded from skillsandeducationgroupawards.co.uk/for-centres

Certification

Learners will be certificated for all units and qualifications that are achieved and claimed.

Skills and Education Group Awards' policies and procedures are available on the website.

Exemptions

This qualification contains no exemptions. For further details see Recognition of Prior Learning (RPL), Exemptions, Credit Transfers and Equivalencies.

Glossary of Terms

GL (Guided Learning)
GL is where the learner participates in education or training under the immediate guidance or supervision of a tutor (or other appropriate provider of education or training). It may be helpful to think – 'Would I need to plan for a member of staff to be present to give guidance or supervision?'

GL is calculated at qualification level and not unit/component level.

Examples of Guided Learning include:

- Face-to-face meeting with a tutor
- Telephone conversation with a tutor
- Instant messaging with a tutor
- Taking part in a live webinar
- Classroom-based instruction
- Supervised work
- Taking part in a supervised or invigilated formative assessment
- The learner is being observed as part of a formative assessment.

TQT (Total Qualification Time)
The number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required, in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.' The size of a qualification is determined by the TQT.

TQT is made up of the Guided Learning (GL) plus all other time taken in preparation, study or any other form of participation in education or training but not under the direct supervision of a lecturer, supervisor or tutor.

TQT is calculated at qualification level and not unit/component level.

Examples of unsupervised activities that could contribute to TQT include:

- Researching a topic and writing a report
- Watching an instructional online video at home/e-learning
- Watching a recorded webinar
- Compiling a portfolio in preparation for assessment
- Completing an unsupervised practical activity or work
- Rehearsing a presentation away from the classroom
- Practising skills unsupervised
- Requesting guidance via email – will not guarantee an immediate response.