SEG Awards Level 2 Adult Social Care Certificate

England - 610/6942/5

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.
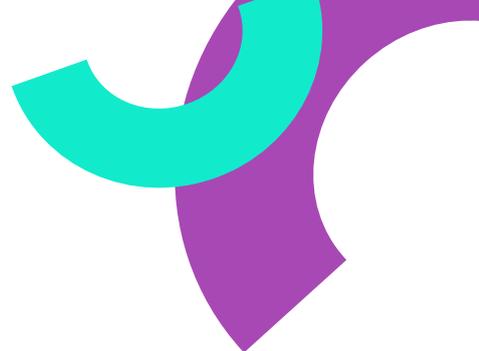
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Specification Code

The specification code is C24096-02.

Issue	Date	Details of change
V1.0	January 2026	New Qualification

Contents

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	The primary purpose of the qualification is to confirm occupational competence						
Age Range	Pre 16		16-18	✓	18+	✓	19+ ✓
Regulation	The above qualification is regulated by: > Ofqual						
Assessment	> Portfolio of Evidence > Practical demonstration/assignment > Coursework > 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	01/04/2026						
Review Date	01/04/2026						
Operational End Date							
Certification End Date							
Guided Learning (GL)	192 hours						
Total Qualification Time (TQT)	360 hours						
Credit Value	36						
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 2 Adult Social Care Certificate has been specified by Skills for Care, in consultation with employers, learning providers and those who use services.

The qualification has been specifically developed for adult social care workers and the Care Workforce Pathway - to support workforce ambition, recognition and development. Whilst we acknowledge the health sector may want to access the qualification, formal recognition in healthcare roles may be limited and access to the Learning and Development Support Scheme funding is only for eligible adult social care employers.

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 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.

Unit Title	Unit Number	Level	Credit Value	GL
Mandatory Units – Target – 36 credits				
Understand own Role	Y/651/9041	2	2	11
Personal Development	A/651/9042	2	3	12
Duty of Care	D/651/9043	2	2	10
Equality, Diversity, Inclusion and Human Rights	F/651/9044	2	2	12
Work in a Person-Centred Way	H/651/9045	2	3	24
Communication	J/651/9046	2	3	13
Privacy and Dignity	K/651/9047	2	3	16
Nutrition and Hydration	L/651/9048	2	2	10
Awareness of Mental Health and Dementia	M/651/9049	2	3	16
Adult Safeguarding	Y/651/9050	2	3	16
Safeguarding Children	A/651/9051	2	1	5
Health, Safety and Principles of Basic Life Support	D/651/9052	2	3	16

Handling Information	F/651/9053	2	1	5
Infection Prevention and Control	H/651/9054	2	2	10
Awareness of Learning Disability and Autism	J/651/9056	2	3	16

Qualification Structure and Rules of Combination

Rules of Combination: SEG Awards Level 2 Adult Social Care Certificate

Learners **must** achieve **36** credits.

This **must** be made up of **36** credits from the **Mandatory** units.

Aim

The primary purpose of the qualification is to confirm occupational competence.

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 typically work under the direction of their manager or supervisor. Skills and Education Group Awards would expect employer specific induction and mandatory training to be completed prior to the learner starting the SEG Awards Level 2 Adult Social Care Certificate qualification. However, the employer can decide if the qualification can be completed alongside employer-specific induction and mandatory training.

The SEG Awards Level 2 Adult Social Care Certificate qualification does not replace the need for employer-specific induction or mandatory training. Learners will gain a nationally recognised Level 2 qualification and develop own personal growth and engagement in learning.

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 November 2025, V1.1 (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)

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

Learners who achieve the SEG Awards Level 2 Adult Social Care Certificate can progress to a Level 3 Diploma in Adult Care qualification or the Adult Care Worker 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

Understand own Role	
Unit Reference	Y/651/9041
Level	2
Credit Value	2
Guided Learning (GL)	11 hours
Unit Summary	This unit introduces learners to their responsibilities in the adult social care setting. It explores roles, behaviours, values and standards of work that are expected of adult social care workers. It introduces the knowledge and skills to understand the nature of working relationships, working in ways that are agreed with employers, and partnership working.

Learning Outcomes (1 to 4)	Assessment Criteria (1.1 to 4.4)	
The learner will	**The learner can**	
1. Understand own role	1.1	Describe own main duties and responsibilities
	1.2	List the standards and codes of conduct and practice that relate to own role
	1.3	Describe how own experiences, attitudes, values, and beliefs may affect the way you work
	1.4	Identify the different opportunities for professional and career development in the sector
2. Work in ways that have been agreed with the employer	2.1	Describe employment rights and responsibilities
	2.2	Describe aims, objectives, and values of the service in which you work

	2.3	Explain why it is important to work in ways that are agreed with your employer	
	2.4	Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to own role	
	2.5	Demonstrate working in accordance with the agreed ways of working with the employer	
	2.6	Explain how and when to escalate any concerns in line with organisational policy or ways of working	
	2.7	Explain why it is important to be honest and identify where errors may have occurred and to tell the appropriate person	
3. Understand working relationships in care settings	3.1	Describe responsibilities to the individuals being supported as well as key people, advocates and others who are significant to an individual	
	3.2	Explain how a working relationship is different from a personal relationship	
	3.3	Outline different working relationships in adult social care settings	
4. Work in partnership with others	4.1	Explain why it is important to work in teams and in partnership with others	
	4.2	Explain why it is important to work in partnership with key people, advocates and others who are significant to individuals being supported	
	4.3	Demonstrate behaviours, attitudes, and ways of working that can help improve partnership working	
	4.4	Demonstrate how and when to access support and advice about: > partnership working	

		> resolving conflicts

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

Guidance notes:

Standards: May include Codes of Practice, regulations, minimum standards, national occupational standards and any other standards and good practice relevant to the setting.

Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.

Individuals: Individuals or the individual will normally refer to the person or people the learner is providing care and support for.

Key people and others: In this context, this may include but not limited to:

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

Criteria 1.4: Whilst it is recognised that learners will have their own aspirations, the achievement of this criteria should enable the learner to understand that there are a wide range of development opportunities when working in adult social care and a rewarding career can be gained.

Criteria 2.6: This should include reference to whistleblowing procedures: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

Criteria 4.4: Requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Personal Development

Unit Reference	A/651/9042
Level	2
Credit Value	3
Guided Learning (GL)	12 hours
Unit Summary	This unit introduces the concept of personal development and reflective practice. It covers the process of creating both a personal and professional development plan. It requires learners to take account of feedback and reflection in order to improve practice.

Learning Outcomes (1 to 2)		Assessment Criteria (1.1 to 2.9)
The learner will		**The learner can**
1. Agree a personal development plan	1.1	Outline the processes for: > identifying own learning needs > agreeing a personal development plan and who should be involved
	1.2	Explain why feedback from others is important in helping to develop and improve approaches to own work
	1.3	Contribute to and agree own personal development plan
2. Develop own knowledge, skills and understanding	2.1	Describe sources of support for own learning and development
	2.2	Explain how learning activities have improved own knowledge, skills and understanding
	2.3	Identify the level of literacy, numeracy, digital and communication skills needed to carry out own role

		2.4	Describe where to find information and support on how to check and develop own current level of: > literacy > numeracy > digital > communication skills
		2.5	Explain how reflecting on a situation has improved own knowledge, skills and understanding
		2.6	Explain how feedback from others has developed own knowledge, skills and understanding
		2.7	Demonstrate how to measure own knowledge, performance and understanding against relevant standards
		2.8	Describe the learning opportunities available and how they can be used to improve ways of working
		2.9	Demonstrate how to record progress in relation to own personal development

Assessment:

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

Assessment decisions for skill-based learning outcomes **must** be made during the learner's normal work activity.

Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

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

Guidance notes:

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

Others: In this context, could refer to others the learner has contact with:

> the individual accessing care and support
> the friends, family and loved ones of those accessing care and support services
> peers, team members and senior colleagues
> managers and senior management
> professionals from other organisations involved in the individual's care

Sources of support: May include:

> formal or informal support
> support mechanisms provided throughout induction period
> supervision
> appraisal
> peer support
> from within and outside the organisation

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

Reflecting: Involves thinking about what needs to be changed to improve future practice.

Standards: May include Codes of Practice, regulations, minimum standards and any other standards and good practice relevant to the service.

Continuing professional development: Refers to the process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training.

Duty of Care

Unit Reference	D/651/9043
Level	2
Credit Value	2
Guided Learning (GL)	10 hours
Unit Summary	This unit requires learners to consider both duty of care and duty of candour. It also explores ways of identifying and managing dilemmas, incidents, errors, near misses and confrontational situations. Finally, it includes how to respond to comments and complaints in line with agreed ways of working.

Learning Outcomes (1 to 5)	Assessment Criteria (1.1 to 5.5)	
The learner will	**The learner can**	
1. Understand duty of care and duty of candour	1.1	Define: > duty of care > duty of candour
	1.2	Describe how duty of care and duty of candour affects own work role
2. Understand the support available for addressing dilemmas that may arise about duty of care	2.1	Identify dilemmas that may arise between the duty of care and an individual's rights
	2.2	Explain what you **must** and **must** not do within own role in managing conflicts and dilemmas
	2.3	Describe where to get additional support and advice about how to resolve such dilemmas
3. Deal with Comments and complaints	3.1	Demonstrate how to respond to comments and complaints in line with agreed ways of working and legislation
	3.2	Outline who to ask for advice and support in handling comments and complaints

	3.3	Explain the importance of learning from comments and complaints to improve the quality of service
4. Know how to respond to incidents, errors and near misses	4.1	Describe how to recognise: > adverse events > incidents > errors and near misses
	4.2	Explain what you **must** and **must** not do in relation to adverse events, incidents, errors and near misses
	4.3	Describe agreed ways of working in relation to reporting any adverse events, incidents, errors and near misses
5. Deal with confrontation and difficult situations	5.1	Identify factors and difficult situations that may cause confrontation
	5.2	Explain how communication can be used to solve problems and reduce the likelihood or impact of confrontation
	5.3	Explain how to assess and reduce risks in confrontational situations
	5.4	Demonstrate how and when to access support and advice about resolving conflicts
	5.5	Outline agreed ways of working for reporting any confrontations

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

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

Guidance notes:

Criteria 3.1: Responding should incorporate the formal reporting procedures in the workplace.

Criteria 3.1 and 5.4: Requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification.

Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

Dilemmas: A situation in which a difficult choice has to be made.

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.

Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.

Comments and complaints: Both should be included as per agreed ways of working in the setting.

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

Communication: In this context a range of communication methods could be considered with the individual and appropriate others.

Conflict: In this context a conflict could be a disagreement, clash of opinions which could upset or harm the individual

Equality, Diversity, Inclusion and Human Rights

Unit Reference	F/651/9044
Level	2
Credit Value	2
Guided Learning (GL)	10 hours
Unit Summary	This unit introduces the learner to the importance of legislation and codes of practice relating to equality, diversity, inclusion and human rights. It supports learners to understand and be able to work in an inclusive way. The learner will know and be able to access information, advice and support about equality, diversity, inclusion and human rights.

Learning Outcomes (1 to 3)	Assessment Criteria (1.1 to 3.2)	
The learner will	**The learner can**	
1. Understand the importance of equality, diversity, inclusion, and human rights	1.1	Describe what is meant by: > human rights > protected characteristics
	1.2	Explain what is meant by discrimination and the potential effects on individuals and others
	1.3	Explain how practices that support equality, diversity, inclusion, and human rights reduce the likelihood of discrimination
	1.4	Explain what is meant by disability hate crime, mate crime and bullying
	1.5	Explain how to recognise, challenge and report discrimination in line with your employers' policies and procedures, in a way that encourages positive change
2. Work in an inclusive way	2.1	Outline the key concepts of the legislation and codes of practice relating to equality,

			diversity, inclusion, and human rights and how these apply to own role and practice
	2.2		Describe approaches and practices which support culturally appropriate care
	2.3		Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values, and preferences
3. Access information, advice and support about equality, diversity, inclusion, and human rights	3.1		Describe a range of sources, including those made available by your employer, with information, advice and support about equality, diversity, inclusion, and human rights
	3.2		How and when to access information, advice and support about equality, diversity, inclusion, and human rights

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Guidance notes:

Protected characteristics: As defined by the Equality Act 2010.

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

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

Others: In this context, can refer to everyone a learner is likely to come in contact with, including:

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

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

Mate crime: Mate crime is someone who says they are your friend, but they do things that take advantage of you, such as asking for money a lot. Please see a definition provided by Mencap **here**:

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

Culturally appropriate care: The Care Quality Commission describes this as being sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage. It can cover a range of things e.g., ethnicity, nationality, religion or it might be to do with the individual's sexuality or gender identity.

Sources: Should include those available within the work setting and external. External sources could include:

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

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

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

Work in a Person-Centred Way

Unit Reference	H/651/9045
Level	2
Credit Value	3
Guided Learning (GL)	24 hours
Unit Summary	This unit introduces the concept of person-centred values, how to work in a personcentred way and understanding of mental capacity. The unit requires practical application when supporting individuals to be comfortable, maintaining identity, self-esteem, spiritual and overall wellbeing. Finally, this unit requires the application of person-centred values in practice.

Learning Outcomes (1 to 6)	Assessment Criteria (1.1 to 6.1)	
The learner will	**The learner can**	
1. Understand person centred values	1.1	Identify person-centred values
	1.2	Explain how to put person-centred values into practice in your day-to-day work
	1.3	Explain why it is important to work in a way that promotes person centred values when providing support to individuals
	1.4	Explain ways to promote dignity in your day-to-day work
	1.5	Describe the importance of relationships significant to the individual being supported when working in a person-centred way
2. Understand working in a person centred way	2.1	Describe the importance of finding out the history, preferences, wishes and needs of the individual
	2.2	Explain why the changing needs of an individual **must** be reflected in their care and/or support plan

	2.3	Describe the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end of life care
3. Understand the meaning of mental capacity when providing person centred care	3.1	Identify relevant legislation and codes of practice relating to mental capacity
	3.2	Outline what is meant by the term "capacity"
	3.3	Explain why it is important to assume that an individual has capacity unless there is evidence that they do not
	3.4	Outline what is meant by "consent," and factors that influence an individual's mental capacity and ability to express consent
	3.5	Describe situations where an assessment of capacity might need to be undertaken and the meaning and significance of best interest decisions or advance statements regarding future care which the individual has already made
4. Support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress	4.1	Ensure that where individuals have restricted movement or mobility that they are comfortable
	4.2	Recognise the signs that an individual is in pain, discomfort, or emotional distress
	4.3	Take appropriate steps to remove or minimise factors which may be causing pain, discomfort, or emotional distress to the individual
	4.4	Raise any concerns directly and appropriately with others concerned and report any concerns you have following agreed ways of working
5. Support the individual to maintain their identity, self-esteem, spiritual wellbeing and overall wellbeing	5.1	Explain how individual identity and self-esteem are linked to emotional, spiritual wellbeing, and overall wellbeing

		5.2	Demonstrate that own attitudes and behaviours promote emotional, spiritual wellbeing, and overall wellbeing of the individual
		5.3	Support and encourage individual's own sense of identity and self-esteem
		5.4	Report any concerns about the individual's emotional, spiritual wellbeing and overall wellbeing to the appropriate person
6. Support the individual using person centred values		6.1	Demonstrate a range of actions which promote person centred values

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

Guidance notes:

Criteria 2.3: In reference to planning for End-of-Life Care, everyone should have the opportunity to develop an Advance Care Plan, this helps people to have a good end of life experience by ensuring their wishes and respecting the person's treatment and support preferences are known and can be supported. The Advance Care Plan should be reviewed regularly. The plan may include a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision which means the person does not want cardiopulmonary resuscitation (CPR) if their heart or breathing stops. This does not mean the withdrawal of all treatment. Part of this plan may also include a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form which records an individual's wishes about a range of health care and treatments.

Criteria 4.1, 4.2, 4.3 and 4.4: Requires the learner to provide performance evidence however the opportunity to do this may not arise during the period of the qualification. Direct observation is the preferred main source of evidence, however other evidence to show that the learner would be able to do this if real work evidence is not available is permissible. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but

the final assessment decision **must** show application of knowledge within the real work environment.

Person Centred Values:

> individuality
> independence
> privacy
> partnership
> choice
> dignity
> respect
> rights

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

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 25 consider intimacy, sexuality, and sexual relationships.

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

Legislation and codes of practice: As a minimum:

> Mental Capacity Act 2005/Liberty Protection Safeguards

Capacity: Means the ability to use and understand information to make a decision, at the time a decision needs to be made.

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

Signs: Could include but is not limited to verbal reporting from the individual, non-verbal communication and changes in behaviour.

Emotional distress: Could include a range of negative feelings being displayed by the individual such as sadness, anxiety, fear anger or despair.

Take appropriate steps: Could include but is not limited to removing, or minimising any environmental factors causing the pain, discomfort, or emotional distress such as:

> following the plan of care e.g., Re-positioning or giving prescribed pain relief medication
> reporting to a more senior member of staff
> ensuring equipment or medical devices are working or in the correct position e.g., wheelchairs, prosthetics, catheter tubes
> seeking additional advice when needed
> providing emotional support and reassurance to the individual
> adjusting lighting, volume/noise and temperature
> removing unpleasant odours
> minimising disruption by others
> providing a private/quiet space and other reasonable adjustment

Others: In this context others mean the person who may be causing discomfort or distress to the individual.

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

Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.

Communication

Unit Reference	J/651/9046
Level	2
Credit Value	3
Guided Learning (GL)	13 hours
Unit Summary	This unit explores different ways to communicate with individuals and others in the workplace. It covers how to meet an individual's communication needs, wishes and preferences and how to reduce barriers to communication. Finally, this unit also deals with the practices and principles relating to confidentiality.

Learning Outcomes (1 to 5)	Assessment Criteria (1.1 to 5.4)	
The learner will	**The learner can**	
1. Understand the importance of effective communication in the workplace	1.1	Identify the different ways that people communicate in the workplace
	1.2	Explain how communication affects relationships at work
2. Understand how to meet the communication and language needs, wishes and preferences of individuals	2.1	Explain how to establish an individual's communication and language needs, wishes and preferences
	2.2	Outline a range of methods, styles, communication aids and assistive technologies that could help meet an individual's communication needs, wishes and preferences
	2.3	Outline a range of digital communication tools that can be used to support and enhance the individual's communication needs, wishes, preferences and connections
3. Understand how to promote effective communication with individuals	3.1	Describe barriers to effective communication with individuals and how they can be reduced

	3.2	Explain how an individual's behaviour may be a form of communication
	3.3	Explain where to find information and support or services, to help individuals communicate more effectively
4. Use appropriate communication with individuals and support the safe use of communication aids and technologies	4.1	Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals
	4.2	Demonstrate the appropriate and safe use of communication aids, assistive technologies, and digital tools
	4.3	Check whether you have been understood when communicating with individuals
	4.4	Explain why it is important to observe and be receptive to an individual's reactions when communicating with them
	4.5	Report any concerns about communication aids or technologies to the appropriate person
5. Understand the principles and practices relating to confidentiality	5.1	Outline what confidentiality means in relation to your role
	5.2	Describe legislation and agreed ways of working which maintain confidentiality across all types of communication
	5.3	Describe situations where information, normally considered to be confidential, might need to be passed on
	5.4	Outline who you should ask for advice and support about confidentiality

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

Guidance notes:

Criteria 4.1: Requires the learner to demonstrate appropriate use of verbal and non-verbal communication with individuals. This would include consideration and appropriate use of:

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

Criteria 4.2: Will be relevant to the learner's role and ideally should relate to the support the learner is providing to the individual. If this is not achievable then as a minimum this can be evidenced within daily practices and use of digital tools in the in the workplace.

Criteria 4.5: Could include reporting using recommended and agreed ways of working and systems, such as:

> senior member of staff
> family member/Carer
> professional responsible for the communication aid
> the appropriate technical support

Different ways: Should also include digital communication methods which are used within the workplace.

Workplace and work: In this context may include one specific location or a range of locations depending on the context of the learner's role and should encompass everyone the learner communicates with, but not limited to:

> individuals accessing care and support services
> peers, team members, other colleagues, managers, and senior management
> the friends, family and loved ones of those accessing care and support services
> paid workers and volunteers from other organisations and teams

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

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

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

Assistive technologies: Technologies which support, assist, and enable the individual to communicate using alternative means and could include a range of software such as: light writers, eye gaze devices, voice recognition, speech synthesizers, symbol making software. Other technologies which could also support the individual and others could be considered here, for example alerting devices, virtual assistants, sensors, hearing loops and Artificial Intelligence.

Digital communication tools: Could include use of virtual communications platforms e.g., a PC, tablet, telephone/text, smart phone/watch and encompass a range of technical platforms such as using online services, monitoring platforms, forums, video calling, email, social media and chatbots.

Connections: Could include family, friends, loved ones and their community

Barriers: May include, but are not limited to:

> environment
> time
> own physical, emotional, or psychological state
> own skills, abilities, or confidence to use communication aids, assistive technologies, and digital communication tools
> own or others prejudices
> conflict

Support or services: In this context may include:

> translation services
> interpretation services
> speech and language services
> advocacy services
> occupational therapy services

Appropriate and safe: Could include but not limited to, ensuring that any aids and technologies used are:

> available
> clean
> working properly and software is updated where needed
> in good repair
> fitted appropriately where applicable
> used safely and securely when online

Relevant Legislation: The learner should consider how different legislation relates to and influence practice. This may include, but is not limited to:

> Human Rights Act 1998
> Data Protection Act 2018
> The General Data Protection Regulation (GDPR) 2016
> Care Act 2014
> Health and Social Care Act 2012

Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.

Privacy and Dignity

Unit Reference	K/651/9047
Level	2
Credit Value	3
Guided Learning (GL)	16 hours
Unit Summary	This unit explores the principles of maintaining privacy and dignity for individuals receiving care. It covers topics such as understanding what privacy and dignity mean, how they can be compromised, and techniques for maintaining privacy and dignity, as well as for supporting individuals in making informed choices. Finally, the unit considers the importance of promoting active participation.

Learning Outcomes (1 to 6)	Assessment Criteria (1.1 to 6.2)	
The learner will	**The learner can**	
1. Understand the principles that underpin privacy and dignity in care	1.1	Outline what is meant by privacy and dignity
	1.2	Describe situations where an individual's privacy and dignity could be compromised
	1.3	Describe different ways to maintain privacy and dignity of individuals in your care and support
2. Maintain the privacy and dignity of the individuals in their care	2.1	Demonstrate that your actions promote and maintain the privacy and dignity of individuals
	2.2	Explain why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so
3. How to support an individual's right to make choices	3.1	Describe ways of supporting individuals to make informed choices

	3.2	Explain how risk assessment processes can be used to support the rights of individuals to make their own decisions	
	3.3	Explain why your own personal views **must** not influence an individual's own choices or decisions	
	3.4	Explain why there may be times when you need to support an individual to question or challenge decisions made about them by others	
4. Support individuals in making choices about their care	4.1	Demonstrate how to support individuals to make informed choices	
	4.2	Use risk assessment processes to support the rights of individuals to make their own decisions	
	4.3	Ensure your own personal views do not influence an individual's own choices or decisions	
5. Understand how to support active participation	5.1	Describe how valuing individuals contributes to active participation	
	5.2	Explain how to enable individuals to make informed choices about their lives	
	5.3	Describe a range of ways you can support active participation with individuals	
	5.4	Explain the importance of enabling individuals to be as independent as possible and to maintain their own network of relationships and connections with their community	
6. Support individuals in active participation of their own care	6.1	Demonstrate how to support the active participation of individuals	
	6.2	Explain how your own personal views could restrict the individuals ability to actively participate	

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Guidance notes:

Criteria 1.3 and 2.1: Could include but not limited to:

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

Individual and 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.

Private: Could include but not limited to: health condition, sexual orientation, personal history and social circumstances.

Others: In this context, may include but is not limited to:

> carers, loved ones, family, and friends
> colleagues in the setting
> professionals from other services

Risk Assessment Processes: Should include being able to use the risk assessment process positively to enable individuals to take risks they choose (positive risk taking).

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.

Connections: Could include family, friends, loved ones and their community.

Nutrition and Hydration	
Unit Reference	L/651/9048
Level	2
Credit Value	2
Guided Learning (GL)	10 hours
Unit Summary	This unit provides the learner with the understanding of food safety and the principles of nutrition and hydration, including signs and symptoms indicating poor nutrition and hydration. The learner will also be able to support individuals with their nutritional and hydration needs and preferences.

Learning Outcomes (1 to 3)	**Assessment Criteria (1.1 to 3.5)**	
The learner will	**The learner can**	
1. Understand the principles of food safety	1.1	Explain the importance of food safety, including hygiene in the preparation and handling of food
2. Understand the principles of nutrition and hydration	2.1	Explain the importance of good nutrition and hydration in maintaining health and wellbeing
	2.2	Describe signs and symptoms of poor nutrition and hydration
	2.3	Describe ways to promote and support adequate nutrition and hydration
	2.4	Describe how to identify and report changes or risks relating to nutrition and hydration needs
3. Support individuals with nutrition and hydration	3.1	Describe how to identify the nutrition and hydration care and support needs of individuals

	3.2	Outline factors that can affect an individual's nutrition and hydration care and support needs
	3.3	Support individuals with their nutrition and hydration in line with their preferences, needs and care or support plan
	3.4	Monitor and record (where required) the nutrition and hydration care and support provided to individuals
	3.5	Explain when you might need to seek additional advice and guidance when supporting individuals with their nutrition and hydration needs and how to gain this

Assessment:

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

Skills-based assessment within this unit should include direct observation as the preferred main source of evidence. Assessment **must** be carried out over an appropriate period of time within normal work activity.

Guidance notes:

Criteria 3.3 and 3.4: Both criteria should be evidenced in normal work activity and assessment advice has been provided above of how this could be contextualised and achieved. It is acknowledged there may still be situations where learners may not have the opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that the learner would be able to do this is permissible. An assessment method such as a Professional Discussion could be planned and used to achieve this. Justification for this **must** be standardised and documented by the centre delivering the qualification. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

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

performance evidence (3.3 and 3.4) and this needs to reflect and be contextualised to the needs of the individuals the learner is providing care and support for. Here are some examples of how the required performance evidence might be contextualised and confirmed in the learner's practice:

> encouraging regular nutrition and hydration/fluid intake and ensuring refreshed drinks and meals/snacks are placed within reach of the individual during care visits
> providing appropriate assistance to enable the individual to eat and drink comfortably and with dignity
> supporting an individual with nutrition and hydration aspects such as healthy eating, which could include meal planning and preparation, along with budgeting and purchasing food items
> supporting an individual to access, understand and follow recommended dietary advice provided by a health professional or similar
> supporting an individual with specific nutrition support which could include the use of special nutrient-rich foods, nutritional supplements, and fortified foods, as well as enteral feeding tubes
> being able to discuss and report any changes, concerns, or dilemmas they may face with nutrition and hydration when supporting individuals
> responding to any changes in the individual's health which may impact their ability to self-manage their nutrition and hydration needs
> signposting and supporting the individual to gain and follow healthy eating advice or advice from another professional which has an impact on their nutrition and hydration needs

The above examples are **not** exhaustive, or all required, the purpose of the examples is to show how the performance evidence required can be contextualised and reflected across a range of settings in practice.

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

Identify: Will include being able to recognise any changes or risks to the individuals care and support needs and being able to monitor changes or risks in line with the individuals' preferences, assessed needs and care and support plan requirements.

Risks: In line with agreed ways of working within the setting and may include use of appropriate monitoring tools.

Factors: Which can affect the nutrition and hydration needs and choices of individuals may include but not limited to:

> health needs and conditions: diabetes, coeliac disease, heart disease

- dietary requirements
- physical factors: eating, drinking, or swallowing difficulties, aspiration/choking
- impact of poor oral health
- food allergies
- appetite
- moral or ethical beliefs
- religious requirement or cultural preference
- personal choice and control
- mental capacity
- mental health and wellbeing
- eating disorders
- side effects of medication

Preferences: Will include any personal choices and any religious and cultural preferences.

Needs: These may relate to the nutritional, health, and medical needs of individuals.

Care or Support plan: A care plan may be known by other names e.g., support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed.

Monitor: Within the context of the individuals care / support plan, this may include but not limited to recording preferences and changes in needs, planning, and recording daily intake (if required), planning meals and approaches to maintaining a healthy lifestyle. Record: Where learners are required to use both electronic and manual recording systems, assessment **must** include both ways of record keeping.

Additional advice and guidance: Will vary depending on the learners role, agreed ways of working and area of advice and support needed. Action may include but not limited to referring to a senior colleague, a family carer, a professional practitioner e.g., general practitioner, dietitian, speech and language therapist, occupational therapist, or other practitioner/professional/specialist service who would be able provide advice, guidance, and support to the learner, setting and individual.

Awareness of Mental Health and Dementia

Unit Reference	M/651/9049
Level	2
Credit Value	3
Guided Learning (GL)	16 hours
Unit Summary	This unit will develop an understanding of the needs and experiences of people living with mental health conditions and dementia. This unit provides understanding of the importance of early identification and provision of personalised care, reasonable adjustments and the legal framework associated with mental health conditions and dementia. Where mental health or dementia is stated within criteria, then the learner should include understanding of both.

Learning Outcomes (1 to 5)	Assessment Criteria (1.1 to 5.1)	
The learner will	**The learner can**	
1. Understand the needs and experiences of people living with mental health or dementia	1.1	Outline what is meant by the terms: > mental health > mental well-being
	1.2	List common types of mental health conditions
	1.3	Outline what is meant by the term dementia
	1.4	Explain how living with a mental health condition or dementia can impact an individual's: > everyday life and the lives of their families and carers > health and well-being > care and support needs

2. Understand the importance of early identification of mental health conditions and dementia	2.1	Explain how to recognise early indicators of mental health deterioration
	2.2	List early signs and symptoms of dementia
	2.3	Identify why early identification of mental health needs or dementia is important
	2.4	Explain how an individual's care and support needs may change when a mental health condition or dementia is identified or there is a decline in the individuals condition
	2.5	Describe ways to engage with and signpost individuals living with a mental health condition or dementia and their families and carers to other services and support
3. Understand aspects of personalised care which support an individual living with a mental health condition or dementia	3.1	Explain how positive attitudes can support individuals living with a mental health condition or dementia
	3.2	Explain why it is important to recognise a person living with a mental condition or dementia as a unique individual
	3.3	Explain how using person-centred approaches and encouraging active participation can enable and encourage an individual living with a mental health condition or dementia to keep well and maintain independence
	3.4	Describe barriers individuals living with a mental health condition or dementia can face in accessing healthcare services
4. Understand the reasonable adjustments which may be necessary in health and care delivery for an individual living with a mental health condition or dementia	4.1	Identify reasonable adjustments which can be made in health and care services accessed by individuals living with a mental health condition or dementia and the importance of planning these in advance
	4.2	Explain how to report concerns associated with unmet health and care needs which

		may arise for individuals living with a mental health condition or dementia
5. Understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia	5.1	Explain how key pieces of legislation and guidelines support and promote human rights, inclusion, equal life chances and citizenship of individuals living with a mental health condition or dementia

Assessment:

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

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

Guidance notes:

Where mental health or dementia is stated within criteria, then the learner should include understanding of both.

Criteria 1.1: Whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and well-being relate to every person.

Types: As a minimum, the learner's response should include psychosis, depression, and anxiety.

Meant: As a minimum, the learner's response should include key facts, causes and different types of dementia. The learner should also be able to reflect that dementia will be different for every individual that has it. Impact: The issues may be physical, social, or psychological and impact will be different for every person.

Individual: 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.

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

Other services and support: Learners should consider a range of services and resources available within their organisation and external to their organisation that could support individuals, their families, and carers.

Person centred approaches: Should include the principles and values of person-centred care: including individuality, rights, choice, privacy, independence, dignity, respect, and partnership.

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.

Criteria 3.2 additional information: A strength-based approach focuses on individuals' strengths, resources and what they can do themselves to keep well and maintain independence. Whilst the Level 2 learner may not yet be familiar with this term, they should be encouraged to understand how this term relates to and builds on person-centred approaches and active participation.

Reasonable adjustments: Steps, adaptions and changes which can be made to meet the needs and preferences of an individual. Including but not limited to: providing the person with more time, using easy read information, using pictures, adjusting pace of communication, using simple, easy language, and making changes to the environment.

Report: In line with agreed ways of working within the setting and could include verbal, written and electronic systems.

Legislation and guidance: including but not limited to:

> Equality Act 2010
> Human Rights Act 1998
> Mental Capacity Act 2005
> Care Act 2014
> Health and Social Care Act 2012
> Mental Health Act 1983
> Accessible Information Standard

Within criteria and response for **5.1**, the learner should be encouraged to reflect on their existing knowledge of the appropriate legislation and guidance and how this supports individuals living with a mental health condition or dementia.

Adult Safeguarding	
Unit Reference	Y/651/9050
Level	2
Credit Value	3
Guided Learning (GL)	16 hours
Unit Summary	In this unit, learners will develop an understanding of the principles of adult safeguarding, including how to identify potential abuse. This unit explores the different ways in which individuals may be harmed, including the use of restrictive practices and through the misuse of technology. Learners will understand and demonstrate how practice that promotes person-centred values, dignity and respect can help to protect individuals. Finally, it considers the impact of legislation, national and local policies and lessons learned from Safeguarding Adult Reviews.

Learning Outcomes (1 to 5)	Assessment Criteria (1.1 to 5.3)	
The learner will	**The learner can**	
1. Understand he principles of Adult Safeguarding	1.1	Explain the term adult safeguarding
	1.2	Outline the legal definition of an adult at risk
	1.3	Describe own role and responsibilities in adult safeguarding
	1.4	Explain what constitutes harm
	1.5	Describe the main types of abuse
	1.6	Describe possible indicators of abuse
	1.7	Describe a range of factors which have featured in adult abuse and neglect

	1.8	Identify the range of potential risks with using technology and how to support individuals to be safe without being risk averse
	1.9	Demonstrate that individuals are treated with dignity and respect when providing care and support services
	1.10	Explain where to get information and advice about own role and responsibilities in preventing and protecting individuals from harm and abuse
2. Know how to reduce the likelihood of abuse	2.1	Explain why an individual may be at risk from harm or abuse
	2.2	Describe how care environments can promote or undermine people's dignity
	2.3	Explain the importance of individualised and person-centred care
	2.4	Explain how to apply basic principles of supporting individuals to keep themselves safe
	2.5	Identify how the likelihood of abuse may be reduced by: > working with person centred values > enabling active participation > promoting choice and rights > working in partnership with others
3. Know how to respond to suspected or disclosed abuse	3.1	Explain what to do if abuse of an adult is suspected; including how to raise concerns within local freedom to speak up/whistleblowing policies or procedures
4. Protect people from harm and abuse – locally and nationally	4.1	Outline relevant legislation, principles, local and national policies, and procedures which relate to safeguarding adults

		4.2	Outline the local arrangements for the implementation of multi-agency Adult Safeguarding policies and procedures
		4.3	Explain the importance of sharing appropriate information with the relevant agencies
		4.4	Describe the actions to take if you experience barriers in alerting or referring to relevant agencies
5. Understand restrictive practices		5.1	Explain what is meant by 'restrictive practice'
		5.2	Describe organisational policies and procedures in relation to restrictive practices and own role in implementing these
		5.3	Explain the importance of seeking the least restrictive option for the individual

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment.

The final assessment decision **must** show application of knowledge which relates to the work environment and the specific local authority procedures and arrangements for Safeguarding Adults.

Guidance notes:

Criteria 1.9: This is a skill/observation criteria and **must** be observed.

Legal definition: According to the Care Act 2014.

Types of abuse **must** include:

> physical abuse
> domestic abuse
> sexual abuse
> psychological abuse
> financial/material abuse
> modern slavery
> discriminatory abuse
> organisational abuse
> neglect/acts of omission
> self-neglect

Potential risks with using technology: Could include use of electronic communication devices, use of the internet, use of social networking sites and carrying out financial transactions online and how the individual can be supported to be kept safe.

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

Featured: This should include reference to adult safeguarding reviews and lessons learnt.

Risk: may include:

> a setting or situation
> the individuals and their care and support needs

Person centred values: Values include individuality, rights, choices, privacy, independence, dignity, respect, care, compassion, courage, communication, competency, and partnership.

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

Local and National policies and frameworks: Including but not limited to: Making Safeguarding Personal. Local systems should include the appropriate detail and reference to:

> employer/organisation policies and procedures
> multi agency adult protection arrangements for a locality

Legislation: Learners should consider how the different legislations relate to and interact with adult safeguarding. This should include, but is not limited to:

> Mental Capacity Act 2005
> Human Rights act 1998
> Equality Act 2010
> Mental Health Act 1998

> Health and Social Care Act 2012
> Care Act 2014

Principles: Including, but not limited to, the 6 principles of safeguarding embedded within the Care Act 2014: Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability.

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

Policies and procedures in relation to restrictive practice: may include the reference to ensuring that any restrictive practice is legally implemented and may take into account the Mental Capacity Act 2005.

Safeguarding Children

Unit Reference	A/651/9051
Level	2
Credit Value	1
Guided Learning (GL)	5 hours
Unit Summary	This unit introduces learners to the basic principles of safeguarding children and young people. It explores the different types of abuse and considers signs and symptoms that might indicate a child or young person is being harmed, abused or exploited, including how to respond.

Learning Outcomes (1 to 1)	Assessment Criteria (1.1 to 1.4)	
The learner will	**The learner can**	
1. Know how to safeguard children	1.1	Describe circumstances where there could be contact with a child or young person in the normal course of work within adult social care
	1.2	Describe factors that may contribute to a child or young person being more at risk of abuse
	1.3	Identify types of abuse that a child or young person could be at risk from
	1.4	Explain how to respond to a risk, suspicion, or disclosure that a child or young person is being abused or neglected in line with relevant legislation, agreed ways of working and local procedures

Assessment:

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

Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment. The final assessment decision **must**

show application of knowledge which relates to the work environment and local policies, procedures, and arrangements.

Guidance notes:

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

Circumstances: For example, when relatives or groups visit individuals, when providing support in the community or when providing care in an individual's own home. The learner **must** show awareness:

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

Factors: May include but are not limited to:

> a setting or situation
> the child or young person and their care and support needs

Types of abuse: could include but are not limited to:

> sexual
> physical
> neglect
> emotional
> domestic
> bullying and cyber bullying and online abuse
> exploitation
> trafficking
> female genital mutilation
> grooming

Respond: This should include raising concerns in accordance with employer/organisational policies and procedures and local multi-agency arrangements. This should also consider any relevant legislation, such as the Mental Capacity Act 2005 which applies to people aged 16 and over.

Additional unit information: Every adult social care worker needs to know what to do if they suspect a child or young person is being abused or neglected. As a minimum adult social care workers should be able to explain what they **must** do if they suspect a child, young person (met in any circumstances) is being subjected

to neglect, harm, abuse, exploitation, or violence. This will include the worker knowing how to recognise such situations and how to respond.

If the adult social care worker is also in a role which involves working directly with children and young people, for example:

> in a transitional social care service i.e., supporting young people under 18 who are moving from children's service provision to adult care service provision
> in a registered adult care service i.e., a domiciliary care agency which is also registered to provide care to children and young people
> or is working in a healthcare setting

Then the organisation and worker **must** meet the most up to date national minimum training standards for Safeguarding Children at the level appropriate to their workplace/role and duties as set out in the current guidance issued by the Intercollegiate Royal College of Paediatrics and Child Health. There will also be requirements set within the Local Authority area.

Health, Safety, and Principles of Basic Life Support

Unit Reference	D/651/9052
Level	2
Credit Value	3
Guided Learning (GL)	16 hours
Unit Summary	This unit will provide learners with awareness of their responsibilities and those of the employers for health and safety. Learners will be aware of how health and safety legislation affects the workplace and how to follow risk assessments to help keep themselves and others safe. Learners will gain knowledge of safe working practices and procedures, including moving and assisting, accidents, sudden illnesses, basic life support, carrying out healthcare tasks, handling medications, hazardous substances and promoting fire safety. Finally, learners will know how to work safely and securely in the workplace, while managing their own mental health and personal wellbeing.

Learning Outcomes (1 to 9)	Assessment Criteria (1.1 to 9.4)	
The learner will	The learner can	
1. Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting	1.1	Identify legislation relating to general health and safety in an adult social care working setting
	1.2	Outline the main points of the health and safety policies and procedures agreed with the employer
	1.3	Outline the main health and safety responsibilities of: > self > the employer or manager > others in the work setting

	1.4	Describe tasks relating to health and safety that should not be carried out without special training
	1.5	Explain how to access additional support and information relating to health and safety
	1.6	Identify a range of sustainable approaches which can be applied in own role
2. Understand Risk Assessment	2.1	Explain why it is important to assess the health and safety risks posed by work settings, situations, or activities
	2.2	Explain how and when to report health and safety risks in the workplace
3. Move and assist safely	3.1	Identify key pieces of legislation that relate to moving and assisting
	3.2	Describe tasks relating to moving and assisting you are not allowed to carry out until they are competent
	3.3	Demonstrate how to move and assist people and/or objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working
4. Understand procedures for responding to accidents, sudden illness and providing basic life support	4.1	Describe different types of accidents and sudden illness that may occur in the course of your work
	4.2	Identify the workplace procedures to be followed if: > an accident > a sudden illness should occur > basic life support is required
	4.3	Describe the emergency basic life support and first aid actions you are and are not allowed to carry out in your role

5. Understand medication and healthcare tasks	5.1	Describe agreed ways of working in relation to:
		> medication in the setting
		> healthcare tasks
	5.2	Describe tasks relating to medication and health care procedures that you **must** not carry out until you are competent
6. Handle hazardous substances	6.1	Describe common hazardous substances in the workplace
	6.2	Demonstrate safe practices for storing, using, and disposing of hazardous substances
7. How to promote fire safety	7.1	Explain how to prevent fires from starting or spreading
	7.2	Explain what to do in the event of a fire
8. Know how to work safely and securely	8.1	Describe the measures that are designed to protect your own safety and security at work, and the safety of those you support
	8.2	Describe agreed ways of working for checking the identity of anyone requesting access to premises or information
9. Know how to manage own mental health and personal wellbeing	9.1	Describe common factors that can affect own mental health and wellbeing
	9.2	Identify circumstances that tend to trigger these factors in self
	9.3	Describe the resources which are available to support own mental health and wellbeing.
	9.4	Explain how to access and use the available resources which are available to support own mental health and wellbeing

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time.

Guidance notes:

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

Criteria 3.3: Some learners may not be employed in settings where moving and handling of individuals is required. Other evidence to show that the learner would be able to do is permissible. The learner is expected to demonstrate safe moving and handling of objects within normal work activity. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Criteria 9.4 should include how the learner can access the support available to them in the workplace.

Legislation: Could include

> Health and Safety at Work Act 1974 (HSWA)
> Manual Handling Operations Regulations 1992 (MHOR)
> The Management of Health and Safety at Work Regulations 1999
> Provision and Use of Work Equipment Regulations 1998 (PUWER)
> Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

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

Others: In this context could include:

> individuals accessing care and support services
> carers, loved ones, family, friends of those accessing care and support services
> colleagues and peers

> professionals visiting the work setting
> visitors to the work setting

Sustainable approaches: Human, social, economic and environmental considerations e.g., eco-friendly approaches, appropriate reuse of items and reduction of waste, recycling and efficient use of resources. Adherence to relevant workplace initiatives, policies and procedures where these exist and local/national priorities and also encouraging and supporting individuals who access care and support to live in a more sustainable way could also be considered by the learner.

Tasks: may include

> use of equipment
> basic life support and first aid
> medication
> healthcare procedures
> food handling and preparation

Reporting: In line with agreed ways of working within the setting and could include verbal, written and electronic systems.

Moving and assisting May also be known "moving and positioning" in adult social care.

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

Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.

Healthcare tasks and healthcare procedures: This may include reference to workplace guidance for carrying out Delegated healthcare tasks and other clinical type procedures carried out as part of the individual's care or support plan.

Own: Relates to the learner undertaking this qualification.

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

Handling Information	
Unit Reference	F/651/9053
Level	2
Credit Value	1
Guided Learning (GL)	5 hours
Unit Summary	This unit covers the knowledge and skills required to handle information securely in care settings. It introduces the learners to agreed ways of working and legislation that will support them to handle information appropriately. Learners will understand how to maintain confidentiality and report data breaches.

Learning Outcomes (1 to 1)	Assessment Criteria (1.1 to 1.4)	
The learner will	**The learner can**	
1. Handle information	1.1	Explain why it is important to have secure systems and follow the agreed ways of working for: > accessing > recording > storing > sharing information
	1.2	Explain the support an individual may need to keep their information safe and secure
	1.3	Demonstrate how to keep records that are up to date, complete, accurate and legible
	1.4	Explain how, and to whom, to report if: > agreed ways of working and legislation have not been followed > there has been a data breach or risk to data security

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Guidance notes:

Criteria 1.1 and 1.2: Achievement should reflect handling information both manual/written and electronically where learners are required to use different systems within the setting.

Criteria 1.3: The learner should avoid the use of abbreviations and jargon and use respectful and inclusive language when contributing to records and reports.

Secure systems for accessing, recording, storing, and sharing of information: this includes both manual/written recording and electronic systems where learners are required to use different systems within the setting.

Agreed ways of working: How they work in accordance with their employer, these will include policies, procedures and job descriptions and will include approaches to maintaining and promoting confidentiality. This will also include the learners personal responsible for handling data safely and the importance of data and cyber security.

Legislation: The learner should consider how different legislation impacts practice. This may include, but is not limited to:

> Data Protection Act 2018
> The General Data Protection Regulation (GDPR) 2016
> Freedom of Information Act 2000
> Care Act 2014
> Health and Social Care Act 2012
> Human Rights Act 1998

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. This will include supporting the individual to understand their rights

and choices with regards to their personal information, such as how their information is stored and used.

Report: In line with agreed ways of working within the setting and could include the use of verbal, written and electronic systems.

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

Infection Prevention and Control (IPC)	
Unit Reference	H/6519054
Level	2
Credit Value	2
Guided Learning (GL)	10 hours
Unit Summary	This unit aims to help learners understand the meaning and importance of infection control. It explores the causes of infections and the ways that they can be spread. It also covers how to use methods to prevent and control infection spread, including personal protective equipment (PPE), cleaning and decontamination.

Learning Outcomes (1 to 1)	Assessment Criteria (1.1 to 1.10)	
The learner will	**The learner can**	
1. Prevent the spread of infection	1.1	Describe the causes of infection, the main ways infection can get into the body and the chain of infection
	1.2	Outline the standard Infection Prevention and Control (IPC) precautions which **must** be followed to protect you and others in your workplace and where to find the most up to date information
	1.3	Describe your role in preventing infection in the area you work
	1.4	Demonstrate effective hand hygiene using appropriate products
	1.5	Explain how your own health, hygiene, vaccinations status and exposure to infection at work might pose a risk to the individuals you support and others you meet

	1.6	Identify common types of personal protective equipment (PPE) and clothing and describe how and when to use them
	1.7	Demonstrate effective use of PPE appropriate to the care activity including putting on and taking off (donning and doffing) safely
	1.8	Describe the appropriate methods for cleaning and/or decontamination of the care environment/equipment
	1.9	Describe the process for safe handling of blood/bodily fluids spills
	1.10	Explain the principles of safe handling and disposal of infected or soiled linen/equipment and clinical waste

Assessment:

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

Assessment decisions for skills-based learning outcomes **must** be made during the learner's normal work activity. Skills-based assessment **must** include direct observation as the main source of evidence and **must** be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision **must** show application of knowledge within the real work environment.

Guidance notes:

Criteria 1.5: The learner should consider the factors which may contribute to the individual being more vulnerable to infection.

Methods, processes, and principles within **criteria 1.8, 1.9 and 1.10** should include reference to local procedures where applicable.

Precautions: Will relate to service type and current organisational, national, and local policy/procedure and guidance.

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

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 learner is likely to come in to contact with, including but not limited to:

> 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

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

Clothing: Where appropriate to the setting this may include reference to uniform requirements.

Decontamination: After cleaning, environments and equipment may require disinfection and sterilisation.

Clinical waste: Is defined as a type of waste that has the potential to cause infection or disease and includes, "sharps," such as needles, bodily fluids, incontinence products and used dressings.

Awareness of Learning Disability and Autism

Unit Reference	J/651/9055
Level	2
Credit Value	3
Guided Learning (GL)	16 hours
Unit Summary	This unit provides an awareness of the specific needs of people with a learning disability and autistic people. Learners will consider how a learning disability or autism may affect a person's day-to-day life, including communication, health and support needs. Learners will explore how reasonable adjustments can be made to reduce the likelihood of health inequalities. Finally, learners will recognise how relevant legislation and guidance can uphold the rights of people with a learning disability or autistic people.

Learning Outcomes (1 to 4)	Assessment Criteria (1.1 to 4.1)	
The learner will	**The learner can**	
1. Understand the needs and experiences of people with a learning disability and autistic people	1.1	Outline what is meant by the term learning disability
	1.2	Outline what is meant by the term autism
	1.3	Identify other mental or physical conditions that a person with a learning disability or autistic person are more likely to live with than the general population
	1.4	Explain how learning disability or autism can impact a person's: > everyday life > health and well-being > care and support needs
	1.5	Describe barriers people with a learning disability or an autistic person can face in accessing healthcare services

	1.6	Describe the different health inequalities experienced by people with a learning disability and autistic people
2. Understand how to meet the communication and information needs of people with a learning disability and autistic people	2.1	Identify key differences in communication for: > a person with a learning disability > an autistic person
	2.2	Explain how sensory issues can impact autistic people
	2.3	Explain the importance of meeting a person's unique communication and information needs
	2.4	Explain ways to adapt own communication when supporting people with a learning disability and autistic people
	2.5	Identify different ways to engage with and signpost people with a learning disability, autistic people and their families and carers to information, services, and support
3. Understand reasonable adjustments which may be necessary in health and care delivery	3.1	Identify reasonable adjustments which can be made in health and care services accessed by people with a learning disability and autistic people and the importance of planning these in advance
	3.2	Explain how to report concerns associated with unmet health and care needs which may arise for people with a learning disability and autistic people when reasonable adjustments are not made
4. Understand how legislation and guidance supports people with a learning disability and autistic people	4.1	Explain how key pieces of legislation and guidance support and promote human rights, inclusion, equal life chances and citizenship of people with learning disability and autistic people

Assessment:

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

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

Guidance notes:

Meant: for learning disability, as a minimum, the learner's response should recognise the cause of a learning disability, that a learning disability is lifelong, there are different types, and it can be different for every person that has one. For autism, as a minimum, the learner's response should include, how common it is, that autism is neurodevelopmental and lifelong and that every autistic person has a different combination of traits and sensitivities and is unique.

Other mental or physical conditions: This could include but is not limited to physical impairments, mental health conditions, autism, learning difficulties and disabilities, intellectual disabilities neurological conditions such as epilepsy, health related conditions, visual or hearing impairment, exceptional cognitive skills, and the impact of trauma. The learner's response should recognise that conditions and impact will be very different for a person with a learning disability and for an autistic person.

Impact: The learner's response should reflect that this will be different for every person.

Barriers accessing healthcare services: This could include but not limited to: the associated additional health conditions a person may have, the need for reasonable adjustments which are not recognised or applied, accessibility issues inc. transport, communication and language differences, support to access health procedures, checks and screening, misuse of the Mental Capacity Act, lack of understanding of learning disability and autism and diagnostic overshadowing.

Health inequalities: Reference should be made to LeDeR reviews and findings from the 'Learning from lives and deaths – people with a learning disability and autistic people' programme (LeDeR). This should include but is not limited to differences in life expectancy, prevalence of avoidable medical conditions, overmedication (STOMP) and issues with access to treatment and support for behaviour that challenges (STAMP).

Key differences in communication: This could include but is not limited to people: may use different methods to communicate, may interpret communication differently, may not recognise non-verbal communication, may not recognise

emotional and social cues, may need longer to process communication and information, may need longer to express themselves, how communication may be displayed through behaviours, may take language literally and social interaction.

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

Individual's unique communication and information needs: The learner's response should recognise differences and individuality.

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

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

Reasonable adjustments: steps, adaptions and changes which can be made to meet the needs and preferences of a person with a learning disability or autistic person. Including but not limited to: providing the person with more time, using easy read information, pictures, adjusting pace of communication, using simple, easy language and making changes to the environment, including opportunities to avoid sensory overload (e.g. turning off unnecessary lights, TV / radio, offering quiet space, enabling the use of sensory protection such as noise-cancelling headphones), and considering the use of an alternative location. Within criteria and response for **3.1** the learner should recognise and consider not only the reasonable adjustments which may be needed in the care and support service accessed by the person, also reflection of the adjustments which may be needed when they are supporting a person to access other care and health services.

Report: In line with agreed ways of working within the setting and could include verbal, written and electronic systems 66 Legislation and guidance: Including but not limited to:

> Equality Act 2010
> Human Rights Act 1998
> Mental Capacity Act 2005
> Care Act 2014
> Health and Social Care Act 2012
> Accessible Information Standard
> Autism Act 2009
> Down Syndrome Act 2022

Within response for **4.1**, the learner should be encouraged to reflect on their current knowledge of the appropriate legislation and guidance in relation to supporting people with a learning disability and autistic people.

Supporting note:

> The Learning Outcomes for Standard 15 have been updated to be consistent with learning outcomes from the Core Capabilities Frameworks for supporting people with a learning disability and autistic people
> They also align with the learning outcomes in tier 1 of the Oliver McGowan Mandatory Training on Learning Disability and Autism, which is the government's preferred and recommended package for all health and social care staff which meets the code of practice standards
> Undertaking the Oliver McGowan Mandatory Training on Learning Disability and Autism to tier 1 or equivalent training which meets all the standards of the Code will support a learner to achieve Standard 15. Learners will still need to evidence their learning to an assessor.

Oliver McGowan code of practice - GOV.UK

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

For service providers regulated by the Care Quality Commission, this is a legal requirement introduced by the Health and Care Act 2022. To support service providers to meet this legal requirement, standards for learning disability and autism training are set out in the [draft] Oliver McGowan code of practice. It is expected that all learners undertaking the Care Certificate who work for regulated service providers will have attended training that meets the standards in the code of practice prior to or alongside completing this qualification. 67 Individual staff members may have learning disability and autism training needs that go beyond the learning outcomes in this unit and therefore require further training to enable their employer to meet the legal requirement. It is the employer's responsibility to identify and address this need as appropriate. Therefore, achievement of this qualification unit does not mean that an individual has automatically met their overall learning disability and autism training needs. Care providers should assess the learning needs of each staff member with relation to learning disability and autism.

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

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.