



Qualification Specification

# **ProQual Level 2 Adult Social Care Certificate**

# ProQual Level 2 Adult Social Care Certificate



This qualification is part of ProQual's broad offer of qualifications in the Health and Social Care Sector.

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## Contents

Introduction.....	3
Qualification Profile .....	4
Learner Profile .....	5
Qualification Structure .....	6
Centre Requirements .....	7
Certification .....	8
Assessment Requirements.....	9
Enquiries, Appeals and Adjustments.....	10
Units – Learning Outcomes and Assessment Criteria.....	11
Understand Your Own Role.....	11
Personal Development.....	16
Duty of Care.....	21
Equality, Diversity, Inclusion and Human Rights.....	25
Work in a Person-Centred Way .....	29
Communication.....	35
Privacy and Dignity.....	42
Nutrition and Hydration .....	47
Awareness of Mental Health and Dementia.....	53
Adult Safeguarding .....	57
Safeguarding Children .....	64
Health, Safety and the Principles of Basic Life Support .....	67
Handling Information.....	73
Infection Control and Prevention.....	77
An Awareness of Learning Disability and Autism .....	81
Appendix One – Command Verb Definitions .....	87

### Introduction

The ProQual Level 2 Adult Social Care Certificate provides a nationally recognised qualification for those working in the adult social care sector to develop and demonstrate the key competencies and knowledge required to deliver effective adult care.

The aims of this qualification are:

- To allow those working in the adult care sector to develop and demonstrate the underpinning knowledge required to deliver effective adult care.
- To allow those working in the adult care sector to develop and demonstrate competency at delivering effective adult care.

**This qualification does not replace the need for employer specific induction or mandatory training.**

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in England. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF), and has been published in Ofqual's Register of Qualifications.

## Qualification Profile

<b>Qualification Title:</b>	ProQual Level 2 Adult Social Care Certificate
<b>Qualification Number:</b>	610/5380/6
<b>Level:</b>	2
<b>Total Qualification Time (TQT):</b>	360 Hours 36 Credits
<b>Guided Learning Hours (GLH):</b>	251 Hours
<b>External</b>	Pass/Fail
	Internally assessed and verified by centre staff
	Externally quality assured by ProQual Verifiers
<b>Qualification Start Date:</b>	12/05/2025
<b>Qualification Review Date:</b>	12/05/2028

### Learner Profile

Candidates for this qualification **must** meet the following requirements:

- Be currently employed in the adult social care sector, and have responsibility for providing person-centred, values-driven care and support for those accessing the service.
- Be at least 19 years old on the day that they are registered for this qualification. Centres are reminded that no assessment activity may take place until a candidate has been registered.

In addition to this, candidates should normally have completed any employer specific induction or mandatory training prior to beginning this qualification. However, centres and employers may decide that this qualification can be completed alongside this training. This qualification **does not** replace employer specific induction or mandatory training.

There are no formal academic entry requirements for this qualification. Centres are expected to carry out an initial assessment to ensure that potential candidates will be able to access this qualification, and to inform the assessment plan.

Candidates who complete this qualification may wish to progress onto other qualifications within ProQual's Health and Social Care or Clinical Skills Suites.

## Qualification Structure

This qualification consists of **fifteen** mandatory unit/units. Candidates must complete all mandatory units to complete this qualification.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete <b>all</b> units in this group.				
A/651/5073	Understand Your Own Role	2	20	15
D/651/5074	Personal Development	2	30	20
F/651/5075	Duty of Care	2	20	15
H/651/5076	Equality, Diversity, Inclusion and Human Rights	2	20	15
J/651/5077	Work in a Person-Centred Way	2	30	20
K/651/5078	Communication	2	30	20
L/651/5079	Privacy and Dignity	2	30	20
T/651/5080	Nutrition and Hydration	2	20	15
Y/651/5081	Awareness of Mental Health and Dementia	2	30	20
A/651/5082	Adult Safeguarding	2	30	20
D/651/5083	Safeguarding Children	2	10	8
F/651/5084	Health, Safety and Principles of Basic Life Support	2	30	20
H/651/5085	Handling Information	2	10	8
J/651/5086	Infection Control and Prevention	2	20	15
K/651/5087	An Awareness of Learning Disability and Autism	2	30	20

## Centre Requirements

Centres must be approved to deliver this qualification. If your centre is not approved to deliver this qualification, please complete and submit the **ProQual Additional Qualification Approval Form**.

Materials produced by centres to support candidates should:

- Enable them to track their achievements as they progress through the learning outcomes and assessment criteria.
- Provide information on where ProQual's policies and procedures can be viewed.
- Provide a means of enabling Internal and External Quality Assurance staff to authenticate evidence.

### Certification

Candidates who achieve the requirements for this qualification will be awarded:

- A certificate listing all units achieved, and
- A certificate giving the full qualification title:

### ProQual Level 2 Adult Social Care Certificate

#### Claiming certificates

Centres may claim certificates for candidates who have been registered with ProQual and who have successfully achieved the qualification. All certificates will be issued to the centre for successful candidates.

#### Unit certificates

If a candidate does not achieve all of the units required for a qualification, the centre may claim a unit certificate for the candidate which will list all of the units achieved.

#### Replacement certificates

If a replacement certificate is required a request must be made to ProQual in writing. Replacement certificates are labelled as such and are only provided when the claim has been authenticated. Refer to the Fee Schedule for details of charges for replacement.

## Assessment Requirements

Each candidate is required to produce a portfolio of evidence which demonstrates their achievement of all of the learning outcomes and assessment criteria for each unit.

Evidence can include:

- Observation report by assessor.
- Assignments/projects/reports.
- Professional discussion.
- Witness testimony.
- Candidate product.
- Worksheets.
- Record of oral and written questioning.
- Recognition of Prior Learning.

Candidates must demonstrate the level of competence described in the units. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Centre staff assessing this qualification must be **occupationally competent** and qualified to make assessment decisions. Assessors who are suitably qualified may hold a qualification such as, but not limited to:

- ProQual Level 3 Certificate in Teaching, Training and Assessment.
- ProQual Level 3 Award in Assessing Competence in the Work Environment.
- ProQual Level 4 Certificate in Education and Training (with appropriate assessment units).

Candidate portfolios must be internally verified by centre staff who are **occupationally knowledgeable** and qualified to make quality assurance decisions. Internal verifiers who are suitably qualified may hold a qualification such as:

- ProQual Level 4 Award in the Internal QA of Assessment Processes and Practice.
- ProQual Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.

**Occupationally competent** means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and understanding.

**This qualification must be assessed in line with the [Skills for Care and Development Assessment Principles](#) and the [JABQC Additional Assessment Guidance](#).**

## **Enquiries, Appeals and Adjustments**

Adjustments to standard assessment arrangements are made on the individual needs of candidates. ProQual's Reasonable Adjustments Policy and Special Consideration Policy sets out the steps to follow when implementing reasonable adjustments and special considerations and the service that ProQual provides for some of these arrangements.

Centres should contact ProQual for further information or queries about the contents of the policy.

All enquiries relating to assessment or other decisions should be dealt with by centres, with reference to ProQual's Enquiries and Appeals Procedures.

## Units – Learning Outcomes and Assessment Criteria

<b>Title:</b>	Understand Your Own Role		<b>Level:</b>	2
<b>Unit Number:</b>	A/651/5073	<b>TQT:</b>	20	<b>GLH:</b> 15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
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	Discuss 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	State the 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 social care.	3.1	Explain 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	Describe 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: <ul style="list-style-type: none"> <li>• Partnership working.</li> <li>• Resolving conflicts.</li> </ul>

### Guidance for Assessors

For assessment criteria 1.2, *standards* may include Codes of Practice, minimum standards, national occupational standards and any other standards and good practice relevant to the setting.

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

For assessment criteria 2.4 and 2.5, *agreed ways of working* includes policies and procedures, job descriptions and less formal agreements and expected practices.

For assessment criteria 2.6, evidence should include reference to whistleblowing procedures. Whistleblowing is where a person (the whistleblower) exposes any kind of information or activity that is deemed illegal, unethical or incorrect.

For assessment criteria 3.1 and 4.2, *individual(s)* will normally refer to the person or people the learner is providing care and support for.

For assessment criteria 3.1 and 4.2, *key people and others* may include but is 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.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 – 1.4.
- Assessment criteria 2.1, 2.2, 2.3 2.6 and 2.7.
- Assessment criteria 3.1 – 3.3.
- Assessment criteria 4.1 and 4.2.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 2.4 and 2.5.
- Assessment criteria 4.3 and 4.4

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**. There is one exception to this requirement:

The opportunity may not arise for a candidate to generate evidence toward assessment criteria 4.4 during the time they are completing the qualification. In this instance, candidates may use other forms of evidence generated outside of normal work activity, in order to demonstrate competence.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Personal Development		<b>Level:</b>	2	
<b>Unit Number:</b>	D/651/5074	<b>TQT:</b>	30	<b>GLH:</b>	20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Agree a personal development plan.	1.1	Explain the processes for: <ul style="list-style-type: none"> <li>Identifying own learning needs.</li> <li>Agreeing a personal development plan and who should be involved.</li> </ul>		
		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	Identify sources of support for own learning and development.		
		2.2	Discuss how learning activities have improved own knowledge, skills and understanding.		
		2.3	Describe the level of literacy, numeracy, digital and communication skills needed to carry out own role.		
		2.4	Identify where to find information and support on how to check and develop own current level of: <ul style="list-style-type: none"> <li>Literacy.</li> <li>Numeracy.</li> <li>Digital skills.</li> <li>Communication skills.</li> </ul>		
		2.5	Discuss how reflecting on a situation has improved own knowledge, skills and understanding.		
		2.6	Discuss how feedback from others has developed own knowledge, skills and understanding.		
		2.7	Demonstrate how to measure own knowledge, skills and understanding against relevant standards.		

2	Continued	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.

### Guidance for Assessors

For assessment criteria 1.1 and 1.3, *personal development plan* may be known by a different name, but will record information such as agreed objectives for personal and professional development, proposed activities to meet objectives and timescales for review.

For assessment criteria 1.2 and 2.6, *others* refers to other people the candidate has contact with, including:

- 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.

For assessment criteria 2.1, *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.

For assessment criteria 2.3 and 2.4, *Literacy, numeracy, digital skills and communication skills* will be appropriate to candidate's 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 candidate's practice and could reference to an appropriate functional skill level needed where applicable.

For assessment criteria 2.5, *reflecting* involves thinking about what needs to be changed to improve future practice.

For assessment criteria 2.7, *standards* may include Codes of Practice, minimum standards, national occupational standards and any other standards and good practice relevant to the setting.

For assessment criteria 2.9, personal development refers to the process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 – 1.2.
- Assessment criteria 2.1-2.6.
- Assessment criteria 2.8.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 1.3.
- Assessment criteria 2.7 and 2.9.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Duty of Care		<b>Level:</b>	2	
<b>Unit Number:</b>	F/651/5075	<b>TQT:</b>	20	<b>GLH:</b>	15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Understand duty of care and duty of candour.	1.1	Define the following terms: <ul style="list-style-type: none"> <li>Duty of care.</li> <li>Duty of candour.</li> </ul>		
		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	Discuss dilemmas that may arise between the duty of care and an individual's rights.		
		2.2	Explain what you must and must do within own role in managing conflicts and dilemmas.		
		2.3	Identify 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	Identify who to ask for advice and support in handling comments and complaints.		
		3.3	Discuss 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	Explain how to recognise: <ul style="list-style-type: none"> <li>Adverse events.</li> <li>Incidents.</li> <li>Errors and near misses.</li> </ul>		
		4.2	Explain what you must do 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	Describe the factors and difficult situations that may cause confrontation.
		5.2	Discuss how communication can be used to solve problems and reduce the likelihood or impact of confrontation.
		5.3	Explain how to assess and reduce the risks in confrontational situations.
		5.4	Demonstrate how and when to access support and advice resolving conflicts.
		5.5	Describe agreed ways of working for reporting any confrontations.

### Guidance for Assessors

For learning outcome 2, *dilemmas* means a situation in which a difficult choice has to be made.

For assessment criteria 2.1, *individual* means the person accessing care and support, and normally refers to the person the candidate is provided care and support for.

For assessment criteria 2.1 and 5.4, *conflicts* could be a disagreement, clash of opinions which could upset or harm the individual.

For learning outcome 3, both comments and complaints should be included as per agreed ways of working.

For assessment criteria 3.1, 4.3 and 5.5, *agreed ways of working* will include policies and procedures, job descriptions and less formal agreements and expected practices.

For assessment criteria 3.1, evidence should include the candidate's use of the formal reporting procedures in the workplace.

For assessment criteria 4.3 and 5.5, *reporting* means reporting in line with agreed ways of working within the setting and may include manual and electronic records.

For assessment criteria 5.2, *communication* should include a range of communication methods that are considered with the individual and appropriate others.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 – 1.2.
- Assessment criteria 2.1 – 2.3.
- Assessment criteria 3.2 – 3.3.
- Assessment criteria 4.1 – 4.3.
- Assessment criteria 5.1 – 5.3, and 5.5.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 3.1, 5.4.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

The opportunity may not arise for a candidate to generate evidence toward assessment criteria 3.1 and 5.4 during the time they are completing the qualification. In this instance, candidates may use other forms of evidence generated outside of normal work activity, in order to demonstrate competence.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Equality, Diversity, Inclusion and Human Rights		<b>Level:</b>	2
<b>Unit Number:</b>	H/651/5076	<b>TQT:</b>	20	<b>GLH:</b> 15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
1	Understand the importance of equality, diversity, inclusion and human rights.	1.1	Describe what is meant by: <ul style="list-style-type: none"> <li>• Human rights.</li> <li>• Protected characteristics.</li> </ul>	
		1.2	Describe 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: <ul style="list-style-type: none"> <li>• Disability hate crime.</li> <li>• Mate crime.</li> <li>• Bullying.</li> </ul>	
		1.5	Explain how to recognise, challenge and report discrimination in line with your employer's policies and procedures, in a way that encourages positive change.	
2	Work in an inclusive way.	2.1	Explain 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	Identify 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	Explain how and when to access information, advice and support about equality, diversity, inclusion and human rights.	

## Guidance for Assessors

For assessment criteria 1.1, *protected characteristics* means as defined by the Equality Act 2010.

For assessment criteria 1.2, *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.

For assessment criteria 1.2, and 2.3, *individual(s)* means the person or people accessing care and support, and will normally refer to the person or people the candidate is providing care and support for. *Others* can refer to everyone the candidate is likely to come into contact with, including:

- Carers, loved ones, family and 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.

For assessment criteria 1.4, *mate crime* is when someone says they are your friend, but they do things that take advantage of you, such as asking for money a lot. Please refer to the [definition provided by Mencap](#).

For assessment criteria 2.1, *legislation* 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.

For assessment criteria 2.2, *culturally appropriate care* is described as 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.

For assessment criteria 3.1, *sources* should include those available within the work setting, as well as external sources. 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/en/equality-act/equality-act-2010>

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 - 1.5.
- Assessment criteria 2.1 - 2.2.
- Assessment criteria 3.1 - 3.2.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 2.3.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Work in a Person-Centred Way		<b>Level:</b>	2
<b>Unit Number:</b>	J/651/5077	<b>TQT:</b>	30	<b>GLH:</b> 20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
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	Discuss why it is important to work in a way that promotes person-centred values when providing support to individuals.	
		1.4	Describe ways to promote dignity in your day-to-day work.	
		1.5	Explain 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	Explain 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	Discuss 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	Describe 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	Explain what is meant by consent, and factors that influence an individual's mental capacity and ability to express consent.	

3	<i>Continued</i>	3.5	Discuss 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.	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 and overall wellbeing.
		5.2	Demonstrate that own attitudes and behaviours promote emotional, spiritual 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 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.

## Guidance for Assessors

For learning outcomes 1 and 6, *person-centred values* include:

- Individuality.
- Independence.
- Privacy.
- Partnership.
- Choice.
- Dignity.
- Respect.
- Rights.

For assessment criteria 1.3, 1.5, 2.1 - 2.3, 3.3 - 3.5, 4.1 - 4.3 and 5.1 - 5.4, *individual(s)* means the person or people accessing care and support. It will normally refer to the person or people the candidate is providing care and support for.

For assessment criteria 1.5, *relationships* includes the range of relationships important to the individual(s) the candidate is 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.
- Other professionals.

Candidates should consider intimacy, sexuality and sexual relationships.

For assessment 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.

For assessment criteria 2.3, 5.1, 5.2 and 5.4, *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 wellbeing.

For learning outcome 3, *capacity* means the ability to use and understand information to make a decision, at the time a decision needs to be made.

For assessment criteria 3.1, *legislation and codes of practice* must include (as a minimum) the Mental Capacity Act 2005 and Liberty Protection Safeguards.

For assessment criteria 3.5, *advance statements* means as per the individual's Advance Care Plan if they have chosen to have one in place.

For assessment criteria 4.2, *signs* could include, but is not limited to, verbal reporting from the individual, non-verbal communication and changes in behaviour.

For assessment criteria 4.2 and 4.3, *emotional distress* could include a range of negative feelings being displayed by the individual such as sadness, anxiety, fear, anger or despair.

For assessment criteria 4.3, *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. repositioning or giving prescribed pain relief medication.
- Reporting to a more senior member of staff.
- Ensuring equipment or medical devices are working or the correct position, e.g. wheelchairs, prosthetics, catheter tubes etc.
- 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.

For assessment criteria 4.4, *others* means the person who may be causing discomfort or distress to the individual. *Report* 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* will include policies and procedures, job descriptions and less formal agreements and expected practices.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 - 1.5.
- Assessment criteria 2.1 - 2.3.
- Assessment criteria 3.1 - 3.5.
- Assessment criteria 5.1.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 4.1 - 4.4
- Assessment criteria 5.2 - 5.4.
- Assessment criteria 6.1.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**. There is one exception to this requirement:

The opportunity may not arise for a candidate to generate evidence toward learning outcome 4 during the time they are completing the qualification. In this instance, candidates may use other forms of evidence generated outside of normal work activity, in order to demonstrate competence.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Communication		<b>Level:</b>	2	
<b>Unit Number:</b>	K/651/5078	<b>TQT:</b>	30	<b>GLH:</b>	20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
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	Identify a range of methods, styles, communication aids and assistive technologies that could help meet an individual's communication needs, wishes and preferences.		
		2.3	Identify a range of digital communication tools that could help meet an individual's communication needs, wishes and preferences.		
3	Understand how to promote effective communication with individuals.	3.1	Discuss 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	Identify 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	<i>Continued</i>	4.4	Discuss why it is important to observe and be receptive to an individuals' 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	Discuss what confidentiality means in relation to your role.
		5.2	Identify legislation and agreed ways of working which maintain confidentiality across all types of communication.
		5.3	Discuss situations where information, normally considered to be confidential, might need to be passed on.
		5.4	Identify who you should ask for advice and support about confidentiality.

### Guidance for Assessors

For learning outcome 1, *Workplace* and *work* may include one specific location, or a range of locations depending on the context of the candidate's role and should encompass everyone the candidate communicates with, including but not limited to:

- Individuals accessing care and support services.
- Peers, team members, other colleagues, managers and senior management.
- Friends, family and loved ones of those accessing care and support services.
- Paid workers and volunteers from other organisations and teams.

For assessment criteria 1.1, *different* ways should also include digital communication methods which are used within the workplace.

For learning outcome 2, *needs, wishes and preferences* may be based on experiences, desires, values, beliefs or culture and may change over time.

For assessment criteria 2.1 - 2.3, 3.1 - 3.3 and 4.3 - 4.4, *individual(s)* means the person or people accessing care and support. It will normally refer to the people or persons the learner is providing care and support for.

For assessment criteria 2.2, *communication aids* means 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.
- Braille.

*Assistive technologies* means 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.

For assessment criteria 2.3, *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.

For assessment criteria 3.1, *barriers* may include, but is 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 other's prejudices.
- Conflict.

For assessment criteria 3.3, *support or services* may include:

- Translation services.
- Interpretation services.
- Speech and language services.
- Advocacy services.
- Occupational therapy services.

Assessment 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 and pitch.
- Volume.
- Position and proximity.
- Eye contact.
- Touch.
- Gestures.
- Body Language.
- Active listening skills.
- Interpretation of non-verbal communication.

Evidence generated for assessment criteria 4.2 should be relevant to the candidate's role and ideally should relate to the support the candidate 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 workplace.

For assessment criteria 4.1 and 4.2, *appropriate and safe* could include, but not limited to, ensuring 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.

Assessment 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.

For assessment criteria 5.2, *legislation* should include consideration of how different legislation relates to an influences 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* will include policies and procedures, job descriptions and less formal agreements and expected practices.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 - 1.2.
- Assessment criteria 2.1 - 2.3.
- Assessment criteria 3.1 - 3.3.
- Assessment criteria 4.4.
- Assessment criteria 5.1 - 5.4.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 4.1 - 4.3.
- Assessment criteria 4.5.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**. There is one exception to this requirement:

The opportunity may not arise for a candidate to generate evidence toward assessment criteria 4.5 during the time they are completing the qualification. In this instance, candidates may use other forms of evidence generated outside of normal work activity, in order to demonstrate competence.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Privacy and Dignity		<b>Level:</b>	2
<b>Unit Number:</b>	L/651/5079	<b>TQT:</b>	30	<b>GLH:</b> 20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
1	Understand the principles that underpin privacy and dignity in care.	1.1	State what is meant by privacy and dignity.	
		1.2	Discuss situations where an individual's privacy and dignity could be compromised.	
		1.3	Discuss 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	Understand how to support an individual's right to make informed 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 process to support the rights of individuals to make informed choices about their lives.	
		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	Discuss how valuing individuals contributes to active participation.
		5.2	Explain how to enable individuals to make informed choices about their lives.
		5.3	Discuss 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	Discuss how your own personal views could restrict the individual's ability to actively participate.

### Guidance for Assessors

Throughout this unit, *individual(s)* means the person or people accessing care and support and will normally refer to the person or people that the candidate is providing care and support for.

Assessment criteria 1.3 and 2.1 could include, but are 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 individual's preferred routine and personal space.

For assessment criteria 2.2, *private* could include, but is not limited to:

- Health condition.
- Sexual orientation.
- Personal history.
- Social circumstances.

For assessment criteria 3.4, *others* may include, but is not limited to:

- Carers, loved ones, family and friends.
- Colleagues in the setting.
- Professionals from other services.

For assessment criteria 3.2 and 4.2, *risk assessment processes* should include being able to use the risk assessment process positively to enable individuals to take risks they chose (positive risk taking).

For assessment criteria 5.1, 5.3 and 6.1, *active participation* means 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.

For assessment criteria 5.4, *connections* could include family, friends, loved ones and their community.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 - 1.3.
- Assessment criteria 2.2.
- Assessment criteria 3.1 - 3.4.
- Assessment criteria 5.1 - 5.4.
- Assessment criteria 6.2.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 2.1.
- Assessment criteria 3.1 - 3.3.
- Assessment criteria 6.1.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Nutrition and Hydration		<b>Level:</b>	2	
<b>Unit Number:</b>	T/651/5080	<b>TQT:</b>	20	<b>GLH:</b>	15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Understand the principles of food safety.	1.1	Discuss the importance of food safety, including hygiene in the preparation and handling of food.		
2	Understand the principles of nutrition and hydration.	2.1	Discuss the importance of good nutrition and hydration in maintaining health and wellbeing.		
		2.2	Identify the signs and symptoms of poor nutrition and hydration.		
		2.3	Describe ways to promote and support adequate nutrition and hydration.		
		2.4	Explain how to identify and report changes or risks relating to nutrition and hydration needs.		
3	Support individuals with nutrition and hydration.	3.1	Explain how to identify the nutrition and hydration care support needs of an individual.		
		3.2	Discuss 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	Discuss when you might need to seek additional advice and guidance when supporting individuals with their nutrition and hydration needs and how to gain this.		

## Guidance for Assessors

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 (8.3c and d) 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 candidate'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.

Throughout this unit, *individual(s)* means the person or people accessing care and support and will normally refer to the person or people that the candidate is providing care and support for.

For assessment criteria 2.4, *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* means in line with agreed ways of working within the setting and may include use of appropriate monitoring tools.

For assessment criteria 3.2, *factors* which can affect the nutrition and hydration needs and choices of individuals may include, but are not limited to:

- Health needs and conditions, such as diabetes, coeliac disease and heart disease.
- Dietary requirements.
- Physical factors, such as eating, drinking, or swallowing difficulties.
- 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.

For assessment criteria 3.3, *preferences* will include any personal choices and any religious and cultural preferences. *Needs* may relate to the nutritional, health, and medical needs of individuals. *Care or support plan* may be known by other names such as "support plan" or "individual plan". It is the document where day to day requirements and preferences for care and support are detailed.

For assessment criteria 3.4, *monitor* means within the context of the individuals care/support plan. This may include, but is 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. If candidates are required to use both electronic and manual recording systems, assessment must include both ways of record keeping.

For assessment criteria 3.5, *additional advice and guidance* will vary depending on the candidate's 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.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1.
- Assessment criteria 2.1 - 2.4.
- Assessment criteria 3.1 - 3.2, and 3.5.
- Assessment criteria 5.1 - 5.4.
- Assessment criteria 6.2.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 3.4 - 3.5.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment criteria 3.3 and 3.4 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 candidates may not have the opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that the candidate 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.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Awareness of Mental Health and Dementia		<b>Level:</b>	2	
<b>Unit Number:</b>	Y/651/5081	<b>TQT:</b>	30	<b>GLH:</b>	20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Understand the needs and experiences of people living with mental health or dementia.	1.1	State what is meant by the terms: <ul style="list-style-type: none"> <li>• Mental health.</li> <li>• Mental health and wellbeing.</li> </ul>		
		1.2	List common types of mental health conditions.		
		1.3	State what is meant by the term "dementia".		
		1.4	Discuss how living with a mental health condition or dementia can impact an individual's: <ul style="list-style-type: none"> <li>• Everyday life and the lives of their families and carers.</li> <li>• Health and well-being.</li> <li>• Care and support needs.</li> </ul>		
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	Explain why early identification of mental health needs or dementia is important.		
		2.4	Discuss 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.		
		2.5	Discuss 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	Discuss 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	Discuss 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.

### Guidance for Assessors

Throughout this unit, where mental health or dementia is stated within criteria, then the learner should include understanding of both.

*Individual(s)* will usually mean the person or people supported by the candidate, but it may include those for whom there is no formal duty of care.

For assessment criteria 1.1, whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and wellbeing relate to every person.

For assessment criteria 1.2, the candidate response should, as a minimum, include psychosis, depression and anxiety.

For assessment criteria 1.3, the candidate response should include key facts, causes and different types of dementia. The candidate should also be able to reflect that dementia will be different for every individual that has it.

For assessment criteria 1.4, *impact* includes physical, social or psychological impact and consideration that impact will be different for every person. *Carers*, in this context means those who provide unpaid care for anyone aged 16 or over with health or social care needs.

For assessment criteria 2.5, *other services and support* includes a range of services and resources available within their organisation and external to their organisation that could support individuals, their families, and carers.

For assessment criteria 3.2, 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 candidate 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.

For assessment criteria 3.3, *person-centred approach* should include the principles and values of person-centred care, including:

- Individually.
- Rights.
- Choice.
- Privacy.
- Independence.
- Dignity.
- Respect.
- Partnership.

*Active participation* means 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.

For assessment criteria 4.1, *reasonable adjustments* means steps, adaptations and changes which can be made to meet the needs and preferences of an individual. Including but not limited to:

- Providing the person with more time.
- Using easy read information.
- Using pictures.
- Adjusting pace of communication.
- Using simple, easy language.
- Making changes to the environment.

For assessment criteria 4.2, *report* means in line with agreed ways of working within the setting and could include verbal, written and electronic systems.

For assessment criteria 5.1, *legislation and guidance* includes but is 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.

The candidate 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.

### Additional Assessment Information

This unit is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### Guidance On the Use of Simulation and Remote Assessment

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Adult Safeguarding	<b>Level:</b>	2
<b>Unit Number:</b>	A/651/5082	<b>TQT:</b>	30
		<b>GLH:</b>	20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>	
1	Understand the principles of adult safeguarding.	1.1	Explain the term "adult safeguarding".
		1.2	State the legal definition of an adult at risk.
		1.3	Discuss own role and responsibilities in adult safeguarding.
		1.4	Describe what constitutes harm.
		1.5	Describe the main types of abuse.
		1.6	Identify possible indicators of abuse.
		1.7	Discuss a range of factors which have featured in adult abuse and neglect.
		1.8	Discuss the range of potential risks with using technology and how to support individuals to be safe without being risk adverse.
		1.9	Demonstrate that individuals are treated with dignity and respect when providing care and support services.
		1.10	Identify 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	Discuss how care environments can promote or undermine people's dignity.
		2.3	Explain the importance of individualised and person-centred care.
		2.4	Describe how to apply basic principles of supporting individuals to keep themselves safe.

2	<i>Continued</i>	2.5	<p>Explain how the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> <li>• Working with person-centred values.</li> <li>• Enabling active participation.</li> <li>• Promoting choice and rights.</li> <li>• Working in partnership with others.</li> </ul>
3	Know how to respond to suspected or disclosed abuse.	3.1	Describe 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	Identify relevant legislation, principles, local and national policies, and procedures which relate to safeguarding adults.
		4.2	Describe 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 practice.	5.1	State 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.

### Guidance for Assessors

For assessment criteria 1.2, *legal definition* means according to the Care Act 2014.

For assessment criteria 1.5, *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.

For assessment criteria 1.7, *factors which have featured* should include reference to adult safeguarding reviews and lessons learnt.

For assessment criteria 1.8, *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* means 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.

For assessment criteria 2.1, *risk* may include:

- Setting or situation.
- The individual's and their care and support needs.

For assessment criteria 2.5 person-centred values include:

- Individuality.
- Rights.
- Choices.
- Privacy.
- Independence.
- Dignity.
- Respect.
- Care.
- Compassion.
- Courage.
- Communication.
- Competency.
- Partnership.

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

For assessment criteria 4.1, *local and national policies and frameworks* includes but is 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* should include how the different legislations relate to and interact with adult safeguarding and will include, but not be 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* includes, but is not limited to, the six principles embedded within the Care Act 2014:

- Empowerment.
- Prevention.
- Proportionality.
- Protection.
- Partnership.
- Accountability.

For learning outcome 5, candidates 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.

For assessment criteria 5.2 *policies and procedures* in relation to restrictive practice may include the reference to ensuring that any restrictive practice is legally implemented and may take in to account the Mental Capacity Act 2005.

## Additional Assessment Information

This unit, **with the exception of assessment criteria 1.9**, is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### **Assessment criteria 1.9 is competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

## Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment **and** the specific local authority procedures and arrangements for Safeguarding Adults.

<b>Title:</b>	Safeguarding Children		<b>Level:</b>	2	
<b>Unit Number:</b>	D/651/5083	<b>TQT:</b>	10	<b>GLH:</b>	8
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Know how to safeguard children.	1.1	Discuss circumstances where there could be contact with a child or young person in the normal course of work within adult social care.		
		1.2	Discuss factors that may contribute to a child or young person being more at risk of abuse.		
		1.3	State the types of abuse that a child or young person could be at risk from.		
		1.4	Describe 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.		

## Guidance for Assessors

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

For assessment criteria 1.1, *circumstances* could include when relatives or groups visit individuals, when providing support in the community or when providing care in an individual's own home.

The candidate 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.

For assessment criteria 1.2, *factors* may include, but are not limited to:

- A setting or situation.
- The child or young person and their care and support needs.

For assessment criteria 1.3, *types of abuse* could include, but is not limited to:

- Sexual.
- Physical.
- Neglect.
- Emotional.
- Domestic.
- Bullying and cyber bullying including online abuse.
- Exploitation.
- Trafficking.
- Female genital mutilation.
- Grooming.

For assessment criteria 1.4, *responding* should include raising concerns in accordance with employer/organisational policies and procedures and local multi-agency arrangements. This should also consider any relevant legalisation, such as the Mental Capacity Act 2005 which applies to people aged 16 and over.

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.

### Additional Assessment Information

This unit is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### Guidance On the Use of Simulation and Remote Assessment

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Health, Safety and the Principles of Basic Life Support		<b>Level:</b>	2
<b>Unit Number:</b>	F/651/5084	<b>TQT:</b>	30	<b>GLH:</b> 20
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
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	Describe the main points of the health and safety policies and procedures agreed with the employer.	
		1.3	Describe the main health and safety responsibilities of: <ul style="list-style-type: none"> <li>• Self.</li> <li>• The employer or manager.</li> <li>• Others in the work setting.</li> </ul>	
		1.4	Identify 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 setting, 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	Identify tasks relating to moving and assisting you are not allowed to carry out until you 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	Discuss different types of accidents and sudden illness that may occur in the course of your work.
		4.2	Describe the workplace procedures to be followed if: <ul style="list-style-type: none"> <li>• An accident occurs.</li> <li>• A sudden illness should occur.</li> <li>• Basic life support is required.</li> </ul>
		4.3	Identify 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	Discuss agreed ways of working in relation to: <ul style="list-style-type: none"> <li>• Medication in the setting.</li> <li>• Healthcare tasks.</li> </ul>
		5.2	Identify tasks relating to medication and health care procedures that you must not carry out until you are competent.
6	Handle hazardous substances.	6.1	Identify common hazardous substances in the workplace.
		6.2	Demonstrate safe practices for storing, using, and disposing of hazardous substances.
7	Know how to promote fire safety.	7.1	Discuss how to prevent fires from starting or spreading.
		7.2	Describe what to do in the event of a fire.
8	Know how to work safely and securely.	8.1	Discuss the measures that are designed to protect your own safety and security at work, and the safety of those you support.
		8.2	Discuss agreed ways of working for checking the identity of anyone requesting access to premises or information.
9	Know how to manage own health and personal wellbeing.	9.1	Identify common factors that can affect own mental health and wellbeing.
		9.2	Discuss circumstances that tend to trigger these factors in self.
		9.3	Identify the resources that are available to support own mental health and wellbeing.
		9.4	Describe how to access and use the available resources which are available to support own mental health and wellbeing.

## Guidance for Assessors

Throughout this unit, *Individual(s)* means the person or people accessing care and support, and will normally refer to the person or people the candidate is providing care and support for.

Tasks could include:

- Use of equipment.
- Basic life support and first aid.
- Medication.
- Healthcare procedures.
- Food handling and preparation.

For assessment criteria 1.1, *legislation* could include:

- Health and Safety at Work Act 1974 (HSAW).
- 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 Regulation 1998 (LOLER).

For assessment criteria 1.2, *policies and procedures* may include other agreed ways of working as well as formal policies and procedures.

For assessment 1.3, *others* could include:

- Individuals accessing care and support services.
- Carers, loved ones, family and friends of those accessing care and support services.
- Colleagues and peers.
- Professionals visiting the work setting.
- Visitors to the work setting.

For assessment criteria 1.6, *sustainable approaches* may include 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 candidate.

For assessment criteria 2.2, *reporting* means in line with agreed ways of working within the setting and could include verbal, written and electronic systems.

For assessment criteria 3.2, *moving and assisting* may also be known “moving and positioning” in adult social care.

For assessment criteria 3.3, 5.1, and 8.2, *agreed ways of working* will include policies and procedures, job descriptions and less formal agreements and expected practices.

For assessment criteria 5.1 and 5.22, *health care tasks and procedures* 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.

For assessment criteria 9.4, evidence should include how the candidate can access the support available to them in the workplace.

For learning outcome 1, *own* refers to the candidate undertaking this qualification. *Wellbeing* means 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.

**NOTE: Achievement of learning outcome 4 does not enable candidate 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.**

## Additional Assessment Information

This unit, **with the exception of assessment criteria 3.3**, is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### **Assessment criteria 3.3 is competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity, however it is recognised that some candidates may not be employed in settings where moving and handling of individuals is required. Other evidence to show that the candidate would be able to do is permissible. The candidate is expected to demonstrate safe moving and handling of objects within normal work activity.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Handling Information			<b>Level:</b>	2
<b>Unit Number:</b>	H/651/5085	<b>TQT:</b>	10	<b>GLH:</b>	8
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>			
1	Handle information.	1.1	Explain why it is important to have secure systems and follow the agreed ways of working for: <ul style="list-style-type: none"> <li>• Accessing.</li> <li>• Recording.</li> <li>• Storing.</li> <li>• Sharing information.</li> </ul>		
		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	Identify how, and to whom, to report if: <ul style="list-style-type: none"> <li>• Agreed ways of working and legislation have not been followed.</li> <li>• There has been a data breach or risk to data security.</li> </ul>		

### Guidance for Assessors

For assessment criteria 1.1, evidence will include both manual/written recording and electronic systems where candidates are required to use different systems within the setting.

For assessment criteria 1.2, *Individual(s)* means the person or people accessing care and support and will normally refer to the person or people the candidate is providing care and support for.

For both assessment criteria, achievement should reflect handling information both manual/written and electronically where candidates are required to use different systems within the setting.

For assessment criteria 1.3, The candidate should avoid the use of abbreviations and jargon and use respectful and inclusive language when contributing to records and reports.

For assessment criteria 1.4, *agreed ways of working* means 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* will include, but is not limited to:

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

The candidate should consider how different legislation impacts practice.

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

*Data breach* means the accidental or unlawful destruction, loss, alternation, unauthorised disclosure of, or access to, personal or secure data.

## Additional Assessment Information

This unit, **with the exception of assessment criteria 1.3**, is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### **Assessment criteria 1.3 is competency based.**

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	Infection Control and Prevention		<b>Level:</b>	2
<b>Unit Number:</b>	J/651/5086	<b>TQT:</b>	20	<b>GLH:</b> 15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
1	Prevent the spread of infection.	1.1	Discuss: <ul style="list-style-type: none"> <li>• The causes of infection.</li> <li>• The main ways infection can get into the body.</li> <li>• The chain of infection.</li> </ul>	
		1.2	Describe the standard Infection Prevention 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	Discuss 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, vaccination 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 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 fluid spills.	
		1.10	Discuss the principles of safe handling and disposal of infected or soiled linen/equipment and clinical waste.	

## Guidance for Assessors

For assessment criteria 1.2, *precautions* will relate to service type and current organisational, national, and local policy/procedure and guidance.

*Others* in this context refers to everyone a learner is likely to come into contact with, including but not limited to:

- Individuals accessing care and support services.
- Carers, loved ones, family and 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.

For assessment criteria 1.4, *hand hygiene* refers to following recommended hand-washing techniques and the use of appropriate sanitiser.

For assessment criteria 1.5 *Individual(s)* means the person or people accessing care and support and will normally refer to the person or people the candidate is providing care and support for.

Candidates should consider the factors which may contribute to the individual being more vulnerable to infection.

For assessment criteria 1.6, *clothing* where appropriate to the setting may include reference to uniform requirements.

For assessment criteria 1.7, *appropriate use of Personal Protective Equipment (PPE)* should include the different equipment recommended, available and donning/doffing and disposal.

For assessment criteria 1.8, *decontamination* means after cleaning, environments and equipment may require disinfection and sterilisation.

For assessment criteria 1.10 *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.

For assessment criteria 1.8, 1.9 and 1.10, *methods, processes and principles* should include reference to local procedures where applicable.

## Additional Assessment Information

The following assessment criteria are **knowledge based**:

- Assessment criteria 1.1 - 1.3.
- Assessment criteria 1.5 - 1.6.
- Assessment criteria 1.8 - 1.10.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

The following assessment criteria are **competency based**:

- Assessment criteria 1.4.
- Assessment criteria 1.7.

This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

It is expected that competence of each assessment criteria will be observed **at least twice** before it is awarded.

### Guidance On the Use of Simulation and Remote Assessment

Assessment decisions for **competency based** assessment criteria must be made during the candidate's normal work activity; **simulation is not allowed**.

In all cases, it is expected the primary source of evidence for **competency based** assessment criteria will be direct observation.

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

<b>Title:</b>	An Awareness of Learning Disability and Autism		<b>Level:</b>	2
<b>Unit Number:</b>	K/651/5087	<b>TQT:</b>	20	<b>GLH:</b> 15
<b>Learning Outcomes</b> <i>The learner will be able to:</i>		<b>Assessment Criteria</b> <i>The learner can:</i>		
1	Understand the needs and experiences of people with a learning disability and autistic people.	1.1	State what is meant by the term learning disability.	
		1.2	State 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: <ul style="list-style-type: none"> <li>• Everyday life.</li> <li>• Health and well-being.</li> <li>• Care and support needs.</li> </ul>	
		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: <ul style="list-style-type: none"> <li>• A person with a learning disability.</li> <li>• An autistic person.</li> </ul>	
		2.2	Discuss how sensory issues can impact autistic people.	
		2.3	Explain the importance of meeting a person's unique communication and information needs.	
		2.4	Describe ways to adapt own communication when supporting people with a learning disability and autistic people.	

2	<i>Continued</i>	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.

### Guidance for Assessors

For assessment criteria 1.1, as a minimum, the candidate'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 assessment criteria 1.2, 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.

For assessment criteria 1.3, 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.

For assessment criteria 1.4, the candidate's response should reflect that this will be different for every person.

For assessment criteria 1.5, *barriers accessing healthcare services* 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.

For assessment criteria 1.6, the candidate's response should reference the 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).

For assessment criteria 2.1, *key differences in communication* 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.

For assessment criteria 2.4, *sensory issues* 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.

For assessment criteria 2.5, the candidate's response should recognise differences and individuality.

For assessment criteria 2.6, *ways to adapt communication* 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.

For assessment criteria 2.7, *carers* in this context means those who provide unpaid care for anyone aged 16 or over with health or social care needs.

For assessment criteria 3.1, *reasonable adjustments* means steps, adaptations 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.

The candidate 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.

For assessment criteria 3.2, *report* means in line with agreed ways of working within the setting and could include verbal, written and electronic systems.

For assessment criteria 4.1, *legislation and guidance* includes but is 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.

The candidate 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.

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

- These learning outcomes also reflect the minimum expected learning set out in standard one of the Oliver McGowan draft code of practice (the code of practice) on statutory learning disability and autism training for health and social care staff.
- They also align with the learning outcomes in tier 1 of the Oliver McGowan Mandatory Training on Learning Disability and Autism, which is the government's preferred and recommended package for all health and social care staff which meets the code of practice standards.
- Undertaking the Oliver McGowan Mandatory Training on Learning Disability and Autism to tier 1 or equivalent training 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.

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.

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 candidates 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.

### Additional Assessment Information

This unit is **knowledge based**.

This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

### Guidance On the Use of Simulation and Remote Assessment

Evidence for **knowledge based** assessment criteria may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

## Appendix One – Command Verb Definitions

The table below explains what is expected from each **command verb** used in an assessment objective. Not all verbs are used in this specification

<b>Apply</b>	Use existing knowledge or skills in a new or different context.
<b>Analyse</b>	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
<b>Classify</b>	Organise information according to specific criteria.
<b>Compare</b>	Examine subjects in detail, giving the similarities and differences.
<b>Critically Compare</b>	As with compare, but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
<b>Describe</b>	Provide detailed, factual information about a subject.
<b>Discuss</b>	Give a detailed account of a subject, including a range of contrasting views and opinions.
<b>Explain</b>	As with describe, but extended to include causation and reasoning.
<b>Identify</b>	Select or ascertain appropriate information and details from a broader range of information or data.
<b>Interpret</b>	Use information or data to clarify or explain something.
<b>Produce</b>	Make or create something.
<b>State</b>	Give short, factual information about something.
<b>Specify</b>	State a fact or requirement clearly and in precise detail.



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