Your views on the Care Certificate
Results of the Skills for Care consultation

Final report
October 2014

Published by Skills for Care
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Executive summary

Background and context

In the wake of the Francis Inquiry, Camilla Cavendish was asked to review health and social care assistant roles. Subsequently the Cavendish Review identified inconsistencies in the training and education of these staff across the health and social care sectors and recommended that a Certificate of Fundamental Care be developed applicable to both. The Department of Health commissioned Health Education England, working with Skills for Care and Skills for Health to develop this certificate as part of the wider Cavendish programme.

The three bodies subsequently developed draft materials for the Care Certificate and these were made available on each of the partner websites. The content for the Care Certificate was based on the National Minimum Training Standards for the health sector and the Common Induction Standards for the social care sector. Piloting of the Care Certificate draft materials was completed and an independent evaluation undertaken by Ekosgen on behalf of the working group partners.

Feedback from stakeholders in the health and social care sectors were also sought, and in the case of Skills for Care these were gathered via a survey specifically targeting providers of social care. The survey ran from 11th July to 28th August 2014 and received 155 responses, mainly from health and social care employers.¹

Table E.1: Overall sample characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A patient or someone who receives care (including people who employ their own care and support)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Employer, manager or supervisor in the health or social care sector (for breakdown see Table 1.2 below)</td>
<td>91</td>
<td>59%</td>
</tr>
<tr>
<td>Health or social care worker</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Training provider</td>
<td>35</td>
<td>23%</td>
</tr>
<tr>
<td>Stakeholder or representative body</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Other²</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>155</td>
<td>100%</td>
</tr>
</tbody>
</table>

It should be noted that very few respondents had been involved in practical testing of the Care Certificate. The views expressed in this report are in the main, therefore, based on an initial reading of the Care Certificate content rather than experience from its implementation.

¹ A fuller respondent profile is included in Chapter 1 of the main report.
² “Other” responses included advocate, assessor, and awarding body.
It should also be noted that the sample included a small number of respondents representing settings that are currently out of scope for the Care Certificate. One respondent was a user-led organisation supporting individual employers and up to six other responses came from individual employers directly. Although individual employer settings (people who employ their own care and support) are not currently in scope for the Care Certificate, the Department of Health are keen to encourage Personal Assistants to undertake the Care Certificate where appropriate and supported by their employer. There was also one response from a live in care provider. Live in care providers are not currently in scope for the Certificate, unless they are in a regulated setting, which is not typical.

Key findings

The consultation found widespread support for the concept behind the Care Certificate, though significant minorities harboured concerns about the fit for purpose of the current framework, its implementation and portability.

- Over half of respondents to the consultation said that the Care Certificate is fit for purpose; close to a third were not sure.

- Just over half of respondents felt the 12 week recommended completion time was ‘about right’; nearly a third felt it was ‘not long enough’.

- Most employers who were signed up to the Social Care Commitment felt that this would help them implement the Care Certificate.

- Several respondents had concerns about the difficulty of fulfilling the assessment requirements, especially for domiciliary and agency care workers.

- Most respondents (57%) felt that the Care Certificate, in its current form, appears portable. A quarter felt it does not appear portable and nearly a fifth were not sure.

The main concern in regard to portability was quality assurance, followed by the worry of some that employment settings in health and social care were so diverse that identifying a transferable set of basic competences was impracticable. Half of the sample thought that the Care Certificate is universally applicable to ‘all or most’ support staff across health and social care (although most respondents came from the social care sector).

The draft materials scored well on accessibility and presentation. Over two thirds of respondents felt the Certificate was ‘quite’ or ‘very accessible’, and nearly four in five rated the presentation and design as satisfactory or better.

Specific feedback on the standards and statements

The consultation received a relatively small amount of feedback relating to specific areas in the 15 Standards. Most comments related to the language used in particular statements, e.g.

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Your views on the Care Certificate
identifying areas for clarification or potential duplication. This information will be considered when revising the documents alongside other evidence received.

Some responses revealed difficulties in understanding the intended universality and portability of the standards. For example, some respondents struggled to identify why training in the safeguarding of children or the needs of people with dementia might be relevant if their immediate client group did not include families or people with dementia. This suggests a need for further guidance and explanation of the aims and intended implementation of the certificate. (These subjects are knowledge only within the Care Certificate so are still able to be completed if workers are not currently working with these service user groups).

A small number of respondents raised concerns about the basic life support standard, feeling that this required further attention as problems in implementing the training posed risks to those receiving care.

Several respondents suggested additional areas for inclusion in the standards, most commonly learning difficulties and autism.

**Next steps**

Skills for Care, Skills for Health and Health Education England have considered these consultation findings along with other evidence strands such as the formal pilot evaluation. This has formed part of the ground work for the final development of the Certificate.
1. Introduction

1.1 Context and purpose

In the wake of the Francis Inquiry, the Cavendish Review found that some induction provided to healthcare assistants and social care workers was inadequate and recommended that a Certificate of Fundamental Care be developed. The Department of Health asked Health Education England, working with Skills for Care and Skills for Health to take forward this action as part of the wider Cavendish programme.

The three bodies subsequently developed draft materials for the Care Certificate and these were made available on websites, including the Skills for Care website. The draft materials included:

- a technical document
- an assessor document
- a learner workbook.

A formal pilot is at the time of writing taking place, and an independent evaluation of the pilot will report later in September 2014.

To garner the views of the wider social care sector on the emerging Care Certificate, Skills for Care invited social care employers and other stakeholders to comment on the draft materials via a web survey. The survey ran from to the 28th August 2014. It was promoted via:

- Skills for Care’s website
- Skills for Care’s e-newsletter
- social media.

The survey received 155 responses. These are summarised in the report that follows.

1.2 Respondent profile

Table 1.1 below summarises the characteristics of people who responded to the consultation survey. Nearly sixty percent of the sample were employers in the health or social care sector – mainly the independent social care sector, as Table 1.2 shows. Table 1.3 shows that social care providers in the sample were broadly representative of the sector as a whole, concentrated as they are in the residential and domiciliary service areas.
Nearly one quarter were training providers. This latter group included at least some in-house trainers, for example in local authorities.

It should be noted that the sample included a small number of respondents representing settings that are currently out of scope for the Care Certificate. One respondent was a user-led organisation supporting individual employers and up to six other responses came from individual employers directly. Although individual employer settings (people who employ their own care and support) are not currently in scope for the Care Certificate, the Department of Health are keen to encourage Personal Assistants to undertake the Care Certificate where appropriate and supported by their employer. There was also one response from a live in care provider. Live in care providers are not currently in scope for the Certificate, unless they are in a regulated setting, which is not typical.

Table 1.1: Overall sample characteristics

| A patient or someone who receives care (including people who employ their own care and support) | 6 | 4% |
| Employer, manager or supervisor in the health or social care sector (for breakdown see Table 1.2 below) | 91 | 59% |
| Health or social care worker | 6 | 4% |
| Training provider | 35 | 23% |
| Stakeholder or representative body | 7 | 5% |
| Other | 10 | 6% |
| **Total** | **155** | **100%** |

Table 1.2: Types of employer

| Local authority | 8 | 9% |
| NHS | 5 | 5% |
| Private, voluntary or independent social care provider | 63 | 69% |
| Private, voluntary or independent healthcare provider | 13 | 14% |
| Other | 2 | 2% |
| **Total** | **91** | **100%** |

3 ‘Other’ responses included advocate, assessor, and awarding body.
Table 1.3: Main service area of social care provider

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Frequency</th>
<th>Percent</th>
<th>Comparison – National Minimum Dataset for adult Social Care, April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential care</td>
<td>25</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>Adult day care</td>
<td>2</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Adult domiciliary care</td>
<td>30</td>
<td>48%</td>
<td>16%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>4</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3%</td>
<td>19%</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Social care employers (including local authorities) and people who may employ their own care and support services were asked whether they were signed up to the Social Care Commitment. Just under half of this group had signed up.

Table 1.4 Have you signed up to the Social Care Commitment?

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
<td>47%</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>30%</td>
</tr>
<tr>
<td>Not sure</td>
<td>18</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100%</td>
</tr>
</tbody>
</table>

Responses were received from a range of small/micro, medium and large organisations (Table 1.6), from across England (Table 1.7).

Table 1.6: Size of organisation

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small or micro</td>
<td>45</td>
<td>29%</td>
</tr>
<tr>
<td>Medium</td>
<td>36</td>
<td>23%</td>
</tr>
<tr>
<td>Large</td>
<td>59</td>
<td>38%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>155</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 1.7: Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East, Yorkshire &amp; Humber</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>North West</td>
<td>22</td>
<td>14%</td>
</tr>
<tr>
<td>Midlands</td>
<td>33</td>
<td>21%</td>
</tr>
<tr>
<td>Eastern</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>London and South East</td>
<td>34</td>
<td>22%</td>
</tr>
<tr>
<td>South West</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>England wide</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Only eight respondents to the survey had been involved in testing or using the Care Certificate in a health or social care setting, prior to responding to the consultation. Respondents provided few details of what this involved but referred to testing and in one case testing of the assessment framework specifically.

This means that the views expressed in this report are typically the views of employers based on a first reading of the Care Certificate content, who have yet to test out the Certificate in practice.

Table 1.8: Have you been involved in testing out or using the new Care Certificate in your own or another setting?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>141</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155</strong></td>
</tr>
</tbody>
</table>

Due to the relatively small sample size overall, and spread of responses it was not possible to identify any statistically significant differences between responses given by different types or size of respondent, or respondents from different parts of the country. The distinctive characteristics of the sample should however be borne in mind when interpreting the findings that follow.
2. General response

Key findings

Over half of respondents to the consultation said that the Care Certificate is fit for purpose; close to a third were not sure.

Just over half of respondents felt the 12 week recommended completion time was ‘about right’; nearly one third felt it was ‘not long enough’.

Most employers who were signed up to the Social Care Commitment felt that this would help them implement the Care Certificate.

Several respondents to the consultation had concerns about the introduction of the Care Certificate, mainly around the difficulty of fulfilling the observation requirements, especially for domiciliary and agency care workers.

2.1 Fit for purpose

We asked whether the current content of the Care Certificate is fit for purpose. Over half of respondents to the consultation said that it was, though close to a third were not sure.

Chart 2.1: Do you feel the current content of the Care Certificate is fit for purpose?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>53.3%</td>
</tr>
<tr>
<td>No</td>
<td>16.4%</td>
</tr>
<tr>
<td>Not sure</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

N=152
2.2 Completion time

Views on the appropriate completion time for the Care Certificate were mixed. Just over half of respondents felt the 12 week recommended completion time was ‘about right’, though nearly a third felt it was ‘not long enough’.

Chart 2.2: Do you feel that the 12 week recommended completion time for the Care Certificate is…?

![Pie chart showing responses to the completion time question]

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>About right</td>
<td>51.0%</td>
</tr>
<tr>
<td>Not long enough</td>
<td>32.9%</td>
</tr>
<tr>
<td>Too long</td>
<td>7.1%</td>
</tr>
<tr>
<td>Not sure</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

N=155

2.2 Impact of the Social Care Commitment

Thirty-five employers in the sample were signed up to the Social Care Commitment. Most of these (20 of 35, or 57%) said that they thought that making the Social Care Commitment would help them implement the Care Certificate.

Table 4.1 Do you think that making the Social Care Commitment will help you implement the Care Certificate?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>20</td>
<td>6</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>%</td>
<td>57%</td>
<td>17%</td>
<td>25%</td>
<td>100%</td>
</tr>
</tbody>
</table>
When asked why, the most common reason given (by four employers) was that the Social Care Commitment is a commitment to quality of workforce development, which should underpin the Care Certificate.

“One of the principles [of the Social Care Commitment] is that staff will be trained and receive ongoing development. It is an essential commitment to the workforce and individuals receiving care and support and likewise for staff to ensure that they have investment in their own practices. So it advocates quality.”

- Large national domiciliary care provider

“I hope that… sign[ing] up to the Social Care Commitment will improve employees’ understanding and awareness in providing good quality services which will underpin the Care Certificate.”

- Local authority, North of England

2.3 Further comments

Several respondents used this area of the consultation to raise concerns about the Care Certificate and a smaller number made supportive comments. Supportive comments included a respondent who said the intended 12 week duration felt about right, another who said the standard was high, and two who welcomed the links to the Social Care Commitment and to other standards and qualifications. Table 2.1 below summarises the top concerns that were raised.

Table 2.1 Concerns

<table>
<thead>
<tr>
<th>Concern</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with fulfilling the observation requirements</td>
<td>11</td>
</tr>
<tr>
<td>12 weeks felt to be insufficiently long</td>
<td>7</td>
</tr>
<tr>
<td>Problems for agency workers</td>
<td>4</td>
</tr>
<tr>
<td>Resource implications</td>
<td>4</td>
</tr>
<tr>
<td>Standards need greater depth or content</td>
<td>3</td>
</tr>
<tr>
<td>Standards are not appropriate for Personal Assistants</td>
<td>3</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>3</td>
</tr>
<tr>
<td>Problems for live in care providers</td>
<td>3</td>
</tr>
</tbody>
</table>

The most commonly raised issue was a concern about the requirement for observation of the standards in practice. Several respondents, especially those representing the domiciliary

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As identified in Chapter 1, individual employer settings (people who employ their own care and support) are not currently in scope for the Care Certificate. However the Department of Health are keen to encourage Personal Assistants to undertake the Care Certificate where appropriate and supported by their employer.

Live in care providers are not currently in scope for the Certificate, unless they are in a regulated setting, which is not typical.
care sector and agency workers said that it would be too challenging to observe inductees in each mandatory area of the standards within the 12 week period, before allowing them to work unsupervised. They felt that the typically one-to-one nature of care provided in such setting was not conducive to supervision and might raise privacy and dignity concerns with people who receive care. They also stated that adhering to the requirements was likely to be prohibitively expensive for organisations such as theirs.

“Even with a holistic approach, how realistic is it that these can be observed within the 12 weeks induction period? Quite a few of the standards which need to be observed are very unlikely to occur within this time period… in addition… how are staff to demonstrate competence in these areas when it is not required within their workplace setting or for the service user group with whom they are working?”

- Large community care provider, Midlands

“The concept is great and we will have no issues in meeting the learning content requirements for our carers. However… the supervision element as it currently stands appears to be unworkable in domiciliary care. It is impossible for a Care Manager to have his/her staff in line of sight until they have been observed executing all the relevant skills competently… We would have reams of new carers going into certain clients homes just to demonstrate they can meet certain needs and then move on to new clients – this could create stress, a lack of continuity of care and the feeling that a client is a guinea pig for training. As many thousands of carers work only a few hours a week with one or two clients we may never be able to observe them as the Assessors document requires. I note that one of the standards requires the carers to be observed checking and cleaning a hearing aid. What happens if the client does not have a hearing aid, or, as they can be extremely expensive, does not want it fiddled with by someone who has never seen it before?”

- Large national domiciliary care provider

“Will wait to see how students/trainees on placement from Colleges and Providers are to be handled …will they be supervised at all times for everything or expected to do the full certificate?”

- National training provider.

A small number of respondents (three) felt that the standards required greater depth or content. Three respondents also raised the issue of quality assurance here: this is returned to in more detail later in this report.

Other concerns raised by one or two respondents in each case included that the documents were too academic or hard to read, that they were too health-centric, and in one case, that the Care Certificate was not consistent with a faith-based approach to end of life care which rejected medicinal intervention.

A small number of respondents made suggestions around the implementation of the Care Certificate.
Certificate, including requests for examples, workbooks and rubrics (one respondent in each case) and that the Care Certificate should not replace CRB/DBS checks (one respondent).
3. Portability, universality and accessibility

Key findings

Most respondents (57%) felt that the Care Certificate, in its current form, appears portable. One quarter felt it does not appear portable and nearly one fifth were not sure.

The main concern in regard to portability was quality assurance, followed by the worry of some that employment settings in health and social care were too specific and diverse to provide a transferable induction Certificate. Only half of the sample thought that the Care Certificate is universally applicable to ‘all or most’ of both healthcare assistants and care workers.

Positively however the draft materials scored well on accessibility and presentation. Over two thirds of respondents felt the Certificate was ‘quite’ or ‘very accessible’, and nearly four in five rated the presentation and design as satisfactory or better.

3.1 Portability

Most respondents (57%) felt that the Care Certificate, in its current form, appears portable. One quarter felt it does not appear portable and nearly one fifth were not sure.

Chart 3:1 To what extent does the Certificate appear portable, in its current form?

<table>
<thead>
<tr>
<th>Portability Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very portable</td>
<td>12.3%</td>
</tr>
<tr>
<td>Quite portable</td>
<td>44.5%</td>
</tr>
<tr>
<td>Not very portable</td>
<td>18.1%</td>
</tr>
<tr>
<td>Not sure</td>
<td>18.1%</td>
</tr>
<tr>
<td>Not at all portable</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

N=155

Your views on the Care Certificate
When respondents said the Certificate did not appear portable, by far the most common reason given was due to concerns over the Certificate’s quality assurance (26 respondents). Managers said that they did not trust the judgement of other managers; people questioned the skills, qualifications and experience of assessors, and expressed concern over the poor quality of training that some employers used in induction.

“It is not assessed by an awarding body as with a QCF qualification, therefore there are no quality assurance mechanisms and you will not be able to compare.”

- Workforce Development Lead, Local Authority Social Services Department

“You cannot be sure of the quality of learning and assessment the individual has been given with another employer. You can only go on the evidence seen, which is not always a true reflection of actual learning that may or may not have taken place.”

- Large residential care provider, South East

“There are too any employers who do not ensure quality and so this undermines the whole premise of the process.”

- Training provider.

Respondents identified concerns over a lack of verification, validation or accreditation by an awarding body. It was suggested by some that greater evidence, such as an e-portfolio, CPD folder or central register would assist with this.

The only other common reason given (by 11 respondents) was the specific nature of some services and the feeling that induction would have to be specific to the services, policies, procedures and philosophy of a provider, and therefore would not be transferable.

 “[The] certificate is applicable to the sector in which one is working so if they change from domiciliary care to learning disability the employee would need to show understanding in this sector for specifics.”

- Training provider

“Any standards relating to organisational policies, procedures, roles and responsibilities are workplace specific. A person moving to another workplace cannot be assumed to have this knowledge in their new setting. There should be guidance on which of the standards would need to be repeated in a new setting.”

- Large community care provider, Midlands
3.2 Universality

The Care Certificate is intended to be universally applicable to all healthcare assistants and care workers. We asked consultation respondents whether they felt that the draft Care Certificate appeared to be applicable to all, most, some, few or no workers in these roles. The results are shown in Chart 3:2 below.

Around a third of the sample in each case felt that the Care Certificate is universally applicable to all healthcare assistants or all care workers, although most people (over 60%) felt that it is applicable to ‘most’ or ‘all’ people in each role.

Chart 3:2 In its current form, do you feel that the Care Certificate is applicable to…?

Further analysis (Table 3.1 below) suggests that half of the sample think that the Care Certificate is universally applicable to ‘all or most’ of both healthcare assistants and care workers. It should be noted however that most respondents came from the care sector, so it may be difficult for them to assess whether the Care Certificate is applicable to healthcare assistants.
Table 3.1: In its current form, do you feel that the Care Certificate is applicable to…?

<table>
<thead>
<tr>
<th>Healthcare Assistants</th>
<th>No response</th>
<th>All or most</th>
<th>Some or few</th>
<th>Not sure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>0.0%</td>
<td>5.2%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>All or most</td>
<td>3.9%</td>
<td>51.0%</td>
<td>7.1%</td>
<td>1.9%</td>
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<td>1.9%</td>
<td>9.0%</td>
<td>0.0%</td>
<td>11.6%</td>
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<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>.6%</td>
</tr>
<tr>
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<td>2.6%</td>
<td>5.8%</td>
<td>14.8%</td>
</tr>
<tr>
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<td>64.5%</td>
<td>20.6%</td>
<td>9.7%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## 3.3 Accessibility

The consultation asked how accessible people felt the Care Certificate appeared to be, in its current form, and asked people to rate the presentation and design of materials. Chart 3.3 shows that over two thirds of respondents (67.7%) felt the Certificate was ‘quite’ or ‘very accessible.’

Chart 3.3: How accessible would you say the Care Certificate is in its current form?

Of those who didn’t feel the Certificate was accessible, the most common reason given was that the materials presented were too complex or academic or hard to read (seven respondents). This is clearly the minority view however as Chart 3.4 below shows that nearly four-fifths of the sample (79.4%) rated the presentation and design as satisfactory or better.
A small number of respondents (six) also referred to earlier points about the difficulties in implementing the observation requirements, and six said that there was a lack of awareness and understanding of the Care Certificate, meaning it was not very accessible in its current form. This could be resolved through promotion and support.

Chart 3:4 Please rate the presentation and design of materials

- Excellent, 5.2%
- Good, 51.0%
- Satisfactory, 23.2%
- Poor, 5.8%
- Not sure, 14.8%

N=155
5. Feedback on the 15 Standards

Key findings

The consultation received a relatively small amount of feedback relating to specific areas in the 15 Standards. Most comments related to the language used in particular statements, e.g. identifying areas for clarification or potential duplication. This is useful information and will be considered in the forthcoming revised materials.

Some of the comments reveal difficulties for some in understanding the universality and portability of the standards. For example, some respondents struggled to identify why training in the safeguarding of children or the needs of people with dementia might be relevant if the immediate client group did not include families or people with dementia. This may simply need further guidance and explanation, rather than revising the statements.

A small number of respondents raised concerns about the basic life support standard, feeling that this required further attention as problems in implementing the training could lead to danger.

Several respondents suggested additional areas for inclusion in the standards, most commonly learning difficulties and autism.

5.1 Standard 1: Understanding Your Role

Six comments were received in relation to this standard:

- One comment was positive: “Understanding your role; is essential as most workers whether at the beginning of their career or changing roles, will essentially need to revisit this” (training provider, North of England).

- Two comments were critical, saying that this section needed work to make it clearer and more intelligible.

- Two comments highlighted that there were issues in making the standard applicable to PAs, especially sole employees. However, the areas that were highlighted for concern (around codes of conduct, whistleblowing and working in partnership) will be of continued relevance even in the IE setting so perhaps further support is needed to make this clear to employers.
The final comment requested the inclusion of clear guidelines on the role of adult social care workers and healthcare assistants:

“…Many are concerned with the current delineation between healthcare tasks and adult social care tasks. The standards need to be clearer in what are appropriate for particular workers to perform. Under the Conduct Regulations 2003, and the [Recruitment and Employment Confederation] REC Code of Professional Conduct, REC members must supply workers appropriately trained for the job in question, and the worker and client must be completely clear and transparent with regards to the role in question. However, many of our members find that the ASCWs they supply are asked or pressured on shift to perform ancillary healthcare tasks not appropriate to their job description. The Certificate would be greatly improved if specific guidance was issued in the Healthcare Support Worker and Adult Social Care Worker document clarifying to each cohort what they are legally supposed to do - i.e. in Standard 1 - ‘Understanding your role’.”

- Stakeholder body representing recruitment in social care

5.2 Standard 2: Your Personal Development

Five comments were also received in relation to this standard:

- One comment was positive: “Your Personal Development does give a clear pathway for this area.”

- Two comments were critical:
  - one said that ‘Your Personal Development’ should come at the end of probation rather than during induction
  - one said that the language needed work to be more accessible. This respondent identified Statement 2.2a (“I will describe the functional level of literacy, numeracy and communication skills necessary to carry out my role”) as an example of problematic formulation.

- One respondent felt that IEs might not be supportive of their PA drawing up a development plan – again we would signpost to the PA toolkit and our recommendations for workforce development including the PA workforce.\(^6\)

- One care provider said their workers were self-employed so the personal development plan would be the workers’ own responsibility.

---

\(^6\) See earlier notes regarding PAs and the scope of the Care Certificate.
5.3 **Standard 3: Your Duty of Care and Standard 4: Equality and Diversity**

Three comments were received in relation to these standards:

- One comment stated that these two standards require “too much by way of abstract thinking to be helpful to new and inexperienced staff” (training adviser, North of England).

- The second related again to the circumstances experienced by self-employed carers.

5.4 **Standard 5: Work in a person-centred way**

Standard 5 received comments from seven respondents, one of whom highlighted the importance of this section that “starts to get at the grist” (training adviser, North of England).

Some specific comments were received on the statements as below:

- 5.3b and 5.4a/b. Report any concerns they have to the relevant person/individuals/supervisors. A respondent pointed out that these lists should be inclusive of individual employers.

- 5.4c Raise any concerns via other channels or systems e.g. at team meetings. A respondent felt that this would not be relevant to PAs, however it may be sensible to signpost to other external bodies e.g. the Local Safeguarding Board.

- 5.5c Take appropriate action where there is pain or discomfort. A respondent felt that the examples of re-positioning; giving prescribed pain relief medication and checking that equipment or medical devices are working properly should all require training beforehand. Another felt that this statement may need to acknowledge that the person who receives care may be able to instruct them on positioning.

- 5.6a/b Explain how individual identity and self-esteem are linked to emotional and spiritual wellbeing; Demonstrate that their own attitudes and behaviours promote emotional and spiritual wellbeing. A respondent felt that these statements required “a clear definition of what is meant by "spiritual" as this can be defined in many ways and mean different things to different people” (partnership organisation).

- 5.6c Support and encourage individuals own sense of identity and self-esteem. A respondent felt that this statement “could be perceived as patronising by an independent IE” (small user-led organisation, London).

One respondent felt that this standard could be linked to Standard 7 (Privacy and Dignity) and another mentioned Standard 5 as a particular area for concern regarding observation requirements (as detailed at length in an earlier chapter). One comment referred to a typo in an earlier draft of the materials and another raised the issue of observation again.
5.5 Standard 6: Communication

Four respondents commented on Standard 6:

- One simply said it was “important but over-elaborate” (training adviser, North of England).

- One highlighted a potential overlap between 6.4b (List any legislation and agreed ways of working to maintain confidentiality in a day to day situation) and 14.1a (Describe the agreed ways of working and legislation regarding the recording, storing and sharing of information).

- A third highlighted that 6.6b (Report any concerns about the communication aid/technology to the appropriate person) should be inclusive of the individual employer setting.

- A fourth comment suggested that this standard could comment on the English language proficiency needed for the roles.

5.6 Standard 7: Privacy and Dignity

Four responses were received in relation to Standard 7:

- One said that Standard 7 should be integrated with section 5.7 (Values) and “developed as a whole value base to precede Standard 5” (training adviser, North of England).

- A second respondent said that they felt that throughout the standards there was too much emphasis on explaining and describing, rather than observing. They highlighted as an example statement 7.5a (Describe the importance of how valuing people contributes to active participation), saying that “for new staff who may have literacy skills at Level 1, the response will be very difficult for them to articulate in a written format” (large training provider, East of England).

- Another said that 7.2d and 7.6c (report any concerns they have to the relevant person) and section 7.5 (Understand how to support active participation) needed to be rewritten to be inclusive of individual employers.

- The fourth respondent raised the issue of observation again in relation to this standard.
5.7 Standard 8: Fluids and nutrition

Standard 8 received only two responses:

- “Standard 8 is important but needs to be framed more in the context of Standard 5” (Work in a person-centred way).
- 8.2e/8.3f Report to the appropriate person – as in earlier sections one respondent felt this needed to be inclusive of the individual employer setting.
- The same respondent felt that the statements 8.3d (Ensure that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible) and 8.3e (Support and encourage individuals to eat in accordance with their plan of care) could be perceived as patronising to individual employers.

5.8 Standard 9: Dementia and Cognitive issues

Seven responses were made in relation to this standard:

- Four respondents felt the section on dementia ought to be supplemented by a focus on learning disability (and in some cases mental health) – or that these modules could be optional substitutes for each other depending on the service user served.

  “The absence of learning disability (LD) from this list of conditions means that there is a risk that this group of conditions, which require a fundamentally different approach, will be missed, or not taken into account when person centred care is being delivered. Obviously deteriorating mental capacity in any individual (including those with a lifelong learning disability), needs to be noticed and suitable actions taken to discover, and if possible, remedy the cause. However, the coping strategies and decision making processes used, and choices made by people with learning disabilities can be misunderstood by care workers unfamiliar with the individual, especially if they are unfamiliar with the concept of learning disability and its implications for mental capacity in specific areas of decision making.”

  - Advocate, small organisation, North of England

- Two respondents queried the inclusion of dementia as they felt not all health and social care workers would be exposed to this client group.

- One respondent requested that this standard be supplemented with “additional content relating to person and relationship centred support and also how to communicate effectively with people who are living with dementia and their carers” (large training provider, North of England).
5.9 Standards 10 and 11: Safeguarding Adults and Safeguarding Children

Only four responses were received in relation to these standards:

- One respondent asked why Standard 10 does not contain statements relating to mental capacity, best interest or deprivation of liberty.

- One respondent felt that Standard 10 was “over-elaborate and contains abstractions” e.g. 10.1a (explain the term safeguarding adults) and k (describe where to get information and advice about their role and responsibilities in preventing and protecting individuals from harm and abuse). This respondent also queried whether Standards 10 and 11 should be separate or combined.

- Two did not understand why safeguarding children was universally applicable.

5.10 Standard 12: Basic life support

Five comments were received in relation to this standard:

- One felt that it was not clear from the materials whether a training certificate would suffice as evidence for this standard.

- One queried whether this was a separate standard for social care (presumably as healthcare workers would often already be trained in this area).

- One simply stated that their workers already have the opportunity to be trained in this area.

- Two raised serious concerns in relation to this standard:
  - the first said that they disagree with the inclusion of basic life support in induction since it must be undertaken on a regular basis to ensure skills are refreshed
  - the second raised concerns in relation to the capacity of the training provider market to respond, and also further implications:

  “There is one area that I think could cause enormous problems for the whole industry and that is the requirement to train every carer in CPR to the standards of the Resuscitation Council 2010. This is operationally and financially impossible and could be dangerous. Currently in the Social care industry there are 1.5 million workers, where is the latent training resource waiting to train them all? If it takes four hours to train, and that is modest, and the workers are only on the minimum wage (£6.31), and they are not. this would cost the industry £9.5 million, every year, in wages alone never mind the cost of the actual training/trainers/premises etc. And it...
could be dangerous. It takes three years to train a paramedic, yet we could have a workforce that thinks it knows what it is doing and so delaying ringing 999.”

- Large national domiciliary care provider

5.11 Standard 13: Health and safety

Four responses were received in relation to this standard, one of which simply referred to ‘stock’ requirements. One respondent said that fire safety training level and assessment should be dependent on the care setting. Two said that they felt moving and handling people and objects required further emphasis than in the current format and this area perhaps deserved its own unit.

5.12 Standard 14: Handling information

Two comments were received in relation to this standard:

- One felt that there was an overlap between statement 14.1a (Describe the agreed ways of working and legislation regarding the recording, storing and sharing of information) and 6.4b (List any legislation and agreed ways of working to maintain confidentiality in day to day communication).

- One simply commented that this was: “a compact standard but reflecting the huge variations in the coverage of the suite of standards.”

5.13 Standard 15: Infection prevention and control

Only one comment was received in relation to this standard; it stated that this standard links logically to Standard 13 (Health and Safety).

5.14 Additional areas for inclusion

When asked whether they would like any additional areas included in the Care Certificate, 12 respondents said no, with one saying that the number of areas should be reduced rather than added to. However many others did feel that additional areas would be useful and 37 comments were received.

The most commonly suggested additional areas are included in Table 5.1 below. Six respondents suggested the inclusion of learning difficulties, four autism and three mental health.
Table 5.1 Additional areas suggested for inclusion

<table>
<thead>
<tr>
<th>Additional area</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning difficulties</td>
<td>6</td>
</tr>
<tr>
<td>Autism</td>
<td>4</td>
</tr>
<tr>
<td>Mental health</td>
<td>3</td>
</tr>
<tr>
<td>Deprivation of liberty</td>
<td>2</td>
</tr>
<tr>
<td>End of life care</td>
<td>2</td>
</tr>
<tr>
<td>Moving and handling</td>
<td>2</td>
</tr>
</tbody>
</table>

Other areas suggested by only one respondent in each case included catheter and stoma care, lone working, therapy professions, equipment, personal care, restraint and tissue viability and sore prevention.

In addition to the topic areas suggested above, a small number of additional comments included, that more options for simulation could be provided; that the Certificate should include a requirement for CPD; that it needed to be more inclusive of individual employer setting; and that it could be modular with core standards and optional standards relating to the client group that inductees were expected to work with.
6. Conclusions, final comments and recommendations

6.1 Key findings

This consultation has found widespread support for the concept behind the Care Certificate, though significant minorities harboured concerns about the current framework’s fit for purpose, implementation and portability.

- Slightly more than half of respondents to the consultation said that the Care Certificate is fit for purpose; nearly a third were not sure.

- Just over half of respondents felt the 12 week recommended completion time was ‘about right’; nearly one third felt it was ‘not long enough’.

- Most employers who were signed up to the Social Care Commitment felt that this would help them implement the Care Certificate.

- Several respondents had concerns about the difficulty of fulfilling the observation requirements, especially for domiciliary and agency care workers.

- Most respondents (57%) felt that the Care Certificate, in its current form, appears portable. A quarter felt it does not appear portable and nearly one in five were not sure.

The main concern in regard to portability was quality assurance, followed by the worry of some that employment settings in health and social care were too specific and diverse to provide a transferable induction Certificate. Only half of the sample thought that the Care Certificate is universally applicable to ‘all or most’ of both healthcare assistants and care workers.

The draft materials scored well on accessibility and presentation. Over two thirds of respondents felt the Certificate was ‘quite’ or ‘very accessible’, and nearly four in five rated the presentation and design as satisfactory or better.

6.2 Specific feedback on the standards and statements

The consultation received a relatively small amount of feedback relating to specific areas in the 15 Standards. Most comments related to the language used in particular statements, e.g. identifying areas for clarification or potential duplication. This is useful information and will be considered in the forthcoming revised materials.
Some of the comments reveal difficulties for some in understanding the intended universality and portability of the standards. For example, some respondents struggled to identify why training in the safeguarding of children or the needs of people with dementia might be relevant if the immediate client group did not include families or people with dementia. This may simply need further guidance and explanation, rather than revising the statements.

A small number of respondents raised concerns about the basic life support standard, feeling that this required further attention as problems in implementing the training could lead to danger.

Several respondents suggested additional areas for inclusion in the standards, most commonly learning difficulties and autism.

6.3 Final comments

In summing up the final comments made as part of the consultation, many respondents referred to issues already raised in earlier in this report, for example 20 respondents raised their concerns about quality assurance again.

Some general positive comments were also received in this section, which provide a balance to some of the concerns raised earlier in the report. Comments included:

“I feel that this is a much more comprehensive induction programme and as it is in a standard format for all care homes can only be of benefit.”
- Medium-sized healthcare provider, South of England

“It’s brilliant!”
- Small residential care provider, London

“I think this will be an exciting time for the Care Sector and change is good. I will look forward to delivering this.”
- FE College, South of England

“The Care certificate has the potential to make significant improvements both in practice and in restoring public trust in the profession/sector. It would be fantastic if the certificate were to be taken by the awarding bodies to give it credibility and ensure consistency.”
- Large national training provider
“It is good to have standardised documentation and know that the Care Certificates will be a requirement for all services.”

- Medium-sized residential care provider, North of England

“I think it is an excellent idea that needs more protection written in to prevent it from becoming a box ticking exercise that lacks the power to discriminate between adequate and inadequate carers. It represents quite a significant barrier to entering the sector, which is good, as long as it weeds out those least suited to the work, but not so good if it is financial restraints, such as a period of three months plus on a minimum wage (or even less), that prevent suitable people from taking up the work. The implementation must have incentives for employers and care funders to get this right, for the right reasons, and not to cut corners etc.”

- Volunteer advocate, North of England

“A positive move in the right area. The success and value is dependent on a robust scheme to ensure all are operating at the same standard. E.g. it must not be allowed to be a tick box exercise.”

- Healthcare provider, Midlands

“I welcome any new personal development of care staff and feel this is a good way to promote care work as a career not a stop gap job.”


Other issues raised included suggestions for the Care Certificate to be accompanied by e-learning, an e-portfolio, support materials or train the trainer sessions. Respondents suggested that the Care Certificate could become a unit/credit towards a QCF qualification, or conversely, that existing qualifications could count towards the completion of the Care Certificate.

6.4 Questions

Several questions were raised by respondents, which Skills for Care and partners will need to answer, perhaps with a Frequently Asked Questions (FAQs) section on the website. These were:

- Will the Care Certificate apply to Children’s Care Workers?
- Has the Care certificate taken into account Mental Health services?
- How will this fit into the Apprenticeship scheme – will there be a 12 week assessment for this group?
- What happens if staff do not complete the Certificate?
- Will existing staff need to retrain and take the Care Certificate?
- Will the Care Certificate be a platform for QCF level 2?
• Will there be a template for assessment, or will we need to provide our own workbooks?
• What does the employee receive if they get half way through the standard and then leave health or care work for a justifiable reason - are they able to get certificated for those parts successfully achieved? If so how?
• Other than CQC inspection, what systems of quality assurance are in place to ensure a high standard and consistency of delivery and assessment is met by all employers responsible for the Care Certificate?
• Do all workers understand the need for personal care?
• Are all staff committed to the care sector?
• Does the qualification give the individual and formal qualification and any status within social care?
• Could the knowledge and evidence cross reference to the 'Employers, Rights and Responsibilities' certificate and the 'Preparing to work in adult social care' certificate?
• Will there be any funding to support care providers to complete the certificate?
• Could what is meant by an 'occupationally competent assessor' be clarified?

### 6.5 Next steps

Skills for Care and its partners will need to carefully consider the findings from this consultation alongside the evidence from the formal pilot evaluation which is reporting later in September, and other representations which have been made to the programme team. It is apparent that there are many queries and concerns which will need to be properly addressed and reassurances made, in particular to parts of the social care sector such as the domiciliary care sector. This will be a task alongside revising the documentation ready for launch.
Appendix 1 Questionnaire

Your views on the Care Certificate

In the wake of the Francis Inquiry, the Cavendish Review found that some induction provided to healthcare assistants and social care workers was inadequate and recommended that a Certificate of Fundamental Care be developed. The Department of Health has asked Skills for Care, Skills for Health and Health Education England to take forward this action as part of the wider Cavendish programme.

We would like to hear your views about the emerging Care Certificate. Before starting the survey you should read about the Care Certificate and download draft materials at www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx. To order hard copy materials, or to request a Word, Easy Read or Braille version of this questionnaire please contact Louise McKelvey on louise.mckelvey@skillsforcare.org.uk or 0113 241 1279.

The survey will close at noon on 28th August 2014.

A1 Are you responding as... A patient or someone who receives care (including people who employ their own care and support) ................................................................. ☐ GO TO A4 
Employer, manager or supervisor in the health or social care sector ................................................................. ☐ GO TO A2
Health or social care worker ................................................................. ☐ GO TO A4
Training provider ................................................................................................................................. ☐ GO TO A4
Stakeholder or representative body ........................................................................................................... ☐ GO TO A4
Other ......................................................................................................................................................... ☐ GO TO A4
If other please specify ____________________________________________________________________________ 

A2 Which of the following best describes your organisation?
Local authority .................................................................................................................................................. ☐ GO TO A4
NHS .............................................................................................................................................................. ☐ GO TO A4
Private, voluntary or independent social care provider ............................................................................ ☐ GO TO A3
Private, voluntary or independent healthcare provider ............................................................................ ☐ GO TO A4
Other ......................................................................................................................................................... ☐ GO TO A4
If other please specify ____________________________________________________________________________

A3 What is your main service area?
Adult residential care ................................................................................................................................. ☐
Adult day care ................................................................................................................................................ ☐
Adult domiciliary care ................................................................................................................................. ☐
Adult community care ................................................................................................................................. ☐
Other ........................................................................................................................................................... ☐
If other please specify ____________________________________________________________________________

A4 Have you been involved in testing out or using the new Care Certificate in your own or another setting?
Yes ................................................................................................................................................................. ☐
No ............................................................................................................................................................... ☐
Not sure ....................................................................................................................................................... ☐
Please briefly explain ________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Links to the Social Care Commitment

B1 Are you signed up to the Social Care Commitment?
   Yes....................... □  GO TO B2
   No ....................... □  GO TO C1
   Not sure ............... □  GO TO C1

B2 Do you think making the Social Care Commitment will help you implement the Care Certificate?
   Yes....................... □
   No ....................... □
   Not sure ............... □

Please say why ____________________________

Content

C1 Do you feel the current content of the Care Certificate is fit for purpose?
   Yes ................................................ □
   No ................................................ □
   Not sure ....................................... □
   Please give reasons ____________________________
   for your answer ____________________________

C2 Please provide any specific comments you would like to make on the standards, e.g. 'Understanding your role', 'Your personal development' etc. Please make it clear in your response which standard(s) you are referring to.
C3 Are there any additional areas you would like to see in the Care Certificate, that are not already covered? Please say which.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Timescale

D1 Do you feel the 12 week recommended completion time for the Care Certificate is...?
  About right .......................................................... □
  Too long ............................................................... □
  Not long enough ................................................... □
  Not sure................................................................. □

Portability

We would like to understand to what extent the Certificate is portable, or transferable, across and within the health and social care sectors, i.e. the extent to which the Certificate would be considered 'valid' if a new recruit had already been awarded it by another employer.

E1 To what extent does the Certificate appear portable, in its current form?
  Very portable ....................................................... □
  Quite portable ...................................................... □
  Not very portable ................................................ □
  Not at all portable ............................................... □
  Not sure................................................................. □

Universality

F1 The Care Certificate is intended to be universally applicable to healthcare assistants and adult social care support workers/ care workers. In its current form, do you feel it is applicable to...?

  All ☐ ☐ ☐ ☐ ☐ ☐
  Most ☐ ☐ ☐ ☐ ☐ ☐
  Some ☐ ☐ ☐ ☐ ☐ ☐
  Few ☐ ☐ ☐ ☐ ☐ ☐
  None ☐ ☐ ☐ ☐ ☐ ☐
  Not sure ☐ ☐ ☐ ☐ ☐ ☐

Healthcare assistants

Adult social care support workers/ care workers

Accessibility

G1 How accessible would you say the Care Certificate is in its current form?
  Very accessible ...................................................... □
  Quite accessible .................................................. □
  Not very accessible ............................................. □
  Not at all accessible .......................................... □
  Not sure ............................................................. □

Please give reasons for your answer

________________________________________________________________________

Your views on the Care Certificate

35
G2  Please rate the presentation and design of materials
   Excellent....................................    □
   Good ...........................................    □
   Satisfactory ................................   □
   Poor ............................................    □
   Not sure ........................................ □

And finally...

H1  Please provide any final comments on the Care Certificate.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

H2  In which area of the country do you operate?
   Eastern...........................................    □
   East Midlands ..................................    □
   London .........................................    □
   North East .....................................    □
   North West ....................................    □
   South East ....................................    □
   South West ....................................    □
   West Midlands .................................. □
   Yorkshire & Humber ............................ □
   England wide .................................. □
   Other ........................................... □
   If other please specify ____________________________

H3  How many staff does your organisation employ?
   0-4 .............................................. □
   5-9 .............................................. □
   10-49 .......................................... □
   50-99 .......................................... □
   100-249 ....................................... □
   250-499 ....................................... □
   500+ .......................................... □
   Not sure ....................................... □
   Not applicable ................................. □

H4  Please insert your details below and tick here if:
   You would like to receive the Skills for Care e-newsletter and occasional information and research opportunities from Skills for Care... □
   You would like to receive Skills for Care’s triannual Care magazine... □

   In accordance with the Data Protection Act 1998 we will not use your contact information for any other purpose or share them with any third party without your permission.

H5  Your contact details
   Name ________________________________
   Job title if apt ________________________
   Organisation name if apt______________
   Address ______________________________
   Postcode _____________________________
   Email ______________________________
   Telephone number ____________________
Thank you. Your feedback will be used to improve the final version of the Care Certificate.