

Qualification criteria:

Level 3 Diploma in Adult Care

for awarding organisations updating existing Skills for Care approved qualifications or developing new qualifications.

August 2025

Context

Through consultation with the adult care sector, Skills for Care has reviewed the 2021 specification version and updated the content of the Level 3 Diploma in Adult Care criteria. The updated criteria are detailed in this document.

During the consultation and development process, Skills for Care engaged with a wide range of people including the sector, stakeholders and subject matter experts. Some key areas were raised for consideration in the review which included:

- prevention
- supporting health and wellbeing
- equity and equality
- neurodiversity
- working digitally and use of assistive technology.

The intention is that awarding organisations use the criteria in developing their qualifications. Awarding organisations then submit their qualification to Skills for Care to approve – providing it meets the criteria outlined later in this document. Skills for Care then makes the adult care sector aware of which qualifications meet the requirements of the criteria.

Approving qualifications against set criteria supports the quality, consistency and clarity of core qualifications across the adult social care sector.

Find out about the [Skills for Care Approval Process](#).

Our approach and thanks

To develop and update content, we:

- applied what we had learnt from our consultation and engagement activities.
- took direction from subject matter experts.
- considered current content and development of associated role profiles within the Care Workforce Pathway, to support alignment for the workforce.
- conducted desk-based research, identifying current sector practices and government initiatives e.g. to support people's health and wellbeing.
- updated and rationalised outcomes, criteria and guidance where required.

Skills for Care is exceptionally grateful to all those who were able to participate in the consultation and review process. Whilst it is not practical to thank everyone individually, we would like to extend a special thank you across the sector to:

- those who took the time to complete our survey – thank you for the robust feedback.

- those who participated in on-line groups and discussions.
- subject matter experts from a range of organisations.

Qualification criteria

The criteria below set out the **minimum requirements** for a Level 3 Diploma in Adult Care that will develop and confirm the competence of those working in adult social care in England.

The criteria are presented in four sections:

Section A: Summary of qualification content and accreditation requirements

Section B: Minimum learning outcome requirements for the qualification

Section C: Additional requirements

Section D: Appendices

Section A:

Summary of qualification content and accreditation requirements

Learner profile

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

Learners may or may not have supervisory responsibility for others.

Content

Approved qualifications for the **Level 3 Diploma in Adult Care** will require learners to demonstrate understanding and effective practice in the following areas:

Topic	Ref
Responsibilities	DAC3A
Communication	DAC3B
Values and behaviours	DAC3C
Health and safety	DAC3D
Personal development	DAC3E

Within each of the five topic areas, content is split into sub-topics to support unit development and learner achievement.

Each sub-topic provides:

- a brief overview of the content.
- a brief overview of assessment requirements.
- minimum knowledge and practice requirements.
- guidance notes – which include terminology, amplification, and advice.

Accreditation

Qualifications developed to meet the criteria must also meet the General Conditions of Recognition set by Ofqual for fit for purpose qualifications. They should be valid, reliable, comparable, manageable and minimise bias.

Assessment

Qualifications developed to meet the criteria must be assessed in accordance with assessment principles and guidance developed by Skills for Care & Development, to complement Ofqual requirements. In addition, the assessment guidelines must be applied consistently throughout the unit specification to ensure clear standardised approaches to delivery. We support Awarding Organisations' approaches in strengthening assessment guidance and approaches to support quality and standardisation of delivery across centres.

At time of final development (July 2025) of this updated specification, Skills for Care & Development are collectively working to update the existing assessment principles. Awarding Organisations will be informed of progress and when these become available. It is not expected that guided practice and expectations will change from the existing shared principles and additional guidance developed by Skills for Care and the Joint Awarding Body Quality Group.

Units

Qualifications developed to meet the criteria within this document must be presented as units as indicated. This is to aid consistency and understanding amongst learners, their employers and other learning programmes e.g. where the qualification is used within an apprenticeship. In this document a code number has been assigned to each area of content designated as a unit.

Recognition of prior learning

To facilitate continuing professional development, it is recommended that units within this qualification be assigned a credit value, so that they can be readily used for recognition of prior learning (RPL). Alternative robust approaches to RPL may be considered.

Apprenticeships

Current Level 3 Diploma in Adult Care qualifications are included in the Lead Adult Care Worker apprenticeship standard.

At time of final development (July 2025) of this updated specification, it is understood the associated trailblazer group have agreed to keep this qualification within the standard.

Total qualification time

To gain Skills for Care approval, qualifications developed against the criteria must:

- have a TQT of approximately 580 hours.
- have approximately 390 hours allocated to the minimum content outlined under the five topic areas in Section B.
- have approximately 190 hours allocated to optional content.

This will allow for mandatory (minimum) content to be covered in sufficient depth and takes account of additional content required for learners to contextualise their learning.

Qualification title

To clearly identify the qualification as the Level 3 Diploma in Adult Care. Skills for Care will only support qualifications that adhere to this title.

Launch of qualification

To support employers', learners' and learning providers' understanding and use of available qualifications, once launched, Skills for Care asks that all similar qualifications that this one supersedes be withdrawn. We recognise this may not be a straightforward process in some cases but require awarding organisations to have a clear plan in place to close similar qualifications to new learners and withdraw them from the market in a timely manner.

Section B:

Minimum learning outcome requirements for the qualification

DAC3A	Responsibilities								
Overview: This section includes: <table><tr><td>DAC3A/WW</td><td>Ways of working</td></tr><tr><td>DAC3A/SG</td><td>Safeguarding</td></tr><tr><td>DAC3A/MC</td><td>Mental capacity and restrictive practice</td></tr><tr><td>DAC3A/DC</td><td>Duty of care</td></tr></table>		DAC3A/WW	Ways of working	DAC3A/SG	Safeguarding	DAC3A/MC	Mental capacity and restrictive practice	DAC3A/DC	Duty of care
DAC3A/WW	Ways of working								
DAC3A/SG	Safeguarding								
DAC3A/MC	Mental capacity and restrictive practice								
DAC3A/DC	Duty of care								

DAC3A/WW	Ways of working
Knowledge and skill requirements	
<p>A. Understand agreed ways of working, including:</p> <ol style="list-style-type: none">1. why it is important to work within the scope of own role, responsibility, and training2. what is meant by the term 'delegated healthcare activity' who might delegate a healthcare task, and why?3. own role in quality assurance processes and promoting positive experiences for individuals accessing care. <p>B. Work in ways that are agreed with the employer, including being able to:</p> <ol style="list-style-type: none">1. access full and up-to-date details of agreed ways of working.2. Implement agreed ways of working. <p>C. Understand working relationships in care settings, including:</p> <ol style="list-style-type: none">1. how a working relationship is different from a personal relationship	

2. different working relationships in care settings
3. why it is important to work in partnership with others
4. different skills and approaches used when working in partnership with others
5. how and when to access support and advice about:
 - partnership working.
 - resolving conflicts in relationships and partnerships.

D. Work in partnership with **others**:

1. demonstrate ways of working that can help improve partnership working.

Assessment:

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

This is a primarily a skill-based unit.

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

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

Guidance notes:

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

- administering medication via non-oral routes: eye drops, insulin injections or applying topical creams
- wound care / skin integrity: carrying out a basic wound dressing or changing a wound dressing
- supporting a person's nutrition using a PEG (percutaneous endoscopic gastrostomy)

- blood glucose monitoring: Using a glucometer to monitor blood sugar levels.

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

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

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

- individuals accessing care and support services
- The friends, family, loved ones and unpaid workers of those accessing care and support services
- peers and team members
- regulated professionals/practice supervisors/assessors supervising the delegated activities
- other colleagues, (paid and volunteers), within the organisation
- managers and senior management
- paid workers and volunteers from other organisations and teams.

Others: in this context, others may include:

- individuals accessing care and support services
- The friends, family, loved ones and unpaid workers of those accessing care and support services
- peers and team members
- manager and senior management
- paid workers and volunteers from other organisations and teams.

DAC3A/SG	Safeguarding
Knowledge and skill requirements	
<p>A. Understand the national and local context of safeguarding and protection from abuse and neglect, including:</p> <ol style="list-style-type: none"> 1. relevant legislation, principles, national policies and frameworks and local systems that relate to safeguarding and protection from abuse and neglect 2. the roles of different agencies in safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect 3. reports into serious failures in upholding individuals' rights to live free from abuse and neglect and how they influence current practice 4. sources of information and advice about own role in safeguarding, including whistle blowing and accountability for decision making and information sharing. <p>B. Know how to recognise signs of abuse and neglect, including:</p> <ol style="list-style-type: none"> 1. What is meant by the terms: <ul style="list-style-type: none"> ▪ safeguarding ▪ abuse ▪ harm. 2. the factors that contribute to an individual being more at risk of abuse or neglect 3. what is meant by abuse and neglect, including: <ul style="list-style-type: none"> ▪ physical abuse ▪ domestic abuse ▪ sexual abuse ▪ psychological abuse ▪ financial/material abuse ▪ modern slavery ▪ discriminatory abuse ▪ organisational abuse ▪ neglect/acts of omission ▪ self-neglect. 4. indicators that an individual may be being abused 5. indicators of perpetrator behaviour. 	

- C. Understand ways to reduce the likelihood of abuse or neglect occurring, including:
1. how the likelihood of abuse may be reduced by:
 - working with the person, using person centred values
 - enabling active participation
 - promoting choice and rights
 - working in partnership with others.
 2. the relationship between the person's wellbeing and positive risk taking
 3. the importance of an accessible complaints procedure for reducing the likelihood of abuse.
- D. Know how to respond to suspected or disclosed abuse and neglect, including:
1. the **actions** to take if there are suspicions an individual is being abused or neglected
 2. how to respond if an individual discloses that they are being abused
 3. issues relating to consent to share information and how to share information about suspicions or disclosures of abuse or neglect
 4. how to keep the individual and others appropriately informed and involved about their safeguarding concern in line with policies and procedures
 5. ways to ensure evidence is preserved
 6. how and when to seek support in relation to responding to safeguarding concerns
 7. how to respond to suspicion or disclosure that a child or young person is being abused or neglected.
- E. Know how to recognise and report **unsafe practices**, including.
1. unsafe practices that may affect individuals' **wellbeing**
 2. the actions to take if unsafe practices have been identified
 3. the action to take if suspected abuse or unsafe practices have been reported but no action taken in response
- F. Understand the principles of online safety, including:

1. the importance of balancing online safety measures with the benefits individuals can gain from accessing online systems and the individual's right to make informed decisions
2. the potential risks to individuals presented by:
 - a. use of electronic communication devices
 - b. use of the internet
 - c. use of social networking sites
 - d. carrying out financial transactions online
 - e. ways of working in inclusively with individuals to reduce the risks presented by each of these types of activities.

Assessment:

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

This is a knowledge only based unit.

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

Guidance notes:

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

- Mental Capacity Act 2005 (including Deprivation of Liberty safeguards 2009)
- Human Rights Act 1998
- Equality Act 2010
- Mental Health Act 1983
- Health and Social Care Act 2012
- Care Act 2014.

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

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

Local systems may include:

- employer/organisational policies and procedures
- multi-agency adult protection arrangements for a locality.

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

Factors may include:

- a setting or situation
- the individual and their care and support needs.

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

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

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

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

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

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

- a colleague
- someone in the individual's personal network
- the learner
- the learner's line manager
- others.

Unsafe practices may include:

- poor working practices
- resource difficulties
- operational difficulties.

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

DAC3A/MC	Mental capacity and restrictive practice
Knowledge and skill requirements	
<p>A. Understand the principles of mental capacity, including:</p> <ol style="list-style-type: none"> 1. main purpose and principles of relevant legislation and codes of practice relating to mental capacity and how these principles interact 2. factors that influence an individual's mental capacity and ability to express consent 3. the relationship between an individual's mental capacity, consent, choice and safety 4. what is meant by 'valid consent.' <p>B. Understand the application of the principles of mental capacity and consent, including:</p> <ol style="list-style-type: none"> 1. own role and responsibilities in relation to relevant principles, legislation and codes of practice and upholding individuals' rights 2. why it is important to establish an individual's consent when providing care and support 3. how personal values and attitudes can influence perceptions of situations and of individuals' capacity 4. strategies and skills that could be used to maximise individuals' capacity to make their own decisions 5. own role in identifying when an assessment of capacity may be required 6. the steps to take if consent cannot be readily established and own role in this. <p>C. Understand restrictive practices, including:</p> <ol style="list-style-type: none"> 1. what is meant by 'restrictive practice' 2. the importance and impact of seeking the least restrictive option for individuals 3. how to raise concerns when restrictions appear out of proportion with evident risk 4. organisational policies and procedures in relation to restrictive practices and own role in implementing these. 	

Assessment:

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

This is a knowledge only based unit.

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

Guidance notes:

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

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

- Mental Capacity Act 2005
- Human Rights Act 1998
- Equality Act 2010
- Mental Health Act 1983
- Health and Social Care Act 2012
- Care Act 2014
- Data Protection Act 2018.

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

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

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

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

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

DAC3A/DC	Duty of care
Knowledge and skill requirements	
<p>A. Understand how duty of care contributes to safe practice including:</p> <ol style="list-style-type: none"> 1. what it means to have a duty of care in own work role 2. how duty of care relates to duty of candour 3. how duty of care contributes to the safeguarding and protecting individuals' right to live in safety and be free from abuse and neglect. <p>B. Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care including:</p> <ol style="list-style-type: none"> 1. potential conflicts or dilemmas that may arise between the duty of care and an individual's rights 2. how to work effectively with individuals and others to manage conflicts and dilemmas related to duty of care to achieve positive outcomes for individuals 3. where to get additional support and advice about conflicts and dilemmas. <p>C. Know how to respond to concerns and complaints including:</p> <ol style="list-style-type: none"> 1. own role in listening and responding to comments and complaints 2. the main points of agreed procedures for handling comments and complaints 3. the importance of empowering individuals and others to express their comments and complaints. <p>D. Know how to recognise and respond to adverse events, incidents, errors and near misses, including:</p> <ol style="list-style-type: none"> 1. what is considered to be an adverse event, incidents, error and near miss 2. how to recognise, report and respond to adverse events, incidents, errors and near misses 3. how own role in recognising and responding to adverse events, incidents, errors and near misses can prevent further occurrences and improve quality of care. 	

Assessment:

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

This is a knowledge only based unit.

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

Guidance notes:

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

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

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

DAC3B	Communication				
<p>Overview:</p> <p>This section includes:</p> <table> <tr> <td>DAC3B/EC</td><td>Effective communication</td></tr> <tr> <td>DAC3B/Hi</td><td>Handling information</td></tr> </table>		DAC3B/EC	Effective communication	DAC3B/Hi	Handling information
DAC3B/EC	Effective communication				
DAC3B/Hi	Handling information				

DAC3B/EC	Effective communication
Knowledge and skill requirements	
<p>A. Understand why effective communication is important in the work setting, including:</p> <ol style="list-style-type: none"> 1. the different reasons people communicate. 2. how communication affects relationships in the work setting. 3. how communication skills can be used to manage complex, sensitive, abusive and difficult situations. 4. the importance of maintaining open and honest communication. <p>B. Understand the variety in peoples' communication needs and preferences, including:</p> <ol style="list-style-type: none"> 1. the range of communication styles, methods, and skills available. 2. how people may use and or interpret communication methods and styles in different ways. 3. the factors to consider when promoting effective communication. 4. digital tools and other technologies which are used to promote and enhance communication between self and others. 5. the barriers that may be present when communicating with others. 6. how to access extra support or services to enable effective communication with and between individuals. 7. the impact of poor or inappropriate communication practices. 	

- C. Be able to communicate effectively with **others**, including:
1. demonstrate a range of effective **communication methods and skills**.
 2. apply and use communication skills appropriately in relation to message and audience for maximum impact.
 3. use communication skills to build relationships.
 4. identify and overcome barriers to communication and using technology with others.
- D. Meet the communication and language **needs, wishes and preferences of individuals**, including:
1. establish the communication and language needs, wishes and preferences of individuals to maximise the quality of interactions.
 2. demonstrate a range of communication styles, methods, and skills to meet individuals' needs.
 3. respond to an individual's reactions when communicating.
 4. demonstrate professionalism when using a variety of communication methods.
- E. Understand the role of independent advocacy services in supporting individuals to communicate their wishes, needs, and preferences, including:
1. the purpose and principles of independent advocacy.
 2. when to offer support to individuals to access an advocate.
 3. how to support individuals to access advocacy services.
- F. Understand confidentiality in care settings, including:
1. the meaning of the term 'confidentiality'
 2. the importance of maintaining confidentiality when communicating with others.
 3. when and why confidentiality may need to be breached.
 4. the potential tension between maintaining an individual's confidentiality and disclosing concerns.

5. how own duty of care contributes to safe practice with communication, confidentiality and inclusion of **digital recording and systems** in the workplace.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

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

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

- digital technology: e.g. digital social care records (DSCRs) integrated care systems (ICSs) and shared records, artificial intelligence (AI) and smart technologies, AI- Assisted Administrative Support (Magic Note)
- verbal: words, voice, tone, pitch, spoken and written
- non-verbal: body language, proximity, eye contact, touch, gestures, behaviour
- additional methods to support communication: signs, symbols and pictures, objects of reference
- face to face communication (physically together or online)

- active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
- interpretation of non-verbal communication
- ability to use silence to provide space and support.

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

Digital and other technologies: learners should consider:

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

Barriers: may include, but are not limited to:

- environment
- time
- own physical, emotional or psychological state
- physical, emotional or psychological state of others
- own skills, abilities or confidence
- own or others' prejudices
- conflict
- access to technology
- device charging and operation.
- wi-fi access.

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

- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- managers and supervisors
- professionals from other services
- visitors to the work setting

- members of the community
- volunteers.

Services: may include:

- translation services
- interpretation services
- speech and language services
- advocacy services.
- communication and support teams
- occupational therapy (OT)
- assistive technology services
- specialist teams which support individuals.

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

- patronising individuals
- not listening to individuals
- not being available to communicate effectively
- not respecting individuals' communication preferences, needs or strengths
- using communication skills to control or take ownership of an interaction.
- interrupting or talking over someone
- offering inappropriate or unsolicited advice
- placating an individual.

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

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

Digital recording and Digital systems: in this context, learners must show understanding of how digital systems and digital technologies are used to support safe practices – this may include but is not limited to - electronic care plans, incident logs, audit trails and safeguarding alerts.

DAC3B/Hi	Handling information
Knowledge and skill requirements	
<p>A. Understand requirements for handling information in care settings, including:</p> <ol style="list-style-type: none"> 1. the main points of legal requirements, policies and codes of practice for handling information in care settings. 2. features of manual and electronic information storage systems that help ensure data and cyber security. 3. how to support others to keep information secure. 4. what would be considered a 'data breach' in the handling of information, and how to respond. <p>B. Implement good practice in handling information, including:</p> <ol style="list-style-type: none"> 1. ensure data security when sharing, storing, and accessing manual and electronic information. 2. maintain and promote confidentiality in day-to-day communication. 3. maintain manual and electronic records that are up to date, complete, accurate and legible. 4. support audit processes in line with own role and responsibilities. 	
<p>Assessment:</p> <p>This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.</p> <p>This is a knowledge and skill-based unit.</p> <p>Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.</p> <p>Learning Outcomes B is skill based, and primary evidence should include observation of direct practice in the workplace.</p> <p>Due to the nature of this unit, e.g. dealing with confidential information in support of individuals, this observation should be in actual person and not carried out remotely.</p>	

Guidance notes:

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

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

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

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

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

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

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

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

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

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

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

DAC3C	Values and behaviours								
<p>Overview:</p> <p>This section includes:</p> <table> <tr> <td>DAC3C/PC</td><td>Person-centred practice</td></tr> <tr> <td>DAC3C/CI</td><td>Choice and independence</td></tr> <tr> <td>DAC3C/HW</td><td>Health and wellbeing</td></tr> <tr> <td>DAC3C/ED</td><td>Equality, diversity, inclusion and human rights</td></tr> </table>		DAC3C/PC	Person-centred practice	DAC3C/CI	Choice and independence	DAC3C/HW	Health and wellbeing	DAC3C/ED	Equality, diversity, inclusion and human rights
DAC3C/PC	Person-centred practice								
DAC3C/CI	Choice and independence								
DAC3C/HW	Health and wellbeing								
DAC3C/ED	Equality, diversity, inclusion and human rights								

DAC3C/PC	Person-centred practice
Knowledge and skill requirements	
<p>A. Understand the application of person-centred practices in care settings, including:</p> <ol style="list-style-type: none"> 1. how person-centred values can be applied in a range of situations. 2. how to effectively build relationships with individuals. 3. how and why person-centred values and strength-based approaches must influence all aspects of care work. 4. how to use a range of care plans, relevant digital social care records (DSCRs) and other resources to apply person-centred values and strengths-based approaches. 5. how the active participation of individuals and others in care planning promotes person-centred values and strength-based approaches to meet the holistic needs of an individual, now and in planning for their futures. 6. how to seek feedback to support the delivery of person-centred care in line with roles and responsibilities. 7. how to support an individual to question or challenge decisions concerning them that are made by others. <p>B. Understand the importance of individuals' relationships, including:</p> <ol style="list-style-type: none"> 1. the different people and relationships that may be important to individuals, including intimate or sexual relationships. 	

2. the impact maintaining and building relationships can have for individuals.
3. own role in supporting individuals to maintain and build relationships.

C. Work in a person-centred way, including:

- 1 work with an individual and others to establish and understand the individual's history, preferences, wishes, strengths and needs.
- 2 work with individuals to identify how they want to actively participate in their care and support, considering their history, preferences, wishes, strengths, and needs.
- 3 be responsive to individuals' changing needs or preferences and adapt actions and approaches accordingly.
- 4 demonstrate respect for individuals' lifestyle, choices and relationships.
- 5 promote understanding and application of active participation amongst others.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

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

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

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

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

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

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

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

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

- one-page profiles
- advanced care plans
- assessments from other organisations
- information from family, carers and others.

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

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

- living arrangements
- health and wellbeing
- relationships

- education or employment
- end of life care.

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

DAC3C/CI	Choice and independence
Knowledge and skill requirements	
<p>A. Promote individuals' rights to make choices, including:</p> <ol style="list-style-type: none"> 1. support individuals to make informed choices and decisions. 2. establish informed consent when providing care and support. 3. use support mechanisms and guidance to support the individual's right to make choices. 4. work with individuals to manage risk in a way that maintains and promotes the individual's right to make choices. <p>B. Promote individuals' independence, including:</p> <ol style="list-style-type: none"> 1. involve individuals in their care and support. 2. support individuals to recognise their strengths and their abilities to gain confidence to self-care. 3. identify a range of technologies that support or maintain individual's independence. <p>C. Understand the role of risk assessments in promoting person-centred approaches, choice, and independence, including:</p> <ol style="list-style-type: none"> 1. how risk assessments can be used to promote and enable individuals' choice, independence and right to take risks. 2. the different risk assessments methods that can be used in different situations and own role within these. 3. risk assessment reviews, including: <ul style="list-style-type: none"> ▪ why is it important to review and update individuals' risk assessments. ▪ when individuals' risk assessments should be reviewed and updated. ▪ who should be involved in the review and update of individuals' risk assessments. 	

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

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

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

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

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

DAC3C/HW	Health and wellbeing
Knowledge and skill requirements	
<p>A. Understand the importance of individuals' wellbeing, including:</p> <ol style="list-style-type: none"> 1. the relationship between identity, self-image and self-esteem and the impact this can have on an individual's wellbeing. 2. factors that positively and negatively influence the individual's wellbeing. 3. the range of services and resources available to support individuals' wellbeing and how to access this. 4. how an individuals' wellbeing may affect their behaviours and relationships. <p>B. Know how to monitor individuals' health and wellbeing, including:</p> <ol style="list-style-type: none"> 1 The role of prevention in supporting individuals to stay healthy, happy and independent for as long as possible. 2 how to engage, support and involve individuals in monitoring their own health and wellbeing. 3 the early indicators of physical and mental health deterioration. 4 how to escalate concerns about an individual's health deterioration and to whom. <p>C. Be able to assess and respond to changes in an individual's health and wellbeing, including:</p> <ol style="list-style-type: none"> 1. engage and involve individuals in understanding and monitoring their health and wellbeing. 2. use appropriate tools to monitor and report changes in health and wellbeing. 3. record observations of health and wellbeing and take appropriate action. <p>D. Promote individuals' health and wellbeing, including:</p> <ol style="list-style-type: none"> 1. support an individual in a way that promotes their sense of identity, self-image and self-esteem. 	

2. demonstrate ways to contribute to an environment that promotes wellbeing.
3. demonstrate a person-centred approach to working with individuals and others to improve individuals' health and wellbeing.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

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

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

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

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

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

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

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

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

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

DAC3C/ED	Equality, diversity, inclusion, and human rights
Knowledge and skill requirements	
<p>A. Understand influencers on working practices to promote equality, diversity, inclusion, and human rights, including:</p> <ol style="list-style-type: none"> 1. how legislation, policies and codes of practice apply to and influence own work role. 2. how external factors influence own work role. <p>B. Understand the importance of equality, diversity, inclusion, and human rights within your work setting, including:</p> <ol style="list-style-type: none"> 1. the definition and relevance to own practice of: <ul style="list-style-type: none"> ▪ diversity ▪ equality ▪ inclusion ▪ discrimination ▪ unconscious bias ▪ protected characteristics ▪ neurodiversity ▪ human rights. 2. how equity and inclusive practice and cultures can support and promote equality, diversity, inclusion and human rights. 3. how the promotion of equality, diversity, inclusion, and human rights can lead to improved outcomes for individuals. 4. how your organisation promotes equality, diversity, inclusion, and human rights. 5. own role in promoting equality, diversity, inclusion and human rights. <p>C. know how to promote equality, diversity, inclusion, and human rights including:</p> <ol style="list-style-type: none"> 1. the potential effects of discrimination. 2. how unconscious biases may affect own and others' behaviours. 3. how to respond to and challenge discrimination in a way that promotes positive change. 4. how to report any discriminatory or exclusive behaviours, and to whom. 	

D. Work in an inclusive way, including:

1. Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values, preferences, and communication, processing or sensory needs (including those associated with neurodiversity).
2. promote a culture that supports inclusive practices.
3. reflect on and make improvements to own practice in promoting equality, diversity, inclusion and human rights.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

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

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

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

- reasonable adjustments to care and support
- communication methods that meet language or sensory needs
- celebrating diverse cultures or religions
- challenging discrimination or unfair treatment in the workplace.

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

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

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

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

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

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

DAC3D	Health and safety						
<p>Overview:</p> <p>This section includes:</p> <table> <tr> <td>DAC3D/HG</td><td>Health and safety (general)</td></tr> <tr> <td>DAC3D/IP</td><td>Infection prevention and control</td></tr> <tr> <td>DAC3D/HT</td><td>Health and safety (topics)</td></tr> </table>		DAC3D/HG	Health and safety (general)	DAC3D/IP	Infection prevention and control	DAC3D/HT	Health and safety (topics)
DAC3D/HG	Health and safety (general)						
DAC3D/IP	Infection prevention and control						
DAC3D/HT	Health and safety (topics)						

DAC3D/HG	Health and safety (general)
Knowledge and skill requirements	
<p>A. Understand own responsibilities, and the responsibilities of others, relating to health and safety, including:</p> <ol style="list-style-type: none"> 1. legislation relating to health and safety in a care work setting. 2. the main points of health and safety policies and procedures agreed with the employer. 3. the main health and safety responsibilities of: <ul style="list-style-type: none"> ▪ self ▪ the employer or manager ▪ others in the work setting. 4. specific tasks in the work setting that should not be carried out without special training. <p>B. Understand procedures for responding to accidents and sudden illness, including:</p> <ol style="list-style-type: none"> 1. different types of accidents and sudden illness that may occur in own work setting. 2. procedures to be followed if an accident or sudden illness should occur. <p>C. Carry out own responsibilities for health and safety, including:</p>	

1. use policies and procedures or other agreed ways of working that relate to health and safety.
2. support others' understanding and follow safe practices.
3. monitor potential health and safety risks.
4. use risk assessment in relation to health and safety.
5. minimise and manage potential risks and hazards.
6. access additional support or information relating to health and safety.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

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

Guidance notes:

Others: may include:

- team members
- other colleagues
- those who use or commission their own health or social care services.
- families, carers and advocates.

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

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

Tasks: may include:

- use of equipment
- first aid
- medication
- health care procedures
- food handling and preparation.

DAC3D/IP	Infection prevention and control
Knowledge and skill requirements	
<p>A. Understand how to prevent and control the spread of infection, including:</p> <ol style="list-style-type: none"> 1. different types of infection and how they are spread (chain of infection) 2. how to identify individuals who have, or are at risk of developing, an infection, and the actions to take to reduce the risks to them and others. 3. own role and responsibilities in identifying, or acting upon the identification, of an outbreak or spread of infection. 4. own role in supporting others to follow practices that reduce the spread of infection. 5. own responsibilities for ensuring the appropriate cleaning and decontamination of environments and equipment. <p>B. Prevent and control the spread of infection, including:</p> <ol style="list-style-type: none"> 1. risk assess a range of situations and select and use appropriate Personal Protective Equipment (PPE) correctly. 2. identify when it is necessary to perform hand hygiene. 3. select appropriate products and perform hand hygiene using recommended techniques. 4. ensure that own health and hygiene does not pose a risk to individuals and others. 	
<p>Assessment:</p> <p>This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.</p> <p>This is a knowledge and skill-based unit.</p> <p>Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.</p> <p>Learning Outcomes B is skill based, and primary evidence should include observation of direct practice in the workplace.</p>	

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

Guidance notes:

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

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

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

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

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

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

DAC3D/HT	Health and safety (topics)
Knowledge and skill requirements	
<p>A. Move and handle equipment and other objects safely, including:</p> <ol style="list-style-type: none"> 1. understand the main points of legislation that relate to moving and handling. 2. understand principles for safe moving and handling. 3. move and handle equipment and other objects safely. <p>B. Handle hazardous substances and materials, including:</p> <ol style="list-style-type: none"> 1. understand types of hazardous substances that may be found in the work setting. 2. demonstrate safe practices for: <ul style="list-style-type: none"> ▪ storing hazardous substances ▪ using hazardous substances ▪ disposing of hazardous substances and materials. <p>C. Promote fire safety in the work setting, including:</p> <ol style="list-style-type: none"> 1. understand practices that prevent fires from: <ul style="list-style-type: none"> ▪ starting ▪ spreading. 2. understand emergency procedures to be followed in the event of a fire in the work setting. 3. demonstrate measures that prevent fires from starting. 4. ensure clear evacuation routes are maintained at all times. <p>D. Implement security measures in the work setting, including:</p> <ol style="list-style-type: none"> 1. understand the importance of ensuring that others are aware of own whereabouts. 2. use agreed procedures for checking the identity of anyone requesting access to: <ul style="list-style-type: none"> ▪ premises ▪ information. 	

3. use measures to protect own security and the security of others in the work setting.

Assessment:

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

This is a primarily a skill-based unit.

Learning Outcomes A, B, C and D are skill based, and primary evidence should include observation of direct practice in the workplace.

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

Guidance notes:

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

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

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

Security measures may include but are not limited to:

- controlled access to buildings
- visitor signing in procedures.
- alarm systems
- safe storage of records and medications.

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

- carrying a mobile phone
- logging in house calls
- checking in with supervisors or managers
- following lone working policies and procedures and risk assessments.

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

DAC3E	Personal development				
<p>Overview:</p> <p>This section includes:</p> <table> <tr> <td>DAC3E/CD</td><td>Continuous development</td></tr> <tr> <td>DAC3E/PW</td><td>Personal wellbeing</td></tr> </table>		DAC3E/CD	Continuous development	DAC3E/PW	Personal wellbeing
DAC3E/CD	Continuous development				
DAC3E/PW	Personal wellbeing				

DAC3E/CD	Continuous development
Knowledge and skill requirements	
<p>A. Know what is required to be competent in own role, including:</p> <ol style="list-style-type: none"> 1. the duties and responsibilities of own work role. 2. expectations of own work role as expressed in relevant standards. 3. the relationship between continuing professional development and the provision of quality care. 4. sources of support and guidance for planning and reviewing own development. <p>B. Demonstrate commitment to own development, including:</p> <ol style="list-style-type: none"> 1. assess own knowledge, performance and understanding against relevant standards. 2. work with others to identify and prioritise own learning needs, professional interests and development aspirations. 3. work with others to agree own personal and professional development plan. 4. work with others to achieve and review personal and professional development plan. 5. record progress in relation to personal and professional development. <p>C. Understand the value of reflective practice, including:</p>	

1. the benefits and **scope** of reflective practice.
2. the importance of **reflective practice** in supporting continuous improvements to own practice and provision of quality care.

D. Use reflective practice to improve ways of working, including:

1. reflect on how **learning activities** have affected practice.
2. reflect on how own values, beliefs and experiences may affect working practices.
3. reflect on own ability to use initiative, make decisions and take responsibility for own actions.
4. use reflections and feedback from others to evaluate own performance and inform development.

E. Develop leadership behaviours, including:

1. model high standards of practice to encourage others to make a positive difference.
2. share ideas to improve services with others.
3. promote partnership approaches to supporting individuals.

Assessment:

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

This is a knowledge and skill-based unit.

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

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

Guidance notes:

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

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

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

Sources of support and guidance: may include:

- formal and informal support
- supervision and appraisal
- mentoring and peer support.
- within and outside the organisation
- the Care Workforce Pathway.

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

- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- professionals from other services.

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

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

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

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

DAC3E/PW	Personal wellbeing
Knowledge and skill requirements	
<p>A. Understand own wellbeing, including:</p> <ol style="list-style-type: none"> 1. what is meant by 'personal wellbeing', 'self-care' and 'resilience' 2. factors that positively and negatively influence own wellbeing. 3. indicators of own wellbeing and wellbeing deterioration. <p>B. Understand the importance of maintaining and improving own wellbeing, including:</p> <ol style="list-style-type: none"> 1. how own wellbeing impacts role and behaviour. 2. how own wellbeing impacts others. <p>C. Know how to maintain and improve own wellbeing, including:</p> <ol style="list-style-type: none"> 1. strategies to maintain and improve own wellbeing. 2. a range of wellbeing support offers available and how to access them. 3. how to access professional help if needed. <p>D. Know how to manage own stress and anxiety.</p> <ol style="list-style-type: none"> 1. what is meant by stress and anxiety. 2. indicators of stress and anxiety in oneself. 3. factors that can trigger stress and anxiety in oneself. 4. how stress and anxiety may affect own reactions and behaviours towards others. 5. strategies for managing own stress and anxiety. 6. how to access a range of support offers. 	

Assessment:

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

This is a knowledge only based unit.

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

Guidance notes:

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

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

- physical health (rest, nutrition, exercise, diet)
- mental health (managing anxiety and coping with demands)
- social connections (relationships, support networks)
- work life balance and job satisfaction.

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

- getting enough sleep and eating a balanced diet
- asking for help when needed
- taking regular breaks and utilising annual leave
- reflecting on own emotional needs.

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

- positive thinking and self-reflection
- using support networks
- taking part in training and personal development
- practicing self-care routinely.

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

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

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

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

- workplace support: supervision and appraisal, employer assistance programmes (EAPs), occupational health services
- professional support: unions and professional bodies
- external wellbeing services
- peer support and networks: team meetings, buddy systems, reflective practice groups.

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

- physical impact – headaches, fatigue, sleep problems weakened immune system.
- emotional and mental health impact – anxiety, low mood, feeling overwhelmed, loss of motivation.
- behavioural impact – withdrawing from others and work situations, poor time management and risk of full burnout.
- impact on work performance – poor communications, making mistakes and missing key details.
- impact on professional standards – increased risk of breaching policies and procedures.

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

Section C:

Additional requirements

1. Optional units/content

The qualification must include additional areas of content that can be taken as optional units. These should be sufficient in range, number, content, and level to enable learners to contextualise their learning to meet their specific development needs.

In the development and existing review of optional content, awarding organisations must show consideration for currency of the content and their centres' abilities to deliver and assess this learning. Optional content must indicate genuine choice for learners.

2. Digital skills

Digital skills remain a highlighted key learning and development priority for care workers. The use of digital technologies has been referred to throughout the qualification criteria where relevant to all level 3 learners.

Skills for Care encourages awarding organisations to embed digital skills within appropriate optional qualification content wherever practicable and relevant to enable to evolution of the workforce.

Skills for Care welcomes optional content specific to digital skills, e.g. content aligned to essential digital skills qualifications or units.

To support your content development, below are some key themes that emerged from our consultation work on the qualification review in relation to priorities for care workers' digital skills:

- building care workers' confidence in using digital skills
- enabling and encouraging care workers to embrace digital skills
- using technology to support and monitor people accessing care and support.
- digital care planning and record keeping (Digital Social Care Record)
- using different digital platforms and systems
- learning online/remotely.

3. Leadership and management skills

Leadership and management skills continue to be highlighted as important for care workers' development - both in terms of their immediate role, but also in terms of their ability to progress into other roles.

Approved Level 3 Diploma in Adult Care qualifications must allow for learners to choose optional content that supports the development of leadership and management skills. Skills for Care suggests that awarding organisations align leadership and management optional content with the Level 5 Diploma in Leadership and Management in Adult Care.

Appendix 2: Recommendations for optional content

Skills for Care's recommendations are based on our sector consultation during 2020 and 2025 as well as previous optional content and sector priorities.

Digital skills:

See Section C: Additional requirements.

Leadership and management skills:

See Section C: Additional requirements. May include:

- adult social care regulation and inspection
- change management
- conflict resolution
- developing and supporting others
- facilitating positive outcomes
- integration
- leadership and management theories
- marketing provision
- team leadership
- recruitment and selection processes
- induction processes and support for new workers
- resource management
- supervision skills
- quality assurance
- quality improvement.

Specialisms:

- acquired brain injury
- autism
- co-morbidity
- dementia
- diabetes
- end of life care, including coping with death and bereavement
- trauma informed care
- learning disability
- mental health
- Parkinson's disease
- sensory loss
- stroke care
- neurodiversity

- substance use.

Clinical skills or healthcare support and tasks:

- | | |
|---------------------------------------|------------------------------|
| ▪ prevention | ▪ physiological measurements |
| ▪ insulin administration | ▪ skin integrity |
| ▪ medication administration | ▪ stoma care |
| ▪ obtaining blood samples | ▪ wound care. |
| ▪ percutaneous endoscopic gastrostomy | |

Aspects of support:

- | | |
|---------------------------------------|----------------------------------|
| ▪ activity provision | ▪ nutrition and hydration |
| ▪ advocacy | ▪ personalisation |
| ▪ assistive technology | ▪ positive behaviour support |
| ▪ care planning and assessment | ▪ reablement |
| ▪ counselling skills | ▪ rehabilitation |
| ▪ co-production | ▪ relationships support |
| ▪ education, training, and employment | ▪ risk assessment |
| ▪ learning and development | ▪ supporting families and carers |
| ▪ managing incontinence | ▪ skills for everyday life |
| ▪ managing pain and discomfort | ▪ strength-based approaches |
| | ▪ therapy. |