

## **Qualification criteria:**

### **Level 3 Diploma in Adult Care**

for awarding organisations developing new qualifications

**May 2021**

## Context

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

During the consultation and development process, Skills for Care engaged with a wide range of sector stakeholders and subject matter experts<sup>1</sup>. Key themes emerged which included:

- infection prevention and control
- digital skills
- personal wellbeing
- person-centred approaches
- safeguarding.

The process for approving qualifications against Skills for Care criteria was introduced to support the transition from the QCF to RQF. 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 make the adult care sector aware of which qualifications meet the requirements of the consultation.

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](#).

## Content previously shared with Health

Previous mandatory content is shared with health and therefore is included with the Level 3 Diploma in Healthcare Support. Skills for Care's consultation with the adult social care sector strongly indicated that content needed updating to reflect the evolving needs of learners, employers and the sector as a whole. Content will still enable learners to develop knowledge and skills applicable across the adult care and health sectors, but updates, amends and additional content mean the units are no longer shared.

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<sup>1</sup> Further information about the consultation and development process can be found *in Appendix 1: Consultation and development process*.

## **Our thanks**

Skills for Care are exceptionally grateful to all those who were able to participate in the consultation and development process during, what has been, a particularly challenging year for the sector. Whilst it's not practical to thank everyone individually, we would like to extend a special thank you to the following people and organisations:

The people who attended the focus groups we ran for sharing their own experiences of care and support, as well as their priorities for the workforce's development. Most importantly, thank you for challenging us and enabling us to make real improvements to the qualification.

Brightening Lives and Opening Minds for their support and facilitation skills. And, more importantly, for bringing together a focus group for people accessing care services to influence the content of this qualification.

Freebird Associates for providing extensive feedback on some of the more complex subjects to ensure that learning made improvements to the lives of those accessing services.

## **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 4 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 met the standards of the Care Certificate as part of their induction programme. 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 5 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
- 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, management and minimise bias.

## **Assessment**

Qualifications developed to meet the criteria must be assessed in accordance with the Assessment Principles developed by Skills for Care and Development to complement Ofqual requirements.

## **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 and their employers. 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 (those which the criteria will supersede) are included in the Lead Adult Care Worker apprenticeship standard. The status of these new qualifications within future apprenticeship standards is currently unknown. Employer-led trailblazer groups will make these decisions.

## **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 5 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.

Where an awarding organisation wishes to include significant additional content in the 5 topic areas (therefore increasing the learning hours here and reducing hours of optional content), please outline the rationale for this when submitting the qualification for approval.

### **Qualification title**

To clearly identify the new Level 3 Diploma from the Level 3 Diploma in Adult Care, Skills for Care suggest renaming the qualification. To support employers navigate the qualification marketplace, we encourage awarding organisations to agree a common qualification title. Skills for Care request that members of the Joint Awarding Body Quality Group consider a new, shared, title and make Skills for Care aware of their decision. Skills for Care will only support qualifications that adhere to the shared title.

### **Launch of qualification**

To support employers', learners' and learning providers' understanding and use of available qualifications, once launched, Skills for Care ask 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
<b>Overview:</b>	
This section includes:	
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
<b>Knowledge and skill requirements</b>	
<p>A. Understand <b>agreed ways of working</b>, including:</p> <ol style="list-style-type: none"><li>1. why it is important to work within the scope of own role, responsibility and training</li><li>2. what is meant by the term '<b>delegated healthcare task</b>', who might delegate a healthcare task, and why</li><li>3. own role in <b>quality assurance processes</b> and promoting positive experiences for individuals accessing care.</li></ol> <p>B. Work in ways that are agreed with the employer, including being able to:</p> <ol style="list-style-type: none"><li>1. access full and up-to-date details of agreed ways of working</li><li>2. Implement agreed ways of working.</li></ol> <p>C. Understand <b>working relationships</b> in care settings, including:</p> <ol style="list-style-type: none"><li>1. how a working relationship is different from a personal relationship</li></ol>	

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.

**Guidance notes:**

**Delegated healthcare tasks:** A delegated healthcare task 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 help prepare learners for potential delegated responsibility in the future. Delegated healthcare tasks may include, but are not limited to:

- supporting skin integrity and wound healing by changing dressing
- supporting a person's nutrition using a PEG (Percutaneous endoscopic gastrostomy)
- supporting a person to manage their diabetes through insulin administration and monitoring.

**Quality assurance processes:** this will include own role, understanding and accountability with internal governance and processes used such as assurance and auditing procedures

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



**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 and loved ones of those accessing care and support services
- peers and team members
- 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 and loved ones of those accessing care and support services
- peers and team members
- manager and senior management
- paid workers and volunteers from other organisations and teams.

**Knowledge and skill requirements**

A. Understand the national and local context of safeguarding and protection from abuse and neglect, including:

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 on information and advice about own role in safeguarding, including **whistle blowing** and accountability for decision making and information sharing.

B. Know how to recognise signs of abuse and neglect, including:

1. What is meant by the terms:
  - 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:
  - 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 **person centred values**
    - enabling **active participation**
    - promoting choice and rights
    - working in partnership with others.
  2. 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:
3. use of electronic communication devices
4. use of the internet
5. use of social networking sites
6. carrying out financial transactions online
7. ways of working in inclusively with individuals to reduce the risks presented by each of these types of activities.

#### Guidance notes:

**Relevant legislation:** learners should consider how different legislation relate to and influence Safeguarding practices. This may include, but is not limited to:

- Liberty Protection Safeguards
- Mental Capacity Act 2005
- 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 6 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 different 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:** 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.

**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:** well-being is broad concept referring to an person's quality of life taking in to account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

**Knowledge and skill requirements**

- A. Understand the principles of mental capacity, including:
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 individuals' mental capacity, consent, choice and safety
  4. what is meant by 'valid consent'.
- B. Understand the application of the principles of mental capacity and consent, including:
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.
- C. Understand restrictive practices, including:
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.

## Guidance notes:

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

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

- Liberty Protection Safeguards
- 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:** including, but not limited to, fluctuating capacity and time and decision specificity, as well as environment, noise, time of day, coercive/controlling behavior from others and so on.

**Strategies and skills:** these will include effective communication and engagement skills to provide practical support. This may include providing information in different formats, using communication aids, addressing environmental factors, listening, and recognising and responding appropriate to coercive behaviours.

**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.



**Knowledge and skill requirements**

- A. Understand how duty of care contributes to safe practice including:
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.
- B. Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care including:
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.
- C. Know how to respond to concerns and complaints including:
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
- D. Know how to recognise and respond to adverse events, incidents, errors and near misses, including:
1. what is considered to be an adverse events, incidents, errors and near misses
  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.

## 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.

<b>DAC3B</b>	<b>Communication</b>
<p><b>Overview:</b></p> <p>This section includes:</p> <p>DAC3B/EC                      Effective communication</p> <p>DAC3B/HI                      Handling information</p>	

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

- C. Be able to communicate effectively with **others**, including:
1. demonstrate a range of effective **communication methods and skills**
  2. apply 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 with a range of people.
- 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 in order to maximise the quality of interaction
  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 make 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.

## Guidance notes:

**Work setting:** this may include one specific location or a range of locations depending on the context of the learners' role.

**Communication styles, methods and skills:** learners should consider:

- 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), phone calls, email, letters, reports, text messages, the use of digital technology and technological aids, social networks, presentations
- active listening skills including paraphrasing, reflection, summarising, reframing, providing encouragement
- interpretation of non-verbal communication
- ability to use silence to provide space and support.

**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.

**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.

**Services:** may include:

- translation services
- interpretation services
- speech and language services
- advocacy services.

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

- patronising individuals
- not listening to individuals
- not making time 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.

**Knowledge and skill requirements**

A. Understand requirements for handling information in care settings, including:

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.

B. Implement good practice in handling information, including:

1. ensure data security when **storing and accessing** information
2. maintain and promote confidentiality in day-to-day communication
3. maintain **records** that are up to date, complete, accurate and legible
4. support audit processes in line with own role and responsibilities.

**Guidance notes:**

**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.

**Storing and accessing:** where learners are required to store and access information manually and electronically, their assessment must include both manual and electronic storage and access arrangements.

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



<b>DAC3C</b>	<b>Values and Behaviours</b>								
<p><b>Overview:</b></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								
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<b>DAC3C/PC</b>	<b>Person-centred practice</b>
<p><b>Knowledge and skill requirements</b></p> <p>A. Work in a person-centred way, including:</p> <ol style="list-style-type: none"> <li>1. work with an <b>individual</b> and <b>others</b> to establish and understand the individual's <b>history, preferences, wishes, strengths and needs</b></li> <li>2. work with individuals to identify how they want to actively participate in their care and support, taking into account their <b>history, preferences, wishes, strengths and needs</b></li> <li>3. be <b>responsive</b> to individuals' changing needs or preferences and adapt actions and approaches accordingly</li> <li>4. demonstrate respect for individuals' lifestyle, choices and relationships</li> <li>5. promote understanding and application of <b>active participation</b> amongst others</li> </ol> <p>B. Understand the application of person-centred practices in care settings, including:</p> <ol style="list-style-type: none"> <li>1. how person-centred values can be applied in a range of situations</li> <li>2. how to effectively build relationships with individuals</li> </ol>	

3. how and why **person-centred values** and **strength-based approaches** must influence all aspects of care work
4. how to **use care plans** and **other resources** to apply person-centred values and **strength-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.

C. Understand the importance of individuals' **relationships**, including:

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.

#### **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

**Strength-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.

**Use of care plans:** a care plan may be known by other names e.g. support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed. Learners should consider how they use care plans when providing person centred care, but importantly should consider how care plans are used to create and enable person centred care. They should consider how the individuals' needs, wishes and preferences are included and reflected in the care plan. They should consider who should be involved in creating a care plan (the individual and those important to them, as well as professionals) and how the care plan is reviewed to ensure it continues to reflect the individual's aspirations.

**Other resources:** these might include, but are not limited to:

- one-page profiles
- advanced care plans
- assessments from other organisations
- information from other people important to the individual.

**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.

**Knowledge and skill requirements**

- A. Promote **individuals'** rights to make choices, including:
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.
- B. Promote individuals' independence, including:
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 can support or maintain individual's independence.
- C. Understand the role of risk assessments in promoting a person-centred approaches, choice and independence, including:
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:
    - 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.

## 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:** these might include assistive technology and/or digital technology.

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

**Knowledge and skill requirements**

- A. Understand the importance of **individuals' well-being**, including:
1. the relationship between identity, self-image and self esteem and the impact this can have on an individual's well-being
  2. **factors** that positive and negatively influence the individuals' 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.
- B. Know how to monitor individuals' health, including:
1. how to engage and involve individuals in monitoring their own health and well-being
  2. the **early indicators** of physical and mental health deterioration
  3. how to escalate concerns about an individual's health deterioration, and to whom.
- C. Be able to assess and respond to changes in an individual's health and well-being, including:
1. engage and involve individuals in understanding and monitoring their health and well-being
  2. use **appropriate tools** to monitor and report changes in health and well-being
  3. record observations of health and well-being and take **appropriate action**.
- D. Promote individuals' health and well-being, including:
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.

## Guidance notes:

**Individuals' well-being:** in this context, well-being refers to that of people accessing care and support services. Well-being is broad concept referring to a person's quality of life. It takes into account health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

**Factors:** factors affecting wellbeing will be different for different people. Learners should show consideration for environmental, physical, social and psychological factors.

**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.

**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.

**Appropriate tools:** tools will vary depending on learner's role and organisational practices. They may include, but not limited to: 'Stop and Watch', RESTORE2, NEWS2, SBARD (Situation, Background, Assessment, Recommendation, Decision) as well as technological aids.

**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.



**Knowledge and skill requirements**

- A. Understand influencers on working practices to promote equality, diversity, inclusion and human rights, including:
1. how **legislation**, policies and codes of practice apply to and influence own work role
  2. how **external factors** influence own work role.
- B. Understand the importance of equality, diversity, inclusion and human rights within your work setting, including:
1. the definition and relevance to own practice of:
    - diversity
    - equality
    - inclusion
    - discrimination
    - unconscious bias
    - protected Characteristics
    - human Rights.
  2. how inclusive practice and cultures 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.
- C. know how to promote equality, diversity, inclusion, and human rights including:
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 and preferences
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.

**Guidance notes:**

**Legislation:** these must relate to equality, diversity, inclusion, discrimination and human rights and might include: Equality Act 2010, Human Right 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.

**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 learners 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.

<b>DAC3D</b>	<b>Health and Safety</b>						
<p><b>Overview:</b></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)						

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

### 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.

**Knowledge and skill requirements**

- A. Understand how to prevent and control the spread of infection, including:
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
- B. Prevent and control the spread of infection, including:
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**.

**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.

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

**Hand hygiene:** refers to following recommended hand-washing techniques and the use of appropriate sanitizer.

**Knowledge and skill requirements**

- A. Move and handle equipment and other objects safely, including:
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.
- B. Handle hazardous substances and materials, including:
1. understand types of hazardous substances that may be found in the work setting
  2. demonstrate safe practices for:
    - storing hazardous substances
    - using hazardous substances
    - disposing of hazardous substances and materials.
- C. Promote fire safety in the work setting, including:
1. understand practices that prevent fires from:
    - 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 time.
- D. Implement security measures in the work setting, including:
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:
    - premises
    - information.



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

**Guidance notes:**

No guidance notes provided.

<b>DAC3E</b>	<b>Personal Development</b>
<p><b>Overview:</b></p> <p>This section includes:</p> <p>DAC3E/CD                      Continuous development</p> <p>DAC3E/PW                      Personal wellbeing</p>	

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

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.

**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 process of monitoring and documenting the skills, knowledge and experience gained both formally and informally, beyond initial training.

**Sources of support:** may include:

- formal or informal support
- supervision

- appraisal
- mentoring
- peer support
- within and outside the organisation.

**Others:** in this context, this will likely 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 reflect on events, activities and situations in order to gain insight and understanding.

**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).

**Knowledge and skill requirements**

- A. Understand **own wellbeing**, including;
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.
- B. Understand the importance of maintaining and improving own wellbeing, including
1. how own wellbeing impacts role and behaviour
  2. how own wellbeing impacts **others**.
- C. Know how to maintain and improve own wellbeing, including:
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.
- D. Know how to manage own **stress** and anxiety, including:
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**.

**Guidance notes:**

**Own wellbeing:** in this context, well-being refers to that of learner. Well-being is broad concept referring to a person's quality of life taking in to account health,

happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental well-being.

**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.

**Indicators:** these should be specific to the learner. The learner should show consideration of physical, emotional and psychological indicators.

**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:** the range should include offers available inside and outside the learners' workplace. Learners should consider offers they use as well as those they currently choose not to. For example:

- internal: Supervision, employee assistance scheme, mentor or buddying systems
- external: self-help tools, apps and websites, local groups and networks.

**Stress:** stress can have positive, as well as negative, effects on a person. In this context, we refer to the negative impacts of stress.

## 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 of optional content, awarding organisations must show consideration for their centres' abilities to deliver and assess this learning. Optional content must indicate genuine choice for learners.

See Appendix 2: Recommendations for optional content.

#### 2. Digital skills

Digital skills have been highlighted a 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
- 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 support the development of leadership and management skills. Skills for Care suggest that awarding organisations align leadership and management optional content with the Level 5 Diploma in Leadership and Management in Adult Care.



## Appendix 1: Consultation and development process

### Overview of the consultation and development process:

During 2020, Skills for Care engaged and consulted with a variety of sector stakeholders to understand the learning and development needs and priorities of, and for, care workers undertaking level 3 practice.

### What we did:

To understand high level priorities and needs, we:

- carried out 4 online consultation events
- ran an online survey.

To understand priorities and needs for specific areas of content, we:

- ran online surveys asking for feedback on a small number topics
- held focus groups with people accessing care services
- spoke to colleagues in CQC
- spoke to subject matter experts
- reviewed best practice developments.

To develop and update content, we:

- applied what we'd learnt from our consultation and engagement activity
- took direction from subject matter experts
- rationalised outcomes and criteria.

To ensure the new content accurately reflected what we'd heard from the sector, we:

- ran a final online survey
- made final changes based on feedback.

### Who we spoke to:

- awarding organisations
- care workers
- CQC (various roles)
- learning and development leads
- learning providers
- people accessing care and support

- registered managers
- social care employers.

## Appendix 2: Recommendations for optional content

Skills for Care's recommendations are based on our sector consultation during 2020 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
- 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
- learning disability
- mental health
- Parkinson's disease
- sensory loss
- stroke care
- substance use.

### Clinical skills or healthcare task:

- insulin administration
- medication administration
- obtaining blood samples
- percutaneous endoscopic gastrostomy
- physiological measurements

- skin integrity
- stoma care
- wound care.

**Aspects of support:**

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