



Department
of Health &
Social Care

Level 2 Adult Social Care Certificate: Qualification Criteria for Awarding Organisations Developing New Qualifications

Published 10 January 2024 [Version 1.0]

Contents

Introduction and Positioning.....	3
Qualification Criteria.....	6
Section A: Summary of qualification content, approval, accreditation, and assessment requirements.....	7
Section B: Minimum learning outcome requirements for the qualification	10

Introduction and Positioning

The Care Certificate was introduced in 2015 and was developed jointly by Skills for Care, Health Education England and Skills for Health and is based on 15 standards. The Care Certificate is currently an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

As set out in the [People at the Heart of Care: adult social care reform white paper](#), a commitment was made to work with the adult social care sector to review the current Care Certificate delivery model with a view to reviewing its current challenges and future placing within the sector.

During 2022, the Department of Health and Social Care (DHSC) appointed PA Consulting, Skills for Care, and the Social Care Institute of Excellence to achieve the first step of this commitment. Following an extensive discovery and engagement process, an options model was achieved with a clear outcome of a preferred option of the Care Certificate becoming a recognised formal Level 2 Certificate qualification in the adult social care sector.

In March 2023, the DHSC appointed Skills for Care to develop a draft qualification specification to enable better consistency in portability and standardisation in how the current standards are delivered, achieved, and assessed. DHSC recommended that during this process, content should be developed so that it represents best practice and should not deviate significantly from the standards as they already exist. It was also recommended that the process should be highly collaborative, involving representatives from a wide range of stakeholders including awarding organisations, training providers and the adult social care sector.

Context

Skills for Care have now reviewed and updated the content of the current Care Certificate to meet the standards of a Level 2 qualification. The units, criteria and formal assessment guidance are detailed in this document.

Acknowledgement

During the lifespan of the Care Certificate minimal changes have been made to the content of the standards. During 2021 a review of the Care Certificate standards was commissioned by NHSE (NHS England) and led by the established Steering Group (Skills for Health, Health Education England, and Skills for Care). The review focused on ensuring that content of the standards remained current and valid, whilst

remaining in its familiar structure and format for both sectors. Based on how both sectors practices and priorities have evolved, the pandemic and legislation changes, several areas within the standards were suggested for updates.

Key themes emerged in this review, which included emphasis, updates, and additional inclusion of the following:

- personal wellbeing
- safeguarding
- equality, diversity, and inclusion practices
- digital skills
- career development opportunities
- infection prevention and control.

In our subsequent review and development of the qualification specification, we have acknowledged that these prior suggested updates remain fit for purpose, and we have taken forward in this final Care Certificate qualification specification.

During further engagement activities with stakeholders, we have reviewed these changes and sought further feedback from the adult social care sector and subject matter experts regarding currency and application of content of the standards. Our findings are reflected in this final version.

Skills for Care are exceptionally grateful to all those who were able to participate in the consultation and development process during this project, including attendees and contributors to our reference, working and focus groups and subject matter experts.

Digital Skills

Digital skills have been highlighted as a key learning and development priority for care workers. The use of digital technologies has been referred to throughout the qualification criteria and assessment guidance where relevant to all level 2 learners.

The Digital Skills Framework is a free resource to help support the development of digital skills across the sector, which is funded and being strategically led by NHS Transformation Directorate. It has been developed to help those working in the sector to develop skills and benefit from digital technologies in their roles. It can be

used by social care employers and those providing training and learning in the sector to support with training and developing the workforce.

The seven key themes of the framework are:

1. Using digital technology in a person-centred way
2. Technical skills for using digital technology
3. Communication through technology
4. Being safe and secure online
5. Ethical use of data and digital technology
6. Using and managing data to deliver care
7. Digital learning, self-development, and wellbeing

Qualification Criteria

The criteria below set out the minimum requirements for a Level 2 Care Certificate qualification in adult social care that will support development and confirm the competence of those working in adult social care in England.

The criteria are presented in 2 sections:

Section A:

Summary of:

- qualification content
- approval
- accreditation requirements
- assessment requirements.

Section B:

minimum learning outcome and criteria requirements for the qualification.

Section A: Summary of qualification content, approval, accreditation, and assessment 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 typically work under the direction of their manager or supervisor. We would expect employer-specific induction and mandatory training to be completed prior to the learner starting the level 2 Adult Social Care Certificate qualification. However, the employer can decide if the level 2 Adult Social Care Certificate qualification can be completed alongside employer-specific induction and mandatory training.

The level 2 Adult Social Care Certificate qualification does not replace the need for employer-specific induction or mandatory training.

Employees must be over 19 to complete the qualification. It is expected that centres approved to deliver this qualification via an Awarding Organisation will carry out an initial assessment process with all individual learners. This process should ensure the learner can demonstrate the full requirements or if needed, act as an advisory process so the potential learner can reach the required standard to achieve the qualification.

Content

Approved qualifications for the Level 2 Adult Social Care Certificate qualification will require learners to demonstrate understanding and effective practice in the following areas:

Topic	Ref
Understand own role	01
Personal development	02
Duty of Care	03
Equality, diversity, inclusion, and human rights	04
Work in a person centred way	05
Communication	06
Privacy and dignity	07

Topic	Ref
Nutrition and hydration	08
Awareness of mental health and dementia	09
Adult safeguarding	10
Safeguarding children	11
Health, safety, and principles of basic life support	12
Handling information	13
Infection prevention and control	14
Awareness of learning disability and autism	15

Within each of the 15 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 assessment advice.

Approval process

This information will be provided separately by the Department of Health and Social Care following publication of this specification.

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

In developing the assessment guidance in this qualification, Awarding Organisations should follow the existing [Skills for Care and Development assessment principles](#) (2017) which are currently being updated. It is important to note that the list of recognised

assessor qualifications in Appendix C of the Skills for Care & Development assessment principles may be added to beyond this date if they meet relevant criteria set by the Joint Awarding Body Quality Group.

The sector has delivered the prior recommended Care Certificate standards since 2015, therefore there may be existing assessment skills in the workforce which could be utilised in the assessment and qualification process. We would like Awarding Organisations to support centres to consider how these skills could be safely utilised and developed e.g., through the role of an Expert Witness as part of the assessment process.

Recognition of prior learning

We would also like awarding organisations to support centres to consider where appropriate, the use of Recognition of Prior Learning (RPL) as a contributory assessment method. Learners may have recent achievements of relevant learning e.g., mandatory sector training which could be utilised towards and in the assessment process. We would expect that centres follow the Awarding Organisations agreed approaches in use of this assessment method.

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 RPL and that learners can achieve individual units of the full qualification.

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.

Credit values and Total Qualification Time (TQT)

To gain approval, it is recommended that qualifications developed against the criteria must:

- be at Certificate Level 2 (30-36 credits)
- have a maximum of TQT of 369 hours.

Suggested credit values have been placed at the top of each unit to aide consistency in the formal qualification development process.

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

Section B: Minimum learning outcome requirements for the qualification

01	Understand own role
<p>Recommended credit value: up to 2 credits</p> <p>Overview:</p> <p>The learner knows and is able to:</p> <ul style="list-style-type: none"> ▪ understand own role ▪ work in ways that have been agreed with employer ▪ understand working relationships in adult social care ▪ work in partnership with others. 	

Knowledge and Skill requirements

<p>1.1 Understand own role</p>	<p>1.1a: Describe own main duties and responsibilities.</p> <p>1.1b: List the standards and codes of conduct and practice that relate to own role.</p> <p>1.1c: How own experiences, attitudes, values, and beliefs may affect the way you work.</p> <p>1.1d: Identify the different opportunities for professional and career development in the sector.</p>
<p>1.2 Work in ways that have been agreed with the employer</p>	<p>1.2a: Describe employment rights and responsibilities.</p> <p>1.2b: The aims, objectives, and values of the service in which you work.</p> <p>1.2c: Why it is important to work in ways that are agreed with your employer.</p> <p>1.2d: Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to own role.</p> <p>1.2e: Demonstrate working in accordance with the agreed ways of</p>

	<p>working with the employer.</p> <p>1.2f: How and when to escalate any concerns in line with organisational policy or ways of working.</p> <p>1.2g: Why it is important to be honest and identify where errors may have occurred and to tell the appropriate person.</p>
<p>1.3 Understand working relationships in social care</p>	<p>1.3a: Responsibilities to the individuals being supported as well as key people, advocates and others who are significant to an individual.</p> <p>1.3b: How a working relationship is different from a personal relationship.</p> <p>1.3c: Different working relationships in adult social care settings.</p>
<p>1.4 Work in partnership with others</p>	<p>1.4a: Why it is important to work in teams and in partnership with others.</p> <p>1.4b: Why it is important to work in partnership with key people, advocates and others who are significant to individuals being supported.</p> <p>1.4c: Demonstrate behaviours, attitudes, and ways of working that can help improve partnership working.</p> <p>1.4d: Demonstrate how and when to access support and advice about:</p> <ul style="list-style-type: none"> ▪ partnership working ▪ resolving conflicts.

Guidance notes:

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

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

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

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

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

Criteria 1.1d: Whilst it is recognised that learners will have their own aspirations, the achievement of this criteria should enable the learner to understand that there are a wide range of development opportunities when working in adult social care and a rewarding career can be gained.

Criteria 1.2f: This should include reference to whistleblowing procedures: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

Assessment guidance:

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

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

Criteria 1.4d: Requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

02	Personal development
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner knows and is able to:</p> <ul style="list-style-type: none"> ▪ agree own personal development plan ▪ develop own knowledge, skills and understanding. 	

Knowledge and Skill requirements

<p>2.1 Agree a personal development plan</p>	<p>2.1a: The processes for:</p> <ul style="list-style-type: none"> ▪ identifying own learning needs ▪ agreeing a personal development plan and who should be involved. <p>2.1b: Why feedback from others is important in helping to develop and improve approaches to own work.</p> <p>2.1c: Contribute to and agree own personal development plan.</p>
<p>2.2 Develop own knowledge, skills and understanding</p>	<p>2.2a: Sources of support for own learning and development.</p> <p>2.2b: How learning activities have improved own knowledge, skills and understanding.</p> <p>2.2c: The level of literacy, numeracy, digital and communication skills needed to carry out own role.</p> <p>2.2d: Where to find information and support on how to check and develop own current level of:</p> <ul style="list-style-type: none"> ▪ literacy ▪ numeracy ▪ digital

	<ul style="list-style-type: none"> ▪ communication skills. <p>2.2e: How reflecting on a situation has improved own knowledge, skills and understanding.</p> <p>2.2f: How feedback from others has developed own knowledge, skills and understanding.</p> <p>2.2g: Demonstrate how to measure own knowledge, performance and understanding against relevant standards.</p> <p>2.2h: The learning opportunities available and how they can be used to improve ways of working.</p> <p>2.2i: Demonstrate how to record progress in relation to own personal development.</p>
--	--

Guidance notes:

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

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

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

Sources of support: May include:

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

Literacy, numeracy, digital and communication skills: Will be appropriate to the learners individual learning and development needs. This could include exploring different options available to develop such skills. On-going development

of all these skills will support all aspects of the learners practice and could reference to an appropriate functional skill level needed where applicable.

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

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

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

Assessment guidance:

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

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

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

03	Duty of Care
<p>Overview:</p> <p>Recommended credit value: up to 2 credits</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand duty of care and duty of candour ▪ understand the support available for addressing dilemmas that may arise about duty of care ▪ deal with and learn from comments and complaints ▪ deal with incidents, errors and near misses ▪ deal with confrontation and difficult situations. 	

Knowledge and Skill requirements

<p>3.1 Understand duty of care and duty of candour</p>	<p>3.1a: Define:</p> <ul style="list-style-type: none"> ▪ duty of care ▪ duty of candour. <p>3.1b: Describe how duty of care and duty of candour affects own work role.</p>
<p>3.2 Understand the support available for addressing dilemmas that may arise about duty of care</p>	<p>3.2a: Dilemmas that may arise between the duty of care and an individual's rights.</p> <p>3.2b: What you must and must not do within own role in managing conflicts and dilemmas.</p> <p>3.2c: Where to get additional support and advice about how to resolve such dilemmas.</p>

<p>3.3 Deal with Comments and complaints</p>	<p>3.3a: Demonstrate how to respond to comments and complaints in line with agreed ways of working and legislation.</p> <p>3.3b: Who to ask for advice and support in handling comments and complaints.</p> <p>3.3c: The importance of learning from comments and complaints to improve the quality of service.</p>
<p>3.4 Know how to respond to incidents, errors and near misses</p>	<p>3.4a: How to recognise:</p> <ul style="list-style-type: none"> ▪ adverse events ▪ incidents, ▪ errors and near misses. <p>3.4b: What you must and must not do in relation to adverse events, incidents, errors and near misses.</p> <p>3.4c: Agreed ways of working in relation to reporting any adverse events, incidents, errors and near misses.</p>
<p>3.5 Deal with confrontation and difficult situations</p>	<p>3.5a: Factors and difficult situations that may cause confrontation.</p> <p>3.5b: How communication can be used to solve problems and reduce the likelihood or impact of confrontation.</p> <p>3.5c: How to assess and reduce risks in confrontational situations.</p> <p>3.5d: Demonstrate how and when to access support and advice about resolving conflicts</p> <p>3.5e: Agreed ways of working for reporting any confrontations.</p>

Guidance notes:

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

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

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

Criteria 3.3a: Responding should incorporate the formal reporting procedures in the workplace.

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

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

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

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

Assessment guidance:

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

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

3.3a and 3.5d requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

04	Equality, diversity, inclusion, and human rights
<p>Recommended credit value: up to 2 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the importance of equality, diversity, inclusion, and human rights ▪ work in an inclusive way ▪ access information, advice and support about equality, diversity, inclusion, and human rights. 	

Knowledge and Skill requirements

<p>4.1 Understand the importance of equality, diversity, inclusion, and human rights</p>	<p>4.1a: What is meant by:</p> <ul style="list-style-type: none"> ▪ human rights ▪ protected characteristics <p>4.1b: What is meant by discrimination and the potential effects on individuals and others.</p> <p>4.1c: How practices that support equality, diversity, inclusion, and human rights reduce the likelihood of discrimination.</p> <p>4.1d: Explain what is meant by disability hate crime, mate crime and bullying.</p> <p>4.1e: How to recognise, challenge and report discrimination in line with your employers' policies and procedures, in a way that encourages positive change</p>
<p>4.2 Work in an inclusive way</p>	<p>4.2a: The key concepts of the legislation and codes of practice relating to equality, diversity, inclusion, and human rights and how these apply to own role and practice.</p> <p>4.2b: Approaches and practices which support culturally appropriate care.</p> <p>4.2c: Interact with individuals and others in a way that respects their lifestyle, beliefs, culture, values, and preferences</p>

<p>4.3 Access information, advice and support about equality, diversity, inclusion, and human rights</p>	<p>4.3a: A range of sources, including those made available by your employer, with information, advice and support about equality, diversity, inclusion, and human rights.</p> <p>4.3b: How and when to access information, advice and support about equality, diversity, inclusion, and human rights</p>
---	--

Guidance notes:

Protected characteristics: As defined by the Equality Act 2010

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

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

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

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

Mate crime: Mate crime is someone says they are your friend, but they do things that take advantage of you, such as asking for money a lot. Please see a definition provided by Mencap here: <https://www.mencap.org.uk/advice-and-support/bullying-and-discrimination/mate-and-hate-crime>.

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

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

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

External sources could include:

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

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

<https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>

Assessment guidance:

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

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

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

05	Work in a person-centred way
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand what is meant by person centred values ▪ understand how to work in a person centred way ▪ understand mental capacity when providing person centred care ▪ support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress ▪ support the individual to maintain their identity, self-esteem, spiritual wellbeing and overall wellbeing ▪ work in a person centred way. 	

Knowledge and Skill requirements

<p>5.1 Understand person centred values</p>	<p>5.1a: Identify person-centred values.</p> <p>5.1b: How to put person-centred values into practice in your day-to-day work.</p> <p>5.1c: Why it is important to work in a way that promotes person centred values when providing support to individuals.</p> <p>5.1d: Ways to promote dignity in your day-to-day work.</p> <p>5.1e: The importance of relationships significant to the individual being supported when working in a person-centred way.</p>
<p>5.2 Understand working in a person centred way</p>	<p>5.2a: The importance of finding out the history, preferences, wishes and needs of the individual.</p> <p>5.2b: Why the changing needs of an individual must be reflected in their care and/or support plan.</p> <p>5.2c: The importance of supporting individuals to plan for their future wellbeing and fulfilment, including end of life care.</p>

<p>5.3 Understand the meaning of mental capacity when providing person centred care</p>	<p>5.3a: Identify relevant legislation and codes of practice relating to mental capacity.</p> <p>5.3b: What is meant by the term “capacity”.</p> <p>5.3c: Why it is important to assume that an individual has capacity unless there is evidence that they do not.</p> <p>5.3d: What is meant by “consent,” and factors that influence an individual’s mental capacity and ability to express consent.</p> <p>5.3e: Situations where an assessment of capacity might need to be undertaken and the meaning and significance of best interest decisions or advance statements regarding future care which the individual has already made.</p>
<p>5.4 Support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress</p>	<p>5.4a: Ensure that where individuals have restricted movement or mobility that they are comfortable.</p> <p>5.4b: Recognise the signs that an individual is in pain, discomfort, or emotional distress.</p> <p>5.4c: Take appropriate steps to remove or minimise factors which may be causing pain, discomfort, or emotional distress to the individual.</p> <p>5.4d: Raise any concerns directly and appropriately with others concerned and report any concerns you have following agreed ways of working.</p>
<p>5.5 Support the individual to maintain their identity, self-esteem, spiritual wellbeing and overall wellbeing</p>	<p>5.5a: How individual identity and self-esteem are linked to emotional, spiritual wellbeing, and overall wellbeing.</p> <p>5.5b: Demonstrate that own attitudes and behaviours promote emotional, spiritual wellbeing, and overall wellbeing of the individual.</p> <p>5.5c: Support and encourage individual’s own sense of identity and self-esteem.</p> <p>5.5d: Report any concerns about the individual’s emotional, spiritual wellbeing and overall wellbeing to the appropriate</p>

	person.
5.6 Support the individual using person centred values	5.6a: Demonstrate a range of actions which promote person centred values .

Guidance notes:

Person Centred Values:

- individuality
- independence
- privacy
- partnership
- choice
- dignity
- respect
- rights.

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

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

consider intimacy, sexuality, and sexual relationships.

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

Legislation and codes of practice: As a minimum:

- Mental Capacity Act 2005/Liberty Protection Safeguards.

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

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

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

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

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

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

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

Report: This could include appropriate reporting systems such as written/electronic

records and opportunities to share information appropriately such as within handover and team meetings. This may include reporting to a senior member of staff or family member/carer.

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

Criteria 5.2c: In reference to planning for **End of Life Care**, everyone should have the opportunity to develop an Advance Care Plan, this helps people to have a good end of life experience by ensuring their wishes and respecting the person's treatment and support preferences are known and can be supported. The Advance Care Plan should be reviewed regularly. The plan may include a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision which means the person does not want cardiopulmonary resuscitation (CPR) if their heart or breathing stops. This does not mean the withdrawal of all treatment. Part of this plan may also include a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form which records an individual's wishes about a range of health care and treatments.

Assessment guidance:

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

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

Criteria 5. 4a, b, c, d and 5.6a requires the learner to provide performance evidence however the opportunity to do this may not arise during the period of the qualification. Direct observation is the preferred main source of evidence, however other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

06	Communication
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the importance of effective communication in the workplace ▪ understand how to meet the communication and language needs, wishes and preferences of individuals ▪ understand how to promote effective communication with individuals ▪ use a range of communication methods and support the appropriate and safe use of communication aids and technologies ▪ understand the principles and practices relating to confidentially. 	

Knowledge and Skill requirements

<p>6.1 Understand the importance of effective communication in the workplace</p>	<p>6.1a: Identify the different ways that people communicate in the workplace.</p> <p>6.1b: How communication affects relationships at work.</p>
<p>6.2 Understand how to meet the communication and language needs, wishes and preferences of individuals</p>	<p>6.2a: How to establish an individual's communication and language needs, wishes and preferences.</p> <p>6.2b: A range of methods, styles, communication aids and assistive technologies that could help meet an individual's communication needs, wishes and preferences.</p> <p>6.2c: A range of digital communication tools that can be used to support and enhance the individual's communication needs, wishes, preferences and connections.</p>
<p>6.3 Understand how to</p>	<p>6.3a: Barriers to effective communication with individuals and how they can be reduced.</p>

<p>promote effective communication with individuals</p>	<p>6.3b: How an individual's behaviour may be a form of communication.</p> <p>6.3c: Where to find information and support or services, to help individuals communicate more effectively.</p>
<p>6.4 Use appropriate communication with individuals and support the safe use of communication aids and technologies</p>	<p>6.4a: Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals.</p> <p>6.4b: Demonstrate the appropriate and safe use of communication aids, assistive technologies, and digital tools.</p> <p>6.4c: Check whether you have been understood when communicating with individuals.</p> <p>6.4d: Why it is important to observe and be receptive to an individual's reactions when communicating with them.</p> <p>6.4e: Report any concerns about communication aids or technologies to the appropriate person.</p>
<p>6.5 Understand the principles and practices relating to confidentiality</p>	<p>6.5a: What confidentiality means in relation to your role.</p> <p>6.5b: Legislation and agreed ways of working which maintain confidentiality across all types of communication.</p> <p>6.5c: Situations where information, normally considered to be confidential, might need to be passed on.</p> <p>6.5d: Who you should ask for advice and support about confidentiality.</p>

Guidance notes:

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

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

- individuals accessing care and support services
- peers, team members, other colleagues, managers, and senior management
- the friends, family and loved ones of those accessing care and support services

- paid workers and volunteers from other organisations and teams.

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

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

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

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

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

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

Barriers: May include, but are not limited to:

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

Support or services: In this context may include:

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

- occupational therapy services.

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

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

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

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

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

Criteria 6.4a Requires the learner to demonstrate appropriate use of verbal and non-verbal communication with individuals. This would include consideration and appropriate use of:

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

Criteria 6.4b Will be relevant to the learners role and ideally should relate to the support the learner is providing to the individual. If this is not achievable then as a

minimum this can be evidenced within daily practices and use of digital tools in the in the workplace.

Criteria 6.4e Could include reporting using recommended and **agreed ways of working** and systems, such as:

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

Assessment guidance:

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

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

Criteria 6.4e requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

07	Privacy and Dignity
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the principles that underpin privacy and dignity in care ▪ maintain the privacy and dignity of the individuals ▪ support an individual's right to make choices ▪ support individuals in making choices about their care ▪ understand how to support active participation ▪ support individuals in active participation in their own care. 	

Knowledge and Skill requirements

<p>7.1 Understand the principles that underpin privacy and dignity in care</p>	<p>7.1a: What is meant by privacy and dignity.</p> <p>7.1b: Situations where an individuals privacy and dignity could be compromised.</p> <p>7.1c: Different ways to maintain privacy and dignity of individuals in your care and support.</p>
<p>7.2 Maintain the privacy and dignity of the individuals in their care</p>	<p>7.2a: Demonstrate that your actions promote and maintain the privacy and dignity of individuals.</p> <p>7.2b: Why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so.</p>

<p>7.3 How to support an individual's right to make choices</p>	<p>7.3a: Ways of supporting individuals to make informed choices.</p> <p>7.3b: How risk assessment processes can be used to support the rights of individuals to make their own decisions.</p> <p>7.3c: Why your own personal views must not influence an individual's own choices or decisions.</p> <p>7.3d: Why there may be times when you need to support an individual to question or challenge decisions made about them by others.</p>
<p>7.4 Support individuals in making choices about their care</p>	<p>7.4a: Demonstrate how to support individuals to make informed choices.</p> <p>7.4b Use risk assessment processes to support the rights of individuals to make their own decisions.</p> <p>7.4c Ensure your own personal views do not influence an individual's own choices or decisions.</p>
<p>7.5 Understand how to support active participation</p>	<p>7.5a: How valuing individuals contributes to active participation.</p> <p>7.5b: How to enable individuals to make informed choices about their lives.</p> <p>7.5c: A range of ways you can support active participation with individuals.</p> <p>7.5d: The importance of enabling individuals to be as independent as possible and to maintain their own network of relationships and connections with their community.</p>
<p>7.6 Support individuals in active participation of their own care</p>	<p>7.6a: Demonstrate how to support the active participation of individuals.</p> <p>7.6b: How your own personal views could restrict the individuals ability to actively participate.</p>

Guidance notes:

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

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

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

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

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

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

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

Criteria 7.1c and 7.2a Could include but not limited to:

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

- providing consideration of the individuals preferred routine and personal space.

Assessment guidance:

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

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

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

08	Nutrition and Hydration
<p>Recommended credit value: up to 2 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the principles of food safety ▪ understand the principles of nutrition and hydration ▪ support individuals with nutrition and hydration. 	

Knowledge and Skill requirements

<p>8.1 Understand the principles of food safety</p>	<p>8.1a: The importance of food safety, including hygiene in the preparation and handling of food.</p>
<p>8.2 Understand the principles of nutrition and hydration</p>	<p>8.2a: The importance of good nutrition and hydration in maintaining health and wellbeing.</p> <p>8.2b: Signs and symptoms of poor nutrition and hydration.</p> <p>8.2c: Ways to promote and support adequate nutrition and hydration.</p> <p>8.2d: How to identify and report changes or risks relating to nutrition and hydration needs.</p>

<p>8.3 Support individuals with nutrition and hydration</p>	<p>8.3a: How to identify the nutrition and hydration care and support needs of individuals.</p> <p>8.3b: Factors that can affect an individual's nutrition and hydration care and support needs.</p> <p>8.3c: Support individuals with their nutrition and hydration in line with their preferences, needs and care or support plan.</p> <p>8.3d: Monitor and record (where required) the nutrition and hydration care and support provided to individuals.</p> <p>8.3e: When you might need to seek additional advice and guidance when supporting individuals with their nutrition and hydration needs and how to gain this.</p>
--	--

Guidance notes:

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

It is acknowledged that individuals have a range of care and support needs in this area of care. This unit does require the learner to provide performance evidence (8.3c and d) and this needs to reflect and be contextualised to the needs of the individuals the learner is providing care and support for. Here are some examples of how the required performance evidence might be contextualised and confirmed in the learner's practice:

- encouraging regular nutrition and hydration/fluid intake and ensuring refreshed drinks and meals/snacks are placed within reach of the individual during care visits
- providing appropriate assistance to enable the individual to eat and drink comfortably and with dignity
- supporting an individual with nutrition and hydration aspects such as healthy eating, which could include meal planning and preparation, along with budgeting and purchasing food items
- supporting an individual to access, understand and follow recommended dietary advice provided by a health professional or similar

- supporting an individual with specific nutrition support which could include the use of special nutrient-rich foods, nutritional supplements, and fortified foods, as well as enteral feeding tubes
- being able to discuss and report any changes, concerns, or dilemmas they may face with nutrition and hydration when supporting individuals
- responding to any changes in the individual's health which may impact their ability to self-manage their nutrition and hydration needs
- signposting and supporting the individual to gain and follow healthy eating advice or advice from another professional which has an impact on their nutrition and hydration needs.

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

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

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

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

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

- health needs and conditions: diabetes, coeliac disease, heart disease
- dietary requirements
- physical factors: eating, drinking, or swallowing difficulties, aspiration/choking
- impact of poor oral health
- food allergies
- appetite
- moral or ethical beliefs
- religious requirement or cultural preference
- personal choice and control
- mental capacity

- mental health and wellbeing
- eating disorders
- side effects of medication.

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

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

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

Monitor: Within the context of the individuals care / support plan, this may include, but not limited to recording preferences and changes in needs, planning, and recording daily intake (if required), planning meals and approaches to maintaining a healthy lifestyle.

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

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

Assessment guidance:

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

Criteria 8.3 c and d: Both criteria should be evidenced in normal work activity and assessment advice has been provided above of how this could be contextualised and achieved. It is acknowledged there may still be situations where learners may not have the opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that the learner would be able to do this is permissible. An assessment method such as a Professional Discussion could be planned and used to achieve this. Justification for this must be standardised and documented by the centre delivering the qualification.

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

09	Awareness of mental health and dementia
<p>Recommended credit value: up to 3 credits</p> <p>Current unit overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the needs and experiences of people living with mental health or dementia ▪ understand the importance of early identification of mental health conditions and dementia ▪ understand aspects of personalised care which support an individual living with a mental health condition or dementia ▪ understand the reasonable adjustments which may be necessary in health and care delivery for an individual living with a mental health condition or dementia ▪ understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia. 	

Knowledge and Skill requirements

<p>9.1</p> <p>Understand the needs and experiences of people living with mental health or dementia</p>	<p>9.1a: What is meant by the terms:</p> <ul style="list-style-type: none"> ▪ mental health ▪ mental well-being. <p>9.1b: List common types of mental health conditions.</p> <p>9.1c: What is meant by the term dementia.</p> <p>9.1d: How living with a mental health condition or dementia can impact an individual's:</p> <ul style="list-style-type: none"> ▪ everyday life and the lives of their families and carers ▪ health and well-being ▪ care and support needs.
--	--

<p>9.2 Understand the importance of early identification of mental health conditions and dementia</p>	<p>9.2a: How to recognise early indicators of mental health deterioration.</p> <p>9.2b: List early signs and symptoms of dementia.</p> <p>9.2c: Why early identification of mental health needs or dementia is important.</p> <p>9.2d: How an individual's care and support needs may change when a mental health condition or dementia is identified or there is a decline in the individuals condition.</p> <p>9.2e: Ways to engage with and signpost individuals living with a mental health condition or dementia and their families and carers to other services and support.</p>
<p>9.3 Understand aspects of personalised care which support an individual living with a mental health condition or dementia</p>	<p>9.3a: How positive attitudes can support individuals living with a mental health condition or dementia.</p> <p>9.3b: Why it is important to recognise a person living with a mental condition or dementia as a unique individual.</p> <p>9.3c: How using person-centred approaches and encouraging active participation can enable and encourage an individual living with a mental health condition or dementia to keep well and maintain independence.</p> <p>9.3d: Describe barriers individuals living with a mental health condition or dementia can face in accessing healthcare services.</p>
<p>9.4 Understand the reasonable adjustments which may be necessary in health and care delivery for an individual living with a mental health condition or</p>	<p>9.4a: Identify reasonable adjustments which can be made in health and care services accessed by individuals living with a mental health condition or dementia and the importance of planning these in advance.</p> <p>9.4b: Explain how to report concerns associated with unmet health and care needs which may arise for individuals living with a mental health condition or dementia.</p>

dementia	
9.5 Understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia	9.5a: Explain how key pieces of legislation and guidelines support and promote human rights, inclusion, equal life chances and citizenship of individuals living with a mental health condition or dementia.

Guidance notes:

Criteria 9.1a: Whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and well-being relate to every person.

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

Meant: As a minimum, the learner's response should include key facts, causes and different types of dementia. The learner should also be able to reflect that dementia will be different for every individual that has it.

Impact: The issues may be physical, social, or psychological and impact will be different for every person.

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

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

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

Person centred approaches: Should include the principles and values of person-

centred care: including individuality, rights, choice, privacy, independence, dignity, respect, and partnership.

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

Criteria 9.3b additional information: A strength-based approach focuses on individuals' strengths, resources and what they can do themselves to keep well and maintain independence. Whilst the Level 2 learner may not yet be familiar with this term, they should be encouraged to understand how this term relates to and builds on person-centred approaches and active participation.

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

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

Legislation and guidance: including but not limited to:

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

Within criteria and response for 9.5a, the learner should be encouraged to reflect on their existing knowledge of the appropriate legislation and guidance and how this supports individuals living with a mental health condition or dementia.

Assessment guidance:

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

10	Adult Safeguarding
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the principles of adult safeguarding ▪ reduce likelihood of abuse ▪ respond to suspected or disclosed abuse ▪ protect people from harm and abuse – locally and nationally ▪ understand restrictive practices. 	

Knowledge and Skill requirements

<p>10.1 The principles of Adult Safeguarding</p>	<p>10.1a: Explain the term adult safeguarding.</p> <p>10.1b: The legal definition of an adult at risk.</p> <p>10.1c: Own role and responsibilities in adult safeguarding.</p> <p>10.1d: What constitutes harm.</p> <p>10.1e: The main types of abuse.</p> <p>10.1f: Possible indicators of abuse.</p> <p>10.1g: A range of factors which have featured in adult abuse and neglect.</p> <p>10.1h: The range of potential risks with using technology and how to support individuals to be safe without being risk averse.</p> <p>10.1i: Demonstrate that individuals are treated with dignity and respect when providing care and support services.</p> <p>10.1j: Where to get information and advice about own role and responsibilities in preventing and protecting individuals from harm and abuse.</p>
--	--

<p>10.2 Know how to reduce the likelihood of abuse</p>	<p>10.2a: Why an individual may be at risk from harm or abuse.</p> <p>10.2b: How care environments can promote or undermine people’s dignity.</p> <p>10.2c: The importance of individualised and person centred care.</p> <p>10.2d: How to apply basic principles of supporting individuals to keep themselves safe.</p> <p>10.2e: How the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> ▪ working with person centred values ▪ enabling active participation ▪ promoting choice and rights ▪ working in partnership with others.
<p>10.3 Know how to respond to suspected or disclosed abuse</p>	<p>10.3a: What to do if abuse of an adult is suspected; including how to raise concerns within local freedom to speak up/whistleblowing policies or procedures.</p>
<p>10.4 Protect people from harm and abuse – locally and nationally</p>	<p>10.4a: Relevant legislation, principles, local and national policies, and procedures which relate to safeguarding adults.</p> <p>10.4b: The local arrangements for the implementation of multi-agency Adult Safeguarding policies and procedures.</p> <p>10.4c: The importance of sharing appropriate information with the relevant agencies.</p> <p>10.4d: The actions to take if you experience barriers in alerting or referring to relevant agencies.</p>
<p>10.5 Understand restrictive practices</p>	<p>10.5a: What is meant by ‘restrictive practice’</p> <p>10.5b: Organisational policies and procedures in relation to restrictive practices and own role in implementing these</p> <p>10.5c: The importance of seeking the least restrictive option for the individual.</p>

Guidance notes:

Legal definition: According to the Care Act 2014.

Types of abuse must include:

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

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

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

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

Risk: may include:

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

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

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

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

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

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

- Mental Capacity Act 2005
- Human Rights act 1998
- Equality Act 2010
- Mental Health Act 1998-
- Health and Social Care Act 2012
- Care Act 2014.

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

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

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

Assessment guidance:

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

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

Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment. **The final assessment decision must show application of knowledge which relates to the work environment and the specific local authority procedures and arrangements for Safeguarding Adults.**

11	Safeguarding Children
<p>Recommended credit value: 1 credit</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ safeguard children. 	

Knowledge and Skill requirements

<p>11.1 Know how to safeguard children</p>	<p>11.1a: Circumstances where there could be contact with a child or young person in the normal course of work within adult social care.</p> <p>11.1b: Factors that may contribute to a child or young person being more at risk of abuse.</p> <p>11.1c: Types of abuse that a child or young person could be at risk from.</p> <p>11.1d: How to respond to a risk, suspicion, or disclosure that a child or young person is being abused or neglected in line with relevant legislation, agreed ways of working and local procedures.</p>
--	---

<p>Guidance notes:</p> <p>The learners understanding for this unit should be demonstrated as an independent element and not inferred from Adult Safeguarding.</p> <p>Circumstances: For example, when relatives or groups visit individuals, when providing support in the community or when providing care in an individual's own home.</p> <p>The learner must show awareness:</p> <ul style="list-style-type: none"> ▪ there may be occasions when there is contact with a child or young person when working in adult social care ▪ as an adult social care worker, that there is a responsibility to ensure the child or young person's wellbeing is safeguarded at all times. <p>Factors: May include but are not limited to:</p> <ul style="list-style-type: none"> ▪ a setting or situation

- the child or young person and their care and support needs.

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

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

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

Additional unit information:

Every adult social care worker needs to know what to do if they suspect a child or young person is being abused or neglected. As a minimum adult social care workers should be able to explain what they must do if they suspect a child, young person (met in any circumstances) is being subjected to neglect, harm, abuse, exploitation, or violence. This will include the worker knowing how to recognise such situations and how to respond.

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

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

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

requirements set within the Local Authority area.

Assessment guidance:

Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment. The final assessment decision must show application of knowledge which relates to the work environment and local policies, procedures, and arrangements.

12	Health, safety, and principles of basic life support
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting ▪ understand risk assessment ▪ move and assist safely ▪ understand procedures for responding to accidents and sudden illness and providing basic life support ▪ understand medication and healthcare tasks ▪ handle hazardous substances ▪ promote fire safety ▪ work safely and securely ▪ manage own mental health and personal wellbeing. 	

Knowledge and Skill requirements

<p>12.1 Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting</p>	<p>12.1a: Legislation relating to general health and safety in an adult social care working setting.</p> <p>12.1b: The main points of the health and safety policies and procedures agreed with the employer.</p> <p>12.1c: The main health and safety responsibilities of:</p> <ul style="list-style-type: none"> ▪ self ▪ the employer or manager ▪ others in the work setting. <p>12.1d: Tasks relating to health and safety that should not be carried out without special training.</p> <p>12.1e: How to access additional support and information relating to health and safety.</p> <p>12.1f: Identify a range of sustainable approaches which can</p>
--	--

	be applied in own role.
12.2 Understand Risk Assessment	<p>12.2a: Why it is important to assess the health and safety risks posed by work settings, situations, or activities.</p> <p>12.2b: How and when to report health and safety risks in the workplace.</p>
12.3 Move and assist safely	<p>12.3a: Key pieces of legislation that relate to moving and assisting.</p> <p>12.3b: Tasks relating to moving and assisting you are not allowed to carry out until they are competent.</p> <p>12.3c: Demonstrate how to move and assist people and/or objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working.</p>
12.4 Understand procedures for responding to accidents, sudden illness and providing basic life support	<p>12.4a: Different types of accidents and sudden illness that may occur in the course of your work.</p> <p>12.4b: The workplace procedures to be followed if:</p> <ul style="list-style-type: none"> ▪ an accident ▪ a sudden illness should occur ▪ basic life support is required. <p>12.4c: The emergency basic life support and first aid actions you are and are <u>not</u> allowed to carry out in your role.</p>
12.5 Understand medication and healthcare tasks	<p>12.5a: Agreed ways of working in relation to:</p> <ul style="list-style-type: none"> ▪ medication in the setting ▪ healthcare tasks. <p>12.5b: Tasks relating to medication and health care procedures that you must not carry out until you are competent.</p>

<p>12.6 Handle hazardous substances</p>	<p>12.6a: Common hazardous substances in the workplace.</p> <p>12.6b: Demonstrate safe practices for storing, using, and disposing of hazardous substances.</p>
<p>12.7 How to promote fire safety</p>	<p>12.7a: How to prevent fires from starting or spreading.</p> <p>12.7b: What to do in the event of a fire.</p>
<p>12.8 Know how to work safely and securely</p>	<p>12.8a: The measures that are designed to protect your own safety and security at work, and the safety of those you support.</p> <p>12.8b: Agreed ways of working for checking the identity of anyone requesting access to premises or information.</p>
<p>12.9 Know how to manage own mental health and personal wellbeing</p>	<p>12.9a: Common factors that can affect own mental health and wellbeing.</p> <p>12.9b: Circumstances that tend to trigger these factors in self.</p> <p>12.9c: The resources which are available to support own mental health and wellbeing.</p> <p>12.9d: How to access and use the available resources which are available to support own mental health and wellbeing.</p>

Guidance notes:

Legislation: Could include

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

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

Others: In this context could include:

- individuals accessing care and support services

- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- professionals visiting the work setting
- visitors to the work setting.

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

Tasks: may include

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

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

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

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

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

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

Own: Relates to the learner undertaking this qualification.

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

Learning Outcome 12.4: Achievement of this learning outcome does not enable

learner competency in being able to respond safely to basic life support or first aid situations. It is the employer's statutory responsibility to determine workplace needs and provide the appropriate level of training. When basic life support training is provided by the employer then this should meet the UK (United Kingdom) Resuscitation Council guidelines.

Criteria 12.9d should include how the learner can access the support available to them in the workplace.

Assessment guidance:

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

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

Criteria 12.3c: Some learners may not be employed in settings where moving and handling of individuals is required. Other evidence to show that the learner would be able to do is permissible. The learner is expected to demonstrate safe moving and handling of objects within normal work activity.

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

13	Handling Information
<p>Recommended credit value: up to 1 credit</p> <p>Overview:</p> <p>The learner will know how and is able to:</p> <ul style="list-style-type: none"> ▪ handle information. 	

Knowledge and Skill requirements

13.1 Handle information	<p>13.1a: Why it is important to have secure systems and follow the agreed ways of working for:</p> <ul style="list-style-type: none"> ▪ accessing ▪ recording ▪ storing ▪ sharing information. <p>13.1b: Explain the support an individual may need to keep their information safe and secure.</p> <p>13.1c: Demonstrate how to keep records that are up to date, complete, accurate and legible.</p> <p>13.1d: How, and to whom, to report if:</p> <ul style="list-style-type: none"> ▪ agreed ways of working and legislation have not been followed ▪ there has been a data breach or risk to data security.
--	--

Guidance notes:

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

Agreed ways of working: how they work in accordance with their employer, these will include policies, procedures and job descriptions and will include

approaches to maintaining and promoting confidentiality. This will also include the learners personal responsible for handling data safely and the importance of data and cyber security.

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

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

Individual: A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for. This will include supporting the individual to understand their rights and choices with regards to their personal information, such as how their information is stored and used.

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

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

Criteria 13.1, a, and b achievement should reflect handling information both manual/written and electronically where learners are required to use different systems within the setting.

Criteria 13.1c: The learner should avoid the use of abbreviations and jargon and use respectful and inclusive language when contributing to records and reports.

Assessment guidance:

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

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

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

14	Infection prevention and control (IPC)
<p>Overview:</p> <p>Recommended credit value: up to 2 credits</p> <p>The learner will know how and is able to:</p> <ul style="list-style-type: none"> ▪ prevent the spread of infection. 	

Knowledge and Skill requirements

<p>14.1 Prevent the spread of infection</p>	<p>14.1a: The causes of infection, the main ways infection can get into the body and the chain of infection.</p> <p>14.1b: The standard Infection Prevention and Control (IPC) precautions which must be followed to protect you and others in your workplace and where to find the most up to date information.</p> <p>14.1c: Your role in preventing infection in the area you work.</p> <p>14.1d: Demonstrate effective hand hygiene using appropriate products.</p> <p>14.1e: How your own health, hygiene, vaccinations status and exposure to infection at work might pose a risk to the individuals you support and others you meet.</p> <p>14.1f: Identify common types of personal protective equipment (PPE) and clothing and describe how and when to use them.</p> <p>14.1g: Demonstrate effective use of PPE appropriate to the care activity including putting on and taking off (donning and doffing) safely.</p> <p>14.1h: The appropriate methods for cleaning and/or decontamination of the care environment/equipment.</p> <p>14.1i: The process for safe handling of blood/bodily fluids spills.</p> <p>14.1j: The principles of safe handling and disposal of infected or soiled linen/equipment and clinical waste.</p>
---	--

--	--

Guidance notes:

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

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

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

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

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

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

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

requirements.

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

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

Criteria 14.1e: The learner should consider the factors which may contribute to the individual being more vulnerable to infection.

Methods, processes, and principles within **criteria 14.1h, i and j** should include reference to local procedures where applicable.

Assessment guidance:

Assessment decisions for skills-based learning outcomes must be made during the learner’s normal work activity.

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

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

15	An awareness of learning disability and autism
<p>Recommended credit value: up to 3 credits</p> <p>Overview:</p> <p>The learner will know and is able to:</p> <ul style="list-style-type: none"> ▪ understand the needs and experiences of: <ul style="list-style-type: none"> ▪ people with a learning disability ▪ autistic people. ▪ understand how to meet the communication and information needs of: <ul style="list-style-type: none"> ▪ people with a learning disability ▪ autistic people. ▪ understand reasonable adjustments which may be necessary in health and care delivery. ▪ understand how legal frameworks support: <ul style="list-style-type: none"> ▪ people with a learning disability ▪ autistic people. 	

Knowledge requirements

<p>15.1 Understand the needs and experiences of people with a learning disability and autistic people</p>	<p>15.1a: What is meant by the term learning disability.</p> <p>15.1b: What is meant by the term autism.</p> <p>15.1c: Identify other mental or physical conditions that a person with a learning disability or autistic person are more likely to live with than the general population.</p> <p>15.1d: How learning disability or autism can impact a person's:</p> <ul style="list-style-type: none"> ▪ everyday life ▪ health and well-being ▪ care and support needs <p>15.1e: Describe barriers people with a learning disability or an autistic person can face in accessing healthcare services.</p>
---	--

	<p>15.1.f: Describe the different health inequalities experienced by people with a learning disability and autistic people.</p>
<p>15.2 Understand how to meet the communication and information needs of people with a learning disability and autistic people.</p>	<p>15.2a: Identify key differences in communication for:</p> <ul style="list-style-type: none"> ▪ a person with a learning disability ▪ an autistic person. <p>15.2b: How sensory issues can impact autistic people.</p> <p>15.2c: Explain the importance of meeting a person's unique communication and information needs.</p> <p>15.2d: Ways to adapt own communication when supporting people with a learning disability and autistic people.</p> <p>15.2e: Identify different ways to engage with and signpost people with a learning disability, autistic people and their families and carers to information, services, and support.</p>
<p>15.3 Understand reasonable adjustments which may be necessary in health and care delivery</p>	<p>15.3a: Identify reasonable adjustments which can be made in health and care services accessed by people with a learning disability and autistic people and the importance of planning these in advance.</p> <p>15.3b: How to report concerns associated with unmet health and care needs which may arise for people with a learning disability and autistic people when reasonable adjustments are not made.</p>

<p>15.4 Understand how legislation and guidance supports people with a learning disability and autistic people</p>	<p>15.4a: Explain how key pieces of legislation and guidance support and promote human rights, inclusion, equal life chances and citizenship of people with learning disability and autistic people.</p>
---	---

Guidance notes:

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

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

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

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

Health inequalities: Reference should be made to LeDeR reviews and findings

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

Key differences in communication: This could include but is not limited to people: may use different methods to communicate, may interpret communication differently, may not recognise non-verbal communication, may not recognise emotional and social cues, may need longer to process communication and information, may need longer to express themselves, how communication may be displayed through behaviours, may take language literally and social interaction.

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

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

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

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

Reasonable adjustments: steps, adaptations and changes which can be made to meet the needs and preferences of a person with a learning disability or autistic person. Including but not limited to: providing the person with more time, using easy read information, pictures, adjusting pace of communication, using simple, easy language and making changes to the environment, including opportunities to avoid sensory overload (e.g. turning off unnecessary lights, TV / radio, offering quiet space, enabling the use of sensory protection such as noise-cancelling headphones), and considering the use of an alternative location.

Within criteria and response for 15.3a the learner should recognise and consider not only the reasonable adjustments which may be needed in the care and support service accessed by the person, also reflection of the adjustments which may be needed when they are supporting a person to access other care and health services.

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

Legislation and guidance: Including but not limited to:

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

Within response for 15.4a, the learner should be encouraged to reflect on their current knowledge of the appropriate legislation and guidance in relation to supporting people with a learning disability and autistic people.

Supporting note:

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

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

For service providers regulated by the Care Quality Commission, this is a legal requirement introduced by the Health and Care Act 2022. To support service providers to meet this legal requirement, standards for learning disability and autism training are set out in the [draft] Oliver McGowan code of practice. It is expected that all learners undertaking the Care Certificate who work for regulated service providers will have attended training that meets the standards in the code of practice prior to or alongside completing this qualification.

Individual staff members may have learning disability and autism training needs that go beyond the learning outcomes in this unit and therefore require further training to enable their employer to meet the legal requirement. It is the employer's responsibility to identify and address this need as appropriate. Therefore, achievement of this qualification unit does not mean that an individual has automatically met their overall learning disability and autism training needs. Care providers should assess the learning needs of each staff member with relation to learning disability and autism.

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

Assessment guidance:

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

© Crown copyright 2023

www.gov.uk/dhsc

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

