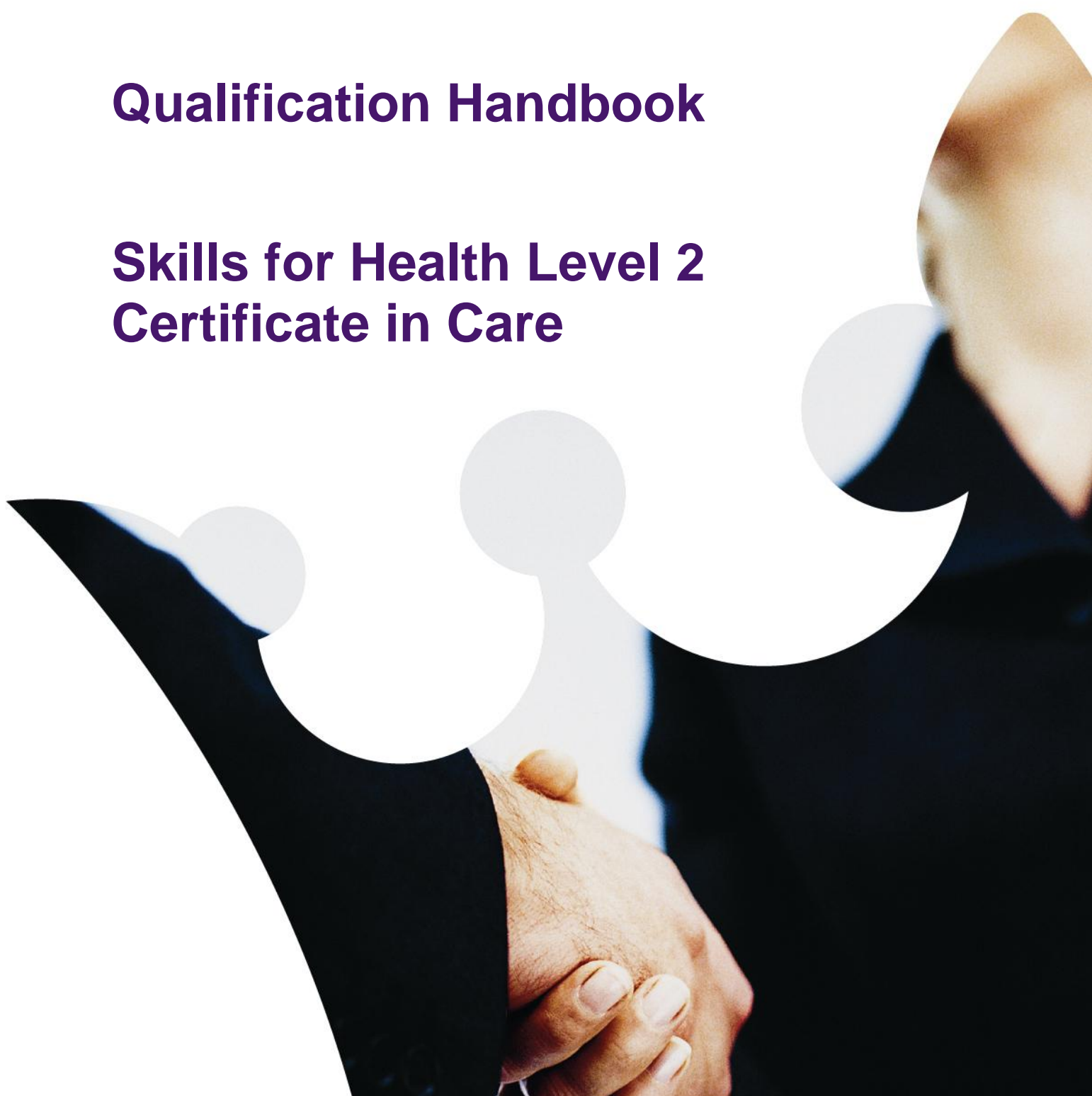




Meets Skills for Health qualification design criteria

Qualification Handbook

Skills for Health Level 2 Certificate in Care



Qualification Handbook

SFJ Awards Skills for Health Level 2 Certificate in Care

Qualification Number: 601/8856/X

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1 Introduction

1.1 About us

SFJ Awards is part of the Skills for Health and Justice Group, formerly Skills for Health and Skills for Justice. For the last 10 years we have been working with employers, Governments of the UK and agencies within the skills system, to better equip workforces with the right skills now and for the future.

During this time Skills for Health and Skills for Justice have earned an enviable reputation for their knowledge of the health and justice sectors and their proactive approach to the development of skills and qualifications, along with an ability to deliver genuinely workable solutions for the employers they represent.

SFJ Awards is an awarding organisation that builds upon this reputation, and understands the specific challenges facing the health and justice sectors, enabling us to quality assure learning outcomes that are suited to the needs of the sectors.

Customer satisfaction is the cornerstone of our organisation, and is delivered through an efficient, customer-led service, providing excellent value for money.

1.2 Customer Service Charter

Our Customer Service Charter is published on SFJ Awards website giving the minimum level of service that Centres can expect. The Charter will be reviewed annually and revised as necessary in response to customer feedback, changes in legislation, and guidance from the qualifications Regulators.

1.3 Centre Support

SFJ Awards works in partnership with its customers. For help or advice contact:

SFJ Awards
1st Floor, Unit C
Meadowcourt Business Park
4 Hayland Street
Sheffield
S9 1BY

Tel: 0114 284 1970
Fax: 0114 284 1978

E-mail: info@sfjawards.com
Website: www.sfjawards.com

2 The Qualification

2.1 Overall Objective for the Qualification

This handbook relates to the following qualification:

- Skills for Health Level 2 Certificate in Care

The main objective of this qualification is to ensure that health and social care workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support to those they deal with in their daily working life. It also reflects how these behaviours are underpinned by the Chief Nursing Officer's 6Cs (care, compassion, competence, communication, courage and commitment).

The qualification is designed for the non-regulated workforce in health and adult social care. In health, this will include staff giving support to clinical roles in the NHS where there is any direct contact with patients and roles can include:

- Assistant Practitioner
- Care Assistant
- Healthcare Support Workers
- Maternity Support Worker
- Nursing Assistant
- Occupational Therapy Assistant
- Physiotherapy Assistant
- Radiography Assistant
- Speech and Language Therapy Assistant
- Senior Care Assistant

Adult Social Care Workers give direct care in residential and nursing homes, hospices and individuals' homes and roles can include:

- Activities Worker
- Day Care Assistant
- Day Care Officer
- Domiciliary Care Worker
- Home Care Worker
- Nursing Assistant (in a nursing home or hospice)
- Personal Assistants
- Reablement Assistant
- Residential Care Worker
- Senior Home Care worker
- Support Worker

The Skills for Health Level 2 Certificate in Care:

- ✓ Applies across health and social care
- ✓ Links to competences (National Occupational Standards)
- ✓ Covers what is required to be caring
- ✓ Will equip workers with the fundamental skills they need to provide quality care
- ✓ Provides workers a basis from which they can further develop their knowledge and skills as their career progresses

2.2 Pre-entry Requirements

There are no pre-entry requirements for enrolling to complete this qualification.

2.3 Units and Rules of Combination

Skills for Health Level 2 Certificate in Care

This qualification is made up of a total of 15 mandatory units. To be awarded the qualification the learner must achieve all units as shown in the table below.

Mandatory Units				
Unit Number	Ofqual Reference	Unit Title	Level	GLH
L2-CC-01	J/508/4504	The role of the support worker in health and social care	2	2
L2-CC-02	L/508/4505	Personal development in health and social care	2	2
L2-CC-03	R/508/4506	Duty of care of the support worker in health and social care	2	3
L2-CC-04	Y/508/4507	Equality and diversity in health and social care	2	2
L2-CC-05	D/508/4508	Work in a person centred way in health and social care	2	3
L2-CC-06	H/508/4509	Communicating with individuals in health and social care	2	3
L2-CC-07	Y/508/4510	Privacy and dignity in health and social care	2	3
L2-CC-08	D/508/4511	Fluids and nutrition	2	2
L2-CC-09	H/508/4512	Awareness of mental health, dementia and learning disability	2	3

Mandatory Units				
Unit Number	Ofqual Reference	Unit Title	Level	GLH
L2-CC-10	K/508/4513	Safeguarding adults in health and social care	2	3
L2-CC-11	M/508/4514	Safeguarding children and young people in health and social care	2	1
L2-CC-12	T/508/4515	Basic life support	2	3
L2-CC-13	A/508/4516	Health and safety in health and social care	2	3
L2-CC-14	F/508/4517	Handling information in health and social care	2	1
L2-CC-15	J/508/4518	Infection prevention and control in health and social care	2	1

2.4 Total Qualification Time (TQT)

Total Qualification Time comprises of the following two elements.¹

- (a) The number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and
- (b) An estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

The Total Qualification Time for this qualification is 200 hours, of which 35 hours is Guided Learning.

2.5 Age Restriction

This qualification is available to learners aged 16 years and over.

2.6 Opportunities for Progression

This qualification creates a number of opportunities for progression to a wide range of qualifications in health and social care, for example:

¹ Total Qualification Time criteria, Ofqual September 2015
<https://www.gov.uk/government/publications/total-qualification-time-criteria>

- Level 2 Diploma in Health and Social Care (Adults) for England
- Level 3 Diploma in Health and Social Care (Adults) for England
- Level 2 Certificate in Preparing to Work in Adult Social Care
- Level 3 Certificate in Preparing to Work in Adult Social Care

The above qualifications are included on the Health and Social Care (England) Apprenticeship Framework. The Level 2 qualifications are included on in the Intermediate Level Apprenticeship in Health and Social Care and the Level 3 qualifications on the Advanced Level Apprenticeship in Health and Social Care.

Health and Social Care Staff working in the health or social care sectors can move between the sectors, by using the appropriate award for continuing professional development and by obtaining a qualification or units relevant to the new role. Career progression within the health and social care sectors will not always be vertical, it may also be horizontal.

There are also opportunities for learners to progress to higher level and specialist qualifications in health and social care, for example those included on the Higher Apprenticeship in Care Leadership and Management at Level 5.

3 Centre Requirements

Centres must be approved by SFJ Awards and also have approval to deliver the qualifications they wish to offer. This is to ensure centres have the processes and resources in place to deliver the qualifications. Approved centres must adhere to the requirements detailed in the SFJ Awards Centre Handbook, which includes information for centres on assessment and internal quality assurance processes and procedures and is available in the centres' area of the SFJ Awards website <http://sfjawards.com/approved-centres>.

Centres are responsible for ensuring that their assessor and internal quality assurance staff:

- are occupationally competent
- have current experience of assessing/internal quality assuring, and
- have access to appropriate training and support.

Information on the induction and continuing professional development of those carrying out assessment and internal quality assurance must be made available by centres to SFJ Awards through the external quality assurance process.

This handbook should be used in conjunction with the Centre Handbook, the Assessment Policy and the Quality Assurance (Internal and External) Policy. SFJ Awards' policies are available on the website www.sfjawards.com.

4 Assessment

4.1 Assessment Guidance

Learners must be registered with SFJ Awards before formal assessment commences. Assessment can be undertaken on a 1:1 basis with the Healthcare Support Worker (HCSW) / Adult Social Care Worker (ASCW) or as group work. Evidence to meet the criteria can be provided through:

- 1:1 discussion
- part of a group exercise
- written e.g. in a workbook
- e-learning
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

If e-learning appropriate to the unit is used, it must have associated assessment. The outcome of this assessment can be used as evidence towards achievement.

Competence based units must include direct observation in the workplace as the primary source of evidence. Information on where workplace assessment applies, and where the use of simulation permitted, is included with the individual units in Section 5.

The learner has to have demonstrated they have met all the assessment criteria relating to the defined learning outcome (a learner cannot be found competent if they meet only part of the criteria). The assessor needs to be assured that they are signing off on proven ability and good practice. There is no maximum number of attempts at an assessment.

Each assessment should be appropriate to the employment setting (the context will differ for each learner, based on their real working environment). Where performance of assessment criteria is observed in the workplace or using simulation, assessors must record assessment decisions on the documentation used in their workplace e.g. in a workbook / portfolio.

Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learner's normal work activity. Observations should be planned at times when individuals would usually be supported. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

All units must be assessed in line with The Care Certificate Framework Assessor document and SFJ Awards assessment guidance.

The Care Certificate Framework Assessor document and supporting workbooks are available on the Skills for Health website www.skillsforhealth.org.uk.

4.2 Assessors

4.2.1 Occupational Competence

Assessors must be occupationally competent. This means that each assessor must, according to current sector practice, be competent in the functions covered by the units they are assessing. They will have gained their occupational competence by working within the sector relating to the units or qualification they are assessing. Occupational competence must be at unit level.

Assessors must be able to demonstrate consistent application of the skills and the current supporting knowledge and understanding in the context of a recent role directly related to the qualification units they are assessing as a practitioner, trainer or manager.

Due to the risk-critical nature of the work, particularly when assessing in the justice and health sectors, and the legal implications of the assessment process, assessors must understand the nature and context of the learners' work. This means that they must have worked closely with staff who carry out the functions covered by the qualifications, possibly by training or supervising them, and have sufficient knowledge of these functions to be able to offer credible advice on the interpretation of the units.

4.2.2 Qualification Knowledge

Assessors must be occupationally knowledgeable and familiar with the qualification units they are assessing. They must be able to interpret and make judgements on current working practices and technologies within the area of work.

4.2.3 Assessor Competence

Assessors must be able to make valid, reliable and fair assessment decisions. To demonstrate their competence, assessors must be:

- qualified with the assessor qualification, Level 3 Certificate in Assessing Vocational Achievement, or
- working towards the assessor qualification , Level 3 Certificate in Assessing Vocational Achievement, or
- able to prove equivalent competence through training to the Learning and Development National Occupational Standard 09 Assess learner achievement.

Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Approved centres will be required to provide SFJ Awards with current evidence of how each assessor meets these requirements, for example certificates of achievement or testimonials.

4.2.4 Continuing Professional Development

Assessors must actively engage in continuous professional development activities to maintain:

- occupational competence and knowledge by keeping up-to-date with the changes taking place in the sector(s) for which they carry out assessments
- professional competence and knowledge as an assessor.

This can be demonstrated through current statutory professional registration.

4.3 Internal Quality Assurers

4.3.1 Occupational Knowledge

Internal quality assurers (IQAs) must be occupationally knowledgeable across the range of units for which they are responsible prior to commencing the role. Due to the risk-critical nature of the work, particularly in the justice and health sectors, and the legal implications of the assessment process, they must understand the nature and context of the assessors' work and that of their learners. This means that they must have worked closely with staff who carry out the functions covered by the qualifications, possibly by training or supervising them, and have sufficient knowledge of these functions to be able to offer credible advice on the interpretation of the units.

4.3.2 Qualification Knowledge

IQAs must understand the content, structure and assessment requirements for the qualification(s) they are internal quality assuring.

They should have an induction to the qualifications that they are responsible for quality assuring, provided to them by the centre, and have access to ongoing training and updates on current issues relevant to these qualifications.

4.3.3 Internal Quality Assurer Competence

IQAs must occupy a position in the organisation that gives them the authority and resources to:

- coordinate the work of assessors
- provide authoritative advice
- call meetings as appropriate
- conduct pre-delivery internal quality assurance on centre assessment plans, for example, to ensure that any proposed simulations are fit for purpose
- visit and observe assessment practice
- review the assessment process by sampling assessment decisions

- ensure that assessment has been carried out by assessors who are occupationally competent, or for knowledge-based qualifications occupationally knowledgeable, in the area they are assessing
- lead internal standardisation activity
- resolve differences and conflicts on assessment decisions.

To demonstrate their competence, IQAs must be:

- qualified with either of the internal quality assurance qualifications, Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual, or
- working towards either of the internal quality assurance qualifications detailed above, or
- able to prove equivalent competence through training to the Learning and Development National Standard 11 Internally monitor and maintain the quality of assessment.

IQAs holding the D34 or V1 qualifications are not required to re-qualify. Approved centres will be required to provide SFJ Awards with current evidence of how each IQA meets these requirements, for example certificates of achievement or testimonials.

4.3.4 Continuing Professional Development

IQAs must actively engage in continuous professional development activities to maintain:

- occupational knowledge by keeping up-to-date with the changes taking place in the sector(s) for which they carry out assessments
- professional competence and knowledge as an IQA.

4.4 External Quality Assurers

External quality assurers (EQAs) are appointed by SFJ Awards to approve centres and to monitor the assessment and internal quality assurance carried out by centres. SFJ Awards are responsible for ensuring that their external quality assurance team have:

- sufficient occupational knowledge
- current experience of external quality assurance
- access to appropriate training and support.

External quality assurance is carried out to ensure that there is compliance, validity, reliability and good practice in centres. EQAs must have appropriate occupational and verifying knowledge and expertise.

4.4.1 External Quality Assurer Competence

To demonstrate their competence, EQAs must be:

- qualified with a recognised external quality assurance qualification, or
- working towards a recognised external quality assurance qualification.

4.4.2 Continuing Professional Development

EQAs must maintain their occupational and external quality assurance knowledge. They will attend training and development designed to keep them up-to-date, facilitate standardisation between staff and share good practice.

4.5 Expert Witnesses

Expert witnesses, for example line managers and supervisors, can provide evidence that a learner has demonstrated competence in an activity. Their evidence contributes to performance evidence and has parity with assessor observation. Expert witnesses do not however perform the role of assessor. The use of expert witnesses should be determined and agreed by the assessor.

4.5.1 Occupational Competence

Expert witnesses must, according to current sector practice, be competent in the functions covered by the units for which they are providing evidence.

They must be able to demonstrate consistent application of the skills and the current supporting knowledge and understanding in the context of a recent role directly related to the qualification unit that they are witnessing as a practitioner, trainer or manager.

Expert witnesses must therefore:

- have a working knowledge of the qualification units on which their expertise is based;
- be occupationally competent in their area of expertise;
- have either a qualification in assessment of workplace performance or a professional work role which involves evaluating the everyday practice of staff.

4.5.2 Qualification Knowledge

Expert witnesses must be familiar with the qualification unit(s) and must be able to interpret current working practices and technologies within the area of work.

4.6 Assessing Competence

The purpose of assessing competence is to make sure that an individual is competent to carry out the activities required in their work.

Assessors gather and judge evidence during normal work activities to determine whether the learner demonstrates their competence against the standards in the qualification unit(s). Evidence must be:

- Valid
- Authentic
- Sufficient
- Current
- Reliable

Assessment should be integrated into everyday work to make the most of opportunities that arise naturally within the workplace. Observations should therefore coincide with naturally occurring events and be planned at times when individuals would usually be supported.

When assessing competence in health and social care settings:

- Informed consent should be sought from individuals who use services when an observation is planned. It is very important to maintain individuals' privacy and dignity.
- Where an observed assessment takes place, the assessor should keep a discreet distance and ensure privacy and dignity is maintained at all times.
- Skype or video evidence is not permissible when dealing with individuals who use services.

4.7 Methods of Assessing Competence

Qualifications may be assessed using any method, or combination of methods, as stipulated by SFJ Awards and which clearly demonstrate that the learning outcomes and assessment criteria have been met.

Assessors need to be able to select the right assessment methods for the competences that are being assessed, without overburdening the learner or the assessment process, or interfering with everyday work activities. SFJ Awards expect assessors to use a variety of different assessment methods to make a decision about an individual's occupational competence and information on those to be used for this qualification is provided in the individual units. Guidance on methods of assessing competence is provided below.

4.7.1 Observation

SFJ Awards believe that direct observation in the workplace by an assessor or testimony from an expert witness is preferable as it allows for authenticated, valid and reliable evidence. However SFJ Awards recognise that alternative sources of evidence and assessment methods may have to be used where direct observation is not possible or practical.

4.7.2 Testimony of expert witnesses

Testimony can be provided by expert witnesses who are occupationally competent but not assessors. The use of expert witnesses should be determined and agreed by the assessor. The assessor is responsible for making the final judgement in terms of the learner meeting the evidence requirements for the unit(s).

4.7.3 Work outputs (product evidence)

Examples of work outputs include plans, reports, budgets, photographs, videos or notes of an event. Assessors can use work outputs in conjunction with other assessment methods, such as observation and discussion, to confirm competence and assure authenticity of the evidence presented.

4.7.4 Professional discussion

Discussions allow the learner to describe and reflect on their performance and knowledge in relation to the standards. Assessors can use discussions to test the authenticity, validity and reliability of a learner's evidence. Written/audio records of discussions must be maintained.

4.7.5 Questioning the learner

Questioning can be carried out orally or in written form and used to cover any gaps in assessment or corroborate other forms of evidence. Written/audio records of oral questioning must be maintained.

4.7.6 Simulations

Simulations may take place either in a non-operational environment which is not the learner's workplace, for example a training centre, or in the workplace. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Proposed simulations must be reviewed to ensure they are fit for purpose as part of the IQA's pre-delivery activity.

Simulations can be used when:

- the employer or assessor consider that evidence in the workplace will not be demonstrated within a reasonable timeframe
- there are limited opportunities to demonstrate competence in the workplace against all the assessment criteria
- there are health and safety implications due to the high risk nature of the work activity
- the work activity is non-routine and assessment cannot easily be planned for
- assessment is required in more difficult circumstances than is likely to happen day to day.

Simulations must follow the principles below:

1. The nature of the contingency and the physical environment for the simulation must be realistic
2. Learners should be given no indication as to exactly what contingencies they may come across in the simulation
3. The demands on the learner during the simulation should be no more or less than they would be in a real work situation
4. Simulations must be planned, developed and documented by the centre in a way that ensures the simulation correctly reflects what the specific qualification unit seeks to assess and all simulations should follow these documented plans
5. There should be a range of simulations to cover the same aspect of a unit and they should be rotated regularly.

4.8 Assessing Knowledge and Understanding

Knowledge-based assessment involves establishing what the learner knows or understands. Good practice when assessing knowledge includes use of a combination of assessment methods to ensure that as well as being able to recall information, the learner has a broader understanding of its application in the workplace. This ensures that qualifications are a valid measure of a learner's knowledge and understanding.

A proportion of any summative assessment may be conducted in controlled environments to ensure conditions are the same for all learners. This could include use of:

- closed book conditions, where learners are not allowed access to reference materials
- time bound conditions
- invigilation.

4.9 Methods of Assessing Knowledge

SFJ Awards expect assessors to use a variety of different assessment methods to make a decision about an individual's knowledge and understanding, which are likely to include a combination of the following:

- a) Written tests in a controlled environment
- b) Multiple choice questions
- c) Evidenced questions and answer sessions with assessors
- d) Evidenced professional discussions
- e) Written assignments.

4.10 Assessment Planning

Planning assessment allows a holistic approach to be taken, which focuses on assessment of the learner's work activity as a whole. This means that the assessment:

- reflects the skills requirements of the workplace
- saves time

- streamlines processes
- makes the most of naturally occurring evidence opportunities.

Planning assessment enables assessors to track learners' progress and incorporate feedback into the learning process; assessors can therefore be sure that learners have had sufficient opportunity to acquire the skills and knowledge to perform competently and consistently to the standards before being assessed. The assessment is therefore a more efficient, cost effective process which minimises the burden on learners, assessors and employers.

4.11 Standardisation

Internal and external standardisation is required to ensure the consistency of evidence, assessment decisions and qualifications awarded over time.

4.11.1 Internal standardisation

IQAs should facilitate internal standardisation events for assessors to attend and participate, in order to review evidence used, make judgments, compare quality and come to a common understanding of what is sufficient.

4.11.2 External standardisation

SFJ Awards will enable access to external standardisation opportunities for centres and EQAs over time.

The SFJ Awards' Quality Assurance (Internal and External) Policy and Standardisation Policy can be found on the website www.sfjawards.com.

4.12 Recognition of Prior Learning (RPL)

'Recognition of prior learning (RPL) is the process of recognising previous formal, informal or experiential learning so that the learner avoids having to repeat learning/assessment within a new qualification. RPL is a broad concept and covers a range of possible approaches and outcomes to the recognition of prior learning (including credit transfer where an awarding organisation has decided to attribute credit to a qualification)'.²

The use of RPL encourages transferability of qualifications and/or units, which benefits both learners and employers. SFJ Awards supports the use of RPL and centres must work to the principles included in Section 6 Assessment and Quality Assurance of the Centre Handbook and outlined in SFJ Awards' Recognition of Prior Learning Policy, which can be found on the website www.sfjawards.com.

² After the QCF: A New Qualifications Framework, Ofqual 2015
<https://www.gov.uk/government/consultations/after-the-qcf-a-new-qualifications-framework>

4.13 Equality and Diversity

Centres must comply with legislation and the requirements of the RQF relating to equality and diversity. There should be no barriers to achieving a qualification based on:

- age
- disability
- gender
- gender reassignment
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion and belief
- sexual orientation

Reasonable adjustments are made to ensure that learners who are disabled are not disadvantaged in any way and can include assessments being carried out in British Sign Language. Learners must declare their needs prior to the assessment and all necessary reasonable adjustment arrangements must have been approved by SFJ Awards and implemented before the time of their assessment.

The SFJ Awards Reasonable Adjustments and Special Considerations Policy and Equality of Opportunity Policy can be found on the website www.sfjawards.com.

4.14 Health and Safety

SFJ Awards is committed to safeguarding and promoting the welfare of learners, employees and volunteers and expect everyone to share this commitment.

SFJ Awards fosters an open and supportive culture to encourage the safety and well-being of employees, learners and partner organisations to enable:

- learners to thrive and achieve
- employees, volunteers and visitors to feel secure
- everyone to feel assured that their welfare is a high priority

Assessment of competence based qualifications in the health and justice sectors can carry a high risk level due to the nature of some roles and centres must therefore ensure that due regard is taken to assess and manage risk. Centres must have procedures in place to ensure that:

- qualifications can be delivered safely with risks to learners and those involved in the assessment process minimised as far as possible
- working environments meet relevant health and safety requirements.

5 Qualification Units

Unit Number	L2-CC-01	
Title	The role of the support worker in health and social care	
Level	2	
GLH	2	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand their own role	1.1 Describe their main duties and responsibilities 1.2 List the standards and codes of conduct and practice that relate to their role 1.3 Demonstrate that they are working in accordance with the agreed ways of working with their employer 1.4 Explain how their previous experiences, attitudes and beliefs may affect the way they work	For AC1.1, AC1.2 and AC1.4 see 'Unit assessment methods' below AC1.3 must be observed in the workplace as part of the HCSW ³ / ASCW ⁴ normal work duties.

³ Healthcare Support Worker

⁴ Adult Social Care Worker

<p>2. Be able to work in ways that have been agreed with their employer</p>	<p>2.1 Describe their employment rights and responsibilities</p> <p>2.2 List the aims, objectives and values of the service in which they work</p> <p>2.3 Explain why it is important to work in ways that are agreed with their employer</p> <p>2.4 Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to their role</p> <p>2.5 Explain how and when to escalate any concerns they might have</p> <p>2.6 Explain why it is important to be honest and identify where errors may have occurred and to tell the appropriate person</p>	<p>For AC2.1, AC2.2, AC2.3, AC2.5 and AC2.6 see 'Unit assessment methods' below.</p> <p>AC2.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>Note that in AC2.5 the word 'escalate' may include whistle blowing.</p>
<p>3. Understand working relationships in health and social care</p>	<p>3.1 Describe their responsibilities to the individuals they support</p> <p>3.2 Explain how a working relationship is different from a personal relationship</p> <p>3.3 Describe different working relationships in health and social care settings</p>	<p>For AC3.1, AC3.2 and AC3.3 see 'Unit assessment methods' below.</p>
<p>4. Be able to work in partnership with others</p>	<p>4.1 Explain why it is important to work in teams and in partnership with others</p> <p>4.2 Explain why it is important to work in partnership with key people, advocates and others who are significant to an individual</p>	<p>For AC4.1 and AC4.2 see 'Unit assessment methods' below.</p> <p>AC4.3 must be observed in the workplace as part of the HCSW / ASCW normal work duties; however the opportunity to do so may not arise during the period of induction. Other evidence to show that the HCSW / ASCW would be able to do this if real work evidence is not available is</p>

	<p>4.3 Demonstrate behaviours, attitudes and ways of working that can help improve partnership working</p> <p>4.4 Demonstrate how and when to access support and advice about:</p> <ul style="list-style-type: none"> • partnership working • resolving conflicts 	<p>permissible.</p> <p>AC4.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate this during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p>
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Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

Unit mapping

Care Certificate Standard

Understand your role

Code of Conduct:

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

National Occupational Standards:

[SCDHSC0023](#) Develop your own knowledge and practice

[SCDHSC0227](#) Contribute to working in partnership with carers

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-02	
Title	Personal development in health and social care	
Level	2	
GLH	2	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Be able to contribute to and agree own personal development plan	1.1 Identify sources of support for their own learning and development 1.2 Describe the process for agreeing a personal development plan and who should be involved 1.3 Explain why feedback from others is important in helping to develop and improve the way they work 1.4 Contribute to drawing up own personal development plan 1.5 Agree a personal development plan	For AC1.1, AC1.2 and AC1.3 see 'Unit assessment methods' below. AC1.4 and AC1.5 must be observed in the workplace as part of the HCSW / ASCW normal work duties.
2. Be able to develop own knowledge, skills and understanding	2.1 Describe the functional level of literacy, numeracy and communication skills necessary to carry out their role 2.2 Explain how to check their current level of literacy, numeracy and communication skills 2.3 Describe how a learning activity has improved their own knowledge, skills and	For AC2.1 to AC2.5, AC2.7 and AC2.9 see 'Unit assessment methods' below. AC2.6 and AC2.8 must be observed in the workplace as part of the HCSW / ASCW normal work duties.

	<p>understanding</p> <p>2.4 Describe how reflecting on a situation has improved their own knowledge, skills and understanding</p> <p>2.5 Describe how feedback from others has developed their own knowledge, skills and understanding</p> <p>2.6 Demonstrate how to measure their own knowledge, performance and understanding against relevant standards</p> <p>2.7 List the learning opportunities available to them and how they can use them to improve the way they work</p> <p>2.8 Record progress in relation to their personal development</p> <p>2.9 Explain why continuing professional development is important</p>	
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Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations

Unit mapping

Care Certificate Standard

Your personal development

Code of Conduct:

Standard 6. Strive to improve the quality of healthcare, care and support through continuing professional development

National Occupational Standards:

[GEN12](#) Reflect on and evaluate your own values, priorities, interests and effectiveness

[GEN13](#) Synthesise new knowledge into the development of your own practice

[SCDHSC0023](#) Develop your own knowledge and practice

[SCDHSC0033](#) Develop your practice through reflection and learning

Compassion in Practice (6Cs):

- Competence
- Commitment

Unit Number	L2-CC-03	
Title	Duty of care of the support worker in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand how duty of care contributes to safe practice	1.1 Describe what is meant by the term 'duty of care' 1.2 Describe how the duty of care affects their own work role	For AC1.1 and AC1.2 see 'Unit assessment methods' below.
2. Understand the support available for addressing dilemmas that may arise about duty of care	2.1 Describe dilemmas that may arise between the duty of care and an individual's rights 2.2 Explain what they must and must not do within their role in managing conflicts and dilemmas 2.3 Explain where to get additional support and advice about how to resolve such dilemmas	For AC2.1, AC2.2 and AC2.3 see 'Unit assessment methods' below.
3. Be able to deal with comments and complaints	3.1 Demonstrate how to respond to comments and complaints in line with legislation and agreed ways of working 3.2 Describe who to ask for advice and support in handling comments and complaints	AC3.1 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate this during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.

	3.3 Explain the importance of learning from comments and complaints to improve the quality of service	For AC3.2 and AC3.3 see 'Unit assessment methods' below.
4. Understand how to deal with incidents, errors and near misses	<p>4.1 Describe how to recognise adverse events, incidents, errors and near misses</p> <p>4.2 Explain what they must and must not do in relation to adverse events, incidents, errors and near misses</p> <p>4.3 List the legislation, policies and agreed ways of working relevant to reporting adverse events, incidents, errors and near misses</p>	For AC4.1, AC4.2 and AC4.3 see 'Unit assessment methods' below.
5. Be able to deal with confrontation and difficult situations in accordance with agreed ways of working	<p>5.1 List the factors and difficult situations that may cause confrontation</p> <p>5.2 Describe how communication can be used to solve problems and reduce the likelihood or impact of confrontation</p> <p>5.3 Describe how to assess and reduce risks in confrontational situations</p> <p>5.4 Demonstrate how and when to access support and advice about resolving conflicts</p> <p>5.5 Explain the agreed ways of working for reporting any confrontations</p>	<p>For AC5.1, AC5.2, AC5.3 and AC5.5 see 'Unit assessment methods' below.</p> <p>AC5.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate this during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p>

Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

Unit mapping

Code of Conduct:

Purpose: You are responsible for, and have a duty of care to ensure that your conduct does not fall below the standards detailed in the Code. Nothing that you do, or omit to do, should harm the safety and wellbeing of people who use health and care services, and the public.

National Occupational Standards:

[SCDCCLD0203](#) Support the development of children and young people

[SCDHSC0024](#) Support the safeguarding of individuals

[SCDHSC0034](#) Promote the safeguarding of children and young people

[SCDHSC0035](#) Promote the safeguarding of individuals

[SCDLDSS2](#) Safeguard and protect the well-being of children and young people

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-04	
Title	Equality and diversity in health and social care	
Level	2	
GLH	2	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the importance of equality and inclusion	<p>1.1 Explain what is meant by:</p> <ul style="list-style-type: none"> • diversity • equality • inclusion • discrimination <p>1.2 Describe ways in which discrimination may deliberately or inadvertently occur in the work setting</p> <p>1.3 Explain how practices that support equality and inclusion reduce the likelihood of discrimination</p>	For AC1.1, AC1.2 and AC1.3 see 'Unit assessment methods' below.
2. Be able to work in an inclusive way	<p>2.1 Identify which legislation and codes of practice relating to equality, diversity and discrimination apply to their own role</p> <p>2.2 Demonstrate interaction with individuals that respects their beliefs, culture, values and preferences</p> <p>2.3 Describe how to challenge discrimination</p>	<p>For AC2.1 and AC2.3 see 'Unit assessment methods' below.</p> <p>AC2.2 must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p>

	in a way that encourages positive change	
3. Understand how to access information, advice and support about diversity, equality and inclusion	3.1 Identify a range of sources of information, advice and support about diversity, equality and inclusion 3.2 Describe how and when to access information, advice and support about diversity, equality and inclusion 3.3 Explain who to ask for advice and support about equality and inclusion	For AC3.1, AC3.2 and AC3.3 see 'Unit assessment methods' below.
Unit assessment methods		
This unit should be assessed through a selection of the following methods: <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment • practical demonstration / assignment • portfolio of evidence, including records of any written coursework / examinations 		
Unit mapping		
Code of Conduct: Standard 7. Uphold and promote equality, diversity and inclusion National Occupational Standards: GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness SCDCCLD0203 Support the development of children and young people SCDHSC0024 Support the safeguarding of individuals SCDHSC0034 Promote the safeguarding of children and young people SCDHSC0035 Promote the safeguarding of individuals		

[SCDHSC0234](#) Uphold the rights of individuals

[SCDHSC3111](#) Promote the rights and diversity of individuals

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-05	
Title	Work in a person centred way in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand person centred values	1.1 Describe how to put person-centred values into practice in their day-to-day work 1.2 Describe why it is important to work in a way that promotes person centred values when providing support to individuals 1.3 Identify ways to promote dignity in their day-to-day work	For AC1.1, AC1.2 and AC1.3 see 'Unit assessment methods' below.
2. Understand working in a person centred way	2.1 Describe the importance of finding out the history, preferences, wishes and needs of the individual 2.2 Explain why the changing needs of an individual must be reflected in their care and/or support plan 2.3 Explain the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end-of-life care	For AC2.1, AC2.2 and AC2.3 see 'Unit assessment methods' below.

<p>3. Be able to minimise and report any environmental factors that cause individuals discomfort or distress</p>	<p>3.1 Take appropriate steps to remove or minimise the environmental factors causing the discomfort or distress</p> <p>3.2 Report any concerns they have to the relevant person</p>	<p>For AC3.1 the assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>In AC3.1 'environmental factors' could include:</p> <ul style="list-style-type: none"> • Lighting • Noise • Temperature • Unpleasant odours <p>For AC3.2 the assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate AC3.2 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>In AC3.2 the 'relevant person' could be:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member
<p>4. Be able to make others aware of any actions they may be undertaking that are causing discomfort or distress to individuals</p>	<p>4.1 Raise any concerns directly with the individual concerned</p> <p>4.2 Raise any concern with their supervisor / manager</p> <p>4.3 Raise any concerns via other channels or systems</p>	<p>For AC4.1, AC4.2 and AC4.3 the assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate these criteria during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>In AC4.3 'concerns' may also be raised at, for</p>

		example, team meetings.
5. Be able to support individuals to minimise pain or discomfort	<p>5.1 Check that where individuals have restricted movement or mobility, they are comfortable</p> <p>5.2 Recognise the signs that an individual is in pain or discomfort</p> <p>5.3 Take appropriate action where there is pain or discomfort</p> <p>5.4 Remove or minimise any environmental factors causing pain or discomfort</p>	<p>For AC5.1 to AC5.4 the assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>In AC5.2 'signs' could include:</p> <ul style="list-style-type: none"> • Verbal reporting from the individual • Non-verbal communication • Changes in behaviour <p>In AC5.3, 'appropriate action' could include:</p> <ul style="list-style-type: none"> • Re-positioning • Reporting to a more senior member of staff • Giving prescribed pain relief medication • Ensure equipment or medical devices are working properly or in the correct position e.g. wheelchairs, prosthetics, catheter tubes <p>In AC5.3, 'environmental factors' could include:</p> <ul style="list-style-type: none"> • Wet or soiled clothing or bed linen • Poorly positioned lighting • Noise

<p>6. Be able to support the individual to maintain their identity and self-esteem</p>	<p>6.1 Explain how individual identity and self-esteem are linked to emotional and spiritual wellbeing</p> <p>6.2 Demonstrate that their own attitudes and behaviours promote emotional and spiritual wellbeing</p> <p>6.3 Support and encourage individuals' own sense of identity and self-esteem</p> <p>6.4 Report any concerns about the individual's emotional and spiritual wellbeing to the appropriate person</p>	<p>For AC6.1 see 'Unit assessment methods' below</p> <p>AC6.2, AC6.3 and AC6.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>However the opportunity for the HCSW / ASCW to demonstrate AC6.4 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>In AC6.4 the 'appropriate person' could be:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member
<p>7. Be able to support the individual using person centred values</p>	<p>7.1 Demonstrate that their actions promote person centred values</p>	<p>For AC7.1 assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>Person centred values include:</p> <ul style="list-style-type: none"> • Individuality • Independence • Privacy • Partnership • Choice • Dignity • Respect • Rights

Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

Unit mapping

Code of Conduct:

Standard 2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

National Occupational Standards:

[SCDHSC0024](#) Support the safeguarding of individuals

[SCDHSC0026](#) Support individuals to access information on services and facilities

[SCDHSC0035](#) Promote the safeguarding of individuals

[SCDHSC0234](#) Uphold the rights of individuals

[SCDHSC0332](#) Promote individuals' positive self-esteem and sense of identity

[SCDHSC0350](#) Support the spiritual wellbeing of individuals

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence

- Communication
- Courage
- Commitment

Unit Number	L2-CC-06	
Title	Communicating with individuals in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the importance of effective communication at work	1.1 Describe the different ways that people communicate 1.2 Describe how communication affects relationships at work 1.3 Describe why it is important to observe and be receptive to an individual's reactions when communicating with them	For AC1.1, AC1.2 and AC1.3 see 'Unit assessment methods' below.
2. Understand how to meet the communication and language needs, wishes and preferences of individuals	2.1 Describe how to establish an individual's communication and language needs, wishes and preferences 2.2 List a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences	For AC2.1 and AC2.2 see 'Unit assessment methods' below.
3. Understand how to promote effective communication	3.1 List barriers to effective communication 3.2 Describe ways to reduce barriers to effective communication 3.3 Describe how to check whether they	For AC3.1, AC3.2, AC3.3 and AC3.4 see 'Unit assessment methods' below.

	<p>have been understood</p> <p>3.4 Describe where to find information and support or services, to help them communicate more effectively</p>	
4. Understand the principles and practices relating to confidentiality	<p>4.1 Describe what confidentiality means in relation to their role</p> <p>4.2 List any legislation and agreed ways of working to maintain confidentiality in day-to-day communication</p> <p>4.3 Describe situations where information, normally considered to be confidential, might need to be passed on</p> <p>4.4 Describe who they should ask for advice and support about confidentiality</p>	For AC4.1, AC4.2, AC4.3 and AC4.4 see 'Unit assessment methods' below.
5. Be able to use appropriate verbal and non-verbal communication	5.1 Demonstrate the use of appropriate verbal and non-verbal communication	<p>For AC5.1 assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p> <p>Verbal communication should include:</p> <ul style="list-style-type: none"> • Tone • Volume <p>Non-verbal communication should include:</p> <ul style="list-style-type: none"> • Position/proximity • Eye contact • Body language • Touch • Signs

		<ul style="list-style-type: none"> • Symbols and pictures • Writing • Objects of reference • Human and technical aids <p>Communication may take place:</p> <ul style="list-style-type: none"> • face to face • by telephone or text • by email, internet or social networks • by written reports or letters
<p>6. Be able to support the use of appropriate communication aids / technologies</p>	<p>6.1 Ensure that any communication aids / technologies are:</p> <ul style="list-style-type: none"> • Clean • Working properly • In good repair <p>6.2 Report any concerns about the communication aid / technology to the appropriate person</p>	<p>For AC6.1 and AC6.2 assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate AC6.2 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>In AC6.2, the 'appropriate person' could be:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member

Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

Unit mapping

Code of Conduct:

Standard 4. Communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers

National Occupational Standards:

[GEN97](#) Communicate effectively in a healthcare environment

[SCDCCLD0201](#) Support effective communication

[SCDHSC0031](#) Promote effective communication

[SCDHSC00243](#) Support the safe use of materials and equipment

[SCDLDS1](#) Communicate, engage and build positive relationships with children and young people and their families

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-07	
Title	Privacy and dignity in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the principles that underpin privacy and dignity in care	<p>1.1 Describe what is meant by privacy and dignity</p> <p>1.2 List situations where an individual's privacy and dignity could be compromised</p> <p>1.3 Describe how to maintain privacy and dignity in the work setting</p>	For AC1.1, AC1.2 and AC1.3 see 'Unit assessment methods' below.
2. Be able to maintain the privacy and dignity of the individual(s) in their care	<p>2.1 Demonstrate that their actions maintain the privacy and dignity of the individual</p> <p>2.2 Demonstrate that the privacy and dignity of the individual is maintained at all times, being in line with the person's individual needs and preferences when providing personal care</p> <p>2.3 Explain why it is important not to disclose anything about the individual that they may wish to be kept private, unless it is appropriate to do so</p>	<p>AC2.1, AC2.2 and AC2.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate AC2.4 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>In AC2.1 'actions' could include:</p> <ul style="list-style-type: none"> • Using appropriate volume to discuss the care and support of an individual • Discussing the individual's care and support in a place where others cannot overhear

	<p>2.4 Report any concerns they have to the relevant person</p>	<p>In AC2.1 and AC2.2 privacy and dignity of the individual could be maintained by:</p> <ul style="list-style-type: none"> • 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, hospital gowns are positioned correctly • Ensuring the individual is positioned appropriately and the individual is not exposing any part of their body they would not want others to be able to see <p>For AC3.3 see 'Unit assessment methods' below.</p> <p>In AC2.3 information about an individual could include:</p> <ul style="list-style-type: none"> • Health condition • Sexual orientation • Personal history • Social circumstances <p>In AC2.4, the 'relevant person' could be:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member
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<p>3. Understand how to support an individual's right to make choices</p>	<p>3.1 Describe ways of helping individuals to make informed choices</p> <p>3.2 Explain how risk assessment processes can be used to support the right of individuals to make their own decisions</p> <p>3.3 Explain why personal views must not influence an individual's own choices or decisions</p> <p>3.4 Describe why there may be times when they need to support an individual to question or challenge decisions made about them by others</p>	<p>For AC3.1, AC3.2 and AC3.3 see 'Unit assessment methods' below.</p>
<p>4. Be able to support individuals in making choices about their care</p>	<p>4.1 Demonstrate how to support individuals to make informed choices</p> <p>4.2 Check risk assessment processes are used to support the right of individuals to make their own decisions</p> <p>4.3 Describe how own personal views could influence an individual's own choices or decisions</p> <p>4.4 Report any concerns they have to the relevant person</p>	<p>AC4.1, AC4.2 and AC4.4 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate AC4.4 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>For AC4.3 the assessment should be carried out as a reflection exercise.</p> <p>In AC4.4 a 'relevant person' could include:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member
<p>5. Understand how to support active participation</p>	<p>5.1 Describe the importance of how valuing people contributes to active participation</p> <p>5.2 Explain how to enable individuals to make informed choices about their lives</p>	<p>For AC5.1 to AC5.4 see 'Unit assessment methods' below.</p>

	<p>5.3 List other ways they can support active participation</p> <p>5.4 Describe the importance of enabling individuals to develop skills in self-care and to maintain their own network of friends within their community</p>	
6. Be able to support the individual in active participation in their own care	<p>6.1 Demonstrate that they can support the active participation of individuals in their care</p> <p>6.2 Describe how their own personal views could restrict the individual's ability to actively participate in their care</p> <p>6.3 Report any concerns to the relevant person</p>	<p>AC6.1 and AC6.3 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However the opportunity for the HCSW / ASCW to demonstrate AC6.3 during their induction period may not arise. Therefore the use of simulation / role play using scenarios is permitted.</p> <p>For AC6.2 the assessment should be carried out as a reflection exercise.</p> <p>In AC6.3 a 'relevant person' could include:</p> <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member
Unit assessment methods		
<p>This unit should be assessed through a selection of the following methods:</p> <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment • practical demonstration / assignment • portfolio of evidence, including records of any written coursework / examinations • simulations 		

Unit mapping

Code of Conduct:

Standard 2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

National Occupational Standards:

[CHS 6](#) Move and position individuals

[SCDHSC0024](#) Support the safeguarding of individuals

[SCDHSC0035](#) Promote the safeguarding of individuals

[SCDHSC0223](#) Contribute to moving and positioning individuals

[SCDHSC0234](#) Uphold the rights of individuals

[SCDHSC3111](#) Promote the rights and diversity of individuals

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-08	
Title	Fluids and nutrition	
Level	2	
GLH	2	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the principles of hydration, nutrition and food safety	1.1 Describe the importance of food safety, including hygiene, in the preparation and handling of food 1.2 Explain the importance of good nutrition and hydration in maintaining health and wellbeing 1.3 List signs and symptoms of poor nutrition and hydration 1.4 Explain how to promote adequate nutrition and hydration	For AC1.1 to AC1.4 see 'Unit assessment methods' below.
2. Be able to support individuals to have access to fluids in accordance with their plan of care	2.1 Check that drinks are within reach of those that have restrictions on their movement / mobility 2.2 Check that drinks are refreshed on a regular basis 2.3 Check that individuals are offered drinks in accordance with their plan of care 2.4 Support and encourage individuals to drink in accordance with their plan of	AC2.1 to AC2.5 must be assessed in the workplace as part of the HCSW / ASCW normal work duties. In AC2.5 a 'relevant person' could include: <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member

	care 2.5 Describe how to report any concerns to the relevant person	
3. Be able to support individuals to have access to food and nutrition in accordance with their plan of care	3.1 Check that any nutritional products are within reach of those that have restrictions on their movement/ mobility 3.2 Check that food is provided at the appropriate temperature and in accordance with the plan of care i.e. the individual is able to eat it 3.3 Check that appropriate utensils are available to enable the individual to meet their nutritional needs as independently as possible 3.4 Support and encourage individuals to eat in accordance with their plan of care 3.5 Describe how to report any concerns to the relevant person	AC3.1 to AC3.5 must be assessed in the workplace as part of the HCSW / ASCW normal work duties. In AC2.5 a 'relevant person' could include: <ul style="list-style-type: none"> • Senior member of staff • Carer • Family member

Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations

This unit requires the HCSW / ASCW to provide performance evidence. Whilst supporting individual with meeting their fluid and nutritional needs may not seem to be part of every HCSW or ASCW role, it is important for learners to ensure that wherever they are working that

people have appropriate access to fluids and nutrition. Examples of this may be:

- An Outpatient Department making sure that people are offered a drink if they have been waiting for a long time or it is a hot day, especially if they have restrictions on their movement / mobility.
- Ensuring disposable cups are available where there are water coolers / fountains. It may be the duty of another worker to do this but if the learner notices there are no disposable cups they should take action to ensure these are replaced.

Unit mapping

Code of Conduct:

Standard 2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

National Occupational Standards:

[SCDHSC0213](#) Provide food and drink to promote individuals' health and well being

[SCDHSC0214](#) Support individuals to eat and drink

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-09	
Title	Awareness of mental health, dementia and learning disability	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the needs and experiences of people with mental health conditions, dementia or learning disabilities	<p>1.1 List how someone may feel if they have:</p> <ul style="list-style-type: none"> • Mental health conditions • Dementia • Learning disabilities <p>1.2 Explain how these conditions may influence a person's needs in relation to the care that they may require</p> <p>1.3 Explain why it is important to understand that the causes and support needs are different for people with mental health conditions, dementia and learning disabilities</p>	<p>For AC1.1 to AC1.3 see 'Unit assessment methods' below.</p> <p>Mental health conditions may include:</p> <ul style="list-style-type: none"> • Psychosis • Depression • Anxiety <p>The issues may be physical, social or psychological and will affect the individual in different ways.</p>
2. Understand the importance of promoting positive health and wellbeing for an individual who may have a mental health condition, dementia or learning disability	<p>2.1 Explain how positive attitudes towards those with mental health conditions, dementia or learning disabilities will improve the care and support they receive</p> <p>2.2 Describe the social model of disability and how it underpins positive attitudes</p>	<p>For AC2.1 and AC2.2 see 'Unit assessment methods' below.</p>

	towards disability and involving people in their own care	
3. Understand the adjustments which may be necessary in care delivery relating to an individual who may have a mental health condition, dementia or learning disability	<p>3.1 Describe what adjustments might need to be made to the way care is provided if someone has:</p> <ul style="list-style-type: none"> • A mental health condition • Dementia • Learning disabilities <p>3.2 Describe how to report concerns associated with any unmet needs which may arise from mental health conditions, dementia or learning disability through agreed ways of working</p>	<p>For AC3.1 and AC3.2 see 'Unit assessment methods' below.</p> <p>Mental health conditions may include:</p> <ul style="list-style-type: none"> • Psychosis • Depression • Anxiety
4. Understand the importance of early detection of mental health conditions, dementia and learning disabilities	<p>4.1 Explain why early detection of mental health needs, dementia or learning disability is important</p> <p>4.2 Give examples of how and why adjustments to care and support might need to be made when a mental health condition, dementia or learning disability is identified</p>	<p>For AC4.1 and AC4.2 see 'Unit assessment methods' below.</p>
5. Understand legal frameworks, policy and guidelines relating to mental health conditions, dementia and learning disabilities	<p>5.1 List the main requirements of legislation and policies that are designed to promote the human rights, inclusion, equal life chances and citizenship of individuals with mental health conditions, dementia or learning disabilities</p> <p>5.2 Explain how the legislation and policies listed may affect the day to day</p>	<p>For AC5.1 and AC5.2 see 'Unit assessment methods' below.</p>

	experiences of individuals with mental health needs, dementia or learning disabilities and their families	
6. Understand the meaning of mental capacity in relation to how care is provided	<p>6.1 Explain what is meant by the term 'capacity'</p> <p>6.2 Explain why it is important to assume that someone has capacity unless there is evidence that they do not</p> <p>6.3 Explain what is meant by 'consent', and how it can change according to what decisions may need to be taken</p> <p>6.4 Describe situations where an assessment of capacity might need to be undertaken and the meaning and significance of 'advance statements' regarding future care</p>	For AC6.1 to AC6.4 see 'Unit assessment methods' below.
Unit assessment methods		
<p>This unit should be assessed through a selection of the following methods:</p> <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment • portfolio of evidence, including records of any written coursework / examinations 		
Unit mapping		
<p>Code of Conduct: N/A</p>		

National Occupational Standards:

[MH14.2013](#) Identify potential mental health needs and related issues

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-10	
Title	Safeguarding adults in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand the principles of safeguarding adults	1.1 Explain the term 'safeguarding adults' 1.2 Explain their own role and responsibilities in safeguarding individuals 1.3 List the main types of abuse 1.4 Describe what constitutes harm 1.5 Explain why an individual may be vulnerable to harm or abuse 1.6 Describe what constitutes restrictive practices 1.7 List the possible indicators of abuse 1.8 Describe the nature and scope of harm to and abuse of adults at risk 1.9 List a range of factors which have featured in adult abuse and neglect 1.10 Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing	For AC1.1 to AC1.9, and AC1.11 see 'Unit assessment methods' below. For AC1.10, assessment must be observed in the workplace as part of the HCSW / ASCW normal work duties. Evidence for this can be cross referenced from other standards where the evidence is not produced directly against this standard.

	<p>health and care services</p> <p>1.11 Describe where to get information and advice about their role and responsibilities in preventing and protecting individuals from harm and abuse</p>	
<p>2. Understand how to reduce the likelihood of abuse</p>	<p>2.1 Describe how care environments can promote or undermine people's dignity and rights</p> <p>2.2 Explain the importance of individualised, person centred care</p> <p>2.3 Explain how to apply the basic principles of helping people to keep themselves safe</p> <p>2.4 Explain the local arrangements for the implementation of multi-agency Safeguarding Adults policies and procedures</p> <p>2.5 List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention</p> <p>2.6 Explain how a clear complaints procedure reduces the likelihood of abuse</p>	<p>For AC2.1 to AC2.6 see 'Unit assessment methods' below.</p>
<p>3. Understand how to respond to suspected or disclosed abuse</p>	<p>3.1 Explain what to do if abuse of an adult is suspected, including how to raise concerns within local whistleblowing policy procedures</p>	<p>For AC3.1 see 'Unit assessment methods' below.</p>

4. Understand how to protect people from harm and abuse, locally and nationally	4.1 List relevant legislation, local and national policies and procedures which relate to safeguarding adults 4.2 Explain the importance of sharing information with the relevant agencies 4.3 Describe the actions to take if they experience barriers in alerting or referring to relevant agencies	For AC4.1 to AC4.3 see 'Unit assessment methods' below.
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Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- portfolio of evidence, including records of any written coursework / examinations

Unit mapping

Code of Conduct:

Standard 1.5. Tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this.

Standard 1.9. Report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

Standard 6.4. Improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

National Occupational Standards:

[SCDHSC0024](#) Support the safeguarding of individuals

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-11	
Title	Safeguarding children and young people in health and social care	
Level	2	
GLH	1	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand how to safeguard children and young people	1.1 Describe child abuse and neglect 1.2 Explain what they must do if they suspect a child, young person (met in any circumstances) is being abused or neglected	For AC1.1 and AC1.2 see 'Unit assessment methods' below. Health care staff will need to meet the national minimum training standards for Safeguarding Children at Level 1 as set out in " <i>Safeguarding children and young people: roles and competences for health care staff</i> " (Intercollegiate Royal College of Paediatrics and Child Health 2014).
Unit assessment methods		
<p>This unit should be assessed through a selection of the following methods:</p> <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment • portfolio of evidence, including records of any written coursework / examinations 		

Unit mapping

Code of Conduct:

Standard 1.5. Tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this.

Standard 1.9. Report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

Standard 6.4. Improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

National Occupational Standards:

[SCDHSC0034](#) Promote the safeguarding of children and young people

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-12	
Title	Basic life support	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand basic life support and the recovery position	1.1 Describe the principles that underpin basic life support 1.2 Describe the circumstances under which basic life support is performed 1.3 Describe the recovery position	For AC1.1 to AC1.3 see 'Unit assessment methods' below.
2. Be able to demonstrate basic life support and putting individuals in the recovery position	2.1 Demonstrate basic life support in line with current national guidelines 2.2 Demonstrate putting individuals in the recovery position	For AC2.1 and AC2.2 see 'Unit assessment methods' below.
Unit assessment methods		
<p>If working with Adults in health and social care learners will undertake training in adult basic life support.</p> <p>If working with Paediatric patients in health learners will undertake training in paediatric basic life support.</p> <p>If working with Newborn patients in health learners will undertake training in newborn life support.</p> <p>Basic Life Support training accessed by learners must meet current UK Resuscitation Council guidelines.</p> <p>Assessment of competence in Basic Life Support must be by observation in a simulated setting and through an appropriate training model.</p>		

Unit mapping

Code of Conduct:

N/A

National Occupational Standards:

[CHS36](#) Provide Basic Life Support

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-13	
Title	Health and safety in health and social care	
Level	2	
GLH	3	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Understand their own responsibilities, and the responsibilities of others, relating to health and safety in the work setting	1.1 Identify legislation relating to general health and safety in a health or social care work setting 1.2 Describe the main points of the health and safety policies and procedures agreed with the employer 1.3 Outline the main health and safety responsibilities of: <ul style="list-style-type: none"> • self • the employer or manager • others in the work setting 1.4 List tasks relating to health and safety that should not be carried out without special training 1.5 Explain how to access additional support and information relating to health and safety	For AC1.1 to AC1.6 see 'Unit assessment methods' below.

	1.6 Describe different types of accidents and sudden illness that may occur in their own work setting	
2. Understand risk assessment	<p>2.1 Explain why it is important to assess the health and safety risks posed by particular work settings, situations or activities</p> <p>2.2 Describe how and when to report health and safety risks that they have identified</p>	For AC2.1 and AC2.2 see 'Unit assessment methods' below.
3. Be able to move and assist safely	<p>3.1 Identify key pieces of legislation that relate to moving and assisting</p> <p>3.2 List tasks relating to moving and assisting that they are not allowed to carry out until they are competent</p> <p>3.3 Demonstrate how to move and assist people and objects safely, maintaining the individual's dignity, and in line with legislation and agreed ways of working</p>	<p>For AC3.1 and AC3.2 see 'Unit assessment methods' below.</p> <p>AC3.3 must be observed in the workplace as part of the HCSW / ASCW normal work duties. However some HCSW / ASCW are not employed in settings where moving and handling of individuals is required. Other evidence to show that the HCSW / ASCW would be able to do this, such as role play or simulation, is permitted.</p>
4. Understand procedures for responding to accidents and sudden illness	<p>4.1 List the different types of accidents and sudden illness that may occur in the course of their work</p> <p>4.2 Describe the procedures to be followed if an accident or sudden illness should occur</p> <p>4.3 List the emergency first aid actions they are and are not allowed to carry out</p>	For AC4.1 to AC4.3 see 'Unit assessment methods' below.
5. Understand medication and healthcare tasks	5.1 Describe the agreed ways of working in relation to medication	For AC5.1 to AC5.3 see 'Unit assessment methods' below.

	<p>5.2 Describe the agreed ways of working in relation to healthcare tasks</p> <p>5.3 List the tasks relating to medication and health care procedures that they are not allowed to carry out until they are competent</p>	
6. Be able to handle hazardous substances	<p>6.1 Describe the hazardous substances in their workplace</p> <p>6.2 Demonstrate safe practices for storing, using and disposing of hazardous substances</p>	<p>For AC6.1 see 'Unit assessment methods' below.</p> <p>AC6.2 must be observed in the workplace as part of the HCSW / ASCW normal work duties.</p>
7. Understand how to promote fire safety	<p>7.1 Explain how to prevent fires from starting or spreading</p> <p>7.2 Describe what to do in the event of a fire</p>	<p>For AC7.1 and AC7.2 see 'Unit assessment methods' below.</p>
8. Understand how to work securely	<p>8.1 Describe the measures that are designed to protect their own security at work, and the security of those they support</p> <p>8.2 Explain the agreed ways of working for checking the identity of anyone requesting access to premises or information</p>	<p>For AC8.1 and AC8.2 see 'Unit assessment methods' below.</p>
9. Understand how to manage stress	<p>9.1 Recognise common signs and indicators of stress in themselves and others</p> <p>9.2 Identify circumstances that tend to trigger stress in themselves and others</p> <p>9.3 List ways to manage stress</p>	<p>For AC9.1, AC9.2 and AC9.3 see 'Unit assessment methods' below.</p>

Unit assessment methods

This unit should be assessed through a selection of the following methods:

- professional / 1:1 discussion
- groupwork
- e-assessment
- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations
- simulations

Unit mapping

Code of Conduct:

Standard 1. Be accountable by making sure you can answer for your actions or omissions

Standard 2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times

Standard 3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support

Standard 4. Communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers

National Occupational Standards:

[CHS2](#) Assist in the administration of medicine

[CHS 6](#) Move and position individuals

[SCDHSC0022](#) Support the health and safety of yourself and individuals

[SCDHSC0223](#) Contribute to moving and positioning individuals

[SCDHSC0032](#) Promote health, safety and security in the work setting

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-14	
Title	Handling information in health and social care	
Level	2	
GLH	1	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Be able to handle information	1.1 Describe the agreed ways of working and legislation regarding the recording, storing and sharing of information 1.2 Explain why it is important to have secure systems for recording, storing and sharing information 1.3 Demonstrate how to keep records that are up to date, complete, accurate and legible 1.4 Explain how, and to whom, to report if they become aware that agreed ways of working have not been followed	For AC1.1, AC1.2 and AC1.4 see 'Unit assessment methods' below. AC1.3 must be observed in the workplace as part of the HCSW / ASCW normal work duties.
Unit assessment methods		
This unit should be assessed through a selection of the following methods: <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment 		

- practical demonstration / assignment
- portfolio of evidence, including records of any written coursework / examinations

Unit mapping

Code of Conduct:

Standard 5. Respect people's right to confidentiality

National Occupational Standards:

[SCDHSC0021](#) Support effective communication

[SCDHSC0031](#) Promote effective communication

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Unit Number	L2-CC-15	
Title	Infection prevention and control in health and social care	
Level	2	
GLH	1	
Learning Outcomes <i>The learner will:</i>	Assessment Criteria <i>The learner can:</i>	Guidance
1. Be able to prevent the spread of infection	1.1 Describe the main ways an infection can get into the body 1.2 Demonstrate effective hand hygiene 1.3 Explain how their own health or hygiene might pose a risk to the individuals they support or work with 1.4 List common types of personal protective clothing, equipment and procedures and how and when to use them 1.5 Explain the principles of safe handling of infected or soiled linen and clinical waste	For AC1.1, AC1.3, AC1.4 and AC1.5 see 'Unit assessment methods' below. AC1.2 must be observed in the workplace as part of the HCSW / ASCW normal work duties.
Unit assessment methods		
This unit should be assessed through a selection of the following methods: <ul style="list-style-type: none"> • professional / 1:1 discussion • groupwork • e-assessment • practical demonstration / assignment 		

- portfolio of evidence, including records of any written coursework / examinations

Unit mapping

Code of Conduct:

N/A

National Occupational Standards:

[IPC6.2012](#) Use personal protective equipment to prevent the spread of infection

Compassion in Practice (6Cs):

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Appendix 1

Glossary of Terms

ABUSE: Abuse may be physical, sexual, emotional or psychological. It may be related to a person's age, race, gender, sexuality, culture or religion and may be financial, institutional in nature. It includes both self-neglect and neglect by others.

ACTIVE PARTICIPATION: Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is regarded as an active partner in their own care or support, rather than as a passive recipient. Ways to support active participation may include assistive technology, for example use of electronic or other devices. Adult Social Care Workers should refer to Common Core Principles to Support Self Care, principle 6 (www.skillsforcare.org.uk/selfcare). Healthcare Support Workers should refer to the Essence of Care Department of Health Publication (2010).

ADVICE AND SUPPORT: Advice and support can come from within or outside of your organisation and may include raising any concerns you may have.

AGREED WAYS OF WORKING: This refers to company policies and procedures. This includes those less formally documented by individual employers and the self-employed or formal policies such as the Dignity Code, Essence of Care and Compassion in Practice.

AT WORK: The definition of 'at work' may include within the home of the individual you are supporting.

BARRIERS: These can include barriers of culture, gender, religion, language, literacy, health issues, disability, sensory or physical impairment.

CARE AND SUPPORT: Care and support enables people to do the everyday things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

CLINICAL WASTE: This includes 'sharps', such as needles, bodily fluids and used dressings.

COMMUNICATION: This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may take place face to face, by telephone, email, text, via social networks, written reports and letters.

CONTINUING PROFESSIONAL DEVELOPMENT: This is the way in which a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring they can work safely and effectively.

DILEMMA: A difficult situation or problem.

DISCRIMINATION: The unjust or prejudicial treatment of different categories of people. There are nine protected characteristics identified in the Equality Act 2010. Discrimination which happens because of one or more of these characteristics is unlawful under the Act. The protected

characteristics are: age, disability, gender reassignment, marriage or civil partnership (in employment only), pregnancy and maternity, race, religion or belief, sex and sexual orientation.

DIVERSITY: Celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.

DUTY OF CARE: Your duty of care means that you must aim to provide high quality care to the best of your ability and say if there are any reasons why you may be unable to do so.

EQUALITY: Being equal in status, rights, and opportunities.

FUNCTIONAL LEVEL: The essential elements of literacy, numeracy and communication skills you need to perform your work confidently and effectively.

HANDLING COMMENTS AND COMPLAINTS: This includes recording them.

HARM: Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example, financial abuse).

HEALTH AND SAFETY: This could be in relation to the safety of yourself, your colleagues or the people you support.

HEALTHCARE TASKS: These include any clinical procedures carried out as part of a care or support plan, for example those relating to stoma care, catheter or injections.

INCLUSION: Ensuring that people are treated equally and fairly and are included as part of society.

INDIVIDUAL: This refers to any adult, child or young person accessing care or support; it will usually mean the person or people supported by the worker.

KEY PEOPLE: The people who are important to an individual and who can make a difference to his or her wellbeing. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.

LEGISLATION: Important legislation includes the Data Protection Act, the Human Rights Act and the Mental Capacity Act.

MANAGING RISK: Supporting individuals to exercise their choices and rights, recognising the balance between managing risk and enabling independence, choice and control.

MOVING AND ASSISTING: This is often referred to as 'moving and handling' in health and 'moving and positioning' in social care.

NEEDS: Assessed needs can include a variety of physical, mental health, emotional, social, spiritual, communication, learning, support or care needs.

OTHERS: For example, your own colleagues and other professionals across health and social care.

PERSONAL DEVELOPMENT PLAN: Yours may have a different name, but it will record information such as agreed objectives for development, proposed activities to meet those objectives and timescales for review.

PERSON-CENTRED VALUES: These include individuality, independence, privacy, partnership, choice, dignity, respect and rights.

REFLECT: This is the process of thinking about every aspect of your work, including identifying how and where it could be improved.

REPORTING: This includes the recording of adverse events, incidents, confrontations, errors and issues.

SECURE SYSTEMS: This includes both manual and electronic systems.

SELF-CARE: This refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: “the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.” (Self-care – A real choice: Self-care support – A practical option, published by Department of Health, 2005).

SERVICES: Services may include translation, interpreting, speech and language therapy and advocacy services.

SOURCES OF SUPPORT: These may include formal or informal support, supervision and appraisal.

STANDARDS: These may include codes of conduct and practice, regulations, registration requirement (quality standards), National Occupational Standards and the Human Rights Act.

STRESS: While stress can have positive as well as negative effects, but in this document the word is used to refer to negative stress.

WELLBEING: A person’s wellbeing may include their sense of hope, confidence and self-esteem, their ability to communicate their wants and needs, to make contact with others, to show warmth and affection, and to experience and show pleasure or enjoyment.

WHISTLEBLOWING: Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called ‘making a disclosure in the public interest’ and may sometimes be referred to as ‘escalating concerns.’ You must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone’s health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.

Appendix 2

Skills for Health Assessment Principles

Assessment Principles for Qualifications that Assess Occupational Competence

Version 3 October 2015

1. Introduction

- 1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.
- 1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualifications regulators in England, Wales and Northern Ireland. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.
- 1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence.
- 1.4 These principles apply to qualifications and the units therein that assess occupational competence i.e. those under Purpose D.
- 1.5 Throughout this document the term *unit* is used for simplicity but this can mean module or any other similar term.

2. Assessment Principles

- 2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.
- 2.2 Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learners normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.
- 2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

- 2.4 Competence based units must include direct observation in the workplace as the primary source of evidence.
- 2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.
- 2.6 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.
- 2.7 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3. Internal Quality Assurance

- 3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.
- 3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the qualification units on which their expertise is based;
- be occupationally competent in their area of expertise;
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

Appendix 3

Notional Credit Values

Unit Number	Unit Title	Level	GLH	Credit Value
L2-CC-01	The role of the support worker in health and social care	2	2	1
L2-CC-02	Personal development in health and social care	2	2	1
L2-CC-03	Duty of care of the support worker in health and social care	2	3	1
L2-CC-04	Equality and diversity in health and social care	2	2	1
L2-CC-05	Work in a person centred way in health and social care	2	3	2
L2-CC-06	Communicating with individuals in health and social care	2	3	2
L2-CC-07	Privacy and dignity in health and social care	2	3	2
L2-CC-08	Fluids and nutrition	2	2	1
L2-CC-09	Awareness of mental health, dementia and learning disability	2	3	2
L2-CC-10	Safeguarding adults in health and social care	2	3	1
L2-CC-11	Safeguarding children and young people in health and social care	2	1	1
L2-CC-12	Basic life support	2	3	1
L2-CC-13	Health and safety in health and social care	2	3	2
L2-CC-14	Handling information in health and social care	2	1	1
L2-CC-15	Infection prevention and control in health and social care	2	1	1
	Total		35	20