QUALIFICATION SPECIFICATION

Approved by

skillsforcare

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qualifications

Level 2 Adult Social Care Certificate

This qualification specification covers the following qualification:

Qualification Number	Qualification Title
610/4234/1	Gateway Qualifications Level 2 Adult Social Care Certificate

Version and date	Change detail	Section/Page Reference
1.0 April 2024	n/a	n/a

About this qualification specification

Gateway Qualifications is a nationally regulated Awarding Organisation that supports education and training providers through its strong relationships, adaptability and expert team.

This qualification specification contains everything you need to know about this qualification and should be used by everyone involved in the planning, delivery and assessment of the Level 2 Adult Social Care Certificate.

This document should be read in conjunction with the Gateway Qualifications Centre Handbook and other publications available on the website which contain more detailed guidance on assessment and quality assurance practice.

In order to offer this qualification, you must be a Gateway Qualifications recognised centre and be approved to offer this qualification.

If your centre is not yet recognised, please contact our Business Development team to discuss becoming a Gateway Qualifications recognised centre:

Telephone: 01206 911211
Email: enquiries@gatewayqualifications.org.uk
Website: https://www.gatewayqualifications.org.uk/advice-guidance/delivering-our-qualifications/become-recognised-centre/

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Introduction

The Care Certificate is a set of 15 standards, developed by Skills for Care, Health Education England, and Skills for Health, which define the knowledge, skills, and behaviours expected of specific job roles in the Adult Social Care (ASC) sectors. However, a review of the current training model revealed inconsistencies in the delivery of these standards, which led to a lack of credibility and impacted employer trust.

In response to these issues, the "People at the Heart of Care" white paper, published in December 2021, set out a 10-year vision for adult social care and committed to standardising the delivery of the Care Certificate. This reform aimed to ensure that care professionals have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high-quality care and support.

In March 2023, the Department for Health and Social Care commissioned Skills for Care to develop a draft qualification specification for an accredited Level 2 Adult Social Care Certificate qualification. The new Level 2 Adult Social Care qualification has been accredited to ensure its quality and will be recognised by employers when care workers move roles, reducing the costs and burden of repeat training.

Skills for Care have consulted with a wide range of stakeholders from the Adult Social Care sector, training providers, and awarding organisations, during the development of this qualification. This collaborative approach ensures that the qualification specification is comprehensive and meets the needs of the sector.

1. Qualification Information

1.1   Key Information

Qualification summary	
Qualification title	Gateway Qualifications Level 2 Adult Social Care Certificate
Qualification number	610/4234/1
Learning aim reference number	61042341
Level	2
Guided learning hours (GLH)	336
Total qualification time (TQT)	369
Credit value	36
Sector subject area	1.3 Health and Social Care
Minimum age	19+
Qualification purpose	This qualification is designed to provide Adult Social Care workers with the skills, knowledge, and behaviours needed to provide compassionate, safe, and high-quality care and support. This qualification should be undertaken as part of a robust induction programme for new workers in the Adult Social Care sector and forms part of the Care Workforce Pathway.
Assessment method	Portfolio of evidence underpinned by Skills for Care Assessment Principles
Regulation information	This qualification is regulated by Ofqual for use in England only. The qualification is also approved by Skills for Care.

1.2 Progression opportunities

On completion of this qualification a learner will be equipped with the baseline knowledge and skills needed to work in the Adult Social Care sector. The qualification will form part of the Care Workforce Pathway.

A learner will be able to progress onto a range of qualifications and work-based training programmes to enable them to upskill and progress their career and development within the sector. This could include apprenticeships from level 2-5. However, this will be at the employers and employee's discretion.

Successful completion of the Level 2 Adult Social Care Certificate will allow learners to progress onto a level 3 qualification.

1.3 Equity, diversity and inclusion

At Gateway Qualifications we aim to create an environment which celebrates differences and strives for equitable opportunities and outcomes for all. More than a mere commitment, this Equity, Diversity, and Inclusion Policy stands as a framework, informing every aspect of the work we do. It is our aim to support our staff and learners of all abilities, ensuring the development, delivery, and awarding of qualifications in a fair and inclusive manner.

For full details please see the Equity, Diversity and Inclusion Policy.

1.4 Reasonable adjustments and special considerations

For learners who require a reasonable adjustment or special consideration, centres should refer to the Reasonable Adjustments and Special Considerations Policy.

2. Learner Entry Requirements

2.1 Entry requirements

This qualification is designed to meet the needs of learners aged 19+ working within the Adult Social Care sector. Learners must be working within the Adult Social Care sector and have responsibility for providing person-centred, values-driven care and support for those accessing the service.

Learners will typically work under the direction of their manager or supervisor. It is expected that employer-specific induction and mandatory training will be completed prior to learners starting this qualification. However, the employer can decide if the level 2 Adult Social Care Certificate qualification can be completed alongside employer-specific induction and mandatory training, but this qualification does not replace the need for employer-specific induction or mandatory training.

Learners studying this qualification should be proficient in English language.

2.2 Prior skills/knowledge

There is no requirement for learners to have achieved prior qualifications before undertaking this qualification.

Centres must ensure that learners have the correct information and advice when selecting qualifications to ensure that the qualification will meet their needs.

Centres must assess each potential learner and make justifiable and professional judgements about their potential to successfully complete the assessment and achieve the qualification. Such an assessment must identify, where appropriate, the support that will be made available to the learner to facilitate access to the qualification.

3. Qualification Details

3.1 Achieving this qualification

The qualification will be awarded to learners who successfully demonstrate their achievement of all learning outcomes of the units of the qualification.

The knowledge, skills and understanding that will be assessed as part of the qualification are set out within unit details.

To be awarded this qualification learners must successfully achieve **15 mandatory units**.

Unit Number	Unit Title	Unit Reference	Credit Value	GLH
Unit 01	Understand own role	H/651/1510	2	20
Unit 02	Personal development	J/651/1511	3	30
Unit 03	Duty of Care	K/651/1512	2	20
Unit 04	Equality, diversity, inclusion, and human rights	L/651/1513	2	20
Unit 05	Work in a person-centred way	M/651/1514	3	30
Unit 06	Communication	R/651/1515	3	30
Unit 07	Privacy and dignity	T/651/1516	3	30
Unit 08	Nutrition and hydration	Y/651/1517	2	20
Unit 09	Awareness of mental health and dementia	A/651/1518	3	30
Unit 10	Adult safeguarding	D/651/1519	3	30
Unit 11	Safeguarding children	J/651/1520	1	10
Unit 12	Health, safety, and principles of basic life support	K/651/1521	3	30
Unit 13	Handling information	L/651/1522	1	10
Unit 14	Infection prevention and control	M/651/1523	2	20
Unit 15	Awareness of learning disability and autism	R/651/1524	3	30

3.2 Recognition of prior learning

Recognition of Prior Learning enables recognition of achievement from a range of activities through the knowledge, understanding or skills that learners already possess and so, do not need to develop these through a course of learning.

Provided the assessment requirements of a given unit has been met, the use of RPL is acceptable for this qualification. Please see the Recognition of Prior Learning (RPL) Policy and Procedure for further details.

3.3 Explanation of assessment terms used in this qualification

Term	Definition
Check	To determine if something exists or is present
Contribute (to)	Provide thoughts or viewpoints on the topic, or participate in tasks
Define	State the meaning of a term, phrase or process
Demonstrate	Show an understanding of the subject or how to apply skills in a practical situation.
Describe	Provide detailed information about the topic or activity
Explain	To give a clear reason. Responses could include examples.
Give	Provide information
Identify	List or name the main points
List	Present information in an orderly and structured format
Monitor	Follow the progress
Outline	Identify or briefly detail key features
Report (any)	Make a detailed account or statement about the topic or activity
Suggest (how)	Propose an idea or plan, for consideration
Support	Provide assistance or advice
Use	Take or apply the information provided and put it into service or action.

4. Unit Details

Unit 01 - Understand own role

Unit Reference:	H/651/1510
Unit Summary:	This unit will help learners to understand their own role, the importance of working in partnership with others and how to follow agreed ways of working.
GLH:	18
Credit Value:	2
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**

1.1 Understand own role	a) Describe their main duties and responsibilities
	
	b) List the **standards** and codes of conduct and practice that relate to their own role
	
	c) Describe how own:
	    • experiences,
	    • attitudes,
	    • values,
	    • and beliefs
	may affect the way they work
	
	d) Identify the different opportunities for professional and career development in the sector

1.2 Be able to work in ways that have been agreed with the employer	a) Describe employment rights and responsibilities b) Identify the aims, objectives, and values of the service in which they work c) Explain why it is important to work in ways that are agreed with their employer d) Demonstrate how to access full and up-to-date details of **agreed ways of working** that are relevant to their own role e) Demonstrate working in accordance with the **agreed ways of working** with the employer

	f) Describe how and when to escalate any concerns in line with organisational policy or ways of working
	g) Explain why it is important to be honest and identify where errors may have occurred and to tell the appropriate person
1.3 Understand working relationships in social care	a) Explain responsibilities to the **individuals** being supported as well as **key people**, advocates and **others** who are significant to an **individual**
	b) Explain how a working relationship is different from a personal relationship
	c) Describe different working relationships in adult social care settings
1.4 Be able to work in partnership with others	a) Explain why it is important to work in teams and in partnership with **others**
	b) Explain why it is important to work in partnership with **key people**, advocates and **others** who are significant to **individuals** being supported
	c) Demonstrate: • behaviours, • attitudes, • and ways of working that can help improve partnership working
	d) Demonstrate how and when to access support and advice about: • partnership working • resolving conflicts

Delivery guidance:
Standards: May include Codes of Practice, regulations, minimum standards, national occupational standards and any other standards and good practice relevant to the setting.
Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.
Individuals: Individuals or the individual, will normally refer to the person or people the learner is providing care and support for

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

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

Assessment guidance:

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

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

AC1.1d: Whilst it is recognised that learners will have their own aspirations, the achievement of this criteria should enable the learner to understand that there are a wide range of development opportunities when working in adult social care and a rewarding career can be gained.

AC1.2f: This should include reference to whistleblowing procedures: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

AC1.4d: Requires the learner to provide performance evidence, however the opportunity to do this may not arise during the period of the qualification. Other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

Unit 02 - Personal development

Unit Reference:	J/651/1511
Unit Summary:	This unit looks specifically at how to use a personal development plan to develop own knowledge, skills and understanding at work.
GLH:	25
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
2.1 Be able to agree a personal development plan	a) Describe the processes for: • identifying their own learning needs • agreeing a **personal development plan** and who should be involved b) Explain why feedback from **others** is important in helping to develop and improve approaches to their own work c) Contribute to and agree their own **personal development plan**
2.2 Be able to develop own knowledge, skills and understanding	a) Identify **source of support** for their own learning and development b) Explain how learning activities have improved their own knowledge, skills and understanding c) Explain the level of **literacy, numeracy, digital and communication skills** needed to carry out their own role d) Identify where to find information and support on how to check and develop their own current level of: • literacy • numeracy • digital skills • communication skills e) Describe how **reflecting** on a situation has improved their own knowledge, skills and understanding

	f) Explain how feedback from **others** has developed their own knowledge, skills and understanding
	g) Demonstrate how to measure their own knowledge, performance and understanding against relevant **standards**
	h) Identify the learning opportunities available and how they can be used to improve ways of working
	i) Demonstrate how to record progress in relation to their own **personal development**

Delivery guidance:
Personal development plan: May be known by different names but will record information such as agreed objectives for personal and professional development, proposed activities to meet objectives and timescales for review.
Others: In this context, could refer to others the learner has contact with: • the individual accessing care and support   • the friends, family and loved ones of those accessing care and support services   • peers, team members and senior colleagues   • managers and senior management   • professionals from other organisations involved in the individual's care.
Sources of support: May include: • formal or informal support   • support mechanisms provided throughout induction period   • supervision   • appraisal   • peer support from within and outside the organisation.
Literacy, numeracy, digital and communication skills: Will be appropriate to the learners individual learning and development needs. This could include exploring different options available to develop such skills. Ongoing development of all these skills will support all aspects of the learners practice and could reference to an appropriate functional skill level needed where applicable.
Reflecting: Involves thinking about what needs to be changed to improve future practice.
Standards: May include Codes of Practice, regulations, minimum standards and any other standards and good practice relevant to the service.

Assessment guidance:

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

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

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

Unit 03 - Duty of Care

Unit Reference:	K/651/1512
Unit Summary:	This unit will look at duty of care when working in the care industry and will provide the knowledge to deal with complaints and comments as well as any incident or dilemma that may occur. It will also provide the knowledge and skills to deal with difficult situations.
GLH:	18
Credit Value:	2
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
3.1 Understand duty of care and duty of candour	a) Define: • duty of care • duty of candour b) Describe how duty of care and duty of candour affects their own work role
3.2 Understand the support available for addressing dilemmas that may arise about duty of care	a) Describe **dilemmas** that may arise between the duty of care and an **individual's** rights b) Explain what they must and must not do within their own role in managing **conflicts** and **dilemmas** c) Explain where to get additional support and advice about how to resolve such **dilemmas**
3.3 Be able to deal with Comments and complaints	a) Demonstrate how to respond to **comments** and **complaints** in line with **agreed ways of working** and **legislation** b) Identify who to ask for advice and support in handling **comments** and **complaints** c) Explain the importance of learning from **comments** and **complaints** to improve the quality of service
3.4 Know how to respond to incidents, errors and near misses	a) Describe how to recognise: • adverse events • incidents

		• errors and near misses
	b)	Explain what they must and must not do in relation to adverse events, incidents, errors and near misses
	c)	Explain **agreed ways of working** in relation to **reporting** any adverse events, incidents, errors and near misses
3.5 Be able deal with confrontation and difficult situations	a)	Describe factors and difficult situations that may cause confrontation
	b)	Explain how **communication** can be used to solve problems and reduce the likelihood or impact of confrontation
	c)	Suggest how to assess and reduce risks in confrontational situations
	d)	Demonstrate how and when to access support and advice about resolving **conflicts**
	e)	Describe **agreed ways of working** for **reporting** any confrontations

Delivery guidance:
Dilemmas: A situation in which a difficult choice has to be made.
Individuals: A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.
Conflict: In this context a conflict could be a disagreement, clash of opinions which could upset or harm the individual.
Comments and complaints: Both should be included as per agreed ways of working in the setting.
Agreed ways of working: These will include policies and procedures, job descriptions and less formal agreements and expected practices.
Legislation: Relating to equality, diversity, inclusion, discrimination, and human rights and will include Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012.
Reporting: in line with agreed ways of working within the setting and may include manual and electronic records.

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

Assessment guidance:

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

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

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

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

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

Unit 04 - Equality, diversity, inclusion, and human rights

Unit Reference:	L/651/1513
Unit Summary:	This unit will show learners how to access information and support to understand the importance of equality, diversity, inclusion and human rights to work in an inclusive way when providing care.
GLH:	19
Credit Value:	2
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
4.1 Understand the importance of equality, diversity, inclusion, and human rights	a) Explain what is meant by: • human rights • **protected characteristics** b) Describe what is meant by discrimination and the potential **effects** on **individuals** and **others** c) Explain how practices that support equality, diversity, inclusion, and human rights reduce the likelihood of discrimination d) Explain what is meant by: • disability hate crime • **mate crime** • and bullying e) Explain how to recognise, challenge and report discrimination in line with their employer's policies and procedures, in a way that encourages positive change
4.2 Be able to work in an inclusive way	a) Identify the key concepts of the **legislation** and codes of practice relating to equality, diversity, inclusion, and human rights and how these apply to their own role and practice b) Describe approaches and practices which support **culturally appropriate care** c) Demonstrate how to interact with **individuals** and **others** in a way that respects their lifestyle, beliefs, culture, values, and preferences

4.3 Be able to access information, advice and support about equality, diversity, inclusion, and human rights	a) Identify a range of **sources**, including those made available by their employer, with information, advice and support about equality, diversity, inclusion, and human rights
	b) Explain how and when to access information, advice and support about equality, diversity, inclusion, and human rights

Delivery guidance:
Protected characteristics: As defined by the Equality Act 2010.
Effects: Could also include assumptions and may include effects on the individual, their loved ones, those who inflict discrimination and the wider community and society.
Individuals: A person accessing care and support. The individuals, or individual will normally refer to the person or people that the learner is providing care and support for.
Others: In this context, can refer to everyone a learner is likely to come in to contact with, including: • carers, loved ones, family, friends of those accessing care and support services   • colleagues and peers, managers, and supervisors   • professionals from other services volunteers, visitors to the work setting and members of the community.
Mate crime: Mate crime is someone says they are your friend, but they do things that take advantage of you, such as asking for money a lot. Please see a definition provided by Mencap here: https://www.mencap.org.uk/advice-and-support/bullying-and-discrimination/mate-and-hate-crime.
Legislation: These must relate to equality, diversity, inclusion, discrimination, and human rights and will include Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012.
Culturally appropriate care: The Care Quality Commission describes this as being sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage. It can cover a range of things e.g., ethnicity, nationality, religion or it might be to do with the individual's sexuality or gender identity.
Sources: Should include those available within the work setting and external. External sources could include: The Human Rights Act EHRC (equalityhumanrights.com)   Equality EHRC (equalityhumanrights.com)

Codes of Practice [EHRC (equalityhumanrights.com)](equalityhumanrights.com)

Assessment guidance:
Assessment decisions for skills-based learning outcomes must be made during the learner's normal work activity. Skills-based assessment must include **direct observation** as the main source of evidence and must be carried out over an appropriate period of time. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

Unit 05 - Work in a person-centred way

Unit Reference:	M/651/1514
Unit Summary:	This unit will help learners to understand mental capacity and how to support individuals to maintain their identity, self-esteem and overall wellbeing. It will also develop an understanding of the meaning of person-centred care and how to deliver this to individuals.
GLH:	26
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
5.1 Understand person-centred values	a) Identify **person-centred values** b) Explain how to put **person-centred values** into practice in their day-to-day work c) Describe why it is important to work in a way that promotes **person-centred values** when providing support to **individuals** d) Identify ways to promote dignity in their day-to-day work e) Explain the importance of **relationships** significant to the **individual** being supported when working in a person-centred way
5.2 Understand working in a person-centred way	a) Explain the importance of finding out the history, preferences, wishes and needs of the individual b) Explain why the changing needs of an **individual** must be reflected in their **care and/or support plan** c) Describe the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end of life care
5.3 Understand the meaning of mental capacity when providing person-centred care	a) Identify relevant **legislation and codes of practice** relating to mental **capacity** b) Describe what is meant by the term "**capacity**"

	c) Explain why it is important to assume that an **individual** has **capacity** unless there is evidence that they do not d) Explain what is meant by "consent," and factors that influence an **individual's** mental **capacity** and ability to express consent e) Describe situations where an assessment of **capacity** might need to be undertaken and the meaning and significance of best interest decisions or **advance statements** regarding future care which the **individual** has already made
5.4 Be able to support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress	a) Demonstrate where **individuals** have restricted movement or mobility that they are comfortable b) Demonstrate how to recognise the **signs** that an **individual** is in pain, discomfort, or **emotional distress** c) Demonstrate how to **take appropriate steps** to remove or minimise factors which may be causing pain, discomfort, or **emotional distress** to the **individual** d) Demonstrate how to raise any concerns directly and appropriately with **others** concerned and **report** any concerns you have following **agreed ways of working**
5.5 Be able to support the individual to maintain their identity, self-esteem, spiritual and overall wellbeing	a) Describe how individual identity and self-esteem are linked to emotional, spiritual, and overall **wellbeing** b) Demonstrate that their own attitudes and behaviours promote emotional, spiritual, and overall **wellbeing** of the **individual** c) Demonstrate how to support and encourage **individual's** own sense of identity and self-esteem d) **Report** any concerns about the **individual's** emotional, spiritual and overall **wellbeing** to the appropriate person
5.6 Be able to support the individual using person centred values	a) Demonstrate a range of actions which promote **person-centred values**

Delivery guidance:
Person-centred values: • individuality • independence • privacy • partnership • choice • dignity • respect • rights.
Individual and individuals: A person accessing care and support. The individual, or individuals, will normally refer to the person or people the learner is providing care and support for.
Relationships: Learners should consider the range of relationships important to individuals they are supporting. Consideration should go beyond immediate family and next of kin, and may include partners/spouses, extended family, friends, pets, neighbours, people in the community and other professionals. Learners should consider intimacy, sexuality, and sexual relationships.
Care and/or Support plan: A care plan may be known by other names e.g., support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed.
Wellbeing: Is a broad concept referring to the person's quality of life. It considers health, happiness, and comfort. It may include aspects of social, emotional, cultural, mental, intellectual, economic, physical, and spiritual wellbeing.
End of Life Care: everyone should have the opportunity to develop an Advance Care Plan, this helps people to have a good end of life experience by ensuring their wishes and respecting the person's treatment and support preferences are known and can be supported. The Advance Care Plan should be reviewed regularly. The plan may include a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision which means the person does not want cardiopulmonary resuscitation (CPR) if their heart or breathing stops. This does not mean the withdrawal of all treatment. Part of this plan may also include a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form which records an individual's wishes about a range of health care and treatments.
Legislation and codes of practice: As a minimum: • Mental Capacity Act 2005/Liberty Protection Safeguards.
Capacity: Means the ability to use and understand information to make a decision, at the time a decision needs to be made.

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

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

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

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

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

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

Report: This could include appropriate reporting systems such as written/electronic records and opportunities to share information appropriately such as within handover and team meetings. This may include reporting to a senior member of staff or family member/carer.

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

Assessment guidance:
Assessment decisions for skills-based learning outcomes must be made during the learner's normal work activity. Skills-based assessment must include **direct observation** as the main source of evidence and must be carried out over an appropriate period of time. **AC 5.4a, AC 5.4b, AC 5.4c and AC 5.4d**: Require the learner to provide performance evidence however the opportunity to do this may not arise during the period of the qualification. Direct observation is the preferred main source of evidence, however other evidence to show that the learner would be able to do this if real work evidence is not available is permissible. Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

Unit 06 - Communication

Unit Reference:	R/651/1515
Unit Summary:	This unit will help learners to understand the importance of effective communication by using a range of methods and techniques to help meet the needs of the individual/s receiving care. It also incorporates the importance and principles of confidentiality.
GLH:	26
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
6.1 Understand the importance of effective communication in the workplace	a) Identify the **different ways** that people communicate in the **workplace** b) Explain how communication affects relationships at **work**
6.2 Understand how to meet the communication and language needs, wishes and preferences of individuals	a) Describe how to establish an **individual's** communication and language **needs, wishes and preferences** b) Identify a range of methods, styles, **communication aids** and **assistive technologies** that could help meet an **individual's** communication **needs, wishes and preferences** c) List a range of **digital communication tools** that can be used to support and enhance the **individual's** communication **needs, wishes, preferences** and **connections**
6.3 Understand how to promote effective communication with individuals	a) Describe **barriers** to effective communication with **individuals** and how they can be reduced b) Explain how an **individual's** behaviour may be a form of communication c) Identify where to find information and **support or services**, to help **individuals** communicate more effectively

6.4 Be able to use appropriate communication with individuals and support the safe use of communication aids and technologies	a) Demonstrate the use of appropriate **verbal and non-verbal communication** when communicating with **individuals** b) Demonstrate the **appropriate and safe** use of **communication aids, assistive technologies**, and **digital communication tools** c) Check whether they have been understood when communicating with **individuals** d) Explain why it is important to observe and be receptive to an **individual's** reactions when communicating with them e) **Report** any concerns about **communication aids** or technologies to the appropriate person
6.5 Understand the principles and practices relating to confidentiality	a) Describe what confidentiality means in relation to their own role b) Describe **legislation** and **agreed ways of working** which maintain confidentiality across all types of communication c) Explain situations where information, normally considered to be confidential, might need to be passed on d) Identify who they should ask for advice and support about confidentiality

Delivery guidance:
Different ways: Should also include digital communication methods which are used within the workplace
Workplace and work: In this context may include one specific location or a range of locations depending on the context of the learner's role and should encompass everyone the learner communicates with, but not limited to: • individuals accessing care and support services   • peers, team members, other colleagues, managers, and senior management   • the friends, family and loved ones of those accessing care and support services   • paid workers and volunteers from other organisations and teams.
Individuals: A person accessing care and support. The individuals, or individual, will normally refer to the people or persons the learner is providing care and support for.

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

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

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

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

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

Barriers: May include, but are not limited to:

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

Support or services: In this context may include:

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

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

- language
- words
- tone, pitch
- volume

- position/proximity
- eye contact
- touch
- gestures
- body language
- active listening skills
- interpretation of non-verbal communication.

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

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

Report: using recommended and agreed ways of working and systems, such as:

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

Legislation: The learner should consider how different legislation relates to and influence practice. This may include, but is not limited to:
- Human Rights Act 1998
- Data Protection Act 2018
- The General Data Protection Regulation (GDPR) 2016
- Care Act 2014
- Health and Social Care Act 2012.

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

Assessment guidance:

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

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

AC 6.4b: Will be relevant to the learners role and ideally should relate to the support the learner is providing to the individual. If this is not achievable then as a minimum this can be evidenced within daily practices and use of digital tools in the in the workplace.

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

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

Unit 07 - Privacy and dignity

Unit Reference:	T/651/1516
Unit Summary:	This unit will help learners to understand the importance of providing privacy and dignity when caring for an individual, and how to protect their rights to make choices. It will also develop an understanding of how to promote active participation for individuals in care.
GLH:	30
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
7.1 Understand the principles that underpin privacy and dignity in care	a) Describe what is meant by privacy and dignity b) Identify situations where an **individual's** privacy and dignity could be compromised c) Describe different ways to maintain **privacy and dignity** of **individuals** in their care and whom they support
7.2 Be able to maintain the privacy and dignity of the individuals in their care	a) Demonstrate that their actions promote and maintain the **privacy and dignity** of **individuals** b) 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
7.3 Understand how to support an individual's right to make choices	a) Demonstrate ways of supporting **individuals** to make informed choices b) Explain how **risk assessment processes** can be used to support the rights of **individuals** to make their own decisions c) Demonstrate why their own personal views must not influence an **individual's** own choices or decisions d) Identify why there may be times when they need to support an **individual** to question or challenge decisions made about them by **others**

7.4 Be able to support individuals in making choices about their care	a)	Demonstrate how to support **individuals** to make informed choices
	b)	Use **risk assessment processes** to support the rights of **individuals** to make their own decisions
	c)	Explain why it is important that their own personal views do not influence an **individual's** own choices or decisions
7.5 Understand how to support active participation	a)	Describe how valuing **individuals** contributes to **active participation**
	b)	Explain how to enable **individuals** to make informed choices about their lives
	c)	List a range of ways they can support **active participation** with **individuals**
	d)	Describe the importance of enabling **individuals** to be as independent as possible and to maintain the **individuals** own network of relationships and **connections** with their community
7.6 Be able to support individuals in active participation of their own care	a)	Demonstrate how to support the **active participation** of **individuals**
	b)	Explain how their own personal views could restrict the **individual's** ability to actively participate

Delivery guidance:
Individual and Individuals: A person accessing care and support. The individual, or individuals will normally refer to the person or people that the learner is providing care and support for.
Privacy and dignity: Could include but not limited to: • using appropriate volume to discuss the care and support of an individual • discussing care and support activities in a place where others cannot overhear • using the individual's preferred form of address/name • making sure doors, screens, or curtains are in the correct position • getting permission before entering someone's personal space • knocking before entering the room • ensuring any clothing is positioned correctly

- ensuring the individual is positioned appropriately, and the individual is protected from unnecessary exposure of any part of their body they would not want others to be able to see
- supporting the individual with their identity e.g., personal appearance
- providing consideration of the individuals preferred routine and personal space.

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

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

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

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

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

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

Assessment guidance:

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

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

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

Unit 08 – Nutrition and hydration

Unit Reference:	Y/651/1517
Unit Summary:	This unit will help learners to understand the principles of food safety and the importance of nutrition and hydration for individuals requiring support.
GLH:	18
Credit Value:	2
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
8.1 Understand the principles of food safety	a) Describe the importance of food safety, including hygiene in the preparation and handling of food
8.2 Understand the principles of nutrition and hydration	a) Explain the importance of good nutrition and hydration in maintaining health and wellbeing b) Describe the signs and symptoms of poor nutrition and hydration c) Explain ways to promote and support adequate nutrition and hydration d) Explain how to **identify** and report changes or **risks** relating to nutrition and hydration needs
8.3 Be able to support individuals with nutrition and hydration	a) Explain how to identify the nutrition and hydration care and support needs of **individuals** b) Identify **factors** that can affect an **individual's** nutrition and hydration care and support needs c) Support **individuals** with their nutrition and hydration in line with their **preferences, needs** and **care or support plan** d) **Monitor** and **record** (where required) the nutrition and hydration care and support provided to **individuals** e) Explain when they might need to seek **additional advice and guidance** when supporting **individuals** with their nutrition and hydration needs and how to gain this

Delivery guidance:
Identify: Will include being able to recognise any changes or risks to the individuals care and support needs and being able to monitor changes or risks in line with the individuals' preferences, assessed needs and care and support plan requirements.
Risks: In line with agreed ways of working within the setting and may include use of appropriate monitoring tools.
Individuals: The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.
Factors: Which can affect the nutrition and hydration needs and choices of individuals may include but not limited to: • health needs and conditions: diabetes, coeliac disease, heart disease • dietary requirements • physical factors: eating, drinking, or swallowing difficulties, aspiration/choking • impact of poor oral health • food allergies • appetite • moral or ethical beliefs • religious requirement or cultural preference • personal choice and control • mental capacity • mental health and wellbeing • eating disorders • side effects of medication.
Preferences: Will include any personal choices and any religious and cultural preferences.
Needs: These may relate to the nutritional, health, and medical needs of individuals.
Care or Support plan: A care plan may be known by other names e.g., support plan, individual plan. It is the document where day to day requirements and preferences for care and support are detailed.
Monitor: Within the context of the individuals care / support plan, this may include, but not limited to recording preferences and changes in needs, planning, and recording daily intake (if required), planning meals and approaches to maintaining a healthy lifestyle.
Record: Where learners are required to use both electronic and manual recording systems, assessment must include both ways of record keeping.
Additional advice and guidance: Will vary depending on the learners role, agreed ways of working and area of advice and support needed. Action may include but not limited to referring to a senior colleague, a family carer, a professional practitioner e.g., general practitioner, dietitian, speech and language therapist, occupational therapist, or other

practitioner/professional/specialist service who would be able provide advice, guidance,
and support to the learner, setting and individual.

Assessment guidance:

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

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

- encouraging regular nutrition and hydration/fluid intake and ensuring refreshed
  drinks and meals/snacks are placed within reach of the individual during care visits
- providing appropriate assistance to enable the individual to eat and drink
  comfortably and with dignity
- supporting an individual with nutrition and hydration aspects such as healthy
  eating, which could include meal planning and preparation, along with budgeting
  and purchasing food items
- supporting an individual to access, understand and follow recommended dietary
  advice provided by a health professional or similar
- supporting an individual with specific nutrition support which could include the use
  of special nutrient-rich foods, nutritional supplements, and fortified foods, as well as
  enteral feeding tubes
- being able to discuss and report any changes, concerns, or dilemmas they may
  face with nutrition and hydration when supporting individuals
- responding to any changes in the individual's health which may impact their ability
  to self-manage their nutrition and hydration needs
- signposting and supporting the individual to gain and follow healthy eating advice
  or advice from another professional which has an impact on their nutrition and
  hydration needs.

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

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

AC 8.3 c and **AC 8.3d**: Both criteria should be evidenced in normal work activity and
assessment advice has been provided above of how this could be contextualised and
achieved. It is acknowledged there may still be situations where learners may not have the
opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that
the learner would be able to do this is permissible. An assessment method such as a

Assessment guidance:

Professional Discussion could be planned and used to achieve this. Justification for this must be standardised and documented by the centre delivering the qualification.

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

Unit 09 – Awareness of mental health and dementia

Unit Reference:	A/651/1518
Unit Summary:	This unit looks at dementia and mental health and will help learners to understand what these are and the importance of early diagnosis. It will also develop an understanding of the impact that mental health and dementia have on an individual, and the importance of providing person-centred care to meet their needs.
GLH:	30
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
9.1 Understand the needs and experiences of people living with mental health or dementia	a) Explain what is meant by the terms: • mental health • mental wellbeing b) List common **types** of mental health conditions c) Explain what is **meant** by the term dementia d) Describe how living with a mental health condition or dementia can **impact** an **individual's**: • everyday life and the lives of their families and **carers** • health and wellbeing • care and support needs
9.2 Understand the importance of early identification of mental health conditions and dementia	a) Explain how to recognise early indicators of mental health deterioration b) List early signs and symptoms of dementia c) Explain why early identification of mental health needs or dementia is important d) Describe how an **individual's** care and support needs may change when a mental health condition or dementia is identified or there is a decline in the **individual's** condition e) Identify ways to engage with and signpost **individuals** living with a mental health condition

	or dementia and their families and **carers** to **other services and support**
9.3 Understand aspects of personalised care which support an individual living with a mental health condition or dementia	a) Explain how positive attitudes can support **individuals** living with a mental health condition or dementia b) Explain why it is important to recognise a person living with a mental condition or dementia as a unique **individual** c) Explain how using **person-centred approaches** and encouraging **active participation** can enable and encourage an **individual** living with a mental health condition or dementia to keep well and maintain independence d) Describe barriers **individuals** living with a mental health condition or dementia can face in accessing healthcare services
9.4 Understand the reasonable adjustments which may be necessary in health and care delivery for an individual living with a mental health condition or dementia	a) Identify **reasonable adjustments** which can be made in health and care services accessed by **individuals** living with a mental health condition or dementia and the importance of planning these in advance b) Explain how to **report** concerns associated with unmet health and care needs which may arise for **individuals** living with a mental health condition or dementia
9.5 Understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia	a) Explain how key pieces of **legislation and guidelines** support and promote: • human rights, • inclusion, • equal life chances • and citizenship of **individuals** living with a mental health condition or dementia

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

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

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

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

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

Person-centred approaches: Should include the principles and values of person-centred care: including individuality, rights, choice, privacy, independence, dignity, respect, and partnership.

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

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

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

Legislation and guidance: including but not limited to:

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

Assessment guidance:

Where there is reference to mental health or dementia within the criteria, then learners should cover both.

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

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

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

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

Unit 10 – Adult safeguarding

Unit Reference:	D/651/1519
Unit Summary:	This unit will help learners to understand the principles of safeguarding adults and how to reduce the likelihood of abuse. It will also develop an understanding of the policies and processes to identify suspected abuse and to deal with any disclosure so that individuals are protected when receiving care.
GLH:	29
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
10.1　Be able to demonstrate the principles of adult safeguarding	a)　Explain the term adult safeguarding b)　Give the **legal definition** of an adult at risk c)　Explain own role and responsibilities in adult safeguarding d)　Describe what constitutes harm e)　List the main **types of abuse** f)　Identify possible indicators of abuse g)　Identify a range of factors which have **featured** in adult abuse and neglect h)　Identify potential risks with **using technology** and how to support **individuals** to be safe without being **risk averse** i)　Demonstrate that **individuals** are treated with dignity and respect when providing care and support services j)　Identify where to get information and advice about own role and responsibilities in preventing and protecting **individuals** from harm and abuse
10.2　Know how to reduce the likelihood of abuse	a)　Explain why an **individual** may be at **risk** from harm or abuse

	b) Explain how care environments can promote or undermine people's dignity
	c) Explain the importance of individualised and person-centred care
	d) Explain how to apply basic principles of supporting **individuals** to keep themselves safe
	e) Explain how the likelihood of abuse may be reduced by: • working with **person-centred values** • enabling **active participation** • promoting choice and rights • working in partnership with others
10.3 Know how to respond to suspected or disclosed abuse	a) Explain what to do if abuse of an adult is suspected; including how to raise concerns within local freedom to speak up/whistleblowing policies or procedures
10.4 Understand how to protect people from harm and abuse – locally and nationally	a) Identify relevant **legislation, principles, local and national policies,** and procedures which relate to safeguarding adults
	b) Explain the local arrangements for the implementation of multi-agency adult safeguarding policies and procedures
	c) Explain the importance of sharing appropriate information with the relevant agencies
	d) Explain the actions to take if they experience barriers in alerting or referring to relevant agencies
10.5 Understand restrictive practices	a) Explain what is meant by **'restrictive practice'**
	b) Explain organisational **policies and procedures** in relation to restrictive practices and their own role in implementing these
	c) Explain the importance of seeking the least restrictive option for the **individual**

Delivery guidance:

Legal definition: According to the Care Act 2014.
Types of abuse must include: • physical abuse • domestic abuse • sexual abuse • psychological abuse • financial/material abuse • modern slavery • discriminatory abuse • organisational abuse • neglect/acts of omission • self-neglect.
Featured: This should include reference to adult safeguarding reviews and lessons learnt.
Using technology: Could include use of electronic communication devices, use of the internet, use of social networking sites and carrying out financial transactions online and how the individual can be supported to be kept safe.
Individual/Individuals: The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.
Risk adverse: The importance of balancing safety measures with the benefits individuals can gain from accessing and using technology such as online systems, and the individual's right to make informed decisions.
Risk: may include: • a setting or situation • the individuals and their care and support needs.
Person-centred values: Values include individuality, rights, choices, privacy, independence, dignity, respect, care, compassion, courage, communication, competency, and partnership.
Active participation: A way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarding as an active partner in their own care or support, rather than a passive recipient.
Legislation: Learners should consider how the different legislations relate to and interact with adult safeguarding. This should include, but is not limited to: • Mental Capacity Act 2005 • Human Rights act 1998 • Equality Act 2010 • Mental Health Act 1998 • Health and Social Care Act 2012

• Care Act 2014.

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

Local and national policies: Including, but not limited to: Making Safeguarding Personal. Local systems should include the appropriate detail and reference to:
- employer/organisation policies and procedures
- multi agency adult protection arrangements for a locality.

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

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

Assessment guidance:

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

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

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

Unit 11 – Safeguarding children

Unit Reference:	J/651/1520
Unit Summary:	This unit will help learners to understand safeguarding for children, including any factors or signs, and how to respond within the workplace.
GLH:	9
Credit Value:	1
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
11.1 Know how to safeguard children	a) Describe the **circumstances** where there could be contact with a child or young person in the normal course of work within adult social care b) Describe **factors** that may contribute to a child or young person being more at risk of abuse c) List **types of abuse** that a child or young person could be at risk from d) Explain how to **respond** to a risk, suspicion, or disclosure that a child or young person is being abused or neglected in line with relevant legislation, agreed ways of working and local procedures

Delivery guidance:
Circumstances: For example, when relatives or groups visit individuals, when providing support in the community or when providing care in an individual's own home. The learner must show awareness: • there may be occasions when there is contact with a child or young person when working in adult social care • as an adult social care worker, that there is a responsibility to ensure the child or young person's wellbeing is safeguarded at all times.
Factors: May include but are not limited to: • a setting or situation • the child or young person and their care and support needs

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

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

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

Additional unit information:

The learners understanding for this unit should be demonstrated as an independent element and not inferred from adult safeguarding.

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

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

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

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

Assessment guidance:

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

Unit 12 – Health, safety, and principles of basic life support

Unit Reference:	K/651/1521
Unit Summary:	This unit will help learners to understand the importance of health and safety within the work setting and the benefits of having risk assessments. It will also develop an understanding of key areas such as safe moving and handling, dealing with hazardous substances including medication, dealing with accidents and illness, and how to promote safe practices.
GLH:	28
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
12.1 Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting	a) List **legislation** relating to general health and safety in an adult social care working setting b) Outline the main points of the health and safety **policies and procedures** agreed with the employer c) Describe the main health and safety responsibilities of: - self - the employer or manager **others** in the work setting d) Identify tasks relating to health and safety that should not be carried out without special training e) Describe how to access additional support and information relating to health and safety f) Identify a range of **sustainable approaches** which can be applied in their own role
12.2 Understand risk assessment	a) Explain why it is important to assess the health and safety risks posed by work settings, situations, or **activities** b) Describe how and when to **report** health and safety risks in the workplace

12.3 Be able to move and assist safely	a) Identify key pieces of **legislation** that relate to **moving and assisting**
	b) Identify tasks relating to **moving and assisting** they are not allowed to carry out until they are competent
	c) Demonstrate how to move and assist people and/or objects safely, maintaining the **individual's** dignity, and in line with **legislation** and **agreed ways of working**
12.4 Understand procedures for responding to accidents, sudden illness and providing basic life support	a) Describe different types of accidents and sudden illness that may occur in the course of their work
	b) Explain the workplace procedures to be followed if: • an accident happens • a sudden illness should occur • basic life support is required
	c) List the emergency basic life support and first aid actions they are, and are not, allowed to carry out in their role
12.5 Understand medication and healthcare tasks	a) Describe **agreed ways of working** in relation to: • medication in the setting • **healthcare tasks**
	b) Identify tasks relating to medication and **health care procedures** that they must not carry out until they are competent.
12.6 Be able to handle hazardous substances	a) Identify common hazardous substances in the workplace
	b) Demonstrate safe practices for storing, using, and disposing of hazardous substances
12.7 Know how to promote fire safety	a) Describe how to prevent fires from starting or spreading
	b) Explain what to do in the event of a fire
12.8 Know how to work safely and securely	a) Describe the measures that are designed to protect their own safety and security at work, and the safety of those they support

	b) Explain **agreed ways of working** for checking the identity of anyone requesting access to premises or information
12.9 Know how to manage own mental health and personal wellbeing	a) Identify common factors that can affect their **own** mental health and **wellbeing** b) Explain circumstances that tend to trigger these factors in themselves c) Describe the resources which are available to support their **own** mental health and **wellbeing** d) Explain how to access and use the resources which are available to support their **own** mental health and **wellbeing**

Delivery guidance:
Legislation: Could include   - Health and Safety at Work Act 1974 (HSWA)   - Manual Handling Operations Regulations 1992 (MHOR)   - The Management of Health and Safety at Work Regulations 1999   - Provision and Use of Work Equipment Regulations 1998 (PUWER)   - Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
Policies and procedures: May include other agreed ways of working as well as formal policies and procedures.
Others: In this context could include: - individuals accessing care and support services   - carers, loved ones, family, friends of those accessing care and support services   - colleagues and peers   - professionals visiting the work setting   - visitors to the work setting.
Sustainable approaches: Human, social, economic and environmental considerations e.g., eco-friendly approaches, appropriate reuse of items and reduction of waste, recycling and efficient use of resources. Adherence to relevant workplace initiatives, policies and procedures where these exist and local/national priorities and also encouraging and supporting individuals who access care and support to live in a more sustainable way could also be considered by the learner.
Activities: may include   use of equipment

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

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

Moving and assisting: May also be known "moving and positioning" in adult social care.

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

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

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

Own: Relates to the learner undertaking this qualification.

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

Additional unit information:

Learning Outcome 12.4: Achievement of this learning outcome does not enable learner competency in being able to respond safely to basic life support or first aid situations. It is the employer's statutory responsibility to determine workplace needs and provide the appropriate level of training. When basic life support training is provided by the employer then this should meet the UK (United Kingdom) Resuscitation Council guidelines.

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

Assessment guidance:

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

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

AC 12.3c: Some learners may not be employed in settings where moving and handling of individuals is required. Other evidence to show that the learner would be able to do is

permissible. The learner is expected to demonstrate safe moving and handling of objects within normal work activity.

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

Unit 13 – Handling information

Unit Reference:	L/651/1522
Unit Summary:	This unit will help learners to understand how to handle information safely and correctly in the workplace.
GLH:	10
Credit Value:	1
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
13.1 Be able to handle information	a) Explain why it is important to have **secure systems** and follow the **agreed ways of working** for: • **accessing** • **recording** • **storing** • **sharing information** b) Explain the support an **individual** may need to keep their information safe and secure c) Demonstrate how to keep records that are up to date, complete, accurate and legible d) Describe how, and to whom, to **report** if: • **agreed ways of working** and **legislation** have not been followed • there has been a **data breach** or risk to data security

Delivery guidance:
Secure systems for accessing, recording, storing, and sharing of information: this includes both manual/written recording and electronic systems where learners are required to use different systems within the setting.
Agreed ways of working: how they work in accordance with their employer, these will include policies, procedures and job descriptions and will include approaches to maintaining and promoting confidentiality. This will also include the learners personal responsible for handling data safely and the importance of data and cyber security.
Individual: A person accessing care and support. The individual, or individuals, will normally refer to the person or people that the learner is providing care and support for.

This will include supporting the individual to understand their rights and choices with regards to their personal information, such as how their information is stored and used.

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

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

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

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

Assessment guidance:

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

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

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

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

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

Unit 14 – Infection prevention and control (IPC)

Unit Reference:	M/651/1523
Unit Summary:	This unit will help lerners to understand how to prevent the spread of infection and the importance of using Personal Protective Equipment (PPE), good hand hygiene and keeping the environment clean, including the disposal of any clinical waste.
GLH:	21
Credit Value:	2
Grading Guidance:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
14.1 Be able to prevent the spread of infection	a) Summarise the causes of infection, the main ways infection can get into the body and the chain of infection b) Describe the standard Infection Prevention and Control (IPC) **precautions** which must be followed to protect themselves and **others** in their workplace and where to find the most up to date information c) Explain their role in preventing infection in the area they work d) Demonstrate effective **hand hygiene** using appropriate products e) Explain how their own health, hygiene, vaccinations status and exposure to infection at work might pose a risk to the **individuals** they support and **others** they meet f) Identify common types of **personal protective equipment (PPE)** and **clothing** and describe how and when to use them g) Demonstrate effective use of PPE appropriate to the care activity including putting on and taking off (donning and doffing) safely h) Describe the appropriate methods for cleaning and/or **decontamination** of the care environment/equipment

| | i) Describe the process for safe handling of blood/bodily fluids spills |
| | j) Demonstrate the principles of safe handling and disposal of infected or soiled linen/equipment and **clinical waste** |

Delivery Guidance:

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

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

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

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

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

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

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

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

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

Assessment guidance:
Assessment decisions for skills-based learning outcomes must be made during the learner's normal work activity.
Skills-based assessment must include **direct observation** as the main source of evidence and must be carried out over an appropriate period of time.
AC 14.1e: The learner should consider the factors which may contribute to the individual being more vulnerable to infection.
Methods, processes, and principles within **AC 14.1h, i and j** should include reference to local procedures where applicable.
Any knowledge evidence integral to skills-based learning outcomes may be generated outside of the work environment, but the final assessment decision must show application of knowledge within the real work environment.

Unit 15 – An awareness of learning disability and autism

Unit Reference:	R/651/1524
Unit Summary:	This unit will develop an understanding of the meaning of learning disability and autism, and how these can impact on an individual. It will also help learners to understand what adjustments may be needed to support an individual who has a learning disability or autism and how to access additional support.
GLH:	28
Credit Value:	3
Grading Method:	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
15.1 Understand the needs and experiences of people with a learning disability and autistic people	a) Describe what is **meant** by the term learning disability b) Describe what is **meant** by the term autism c) Identify **other mental or physical conditions** that a person with a learning disability or autistic person are more likely to live with than the general population d) Explain how learning disability or autism can **impact** a person's: • everyday life • health and wellbeing • care and support needs e) Describe **barriers** people with a learning disability or an autistic person can face **in accessing healthcare services** f) Describe the different **health inequalities** experienced by people with a learning disability and autistic people
15.2 Understand how to meet the communication and information needs of people with a learning disability and autistic people	a) Identify **key differences in communication** for: • a person with a learning disability • an autistic person b) Describe how **sensory issues** can impact autistic people

	c)	Explain the importance of meeting a person's **unique communication and information needs**
	d)	Identify **ways to adapt their own communication** when supporting people with a learning disability and autistic people
	e)	Identify different ways to engage with and signpost people with a learning disability, autistic people and their families and **carers** to information, services, and support
15.3 Understand reasonable adjustments which may be necessary in health and care delivery	a)	Identify **reasonable adjustments** which can be made in health and care services accessed by people with a learning disability and autistic people and the importance of planning these in advance
	b)	Describe how to **report** concerns associated with unmet health and care needs which may arise for people with a learning disability and autistic people when **reasonable adjustments** are not made
15.4 Understand how legislation and guidance supports people with a learning disability and autistic people	a)	Explain how key pieces of **legislation and guidance** support and promote human rights, inclusion, equal life chances and citizenship of people with learning disability and autistic people

Delivery guidance:
Meant: for learning disability, as a minimum, the learner's response should recognise the cause of a learning disability, that a learning disability is lifelong, there are different types, and it can be different for every person that has one. For autism, as a minimum, the learner's response should include, how common it is, that autism is neurodevelopmental and lifelong and that every autistic person has a different combination of traits and sensitivities and is unique.
Other mental or physical conditions: This could include but is not limited to physical impairments, mental health conditions, autism, learning difficulties and disabilities, intellectual disabilities neurological conditions such as epilepsy, health related conditions, visual or hearing impairment, exceptional cognitive skills, and the impact of trauma. The learner's response should recognise that conditions and impact will be very different for a person with a learning disability and for an autistic person.
Impact: The learner's response should reflect that this will be different for every person.
Barriers accessing healthcare services: This could include but not limited to: the associated additional health conditions a person may have, the need for reasonable

adjustments which are not recognised or applied, accessibility issues inc. transport, communication and language differences, support to access health procedures, checks and screening, misuse of the Mental Capacity Act, lack of understanding of learning disability and autism and diagnostic overshadowing.

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

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

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

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

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

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

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

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

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

Legislation and guidance: Including but not limited to:

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

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

Additional unit information:

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

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

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

Individual staff members may have learning disability and autism training needs that go
beyond the learning outcomes in this unit and therefore require further training to enable

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

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

Assessment guidance:

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

5. Assessment

5.1 Assessment overview

The qualification is assessed through direct observation and a portfolio of evidence which are internally assessed by centre staff and externally quality assured by Gateway Qualifications.

For knowledge-based learning outcomes (e.g. those beginning with 'understand or know'), learners are required to create a portfolio of evidence generated from appropriate assessment tasks, which demonstrates achievement of the learning outcome associated with each unit.

Assessment decisions for skills based learning outcomes (e.g. those beginning with 'be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

Skills based learning outcomes must include direct observation as the main source of evidence and must be carried out over an appropriate period of time. Evidence should be naturally occurring and so minimise the impact on individuals who use care and support, their families and carers.

An appropriate period of time needs to reflect the learners journey on their qualification e.g. from start to end of the qualification and not the time period of the actual direct observations carried out e.g., a 2 hour time period where observation has been carried out.

The amount of direct observations required will be appropriate to the qualification time, level and content of the qualification and take account of the learners circumstances, which could include individual learning needs, breadth of practice, emerging competency, recognition of relevant prior learning and achievement and any additional factors associated to the workplace.

Gateway Qualifications recommends that three direct observations should be carried out per assessment. Direct observations must be carried out over the duration of the qualification. Where applicable, professional judgment may be used to justify the number of direct observations carried out.

Expert witnesses may 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.

Assessment decisions for skills based outcomes must be made during the learner's normal work activity by an occupationally qualified, competent and knowledgeable assessor.

On completion of each unit learners must declare that the work produced is their own and the Assessor must counter sign this.

The qualification is assessed in English only and all assessment evidence provided for external quality assurance must be in English.

Skills for Care & Development Assessment Principles and Skills for Care Additional Assessment Principles guidance set out the minimum expected approaches to assessment and should be read alongside the Qualification Specification.

6. Quality Assurance

Centres should refer to the online Centre Handbook for further guidance on staffing requirements.

6.1   Internal Quality Assurance

As the portfolio of evidence is assessed by the tutor/assessor, the centre must operate an internal quality assurance process. This ensures that the qualification standards are being applied consistently within a centre through training, standardisation, sampling of marking and feedback. A centre's internal quality assurance process is led by the Internal Quality Assurer (IQA) who is responsible for ensuring that all tutor/assessors are assessing evidence in line with the standards set by Gateway Qualifications.

Internal Standardisation

Internal standardisation is a collaborative process by which tutors within a centre consider work that they have assessed and, using pre-determined criteria, reach a common agreement on standards as being typical of work at a particular level by comparing samples and providing peer evaluation.

Standardisation will be facilitated by the Centre's IQA and should include all those involved in assessing learner evidence. Centre standardisation events should be held at regular intervals. Centres will be required to keep records of each internal standardisation event including the date, attendees and notes on any outcomes and actions. Centres will be required to store these records securely for three years and Gateway Qualifications may ask to see them as part of the centre quality assurance and monitoring activities.

6.2   Quality assuring centre assessment decisions

Once the internal quality assurance process is complete, an External Quality Assurer (EQA) will be allocated to the centre to sample the centre's assessment decisions.

The EQA will consider whether the sample provides evidence that the centre understands the standard set out in the unit and that it is applying assessment decisions consistently. A report will be completed by the EQA and made available to the Centres once the sampling activity has been completed.

The sample selected is based on the number of learners and the centre's risk rating, derived from centre monitoring.

6.3   External Quality Assurance

The external quality assurance process for this qualification involves a risk-based approach where external monitoring visits are carried out to review the internal quality systems of centres against key quality standards. This includes sampling of assessment decisions and internal quality assurance activity to ensure that qualification standards are maintained.

Centre monitoring is undertaken by an EQA allocated to the centre. The EQA plays a critical role in the Gateway Qualifications approach to centre assessment standards scrutiny as they are responsible for:

- validating the centre's procedures for delivery of qualifications and assessment
- completing reports for each visit with clear action points where needed
- carrying out an annual compliance visit
- risk rating centres on the above.

The EQA will carry out an initial risk assessment at the centre recognition stage and then annually on an on-going basis, and will give a high/medium/low risk rating in each of the following categories:

- centre resourcing and arrangements: this includes consideration of centre staffing, induction and training, policies and compliance with our centre agreement
- internal assessment and delivery: including reference to staff knowledge and skills, understanding of requirements, and appropriateness of delivery arrangements; also, delivery of external assessments including invigilation, conduct of assessments and confidentiality (where appropriate)
- internal quality assurance: covering IQA procedures, whether staff are appropriately trained, and standardisation arrangements in place
- learner experience: that embraces appropriateness of initial assessment and learners being on the correct programme, learner induction and qualification support.

The EQA will arrange the quality monitoring visits. These visits:
- monitor the centre's compliance with the centre recognition terms and conditions by reviewing programme documentation and meeting managers and centre staff
- identify any staff development needs
- ensure that all procedures are being complied with, through an audit trail, and make sure that the award of certificates of achievement to learners is secure.

The EQA will contact the centre in advance of a visit, however Gateway Qualifications reserves the right to undertake unannounced visits including during assessment times.

The EQA will request information from the centre in advance of a planned visit to help inform the evidence to be reviewed during the visit.

Once a visit date has been agreed, the centre should ensure that the appropriate members of staff attend the meeting, all requested documentation is provided and access to qualification, learner and staff records is available.

Following the visit, the EQA completes a monitoring report which will be sent to the centre for reference afterwards.

The frequency of the quality monitoring visits will be determined by the volume of learner registrations and the actions arising from previous monitoring activity.

6.4   Direct claim status

Direct claim status (DCS) is not permitted on this qualification.

6.5   Malpractice

Malpractice is any deliberate activity, neglect, default or other practice that compromises the integrity of the assessment process, and/or the validity of certificates. It covers any deliberate actions, neglect, default or other practice that compromises, or could compromise:

- the assessment process
- the integrity of a regulated qualification
- the validity of a result or certificate
- the reputation and credibility of Gateway Qualifications
- the qualification to the public at large.

Centre staff should be familiar with the Malpractice and Maladministration Policy and Procedure.

7. Glossary of terms

This section provides a concise compilation of frequently used terms and acronyms within our organisation and the broader educational context.

Term	Definition
Direct observations	Is a method of assessment that involves watching or listening to a learner while they engage in some type of activity. During this time, the observer takes notes on the learners skills and understing. After the observation, the observer provides feedback to the learner.
Expert witness	An expert witness must: • have a working knowledge of the units for which they are providing expert testimony • be occupationally competent in the area for which they are providing expert testimony have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff within their area of expertise.
Guided Learning Hours (GLH)	Is the amount of direct contact time a Learner has with immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training. This cannot be unsupervised study, preparation for study or time used for assessments.
Occupationally competent	This means that each assessor must be capable of carrying out the full requirements of the area they are assessing Occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent means also being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.
Occupationally knowledgeable	This means that each assessor should possess, knowledge and understanding relevant to the qualifications and / or units they are assessing. Occupationally knowledgeable assessors may assess at unit level for specialist areas within a qualification, while the final assessment decision for a qualification remains with the lead assessor. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.
Qualified to make assessment decisions	This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of skills under assessment. The Joint Awarding Body Quality Group maintains a list of assessor qualifications.

Qualified to make quality assurance decisions	Awarding Organisations will determine what will qualify those undertaking internal and external quality assurances to make decisions about that quality assurance.
Total Qualification Time (TQT)	Is the number of notional hours which represents an estimate of the total amount of time that could be reasonably expected to be required for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification. Total Qualification Time is comprised of the following two elements: • the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and 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 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.
Witness testimony	Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

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