IQ Level 2 Certificate in Preparing to Work in Adult Social Care (QCF)

Specification

Regulation No: 600/6427/4
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Industry Qualifications

IQ is approved by the UK’s national regulator of qualifications Ofqual and by the Scottish regulator SQA Accreditation. It was launched in 2011 to provide users and learners with the objective of achieving the highest levels of assessment integrity, customer service and sector engagement. Uniquely, it is a membership based awarding organisation bringing together the best of UK vocational education in a not for profit environment.
Further information can be found on the IQ web-site [www.industryqualifications.org.uk](http://www.industryqualifications.org.uk)

Introduction

This specification is intended for trainers, centres and learners. General information regarding centre approval, registration, IQR (IQ’s candidate management system), assessment papers, certification, reasonable adjustments, special consideration, appeals procedures, are available from the website. This document should be read in conjunction with the IQ QMS Centre guide available from the website.
Website: [www.industryqualifications.org.uk](http://www.industryqualifications.org.uk)
Enquiries: 01952 457452
About this Qualification (Description, Objectives, Aims, Purpose)

The IQ Level 2 Certificate in Preparing to Work in Adult Social Care (QCF) is a qualification aimed at learners who work or intend to work in the adult social care sector. It provides learners with formal recognition of their knowledge and understanding of adult social care. As a knowledge-based qualification, it is not a requirement that learners are in work. The mandatory units, all learners will cover duty of care, diversity, equality and inclusion, communication, person-centred approaches, personal development, health and safety, safeguarding and protection, information handling and the role of the social care worker. The qualification is generic in nature and relevant to a wide-range of health and social care settings. Objectives of the qualification include: preparing learners to progress to a qualification in the same subject area but at a higher level or requiring more specific knowledge, skills and understanding, meeting relevant programmes of learning, preparing learners for employment and supporting a role in the workplace.

This qualification forms the knowledge component of the Intermediate Level Apprenticeship in Health and Social Care.

Structure (Credit, Rules of Combination, Guided Learning Hours)

To achieve this qualification, learners must achieve 20 credits from the 9 mandatory units.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Level</th>
<th>Credit</th>
<th>Guided Learning Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
<td>9</td>
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<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>18</td>
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<td>3</td>
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<td>9</td>
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<td></td>
<td></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
<td><strong>179</strong></td>
</tr>
</tbody>
</table>

Delivery

Guided learning hours are 179. It is the responsibility of training centres to decide the appropriate course duration, based on their learners’ ability and level of existing knowledge. It is possible, therefore, that the number of Guided Learning Hours can vary from one training centre to another according to learners’ needs. Guided learning hours are all times when a member of provider staff is present to give specific guidance towards the learning aim being studied on the programme. This definition includes lectures, tutorials, and supervised study. It does not include hours where supervision or assistance is of a general nature and is not specific to the study of the learners.
Assessment

All units in this qualification are knowledge-based and assessed by portfolio (internally set and marked and externally quality assured by IQ). Assessment must be in accordance with the Skills for Care and Development QCF Assessment Principles located in Appendix A at the end of this document. An Achievement Record for this qualification which includes the forms necessary to map and claim knowledge and competence is available to download from the IQ website. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

This qualification is not graded, successful learners achieve a pass.

All units must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Age range and Geographical Coverage

This qualification is approved for learners 14 plus in England only.

Learner entry requirements

There are no formal entry requirements. However, learners should be able to work at level 1 above and be proficient in the use of English Language.

Progression

Learners who achieve this qualification can progress to the Level 3 Certificate in Adult Social Care (QCF) using credits achieved as there is an overlap of units. They can also progress to the Level 2 Diploma in Health and Social Care (Adults) for England (QCF) which forms the competence component of the apprenticeship framework.

Tutor requirements

All trainers/assessors and internal verifiers delivering this qualification must meet the requirements as per the assessment strategy Skills for Care and Development QCF Assessment Principles, located in Appendix A at the end of this document.
## Unit 1: Introduction to duty of care in health, social care or children’s and young people’s settings H/601/5474

**Guided Learning Hours:** 9  
**Unit Level:** 2  
**Unit Credit:** 1

### Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the implications of duty of care</td>
<td>1.1 Define the term ‘duty of care’</td>
<td>Duty of care: Responsibility for taking care of another person, giving them choice and safeguarding; provided for: children, adults, colleagues and personal; observing legal obligations, guidelines and policies and procedures of organisation.</td>
</tr>
<tr>
<td></td>
<td>1.2 Describe how the duty of care affects own work role</td>
<td>Effect of duty of care on own work role: Context: own role could be day carer, health care assistant, personal assistant etc.; effect: restricted to tasks within own level of competence, accountability, confidentiality, standardised approach, requirement for continuous professional development, reporting incidents/ concerns.</td>
</tr>
<tr>
<td>2. Understand support available for addressing dilemmas that may arise about duty of care</td>
<td>2.1 Describe dilemmas that may arise between the duty of care and an individual’s rights</td>
<td>Potential dilemmas between duty of care and individual’s rights: Ability of individual to make decisions: special needs, children etc.; potential requests conflicting with duty of care: privacy (added danger if individual is alone), mobility/ activities posing physical risk, confidentiality (of information important to the safety of other individuals) etc.</td>
</tr>
<tr>
<td></td>
<td>2.2 Explain where to get additional support and advice about how to resolve such dilemmas</td>
<td>Additional support/ advice about resolving these dilemmas: Individuals: peers, managers, mentors, social workers, sector experts, members of the individual’s family, etc.; organisations: Skills for Care and Development, Care Quality Commission, Association of Health Care Professionals etc.; using internet searches, phone calls, discussions etc.</td>
</tr>
<tr>
<td>3. Know how to respond to complaints</td>
<td>3.1 Describe how to respond to complaints</td>
<td>Responding to complaints: Active listening, showing empathy, responding to specific points, following policies and procedures of organisation, providing guidance to the complainant, recognising the limits of own authority/ deferring as necessary, informing the complainant of follow-up actions.</td>
</tr>
<tr>
<td>3.2</td>
<td>Identify the main points of agreed procedures for handling complaints</td>
<td>Main points of agreed procedures for handling complaints: Clarifying the issue, maintaining a record, adhering to time frames and guidelines, offering apologies and solutions/ compromises, following lines of authority, understanding own role, learning from previous complaints, modifying complain procedures as authorised.</td>
</tr>
</tbody>
</table>
Unit 1 Guidance on Delivery and Assessment

Delivery

This unit is aimed at those who are newly commencing or plan to work in health or social care settings with adults or children. It introduces the concept of duty of care and awareness of dilemmas or complaints that may arise where there is a duty of care.

Assessment

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Links

This unit is linked to CCLD 203, HSC 24 and GCU 2. Themes recur as knowledge requirements and core values throughout HSC and CCLD NOS.
### Unit 2: Principles of diversity, equality and inclusion in adult social care settings H/602/3039

**Guided Learning Hours:** 18  
**Unit Level:** 2  
**Unit Credit:** 2

#### Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
</table>
| 1. Understand the importance of diversity, equality and inclusion | 1.1 Define what is meant by:  
• diversity  
• equality  
• inclusion  
• discrimination | **Diversity:** Differences in gender, age, religious beliefs, ethnicity, language, social class, sexual orientation etc.; respecting and celebrating these differences, treating people with respect etc.  
**Equality:** The same opportunities, rights, respect and choices for all; removing barriers and discrimination.  
**Inclusion:** Involvement of all individuals in given activities; mutual respect, promoting feelings of self-worth, opportunities for having input.  
**Discrimination:** Can be direct/indirect; covering gender, age, religious beliefs, ethnicity, language, social class, sexual orientation etc.; failure to observe policies and procedures of organisation/regulatory requirements. |
| 1.2 Describe how direct or indirect discrimination may occur in the work setting | **Direct discrimination:** Institutional: different pay levels for the same job, promotion offers, job offers and training opportunities; by individuals/groups of individuals: bullying, excluding others, provocations etc.; on the basis of: gender, age, religious beliefs, ethnicity, language, social class, sexual orientation.  
**Indirect discrimination:** Inadequate facilities for those with disabilities, making demands on workforce which disadvantage employees of a certain group, using overly complex terminology etc. |
<p>| 1.3 Explain how practices that support diversity, equality and inclusion reduce the likelihood of discrimination | <strong>How practices supporting diversity, equality and inclusion reduce discrimination:</strong> Mixing groups encourages cohesion, introducing facilities for mobility encourages involvement of the less mobile, empowering/valuing individuals increases their confidence and input etc. |</p>
<table>
<thead>
<tr>
<th></th>
<th>2.2 Describe how to interact with individuals in an inclusive way</th>
<th>How to interact with individuals in an inclusive way: Being empathetic, showing genuine interest in their concerns and needs, allowing for two-way dialogue, using active listening, respecting cultural differences.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.3 Describe ways in which discrimination may be challenged in adult social care settings</td>
<td>Ways to challenge discrimination: Zero-tolerance, making complaints, encouraging others to challenge discrimination, maintaining a record of discriminatory behaviour, resorting to disciplinary actions, continuous professional development, learning from previous cases, updating policies and procedures of organisation.</td>
</tr>
<tr>
<td>3. Know how to access information, advice and support about diversity, equality, inclusion and discrimination</td>
<td>3.1 Identify sources of information, advice and support about diversity, equality, inclusion and discrimination</td>
<td>Information/ support about diversity, equality, inclusion and discrimination: Supervisors, experts, line-managers; legislation website, media reports; sector skills councils (Skills for Care and Development, Children’s Workforce and Development Council etc.); charities; the Equality and Human Rights Commission.</td>
</tr>
<tr>
<td></td>
<td>3.2 Describe how and when to access information, advice and support about diversity, equality, inclusion and discrimination</td>
<td>Accessing information/ support about diversity, equality, inclusion and discrimination: When: Issues are difficult to resolve/ promote; starting a new job; following an information request by another person; further details are needed. How: Engaging in continuous professional development, deferring to managers/ experts, consulting legislation and policies and procedures etc.</td>
</tr>
</tbody>
</table>
Unit 2 Guidance on Delivery and Assessment

Delivery

This unit introduces the concept of inclusion which is fundamental to working in adult social care settings. This unit is aimed at those who are interested in, or new to, working in social care settings with adults.

Assessment

This unit must be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

An individual is someone requiring care or support.

Links

This unit is linked to HSC 24 and HSC 234.
Unit 3: Understand person-centred approaches in adult social care settings J/602/3180

Guided Learning Hours: 34
Unit Level: 2
Unit Credit: 4

Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
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<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand person-centred approaches for care and support</td>
<td>1.1 Define person-centred values</td>
<td>Person-centred values include: individuality, rights, choice, privacy, independence, dignity, respect and partnership etc.</td>
</tr>
<tr>
<td></td>
<td>1.2 Explain why it is important to work in a way that embeds person-centred values</td>
<td>Importance of working in a way that embeds person-centred values: Allows individuals to say what is important, gives more control over the individual's own life, improves quality of life; values include: individuality, rights, choice, privacy, independence, dignity, respect and partnership; applicable to all individuals including those with learning difficulties, special educational needs, physical/sensory impairments etc.</td>
</tr>
<tr>
<td>2. Understand how to implement a person-centred approach in an adult social care setting</td>
<td>2.1 Describe how to find out the history, preferences, wishes and needs of an individual</td>
<td>Finding out an individual’s history, preferences, wishes and needs: Asking the individual, consulting care, support or individual plans, next of kin, other care staff, doctors, nurses etc.</td>
</tr>
<tr>
<td></td>
<td>2.2 Describe how to take into account the history, preferences, wishes and needs of an individual when planning care and support</td>
<td>Taking into account history, wishes and needs: Engaging with the individual, taking their views into account; planning a personalised approach appropriate to each individual.</td>
</tr>
<tr>
<td></td>
<td>2.3 Explain how using an individual’s care plan contributes to working in a person-centred way</td>
<td>Using an individual’s care plan to contribute to working in a person-centred way: Ensures that approaches used recognise differences in culture, religion etc., encourages a calm open environment, deals with specific needs (physical, sensory, emotional etc.), appropriate communication methods and points for discussion/ to be avoided, inclusivity, empathy etc.</td>
</tr>
<tr>
<td>3. Understand the importance of establishing consent when providing care or support</td>
<td>3.1 Define the term &quot;consent&quot;</td>
<td>Definition of 'consent': Informed agreement to an action or decision; the process of establishing consent will vary according to an individual’s assessed capacity to consent. Means of consent: including implied, written, verbal, through a parent, guardian or other representative.</td>
</tr>
<tr>
<td>3.2</td>
<td>Explain the importance of gaining consent when providing care or support</td>
<td>Importance of gaining consent: Observing ethical and legal requirements/guidelines; knowing when consent must be gained; how consent should be provided (written, verbal etc.); consequences of not having proper consent (performing certain actions without consent could be viewed as breach of confidentiality, physical/ emotional abuse etc.).</td>
</tr>
<tr>
<td>3.3</td>
<td>Describe how to establish consent for an activity or action</td>
<td>Establishing consent for an activity/ action: Informed consent: ensuring the individual has access to information, alternatives, time to decide; communication: use of active listening, two-way discussions, questions/answers, writing, avoiding/ defusing conflict and seeking further advice.</td>
</tr>
<tr>
<td>3.4</td>
<td>Explain what steps to take if consent cannot be readily established</td>
<td>Steps to take when consent cannot be established: Ceasing/ not starting the action, remaining calm and empathetic, consulting supervisors/managers, maintaining a record.</td>
</tr>
</tbody>
</table>

4. Understand how to encourage active participation

| 4.1 | Define what is meant by active participation | Active participation: Is a way of working that recognises an individual’s right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient. |
| 4.2 | Describe how active participation benefits an individual | Benefits of active participation to individual: Feeling of self-empowerment rather than being passive, improves mental and emotional health/stimulation, greater social interaction encourages relationship-building. |
| 4.3 | Describe ways of reducing barriers to active participation | Reducing barriers to active participation: Organising and providing opportunities for involvement in social activities, offering praise, motivation and constructive comments, active listening, treating individuals equally while recognising differences, using communication/mobility aids etc. |
| 4.4 | Describe ways of encouraging active participation | Ways of encouraging active participation: Explaining the benefits of participation e.g. feeling at home, improving fitness etc., using clear language, via friends/ family of individual, ensuring activities cater to the abilities/ needs of the individual. |

5. Understand how to support an individual’s right to make choices

<p>| 5.1 | Identify ways of supporting an individual to make informed choices | Supporting an individual to make informed choices: Providing information which is complete, objective and understandable; seeking advice from the individual’s next of kin; consulting expert advice. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Explain why risk-taking can be part of an individual’s choices</th>
<th>Why risk-taking can be part of an individual’s choices: Provides the individual with more options and empowerment; making sure the individual is aware of the risks before they commence/ carry on the activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Explain how agreed risk assessment processes are used to support the right to make choices</td>
<td>How agreed risk assessment processes are used to support the right to make choices: Covering: care methods, timetables/ dates, range of treatments available etc.; risks: likelihood of occurring, potential implications, how to avoid/ limit them.</td>
</tr>
<tr>
<td>5.4</td>
<td>Explain why a worker's personal views should not influence an individual's choices</td>
<td>Importance of personal views not influencing an individual’s choices: The individual may have lack confidence/ have sensory impairments etc. leading to unfair decisions; individuals should be empowered; the individual knows best what they are comfortable with; personal views may be subjective/ based upon experiences different to the individual; people have unique values.</td>
</tr>
<tr>
<td>5.5</td>
<td>Describe how to support an individual to question or challenge decisions concerning them that are made by others</td>
<td>Supporting an individual to question/ challenge decisions made by others: Includes: colleagues, social workers, occupational/ speech and language therapists, physiotherapists, doctors, nurses, psychologists, psychiatrists, advocates, care advisors and next of kin; support: directing individuals to alternative sources of information, referral to senior/ expert staff as appropriate, assisting them to follow complaints procedures, offering to be present during discussions with others.</td>
</tr>
<tr>
<td>6.1</td>
<td>Explain how individual identity and self-esteem are linked with well-being</td>
<td>How individual identity and self-esteem are linked with well-being: Including aspects that are: spiritual, emotional, cultural, religious, social, political, sexual, physical or mental.</td>
</tr>
<tr>
<td>6.2</td>
<td>Describe attitudes and approaches that are likely to promote an individual’s well-being</td>
<td>Attitudes/ approaches likely to promote well-being of individual: Treating individuals with empathy and respect; being open-minded and considering options/ ideas of the individual; offering additional support when asked/ appropriate.</td>
</tr>
<tr>
<td>6.3</td>
<td>Identify ways to contribute to an environment that promotes well-being</td>
<td>Contributing to an environment that promotes well-being: Includes: physical environments (bedroom, handbag, personal belongings etc.) and social/ emotional environments (subjective feelings, personal boundaries etc.).</td>
</tr>
</tbody>
</table>
Unit 3 Guidance on Delivery and Assessment

Delivery

This unit introduces the concept of person-centred support as a fundamental principle of social care. This unit is aimed at those who are interested in, or new to, working in social care settings with adults.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Person centred values include:
- Individuality
- Rights
- Choice
- Privacy
- Independence
- Dignity
- Respect
- Partnership

An Individual is someone requiring care or support.

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.

Consent means informed agreement to an action or decision; the process of establishing consent will vary according to an individual’s assessed capacity to consent.

Consent may be implied, written, or verbal.
Active Participation is a way of working that recognises an individual’s right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Others may include:
• Colleagues
• Social worker
• Occupational Therapist
• GP
• Speech and Language Therapist
• Physiotherapist
• Pharmacist
• Nurse
• Specialist nurse
• Psychologist
• Psychiatrist
• Advocate
• Dementia care advisor
• Family or carers

Well-being may include aspects that are:
• Spiritual
• Emotional
• Cultural
• Religious
• Social
• Political
• Sexual
• Physical
• Mental

Environment may include Physical environment and social environment.

E.g.: Physical environment - bedroom, handbag, personal belongings. Social or emotional environment – personal boundaries, subjective feelings etc.

Links

This unit is linked to HSC 24, 26 and 234.
**Unit 4: Principles of communication in adult social care settings L/602/2905**

**Guided Learning Hours:** 17  
**Unit Level:** 2  
**Unit Credit:** 2

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand why communication is important in adult social care settings</td>
<td>1.1 Identify different reasons why people communicate</td>
<td>Reasons for communication: Sharing ideas and knowledge; expressing feelings; giving/ receiving instructions; to meet need for social interaction.</td>
</tr>
<tr>
<td></td>
<td>1.2 Explain how effective communication affects all aspects of working in adult social care settings</td>
<td>How effective communication affects all aspects of working in adult social care settings: Ability to provide well-informed better directed support, stronger working relationships, increases mutual trust and respect, individuals and next of kin reassured, reduces confusion, inefficiency and conflict.</td>
</tr>
<tr>
<td></td>
<td>1.3 Explain why it is important to observe an individual’s reactions when communicating with them</td>
<td>Importance of observing an individual’s reactions when communicating with them: Including verbal, non-verbal, handshakes, positioning, smiles, eye contact, gesturing etc.; facial expressions can provide more insight than dialogue alone, increases own understanding of the individual e.g. emotional/ social traits may be just as important as physical disabilities.</td>
</tr>
<tr>
<td>2. Understand how to meet the communication and language needs, wishes and preferences of an individual</td>
<td>2.1 Explain why it is important to find out an individual’s communication and language needs, wishes and preferences</td>
<td>Importance of finding out an individual’s communication/ language needs and preferences: Efficiency of time/ resources; to promote inclusion, motivation, comfort and openness; preferences include beliefs, values and culture.</td>
</tr>
<tr>
<td></td>
<td>2.2 Describe a range of communication methods</td>
<td>Communication methods: Non-verbal: eye contact, touch, physical, gestures, body language, behaviour, gestures, Braille, writing etc.; verbal: vocabulary, linguistic tone and pitch.</td>
</tr>
</tbody>
</table>
### 3. Understand how to reduce barriers to communication

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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Identify barriers to communication</td>
<td>Barriers to communication: Background noise, poor lighting, out-of-date equipment, lack of training/organisation design leading to unclear lines of communication, overly technical language, emotional tones, physical/sensory impairments, drugs, learning disabilities, differences in language/culture, inadequate privacy etc.</td>
</tr>
<tr>
<td>3.2</td>
<td>Describe ways to reduce barriers to communication</td>
<td>Ways to reduce communication barriers: Speaking at appropriate volume, clearly, with facial expression/body language; adopting simplified terminology, support from translators; using hearing/visual aids; being empathetic; active listening; removing distractions, allowing for privacy and comfortable surroundings etc.</td>
</tr>
<tr>
<td>3.3</td>
<td>Describe ways to check that communication has been understood</td>
<td>Checking that communication has been understood: Prompting the listener to summarise/repeat the information, paying attention to facial expressions, asking follow-up questions, asking a third person to check.</td>
</tr>
<tr>
<td>3.4</td>
<td>Identify sources of information and support or services to enable more effective communication</td>
<td>Sources of information/support to enable more effective communication: Including: translation services, interpreting services, speech and language services, advocacy services; care plans, profiles, suggestions made by the individual, their next of kin or own colleagues.</td>
</tr>
</tbody>
</table>

### 4. Understand confidentiality in adult social care settings

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<tbody>
<tr>
<td>4.1</td>
<td>Define the term “confidentiality”</td>
<td>Definition of confidentiality: In accordance with the Data Protection Act 1998. Information kept safe, secure and only available to those with right/need to know or as requested by individual.</td>
</tr>
<tr>
<td>4.2</td>
<td>Describe ways to maintain confidentiality in day to day communication</td>
<td>Maintaining confidentiality in day to day communication: In accordance with policies and procedures of organisation; including: access codes, electric passwords, identity checks, door/cupboard locks, keeping things out-of-sight and only discussing sensitive issues at work/with appropriate persons.</td>
</tr>
</tbody>
</table>
| 4.3 | Describe situations where information normally considered to be confidential might need to be shared with agreed others | Situations in which confidential information might need to be shared: Including: when there is risk of harm to anyone, allegations/occurrences of abuse, criminal activity etc.; only with agreed others including: colleagues, social worker, occupational/speech and language therapists, physiotherapists, doctors, pharmacists, nurses, psychologists, psychiatrists, care advisors, advocates and the
<table>
<thead>
<tr>
<th></th>
<th>4.4 Explain how and when to seek advice about confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Searching advice about confidentiality: Adhering to the policies and procedures of the organisation, consulting manager/line manager, choosing a time and place which offering privacy and full attention, clarifying the issue and only sharing information with appropriate persons.</td>
</tr>
</tbody>
</table>
Unit 4 Guidance on Delivery and Assessment

Delivery

The unit introduces the importance of communication in adult social care settings, and ways to overcome barriers to meet individual needs and preferences in communication.

This unit is aimed at those who are interested in, or new to, working in social care settings with adults.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

An individual is someone requiring care or support.

Preferences may be based on:

- Beliefs
- values
- culture

Communication methods include:

- non-verbal communication
  - eye contact
  - touch
  - physical gestures
  - body language
  - behaviour
  - gestures
- verbal communication
Services may include:
- translation services
- interpreting services
- speech and language services
- advocacy services

Agreed others may include:
- Colleagues
- Social worker
- Occupational Therapist
- GP
- Speech and Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Advocate
- Dementia care advisor
- Family or carers

**Links**

This unit is linked to HSC 21.
Unit 5: Principles of personal development in adult social care settings L/602/3035

Guided Learning Hours: 17
Unit Level: 2
Unit Credit: 2

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand what is required for good practice in adult social care roles</td>
<td>1.1 Identify standards that influence the way adult social care job roles are carried out</td>
<td>Standards that influence how adult social care job roles are carried out: Including: codes of practice, regulations, minimum standards and National Occupational Standards (NOS) e.g. Care Standards Act 2000, Domiciliary Care Regulations 2002, Health and Safety at Work Act 1974, Manual Handling Operations Regulations 1992, Management of Health and Safety at Work Regulations 1999 etc.</td>
</tr>
<tr>
<td></td>
<td>1.2 Explain why reflecting on work activities is an important way to develop own knowledge and skills</td>
<td>Why reflecting on work activities is an important way to develop own knowledge/ skills: Acknowledges and uses what has been learned before, identifies areas requiring improvement, gives motivation, encourages appreciation of education, allows for career progression etc.</td>
</tr>
<tr>
<td></td>
<td>1.3 Describe ways to ensure that personal attitudes or beliefs do not obstruct the quality of work</td>
<td>Ensuring that personal attitudes/ beliefs do not obstruct quality of work: Acknowledging that others may have different beliefs and respecting them, appreciating how own beliefs could affect performance at work, adhering to policies and procedures to ensure consistency and seeking professional advice/ continuous professional development.</td>
</tr>
<tr>
<td>2. Understand how learning activities can develop knowledge, skills and understanding</td>
<td>2.1 Describe how a learning activity has improved own knowledge, skills and understanding</td>
<td>How a learning activity has improved own knowledge, skills and understanding: Learning from mistakes/ achievements, observing/ discussing with others, asking questions, keeping records, seeing how own/ other’s theories apply in practice, increasing self-confidence and teamwork skills etc.</td>
</tr>
<tr>
<td></td>
<td>2.2 Describe how reflecting on a situation has improved own knowledge, skills and understanding</td>
<td>How reflecting on situation has improved knowledge, skills and understanding: Considering alternative methods, recording experiences and learning from them, up-dating personal development plans etc.</td>
</tr>
</tbody>
</table>
### 2.3 Describe how feedback from others has developed own knowledge, skills and understanding

How feedback from others has developed own knowledge, skills and understanding: Including: from colleagues, managers, supervisors, experts, service recipients, their next of kin etc.; covering: praising and building upon successes, identifying and addressing shortcomings, learning from experience, appreciating variety of perspectives etc.

### 3. Know how a personal development plan can contribute to own learning and development

#### 3.1 Define the term “personal development plan”

Personal development plan: Covering: agreed SMART objectives for development (specific, measurable, achievable, realistic and time-bound), proposed activities to meet the objectives, timescales, resources required, alternatives etc.; personal development plan may have a different name.

#### 3.2 Identify who could be involved in the personal development plan process

Who could be involved in the personal development plan process: Including: the individual, carers, advocates, supervisors, line managers/employers and other professionals etc.

#### 3.3 Identify sources of support for own learning and development

Sources of support for own learning and development: Including: formal support, informal support, supervision, appraisal, within the organisation, beyond the organisation.

#### 3.4 List the benefits of using a personal development plan to identify on-going improvements in own knowledge and understanding

Benefits of a personal development plan to identify on-going improvements in own knowledge/understanding: Identifies gaps in knowledge and how to address them, records can be referred to/act as evidence, easier to keep abreast of developments in the sector/organisation, improves awareness of career/training opportunities.
Unit 5 Guidance on Delivery and Assessment

Delivery

The unit introduces the concepts of personal development and reflective practice, which are fundamental to adult social care roles. This unit is aimed at those who are interested in, or new to, working in social care settings with adults.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Standards – may include:
- Codes of practice
- Regulations
- Minimum Standards
- National Occupational Standards

Situation – this may include a learning activity.

A personal development plan may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc.

Who could be involved may include:
- the individual
- Carers
- Advocates
- Supervisor, line manager or employer
- Other professionals
Sources of support may include:
• Formal support
• Informal support
• Supervision
• Appraisal
• Within the organisation
• Beyond the organisation

Links

This unit is linked to HSC 23.
Unit 6: Understand health and safety in social care settings R/602/3179

Guided Learning Hours: 40
Unit Level: 2
Unit Credit: 4

Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the different responsibilities relating to health and safety in social care settings</td>
<td>1.1 List legislation relating to general health and safety in a social care setting</td>
<td>Legislation relevant to general health and safety in a social care setting: Up-to-date legislation available from the National Archives Website/Health and Safety Executive; including: The Health and Safety at Work etc Act 1974 (HASAW/HSW), The Management of Health and Safety at Work Regulations 1999, The Control of Substances Hazardous to Health Regulations 2002 (COSHH), The Manual Handling Operations Regulations 1992 (MHOR), The Reporting of Injuries, Diseases and Dangerous Occurrences (Amendment) Regulations 2012 (RIDDOR), The Health and Safety (First-Aid) Regulations 1981 etc.</td>
</tr>
<tr>
<td></td>
<td>1.2 Describe the main points of health and safety policies and procedures</td>
<td>Main points of health and safety policies and procedures: Covering: responsibilities of employers and employees, first aid, accidents/dangerous incidents, working conditions, cleanliness, precautionary measures, availability and quality of personal protective equipment, alarm systems, warning signs, safeguarding property etc.</td>
</tr>
<tr>
<td></td>
<td>1.3 Outline the main health and safety responsibilities of: a) the social care worker b) the employer or manager c) individuals</td>
<td>Social care worker: Ensuring own health and safety, adhering to policies and procedures of organisation and legislation, co-operating with colleagues and supervisors, reporting accidents, hazards and dangerous incidents, continuous professional development, correct use of specialist equipment, awareness of limits of own authority, abilities and training. Employer/manager: Informing employees of updates to policies and procedures, workplace risks, best practice and contact details for further information; providing: access to first aid, equipment, training opportunities, supervision etc. Individuals: Complying with policies and procedures, legislation and instructions; taking reasonable steps for ensuring their own and others health and safety; reporting accidents, hazards and dangerous incidents.</td>
</tr>
</tbody>
</table>
## 1.4 Identify tasks relating to health and safety that should only be carried out with special training

Tasks relating to health and safety carried out with special training: Administering medication/ first aid, emergency procedures, food preparation, moving/ position individuals with physical disabilities etc.

## 1.5 Describe how to access additional support and information relating to health and safety

Accessing additional support/ information relating to health and safety: Asking the appointed person/ managers; consulting the Health and Safety Executive (HSE) website, training resources, policies and procedures of organisation etc.

## 2. Understand the use of risk assessments in relation to health and safety

### 2.1 Define what is meant by “hazard” and “risk”

- **Hazard**: Potential for harm to occur.
- **Risk**: The likelihood for harm to occur.

### 2.2 Describe how to use a health and safety risk assessment

How to use a health and safety risk assessment: Identifying risks, potential impact, likelihood of occurrence, proposing precautionary measures, reducing risk and costs, complying with legal requirements and policies and procedures of organisation.

### 2.3 Explain how and when to report potential health and safety risks that have been identified

Reporting potential health and safety risks that have been identified: Continuously checking for risks, reporting to managers etc. as soon as being aware in accordance with reporting procedures/ lines of communication, alerting anyone who may be in danger, completing records accurately and fully.

### 2.4 Describe how risk assessment can help address dilemmas between an individual’s rights and health and safety concerns

How risk assessment can help address dilemmas between individual’s rights and health and safety concerns: Drawing upon legislation/ policies and procedures to justify precedence of health and safety concerns, demonstrating that rights and health and safety requirements are reconciled, ensuring individuals are aware of risks to help them with decision-making, ensuring individuals understand that certain requirements are mandatory.

## 3. Understand procedures for responding to accidents and sudden illness

### 3.1 Describe different types of accidents and sudden illness that may occur in a social care setting

Types of accidents/ sudden illnesses that may occur in a social care setting: Accidents: slips, trips, falls, burns, choking, misuse of equipment etc.; illnesses: food-borne, flu, influenza, colds, asthma, seizures, convulsions, fainting, cardiac arrest, allergic reactions etc.
### 3.2 Outline the procedures to be followed if an accident or sudden illness should occur

Procedures to follow if an accident or sudden illness occurs: Including: remaining calm, ensuring safety of all involved, assessing situation, providing assistance/ administering first aid as required and within limits of training, requesting professional support as required and informing them of situation, completing accident reports, incident reports, informing Health and Safety Executive etc. in accordance with policies and procedures of organisation.

### 3.3 Explain why it is important for emergency first aid tasks only to be carried out by qualified first aiders

Importance of emergency first aid tasks to only be carried out by qualified first aiders: To adhere with policies and procedures of organisation and health and safety legislation; emergency first aid tasks carried out incorrectly can be dangerous/ increase risks to the individual.

### 4. Know how to reduce the spread of infection

#### 4.1 List routes by which an infection can get into the body

Routes by which an infection can enter body: Respiratory (airborne infections breathed in), digestive (within foods/ drinks), blood circulation (via broken skin/ wounds), body fluids (sexually transmitted diseases, cross contamination, poor hygiene).

#### 4.2 Describe ways in which own health or hygiene might pose a risk to an individual or to others at work

How own health/ hygiene might pose risk to the individual/ anyone in workplace: Including risk of infections which could be avoided by: washing hands thoroughly before preparing food and after going to the toilet, covering mouth/ turning away when coughing, applying/ replacing old plasters, disposing of used tissues, taking sick leave if ill etc.

#### 4.3 Explain the most thorough method for hand washing

Method for hand washing: Thoroughly, after every contact with potential source of contamination/ before food preparation etc.; including: wetting hands with warm water, applying soap bar/ liquid, lathering, scrubbing, rinsing, drying with air dryer/ paper towel; ensuring that all areas of the hand are washed including the back of the hand, between fingers and nail areas.

#### 4.4 Describe when to use different types of personal protective equipment

When to use different types of personal protective equipment: Including: cooking/ preparing food, handling waste, providing personal care, cleaning equipment, any activities posing hygiene/ safety risks etc.

### 5. Know how to move and handle equipment and other objects safely

#### 5.1 Identify legislation that relates to moving and handling

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<tbody>
<tr>
<td>5.2</td>
<td>List principles for safe moving and handling</td>
<td>Principles for safe moving/ handling: Only move/ handle when necessary, assess the potential risks, take steps to reduce the risks, request support, report any difficulties/ hazards, use alternative methods, adhere to policies and procedures of organisation, agreed ways of working and legislation.</td>
</tr>
<tr>
<td>5.3</td>
<td>Explain why it is important for moving and handling tasks to be carried out following specialist training</td>
<td>Importance of specialist training for moving/ handling tasks: Reducing risk of harm to self and others, reducing risk of damage to equipment, adhering to policies and procedures of organisation and legislation, promoting good practice to colleagues etc.</td>
</tr>
<tr>
<td>6.1</td>
<td>Explain why it is important to have specialist training before assisting and moving an individual</td>
<td>Importance of having specialist training before assisting/ moving an individual: To be sure consent is granted by the individual, assess abilities and level of mobility, reduce risk of harm/ discomfort, provide privacy, ensure correct practices are followed, abide by specific care plans, record accidents/ incidents correctly.</td>
</tr>
<tr>
<td>6.2</td>
<td>Explain the importance of following an individual’s care plan and fully engaging with them when assisting and moving</td>
<td>Importance of following an individual’s care plan and engaging with them throughout: Understanding and abide by the preferences/ needs of the individual, allowing for active participation of the individual, reducing risk of harm to any person’s involved, providing comfort.</td>
</tr>
<tr>
<td>7.1</td>
<td>Identify hazardous substances that may be found in the social care setting</td>
<td>Hazardous substances in the social care setting: Including: cleaning products, clinical waste, bodily fluids/ waste, medication, used needles, used dressings, solvents, disinfectants etc.</td>
</tr>
<tr>
<td>7.2</td>
<td>Describe safe practices for:  • storing hazardous substances  • using hazardous substances  • disposing of hazardous substances</td>
<td>Safe practices for storing, using and disposing of hazardous substances: Up-to-date training, adhering to policies and procedures and legislation; covering: labelling, secure access, sealing containers, separating substances in storage, personal protective equipment, exposure, suitable conditions, control measures, reporting problems, record maintenance, safeguarding others, not exceeding limits of training.</td>
</tr>
</tbody>
</table>
| 8. Know environmental safety procedures in the social care setting | 8.1 Outline procedures to be followed in the social care setting to prevent:  
• fire  
• gas leak  
• floods  
• intruding  
• security breach | Procedures for prevention, including:  
Fire: No smoking, fireguards, smoke alarms, closed fire doors, turning off appliances, non-flammable materials where possible.  
Gas leaks: Turning off, maintenance, reporting smelling of potential gas.  
Floods: Turning off taps/ central water supply, maintenance, clearing drains/ pipes, reporting blockages/ appearance of flood water.  
Intruding/ security breach: Checking IDs, alarm systems, locking windows/ doors, restricting access (key holding/ access codes), security guards, vigilance, reporting suspicious people/ activities. |
|---|---|---|
| 8.2 Outline procedures to be followed in the social care setting in the event of:  
• fire  
• gas leak  
• floods  
• intruding  
• security breach | Procedures to follow in the event of:  
Fire/ gas leak: Set off alarm, call emergency services/ inform manager, use of fire-fighting equipment if possible, evacuation to fire assembly point, assist others and do not return to building unless safe.  
Gas leak: As above; leave switches as they are and move away from building.  
Flood: Evacuation, call emergency services/ inform manager, switching off main water supply, leave switches as they are, place warning signs as appropriate.  
Intruding/ security breach: Call police/ inform manager, inform security guards, checking IDs and rooms, ensuring safety of others and self, avoiding unnecessary danger, moving to a safe area. |
| 9. Know how to manage stress | 9.1 Identify common signs and indicators of stress | Common signs and indicators of stress: Including: anxiety, mood swings, inability to concentrate, excessive/ lack of sleep, fear, feeling isolated, memory loss, negativity/ pessimistic thinking, indecisiveness, procrastination, headaches, nausea, digestive problems, unusual diet, addictions, aggression, lack of motivation etc. |
| 9.2 Identify circumstances that tend to trigger own stress | Circumstances that can trigger own stress: Including: workload, conflicts, too many responsibilities, emotional situations, sudden changes to routine, breakups/ divorces, bereavements, removal/ replacement of colleagues, job loss, money problems, major shock/ injuries etc. |
| 9.3 Describe ways to manage stress | Ways to manage stress: Identify causes of stress, take control/ accepting and adapting when beyond control, taking time to relax, socialise, exercise / sleep properly, share concerns with others respectively, prioritising, dropping unnecessary sources of stress/ not taking on too |
| 10. Understand procedures regarding handling medication | 10.1 Describe the main points of agreed procedures about handling medication | Main points of agreed procedures about handling medication: Covering: ordering, checking, storing, administering, use of personal protective equipment, identity checks, use-by date checks, disposal and recording all the above as required; adhering to policies and procedures of organisation and legislation. |
| 10.2 Identify who is responsible for medication in a social care setting | Who is responsible for medication in a social care setting: According to organisation guidelines; including specially trained staff or the individual if self-administering. |
| 10.3 Explain why medication must only be handled following specialist training | Why medication must only be handled following specialist training: Reduces risk of mistakes, avoids unnecessary harm, legislative requirements, care workers are accountable for their actions. |
| 11. Understand how to handle and store food safely. | 11.1 Identify food safety standards relevant to a social care setting | Food safety standards relevant to a social care setting: Including: Food Standards Act 1999 etc. up-to-date and available from the Food Standards Agency website; policies and procedures of the organisation. |
| 11.2 Explain how to: • store food • maximise hygiene when handling food • dispose of food | How to store, maximise hygiene when handling and dispose of food: Sealing containers, refrigeration/ freezing, expiry dates, cooling down/ reheating, personal cleanliness, clean surfaces, separate utensils for meats raw/ cooked, prompt removal of waste, cleaning spillages thoroughly, use of personal protective equipment, covering injuries, not working when ill, reporting contamination, accidents and pests. |
| 11.3 Identify common hazards when handling and storing food | Common hazards when handling/ storing food: Exceeding expiry dates, incorrect thawing/ cooking time, cross contamination, allergic reactions, dangerous use of utensils, hot items and cookers, leaving food exposed etc. |
Unit 6 Guidance on Delivery and Assessment

Delivery

This unit is aimed at those who are interested in, or new to, working in a social care setting. It introduces knowledge and understanding of areas of health and safety required for working in a social care setting.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

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

Individual refers to someone requiring care or support.

Tasks that the learner should not carry out without special training may include those relating to:

- Use of equipment
- First aid
- Medication
- Assisting and moving
- Emergency procedures
- Food handling and preparation

Personal protective equipment – refers to any protective equipment or clothing that an employer must provide where risks have been identified. This may include:

- Gloves
- Aprons
- Masks
- Hair nets
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.

Stress can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.

Handling medication - may include:
- Ordering
- Receiving
- Storage
- Administration
- Recording
- Disposal

Links

This unit is linked to HSC 22, 221 and 223.
Unit 7: Principles of safeguarding and protection in health and social care

Guided Learning Hours: 26  
Unit Level: 2  
Unit Credit: 3

Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
</table>
| 1. Know how to recognise signs of abuse | 1.1 Define the following types of abuse:  
• Physical abuse  
• Sexual abuse  
• Emotional/psychological abuse  
• Financial abuse  
• Institutional abuse  
• Self neglect  
• Neglect by others | Physical abuse: Kicking, hitting, pushing, grabbing, biting, scalding, force-feeding, utilizing objects to cause harm, any actions causing/ intending to cause physical harm etc.  
Sexual abuse: Any unconsented sexual activity/ sexual provocations, penetration, exhibitionism, forced viewing of sexual activity etc.  
Emotional/ psychological abuse: Making threats of physical abuse, bullying, verbal insults, humiliation, undermining privacy, stereotyping, slandering, attacking self-esteem, ignoring etc.  
Financial abuse: Theft/ mismanagement of someone else's property/ money, preventing individual from using/ accessing their property/ money; covering cash, bank accounts, pension books, gifts, accommodation, personal belongings etc.  
Institutional abuse: Including physical, sexual, emotional or financial abuse in the context of an organisation; using rank, authority, access and other privileges to cause abuse.  
Self-neglect: Inadequate attention for/ avoiding own needs of hygiene, appearance, health, social interaction, diet, medications etc.; can lead to physical symptoms and social exclusion.  
Neglect by others: Passive abuse; refusal to administer personal care, washing, medications, change of bedding/ clothes, food and drink etc. correctly or sufficiently to meet needs of individual. |
| 1.2 Identify the signs and/or symptoms associated with each type of abuse | Physical abuse: Bruises, burns, disfigurement, broken bones, permanent disability, wounds, death etc.  
Sexual abuse: Physical injuries near genitals, genital bleeding, pregnancies, sexually transmitted infections, self-harming, inappropriate sexual behaviour/ relationships. |
Emotional/ psychological abuse: Socially reclusive, inactivity, unpredictable behaviour, depression, self-esteem issues, aggression/ defensiveness.

Financial abuse: Missing personal possessions, unusual changes to bank details, wills and powers of attorney, sudden inability to pay for normal products/ activities, distrust of others.

Institutional abuse and neglect by others or self: Only standardised/ inadequate care available, poor appearance/ personal hygiene, weight loss, dehydration, untreated ailments, bedsores, self-harming, confidence issues.

1.3 Describe factors that may contribute to an individual being more vulnerable to abuse

Factors contributing to an individual being vulnerable to abuse: Including: sensory impairment, physical disability, mental illness, special educational needs, frailty, malnourishment, low level of education, emotional/ social insecurity, stress, poverty; differences in culture, ethnicity, religion, sexual orientation, social class etc.

2. Know how to respond to suspected or alleged abuse

2.1 Explain the actions to take if there are suspicions that an individual is being abused

Actions to take if there are suspicions that an individual is being abused: Adhering to legislation, organisational policies and procedures and lines of communication/ authority; reporting factual information (victim, suspected abuser, type of abuse, dates, places etc.) clearly, in full and avoiding conjecture.

2.2 Explain the actions to take if an individual alleges that they are being abused

Actions to take if an individual alleges they are being abused: Treating all allegations seriously, using active listening, remaining objective and reporting information provided (as in 2.1); respecting confidentiality and appropriate lines of authority and not disclosing information/ taking matters into own hands with those implicated.

2.3 Identify ways to ensure that evidence of abuse is preserved

Ensuring that evidence of abuse is preserved: Including photographs, witness statements, written reports, drawings and computer-based records; completed, accurate, signed and dated; leaving things as they are and not touching anything (bedding, personal belongings, location/ condition of individual etc.) unless the individual's well-being is jeopardised; preventing others from tampering with evidence and preventing contact between the alleged perpetrator and the individual; reporting immediately.
<table>
<thead>
<tr>
<th>3. Understand the national and local context of safeguarding and protection from abuse</th>
<th>3.1 Identify national policies and local systems that relate to safeguarding and protection from abuse</th>
<th>National policies/ local systems that relate to safeguarding and protection from abuse: Including: Safeguarding Adults Board, Local Social Services Authority, Independent Safeguarding Authority, Care Quality Commission, National Vetting and Barring Scheme, the policies and procedures of the organisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse</td>
<td>Roles of different agencies in safeguarding and protecting individuals from abuse: Including: the organisation, local authority, social services, health services, voluntary services, police, Care Quality Commission etc.; covering: inspections, investigations, ensuring safety, providing information etc.</td>
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</tr>
<tr>
<td>3.3 Identify reports into serious failures to protect individuals from abuse</td>
<td>Reports of serious failures to protect individuals from abuse: Sources: newspaper archives, BBC website etc.; up-to-date, factual and relevant; examples: Care Quality Commission inspection of Winterbourne View, the Harold Shipman enquiry, the murder of Michael Gilbert etc.</td>
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</tr>
<tr>
<td>3.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse</td>
<td>Sources of information/ advice about own role in safeguarding/ protecting individuals from abuse: Including: policies and procedures of organisation, Care Quality Commission, Independent Safeguarding Authority, Social Services, Department of Health, Department for Education etc.; available from: websites, leaflets, journals, guidelines, books etc.</td>
<td></td>
</tr>
<tr>
<td>4. Understand ways to reduce the likelihood of abuse</td>
<td>4.1 Explain how the likelihood of abuse may be reduced by: • working with person centred values • encouraging active participation • promoting choice and rights</td>
<td>How the likelihood of abuse may be reduced by working with person centre values and promoting active participation, choice and rights: Improves: confidence/ self-esteem of the individual, gives empowerment, openness to discuss concerns, decision-making and mutual respect; reduces: fear, susceptibility to coercion/ intimidation, reluctance to raise concerns, exploitation and feelings of isolation.</td>
</tr>
<tr>
<td>4.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse</td>
<td>Importance of accessible complaints procedure for reducing the likelihood of abuse: Including: awareness of all individuals and staff, transparency, well- defined lines of communication/ authority and adherence to legislative requirements; ease of reporting acts as a deterrent and prevents repeat of incidents of abuse.</td>
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<td></td>
<td>5. Know how to recognise and report unsafe practices</td>
<td>5.1 Describe unsafe practices that may affect the well-being of individuals</td>
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<td></td>
<td>5.2 Explain the actions to take if unsafe practices have been identified</td>
<td>Actions to take if unsafe practices have been identified: Reporting immediately to appropriate managers, ensuring the safety of the individual, recording the incident.</td>
</tr>
<tr>
<td></td>
<td>5.3 Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response</td>
<td>Actions to take if nothing has been done in response to reported suspected abuse/ unsafe practices: Raise the issue with person in authority or if involved in abuse/ not taking action, report to more senior level e.g. regional managers, Care Quality Commission, police etc.; consequences for not reporting lack of response to reports of abuse: disciplinary actions, dismissal and prosecution.</td>
</tr>
</tbody>
</table>
Unit 7 Guidance on Delivery and Assessment

Delivery

This unit is aimed at those working in a wide range of settings. This unit introduces the important area of safeguarding individuals from abuse. It identifies different types of abuse, and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

Assessment

This unit must be assessed in accordance with Skills for Care and Development’s QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

An individual will usually mean the person supported by the learner but may include those for whom there is no formal duty of care.

Factors may include:
- a setting or situation
- the individual

The actions to take constitute the learner’s responsibilities in responding to allegations or suspicions of abuse. They include actions to take if the allegation or suspicion implicates:
- A colleague
- Someone in the individual’s personal network
- The learner
- The learner’s line manager
- Others

A setting where there is no formal duty of care includes adult health or social care settings.

Local systems may include:
Person centred values include:

- Individuality
- Rights
- Choice
- Privacy
- Independence
- Dignity
- Respect
- Partnership

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

Unsafe practices may include:

- poor working practices
- resource difficulties
- operational difficulties

Links

This unit is linked to HSC 24 and HSC 240. Content recurs throughout HSC NOS knowledge requirements.
### Unit 8: Understand the role of the social care worker A/602/3113

**Guided Learning Hours:** 9  
**Unit Level:** 2  
**Unit Credit:** 1

#### Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
</table>
| 1. Understand working relationships in social care settings | 1.1 Explain how a working relationship is different from a personal relationship | **Personal relationships:** With family, friends or partner, orientated around shared interests, social activities or intimacy.  
**Working relationships:** With colleagues, business/ target orientated, professional, setting aside differences in interests, values and beliefs; |
<p>| | 1.2 Describe different working relationships in social care settings | <strong>Different working relationships in social care settings:</strong> Between the individual and the care worker, co-workers, staff and managers, staff and outside professionals, staff and next of kin of individuals; factors: formal/informal, authoritative, contractual etc. |
| 2. Understand the importance of working in ways that are agreed with the employer | 2.1 Describe why it is important to adhere to the agreed scope of the job role | <strong>Importance of adhering to the agreed scope of the job role:</strong> Contractual obligation, legal responsibility, ensuring well-being and safety of individuals, own role is important to the success of the team, appraisal processes and continuous professional development. |
| | 2.2 Outline what is meant by agreed ways of working | <strong>Meaning of agreed ways of working:</strong> Methods to be used in providing personal care, dealing with emergencies, discrimination etc.; applying consistent standards and abiding by the same policies and procedures. |
| | 2.3 Explain the importance of full and up-to-date details of agreed ways of working | <strong>Importance of full and up-to-date details of agreed ways of working:</strong> Must reflect legal changes and changes to policies of wider organisation; preventing ways of working which are inconstant, inadequate or dangerous. |
| 3. Understand the importance of working in partnership with others | 3.1 Explain why it is important to work in partnership with others | <strong>Importance of working in partnership with others:</strong> Communication limits confusion/duplication of tasks, compromising/discussion to solve disagreements, inclusivity; partnerships with co-workers, individuals, next of kin etc. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Identify ways of working that can help improve partnership working</td>
<td>Ways of working that improve partnership working: Keeping others abreast of information/asking for information, using initiative, offering support/advice to colleagues, understanding differences in perspective and clear communication.</td>
</tr>
<tr>
<td>3.3</td>
<td>Identify skills and approaches needed for resolving conflicts</td>
<td>Skills/approaches for resolving conflicts: Active listening, remaining calm, being objective and empathetic, delicate use of verbal/non-verbal communication, negotiation skills, being patient and reaching compromises.</td>
</tr>
<tr>
<td>3.4</td>
<td>Explain how and when to access support and advice about: • partnership working • resolving conflicts</td>
<td>How and when to access support/advice about partnership working and resolving conflicts: Approaching co-workers, managers, Care Quality Commission, professional experts, advisory organisations etc.; including incidences of: lack of information, breach of confidentiality, unresolved personal/professional disagreements at work, conflicts with managers, co-workers, individuals, next of kin etc.</td>
</tr>
</tbody>
</table>
Unit 8 Guidance on Delivery and Assessment

Delivery

This unit is aimed at those who are interested in, or new to working in social care settings. It provides the knowledge required to understand the nature of working relationships, working in ways that are agreed with the employer, and working in partnership with others.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Agreed ways of working include policies and procedures where these exist; they may be less formally documented with micro-employers.

Others who are important to an individual may include:

- carers
- family members
- friends
- advocates

Links

This unit is linked to HSC 23 and 227.
### Unit 9: Understand how to handle information in social care settings Y/602/3118

**Guided Learning Hours:** 9  
**Unit Level:** 2  
**Unit Credit:** 1

#### Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the need for secure handling of information in social care settings</td>
<td>1.1 Identify the legislation that relates to the recording, storage and sharing of information in social care</td>
<td>Legislation relating to recording, storage and sharing of information in social care: Including; Data Protection Act 1998, Health and Social Care Act 2008, Freedom of Information Act 2000; up-to-date and available from the National Archive Website; covering: confidentiality, data protection, information sharing, safeguarding and discrimination.</td>
</tr>
<tr>
<td></td>
<td>1.2 Explain why it is important to have secure systems for recording and storing information in a social care setting</td>
<td>Importance of secure systems for recording/ storing information in social care setting: To ensure safety, security and well-being of individuals; so information is accurate, unaltered and readily available only to those authorised to access it; legal requirement to store information securely.</td>
</tr>
<tr>
<td>2. Know how to access support for handling information in social care settings</td>
<td>2.1 Describe how to access guidance, information and advice about handling information</td>
<td>How to access support about handling information: Consult/ seek permission from co-workers, managers, experts, the individuals or their next of kin; ensuring training in information handling is up-to-date; adhering to policies and procedures of organisation and legislative requirements.</td>
</tr>
<tr>
<td></td>
<td>2.2 Outline what actions to take when there are concerns over the recording, storing or sharing of information</td>
<td>Actions to take when there are concerns over recording, storing or sharing of information: Lines of reporting/ authority and providing a record of concerns/ audit trail; engaging in/ promoting continuous professional development to alleviate risk of mismanagement of information; applying additional security measures, passwords, access codes, hard copies of information locked away, CCTV limited access to authorised persons etc.</td>
</tr>
</tbody>
</table>
Unit 9 Guidance on Delivery and Assessment

Delivery

This unit introduces knowledge required for good practice in recording, storing and sharing information in a social care setting. This unit is aimed at those who are interested in, or new to, working in social care settings.

Assessment

This unit must be assessed in line with the Skills for Care and Development QCF Assessment Principles (see Appendix A located at the end of the document).

All assessment criteria must be met and this unit must be assessed using methods appropriate to the assessment of knowledge and understanding and may take place in or outside of a real work environment. They can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other

Links

This unit is linked to HSC 21.
Appendix A
Skills for Care and Development QCF Assessment Principles

1. Introduction
1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children’s Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2 This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements. Additional information/guidance regarding individual unit assessment can be obtained from Awarding Organisations, or from Skills for Care and Development. This must be used in order to provide the proper context for learning and assessment.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 Where Skills for Care and Development qualifications are joint with Skills for Health, Skill for Health will also use these assessment principles.

2. Assessment Principles
2.1 Assessment decisions for competence based learning outcomes (e.g. those beginning with ‘to 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.

2.2 Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.

2.3 Competence based assessment must include direct observation as the main source of evidence.

2.4 Simulation may only be utilised as an assessment method for competence based Learning Outcomes where this is specified in the assessment requirements of the unit.

2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6 Assessment of knowledge based Learning Outcomes (e.g. those beginning with ‘know’ or ‘understand’) may take place in or outside of a real work environment.

2.7 Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

2.8 Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

3. Internal Quality Assurance
3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

4. Definitions
4.1 Occupationally competent:
This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

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

4.3 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 competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

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

4.5 Expert witness:
An expert witness must:
- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.
Resources

Training Resources

Centres may use their own, or published learner support materials in delivering the qualification. Whatever support materials centres choose to use, they should ensure that their delivery methodology adequately prepares the learner for assessment. IQ endorses published training resources and learner support materials by submitting the materials to a rigorous and robust quality assurance process, thus ensuring such materials are relevant, valid and appropriately support the qualification.

Resources and Useful websites

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
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<tbody>
<tr>
<td>Health and Safety Executive</td>
<td><a href="http://www.hse.gov.uk">www.hse.gov.uk</a></td>
</tr>
<tr>
<td>The National Archives (For all UK legislation)</td>
<td><a href="http://www.legislation.gov.uk">http://www.legislation.gov.uk</a></td>
</tr>
<tr>
<td>Equalities and Human Rights Commissions</td>
<td><a href="http://www.equalityhumanrights.com">http://www.equalityhumanrights.com</a></td>
</tr>
<tr>
<td>Skills for Care and Development</td>
<td><a href="http://www.skillsforcareanddevelopment.org.uk">http://www.skillsforcareanddevelopment.org.uk</a></td>
</tr>
<tr>
<td>Care Quality Commission</td>
<td><a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a></td>
</tr>
<tr>
<td>Association of Health Care Professionals</td>
<td><a href="http://www.ahcpuk.org/">http://www.ahcpuk.org/</a></td>
</tr>
<tr>
<td>National Occupational Standards (NOS) Database</td>
<td><a href="http://nos.ukces.org.uk">http://nos.ukces.org.uk</a></td>
</tr>
<tr>
<td>Safeguarding Adults Board</td>
<td>(Each city/ region has a unique website)</td>
</tr>
<tr>
<td>Local Social Services Authority</td>
<td>(Each city/ region has a unique website)</td>
</tr>
<tr>
<td>Independent Safeguarding Authority</td>
<td><a href="http://www.isa.homeoffice.gov.uk/">http://www.isa.homeoffice.gov.uk/</a></td>
</tr>
<tr>
<td>BBC news</td>
<td><a href="http://www.bbc.co.uk/news/uk-19365722">http://www.bbc.co.uk/news/uk-19365722</a></td>
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</tbody>
</table>