



Level 2 Adult Social Care Certificate

Qualification Specification

May 2024

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About QUALIFI

QUALIFI is recognised and regulated by Ofqual (Office of Qualifications and Examinations Regulator). Our Ofqual reference number is RN5160. Ofqual regulates qualifications, examinations, and assessments in England.

As an Ofqual recognised Awarding Organisation, QUALIFI is required to carry out external quality assurance to ensure that centres approved for the delivery and assessment of QUALIFI's qualifications meet the required standards.

Why Choose QUALIFI Qualifications?

QUALIFI qualifications aim to support learners to develop the necessary knowledge, skills and understanding to support their professional development within their chosen career and or to provide opportunities for progression to further study.

Our qualifications provide opportunities for learners to:

- apply analytical and evaluative thinking skills
- develop and encourage problem solving and creativity to tackle problems and challenges
- exercise judgement and take responsibility for decisions and actions
- develop the ability to recognise and reflect on personal learning and improve their personal, social, and other transferable skills.

Employer Support for the Qualification Development

During the development of this qualification QUALIFI consults with a range of employers, providers, and existing centres (where applicable) to ensure rigour, validity and demand for the qualification and to ensure that the development considers the potential learner audience for the qualification and assessment methods.

Equality and Diversity

QUALIFI's qualifications are developed to be accessible to all learners who are capable of attaining the required standard. QUALIFI promotes equality and diversity across aspects of the qualification process and centres are required to implement the same standards of equal opportunities and ensure teaching and learning are free from any barriers that may restrict access and progression.

Learners with any specific learning need should discuss this in the first instance with their approved centre who will refer to QUALIFI's Reasonable Adjustment and Special Consideration Policy.

Qualification Title and Accreditation Number

This qualification has been accredited to the Regulated Qualification Framework (RQF) and has its own unique Qualification Accreditation Number (QAN). This number will appear on the learner's final certification document. Each unit within the qualification has its own RQF code. The QAN for this qualification is as follows:

Qualifi Level 2 Adult Social Care Certificate (610/4201/8)

Qualification Aims and Learning Outcomes

Aims of the QUALIFI Level 2 Adult Social Care Certificate

The aim of the QUALIFI Level 2 Adult Social Care Certificate is to provide learners with an understanding of the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Learners will develop practical skills for a career in adult social care.

Successful completion of the QUALIFI Level 2 Adult Social Care Certificate provides learners with the opportunity to progress to further study or employment.

Learning Outcomes of the QUALIFI Level 2 Adult Social Care Certificate

The overall learning outcomes of the qualification are for learners to:

ASCC-01: Understand Own Role: Develop an understanding of their responsibilities and areas of accountability within their role, how to work in ways that have been agreed with their employer and demonstrate working relationships in health and social care.

ASCC-02: Personal Development: Agree a personal development plan that identifies their learning and development needs, opportunities for development, and sources of support in their role.

ASCC-03: Duty of Care: Develop an understanding of duty of care in their role, address dilemmas that may arise about duty of care, as well as considering the ways to deal with comments, complaints, incidents, errors and near misses in health and social care.

ASCC-04: Equality, Diversity, Inclusion, and Human Rights: Develop an understanding of equality, diversity and inclusivity in health and social care. The actions that can be taken to reduce inequalities and enhance inclusion to ensure services that are provided to people are accessible and fair to everyone involved.

ASCC-05: Work in a Person-centred Way: Develop an understanding of what is meant by person-centred values and how to work in a person-centred way to support individuals to maintain their identity, self-esteem, spiritual wellbeing and overall wellbeing.

ASCC-06: Communication: Develop an understanding of the importance of communication and confidentiality in health and social care, and how to meet the communication and language needs,

wishes and preferences of individuals using a range of communication methods, aids and technologies.

ASCC-07: Privacy and Dignity: Develop an understanding of the principles that underpin privacy and dignity in care and how to support people to remain autonomous, independent and involved in making choices about their care.

ASCC-08: Nutrition and Hydration: Develop an understanding of food safety, nutrition and hydration in health and social care. Support people to access healthy, nutritious and sustainable food and drink in accordance with their needs and preferences.

ASCC-09: Awareness of Mental Health and Dementia: Develop an understanding of the needs and experiences of people living with mental health or dementia, the legal framework around each and person-centred approaches that underpins good practice.

ASCC-10: Adult Safeguarding: Develop an understanding of the principles of adult safeguarding, how to minimise the risk of abuse and what to do in the event of suspected abuse of an adult.

ASCC-11: Safeguarding Children: Develop an awareness of safeguarding children within adult social care, identifying the signs and indicators of child abuse and what to do in the event of suspected abuse of a child.

ASCC-12: Health, Safety, and Principles of Basic Life Support: Develop an understanding of own responsibilities, and the responsibilities of others, relating to health, safety and well-being in health and social care. Work within the scope of their qualifications, competence, skills and experience when providing care and support. Understand, and where appropriate apply in practice, procedures for responding to accidents, sudden illness and providing basic life support.

ASCC-13: Handling Information: Develop an understanding the principles of handling and managing information in health and social care, maintain clear and accurate records, and what to do in the event of a data breach or when agreed ways of working are not followed.

ASCC-14: Infection Prevention and Control (IPC): Develop an understanding of the causes of infection and the chain of infection. The importance of good IPC, cleanliness and use of PPE to manage, prevent and reduce the risk of infection in health and social care.

ASCC-15: An Awareness of Learning Disability and Autism: Develop an understanding of the needs and experiences of a people with a learning disability or autistic people, the legal framework around each, and person-centred approaches that underpins good practice.

The learning outcomes and assessment criteria for each unit are outlined in the unit specifications.

Delivering the Qualification

External Quality Assurance Arrangements

All centres are required to complete an approval process to be recognised as an approved centre. Centres must have the ability to support learners. Centres must commit to working with QUALIFI and its team of External Quality Assurers (EQAs). Approved Centres are required to have in place qualified and experienced tutors, all tutors are required to undertake regular continued professional development (CPD).

Approved centres will be monitored by QUALIFI External Quality Assurers (EQAs) to ensure compliance with QUALIFI requirements and to ensure that learners are provided with appropriate learning opportunities, guidance, and formative assessment.

QUALIFI's guidance relating to invigilation, preventing plagiarism and collusion will apply to centres.

QUALIFI, unless otherwise agreed:

- sets all assessments;
- moderates' assessments prior to certification;
- awards the final mark and issues certificates.

Learner Induction and Registration

Approved centres must conduct an initial assessment for all learners and provide a comprehensive induction to their study program, qualification requirements, and assessment procedures.

All learners should expect to be issued with the course handbook and a timetable and meet with their personal tutor. Centres should assess learners carefully to ensure that they are able to meet the requirements of the qualification.

Centres will need to ensure that learners have access to a full range of information, advice and guidance to support them in selecting the right qualification to meet their needs and preferences. During recruitment, approved centres need to provide learners with accurate information on the title and focus of the qualification for which they are studying.

All learners must be registered with QUALIFI within the deadlines outlined in the QUALIFI Registration, Results and Certification Policy and Procedure.

Entry Criteria

Approved Centres are responsible for reviewing and making decisions as to the applicant's ability to complete the learning programme successfully and meet the demands of the qualification. The initial assessment by the centre will need to consider the support that is readily available or can be made available to meet individual learner needs as appropriate.

The qualification has been designed to be accessible without artificial barriers that restrict access.

For this qualification:

- Learners will work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service.
- They will typically work under the direction of their manager or supervisor.
- Employees must be over 19 to complete the qualification.

It is recommended that an employer specific induction and mandatory training be completed prior to the learner starting this qualification. However, the employer can decide if the level 2 Adult Social Care Certificate qualification can be completed alongside an employer specific induction and mandatory training. The level 2 Adult Social Care Certificate qualification does not replace the need for employer-specific induction or mandatory training.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

QUALIFI encourages centres to recognise learners' previous achievements and experiences whether at work, home or at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning. RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit or units.

Evidence of learning must be valid and reliable. For full guidance on RPL please refer to QUALIFI's *Recognition of Prior Learning Policy*.

Data Protection

All personal information obtained from learners and other sources in connection with studies will be held securely and will be used during the course and after they leave the course for a variety of purposes and may be made available to our regulators. These should be all explained during the enrolment process at the commencement of learner studies. If learners or centres would like a more detailed explanation of the partner and QUALIFI policies on the use and disclosure of personal information, please contact QUALIFI via email support@QUALIFI-international.com

Learner Voice

Learners can play an important part in improving the quality through the feedback they give. In addition to the on-going discussion with the course team throughout the year, centres will have a range of mechanisms for learners to feed back about their experience of teaching and learning.

Professional Development and Training for Centres

QUALIFI supports its approved centres with training related to our qualifications. This support is available through a choice of training options offered through publications or through customised training at your centre.

The support we offer focuses on a range of issues including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing learner-centred learning and teaching approaches
- building in effective and efficient quality assurance systems.

Please contact us for further information.

Progression and Links to other QUALIFI Programmes

Completing the **QUALIFI** Level 2 Adult Social Care Certificate will enable learners to progress to:

- QUALIFI Level 3 qualifications.
- Other related higher-level qualifications.
- Employment in an associated profession.

Qualification Structure and Requirements

Credits and Total Qualification Time (TQT)

The QUALIFI Level 2 Adult Social Care Certificate is made up of 36 credits which equates to 360 hours TQT.

Total Qualification Time (TQT) is an estimate of the total amount of time that could reasonably be expected to be required for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Examples of activities that can contribute to Total Qualification Time includes guided learning, independent and unsupervised research/learning, unsupervised compilation of a portfolio of work experience, unsupervised e-learning, unsupervised e-assessment, unsupervised coursework, watching a prerecorded podcast or webinar, unsupervised work-based learning. ^[1]_[SEP]

Guided Learning Hours (GLH) are defined as the time when a tutor is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in, for example, open learning centres and learning workshops, live webinars, telephone tutorials or other forms of e-learning supervised by a tutor in real time. Guided learning includes any supervised assessment activity; this includes observed assessment and observed work-based practice.

Rules of Combination for QUALIFI Level 2 Adult Social Care Certificate

All Units are mandatory.

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
D/651/1555	Understand Own Role	2	20	2	14
F/651/1556	Personal Development	2	30	3	21
H/651/1557	Duty of Care	2	20	2	14
J/651/1558	Equality, Diversity, Inclusion, and Human Rights	2	20	2	14
K/651/1559	Work in a Person-centred Way	2	30	3	21
R/651/1560	Communication	2	30	3	21
T/651/1561	Privacy and Dignity	2	30	3	21
Y/651/1562	Nutrition and Hydration	2	20	2	14

Unit Reference	Mandatory Units	Level	TQT	Credit	GLH
A/651/1563	Awareness of Mental Health and Dementia	2	30	3	21
D/651/1564	Adult Safeguarding	2	30	3	21
F/651/1565	Safeguarding Children	2	10	1	7
H/651/1566	Health, Safety, and Principles of Basic Life Support	2	30	3	21
J/651/1567	Handling Information	2	10	1	7
K/651/1568	Infection, Prevention and Control	2	20	2	14
L/651/1569	An Awareness of Learning Disability and Autism	2	30	3	21
Total			360	36	252

Achievement Requirements

Learners must demonstrate they have met all learning outcomes and assessment criteria for all the required units to achieve this qualification. QUALIFI will issue certificates to all successful learners via their registered centres.

Awarding Classification/Grading

This qualification grading: **Pass/Fail**

All units will be internally assessed through written assignment, internally marked by the QUALIFI approved centre and subject to external quality assurance by QUALIFI.

Assessment Strategy and Methods

Assessment

This qualification is vocational in nature and has been designed to support learners in their career progression within the health and social care field. Learners will be required to demonstrate not only knowledge and understanding but also the practical application of their skills. Intellectual rigor commensurate with the level of qualification will be expected.

To meet QUALIFI's aim to provide an appropriate assessment method, each unit will be assessed through tasks that will be written in ways that make them realistic 'work-related' tasks wherever possible. These tasks will address all learning outcomes and related assessment criteria, all of which must be demonstrated/passed to achieve the qualification.

The assessment tasks will require learners to draw on real organisational information, case studies or professional discussion to illustrate their answers. To support this activity during the programme of learning, centres are required to make sure that they include case studies of relevant organisations and, wherever possible, encourage learners to draw on work-place opportunities to undertake research and investigation to support their learning.

Some assessment tasks will contain a practical assignment which will require observation by an assessor, see Assessment Guidance for further information.

Assignments will contain a question strand for each of the given unit's learning outcomes.

Learner assessments will be internally marked by the approved centre and will be subject to external moderation by QUALIFI prior to certification.

The sector has delivered the prior recommended Care Certificate standards since 2015, therefore there may be existing assessment skills in the workforce which could be utilised in the assessment and qualification process.

Additional Assessment Principles Guidance

The following guidance and approaches to practice have been developed and agreed by Skills for Care and the Joint Awarding Body Quality Group (JABQG).

- Flexible arrangements to support existing principles and approaches to assessment during the COVID-19 pandemic **have now been removed**. There is an expectation that centres delivering qualifications return to full assessment approaches as guided by the assessment principles.
- Direct observation requirements:
 - Skills based assessment 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.
 - Direct observation should continue to act as the preferred main source of evidence for skills-based assessment criteria within work-based qualifications in the sector.
- Use of expert witness:
 - The use of an expert witness does not replace the need for direct observation.
 - An expert witness in the workplace can be used to provide direct observation evidence when the assessor is not occupationally competent in a specialist area e.g., specialist healthcare tasks.
- Use of technology in the assessment process:
 - recording, storage, and accessibility issues comply with legal requirements in relation to confidentiality and data protection
 - centre practices with using different methods of technology are supported by robust centre policies, standardised practices and meet requirements set by the awarding organisation and Ofqual as the regulatory body.
- Using technology to carry out direct assessment e.g., remote observation (the assessor observing the learner on-line carrying out a work activity):

- Whilst we take valuable learning forward and embrace developments, we must not lose sight of the nature of qualifications in the health and social care sector. They are competence and work based and there needs to be appropriate consideration and balance when technology is being used to carry out assessment of a qualification e.g., observing skills and practice of a learner. Carrying out a remote observation **does not** replace the need for direct observation in person.
- When could it be considered appropriate to carry out a remote observation with the use of the technology?
- When the work activity is task orientated and does not include or require the presence of an individual accessing care or their families.
- As an approach to enrich, enhance and triangulate the main direct observations and other assessment methods which have been planned and carried out.

For more details on the assessment principles mentioned in this document and extra guidance, please refer to the Skills for Care website through the following link:

[Awarding organisations \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

Assessment and Evidence for the components

Assessment must address the LO (learning outcome) and AC (assessment criteria) requirements and take direction from the assessment guidance contained within each unit. Centres must use the following assessment method as primary source of evidence for skills-based assessment:

- Direct Observation of Performance in the Work Environment (this must be the main source of evidence for the skills-based assessments)

There are several methods that may be considered when looking to supplement the primary assessment method of observation. These serve to help ensure that there is sufficient demonstrable evidence of coverage of the Care Certificate and that the evidence in each unit follows the assessment guidance specified in that unit. These supplementary methods include:

- Use of Expert Testimony.
- Practical Examination, with suitable measures of control to ensure authentic assessment performance.
- Examining Products of Work.
- Oral / Written Questioning.
- Discussion with the Learner.
- Looking at Learner Statements.
- Recognising Prior Learning.
- Simulation (where specified in the unit assessment requirements and then only where evidence cannot be generated through normal work activity.)
- Assignments.
- Projects.
- Case Studies.
- Multi choice questions.

All assessments can be presented in a portfolio of evidence. Qualifi will provide guidance on assessment to all centres delivering this qualification.

Ensuring the Validity of Candidate Assessment and Evidence

As much as is possible and feasible, direct observation of performance on skills-based assessment should look at opportunities to demonstrate naturally occurring evidence in the day-to-day performance of the occupational role and the service provision. This means the assessment can look synoptically across individual units and allow the candidate to demonstrate the target proficiencies from different but related parts of the qualification. In areas where there is not the opportunity to use performance-driven evidence within the timeframe of the qualification (e.g. with Unit 1, criterion 1.4), other evidence to show that the learner would be able to do this can be considered. Similarly, evidence integral to skills-based learning outcomes, like the underpinning knowledge and understanding required to demonstrate the skills successfully, can be generated using methods from the supplementary methods, but the final assessment of the target proficiencies must be based on the demonstration of the application of knowledge within the real work environment.

QUALIFI will provide assessment guidance and exemplar assessment tasks for each unit of this qualification. These tasks will address all learning outcomes and related assessment criteria, all of which must be demonstrated/passed to achieve the qualification. The tasks will highlight those aspects of the unit that should be evidenced through performance-based observation and methods considered to be valid for those aspects that cannot be addressed this way.

Learner assessments will be internally marked by the approved centre and will be subject to external moderation by QUALIFI prior to certification. All centre-based assessment materials should be pre-moderated by QUALIFI prior to implementation, and there is guidance on how to create valid assessment plans at the provider level.

Unit Specifications

Unit ASCC-01: Understand Own Role

Unit code: D/651/1555

RQF level: 2

Unit Aim

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

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1.	Understand own role.	1.1	Explain own main duties and responsibilities.
		1.2	Identify the standards and codes of conduct and practice that relate to their own role
		1.3	Describe how experiences, attitudes, values, and beliefs may affect the way they work
		1.4	Identify the different opportunities for professional and career development in the sector
2	Work in ways that have been agreed with the employer.	2.1	Describe their own employment rights and responsibilities
		2.2	Discuss the aims, objectives, and values of the service in which they work
		2.3	Explain why it is important to work in ways that are agreed with their employer
		2.4	Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to their own role.
		2.5	Demonstrate working in accordance with their employer's agreed ways of working.
		2.6	Explain how and when to escalate any concerns in line with organisational policy or ways of working.

		2.7	Explain why it is important to be honest and identify where errors may have occurred and to tell the appropriate person
3	Understand working relationships in social care.	3.1	Explain their own responsibilities to the individuals being supported as well as key people, advocates and others who are significant to an individual.
		3.2	Explain how a working relationship is different from a personal relationship.
		3.3	Describe different working relationships in adult social care settings
4	Work in partnership with others.	4.1	Explain why it is important to work in teams and in partnership with others
		4.2	Explain why it is important to work in partnership with key people, advocates and others who are significant to individuals being supported.
		4.3	Demonstrate behaviours, attitudes, and ways of working that can help improve partnership working
		4.4	Demonstrate how and when to access support and advice about: <ul style="list-style-type: none"> ▪ partnership working ▪ resolving conflicts.

Guidance notes:

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

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

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

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

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

Criteria 1.4: Whilst it is recognised that learners will have their own aspirations, the achievement of this criteria should enable the learner to understand that there are a wide range of development opportunities when working in adult social care and a rewarding career can be gained.

Criteria 2.6: This should include reference to whistleblowing procedures: where a person (the whistle blower) exposes any kind of information or activity that is deemed illegal, unethical, or incorrect.

Assessment guidance:

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

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

Criteria 4.4: 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 ASCC-02: Personal Development

Unit code: F/651/1556

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. The unit introduces the learner to the concepts of personal development and reflective practice, and ways to implement these.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Agree a personal development plan	1.1	Explain the processes for: <ul style="list-style-type: none">▪ identifying their own learning needs▪ agreeing a personal development plan and who should be involved
		1.2	Explain why feedback from others is important in helping to develop and improve approaches to their own work
		1.3	Explain how to contribute to and agree their own personal development plan
2	Develop own knowledge, skills and understanding.	2.1	Identify sources of support for their own learning and development
		2.2	Explain how learning activities have improved their own knowledge, skills and understanding
		2.3	Explain the level of literacy, numeracy, digital and communication skills needed to carry out their own role
		2.4	Explain where to find information and support on how to check and develop their own current level of: <ul style="list-style-type: none">▪ literacy▪ numeracy▪ digital▪ communication skills.
		2.5	Describe how reflecting on a situation has improved their own knowledge, skills and understanding
		2.6	Describe how feedback from others has developed their own knowledge, skills and understanding
		2.7	Demonstrate how to measure their own knowledge, performance and understanding against relevant standards

		2.8	Outline the learning opportunities available and how they can be used to improve ways of working
		2.9	Demonstrate how to record progress in relation to their own personal development

Guidance notes:

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

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

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

Sources of support: May include:

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

Literacy, numeracy, digital and communication skills: Will be appropriate to the learners individual learning and development needs. This could include exploring different options available to develop such skills. On-going development of all these skills will support all aspects of the learners practice and could reference to an appropriate functional skill level needed where applicable.

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

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

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

Assessment guidance:

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

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

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

Unit ASCC-03: Duty of Care

Unit code: H/651/1557

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It introduces the learner to the concept of duty of care and awareness of dilemmas or complaints that may arise where there is a duty of care, and how to address or respond to dilemmas, complaints, comments or incidents.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand duty of care and duty of candour.	1.1	Define: <ul style="list-style-type: none">▪ duty of care▪ duty of candour
		1.2	Describe how duty of care and duty of candour affects their own work role
2	Understand the support available for addressing dilemmas that may arise about duty of care.	2.1	Explain dilemmas that may arise between the duty of care and an individual's rights
		2.2	Describe what they must and must not do within their own role in managing conflicts and dilemmas
		2.3	Identify where to get additional support and advice about how to resolve such dilemmas
3	Deal with Comments and complaints.	3.1	Demonstrate how to respond to comments and complaints in line with agreed ways of working and legislation
		3.2	Identify who to ask for advice and support in handling comments and complaints
		3.3	Explain the importance of learning from comments and complaints to improve the quality of service
4	Know how to respond to incidents, errors and near misses.	4.1	Explain how to recognise: <ul style="list-style-type: none">▪ adverse events▪ incidents▪ errors and near misses
		4.2	Explain what they must and must not do in relation to adverse events, incidents, errors and near misses.
		4.3	Identify agreed ways of working in relation to reporting any adverse events, incidents, errors and near misses

5	Deal with confrontation and difficult situations.	5.1	Identify factors and difficult situations that may cause confrontation
		5.2	Describe how communication can be used to solve problems and reduce the likelihood or impact of confrontation.
		5.3	Explain how to assess and reduce risks in confrontational situations
		5.4	Demonstrate how and when to access support and advice about resolving conflicts
		5.5	Explain agreed ways of working for reporting any confrontations

Guidance notes:

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

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

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

Criteria 3.1: Responding should incorporate the formal reporting procedures in the workplace.

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

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

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

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

Assessment guidance:

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

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

3.1 and 5.4 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 ASCC-04: Equality, Diversity, Inclusion, and Human Rights

Unit code: J/651/1558

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It introduces the learner to the concepts of equality, diversity and inclusion which are fundamental to such roles

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the importance of equality, diversity, inclusion, and human rights.	1.1	Define what is meant by: <ul style="list-style-type: none">▪ human rights▪ protected characteristics
		1.2	Identify what is meant by discrimination and the potential effects on individuals and others
		1.3	Describe how practices that support equality, diversity, inclusion, and human rights reduce the likelihood of discrimination
		1.4	Explain what is meant by disability hate crime, hate crime and bullying
		1.5	Explain how to recognise, challenge and report discrimination in line with their employers' policies and procedures, in a way that encourages positive change
2	Work in an inclusive way.	2.1	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
		2.2	Describe approaches and practices which support culturally appropriate care
		2.3	Demonstrate interaction with individuals and others in a way that respects their lifestyle, beliefs, culture, values, and preferences
3	Access information, advice and support about equality, diversity, inclusion, and human rights.	3.1	Identify a range of sources, including those made available by their employer, with information, advice and support about equality, diversity, inclusion, and human rights

		3.2	Explain how and when to access information, advice and support about equality, diversity, inclusion, and human rights
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Guidance notes:

Protected characteristics: As defined by the Equality Act 2010

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

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

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

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

Mate crime: Mate crime is someone says they are your friend, but they do things that take advantage of you, such as asking for money a lot. Please see a definition provided by Mencap here:

<https://www.mencap.org.uk/advice-and-support/bullyingand-discrimination/mate-and-hate-crime>.

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

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

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

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

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

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

Assessment guidance:

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

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

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

Unit ASCC-05: Work in a Person-centred Way

Unit code: K/651/1559

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to understand and implement person centred approaches.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand person centred values.	1.1	Identify person-centred values
		1.2	Explain how to put person-centred values into practice in their day-to-day work
		1.3	Explain why it is important to work in a way that promotes person centred values when providing support to individuals
		1.4	Give examples of ways to promote dignity in their day-to-day work
		1.5	Explain the importance of relationships significant to the individual being supported when working in a person-centred way
2	Understand working in a person-centred way.	2.1	Explain the importance of finding out the history, preferences, wishes and needs of the individual
		2.2	Explain why the changing needs of an individual must be reflected in their care and/or support plan
		2.3	Explain the importance of supporting individuals to plan for their future wellbeing and fulfilment, including end of life care
3	Understand the meaning of mental capacity when providing person centred care.	3.1	Identify relevant legislation and codes of practice relating to mental capacity
		3.2	Define what is meant by the term “capacity”
		3.3	Explain why it is important to assume that an individual has capacity unless there is evidence that they do not

		3.4	Explain what is meant by “consent,” and factors that influence an individual’s mental capacity and ability to express consent
		3.5	Identify 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.
4	Support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress.	4.1	Ensure that where individuals have restricted movement or mobility that they are comfortable
		4.2	Recognise the signs that an individual is in pain, discomfort, or emotional distress
		4.3	Take appropriate steps to remove or minimise factors which may be causing pain, discomfort, or emotional distress to the individual
		4.4	Raise any concerns directly and appropriately with others concerned and report any concerns they have following agreed ways of working
5	Support the individual to maintain their identity, self-esteem, spiritual wellbeing and overall wellbeing	5.1	Explain how individual identity and self-esteem are linked to emotional, spiritual wellbeing, and overall wellbeing
		5.2	Demonstrate that their own attitudes and behaviours promote emotional, spiritual wellbeing, and overall wellbeing of the individual.
		5.3	Support and encourage individual’s own sense of identity and self-esteem
		5.4	Report any concerns about the individual’s emotional, spiritual wellbeing and overall wellbeing to the appropriate person.
6	Support the individual using person centred values	6.1	Demonstrate a range of actions which promote person centred values

Guidance notes:

Person Centred Values:

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

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

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

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

Legislation and codes of practice: As a minimum:

- Mental Capacity Act 2005/Liberty Protection Safeguards.

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

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

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

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

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

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

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

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

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

Criteria 2.3: In reference to planning for **End-of-Life Care**, everyone should have the opportunity to develop an Advance Care Plan, this helps people to have a good end of life experience by ensuring their wishes and respecting the person's treatment and support preferences are known and can be supported. The Advance Care Plan should be reviewed regularly. The plan may include a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision which means the person does not want cardiopulmonary resuscitation (CPR) if their heart or breathing stops. This does not mean the withdrawal of all treatment. Part of this plan may also include a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form which records an individual's wishes about a range of health care and treatments.

Assessment guidance:

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

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

Criteria 4.1, 4.2, 4.3, 4.4 requires the learner to provide performance evidence however the opportunity to do this may not arise during the period of the qualification. Direct observation is the preferred main source of evidence, however other evidence to show that the learner would be able to do this if real work evidence is not available is permissible.

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

Unit ASCC-06: Communication

Unit code: R/651/1560

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to communicate with others in work settings, ways to reduce barriers to communication and how to maintain confidentiality when communicating with and about others.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the importance of effective communication in the workplace.	1.1	Identify the different ways that people communicate in the workplace
		1.2	Explain how communication affects relationships at work
2	Understand how to meet the communication and language needs, wishes and preferences of individuals.	2.1	Explain how to establish an individual's communication and language needs, wishes and preferences
		2.2	Identify a range of methods, styles, communication aids and assistive technologies that could help meet an individual's communication needs, wishes and preferences
		2.3	Identify a range of digital communication tools that can be used to support and enhance the individual's communication needs, wishes, preferences and connections
3	Understand how to promote effective communication with individuals.	3.1	Identify barriers to effective communication with individuals and how they can be reduced
		3.2	Explain how an individual's behaviour may be a form of communication
		3.3	Identify where to find information and support or services, to help individuals communicate more effectively
4	Use appropriate communication with individuals and support the safe use of communication aids and technologies.	4.1	Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals.
		4.2	Demonstrate the appropriate and safe use of communication aids, assistive technologies, and digital tools

		4.3	Check whether they have been understood when communicating with individuals
		4.4	Explain why it is important to observe and be receptive to an individual's reactions when communicating with them
		4.5	Report any concerns about communication aids or technologies to the appropriate person
5	Understand the principles and practices relating to confidentiality.	5.1	Explain what confidentiality means in relation to their role
		5.2	Identify legislation and agreed ways of working which maintain confidentiality across all types of communication
		5.3	Describe situations where information, normally considered to be confidential, might need to be passed on
		5.4	Identify who they should ask for advice and support about confidentiality

Guidance notes:

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

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

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

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

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

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

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

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

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

Barriers: May include, but are not limited to:

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

Support or services: In this context may include:

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

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

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

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

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

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

Criteria 4.1 Requires the learner to demonstrate appropriate use of verbal and non-verbal communication with individuals. This would include consideration and appropriate use of:

- language
- words
- tone, pitch
- volume

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

Criteria 4.2 Will be relevant to the learner's role and ideally should relate to the support the learner is providing to the individual. If this is not achievable then as a minimum this can be evidenced within daily practices and use of digital tools in the in the workplace.

Criteria 4.5 Could include reporting using recommended and **agreed ways of working** and systems, such as:

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

Assessment guidance:

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

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

Criteria 4.5 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 ASCC-07: Privacy and Dignity

Unit code: T/651/1561

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to understand the principles, and to treat people with respect and dignity.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the principles that underpin privacy and dignity in care.	1.1	Define what is meant by privacy and dignity
		1.2	Identify situations where an individual's privacy and dignity could be compromised.
		1.3	Describe different ways to maintain privacy and dignity of individuals in their care and support.
2	Maintain the privacy and dignity of the individuals in their care.	2.1	Demonstrate that their actions promote and maintain the privacy and dignity of individuals
		2.2	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
3	How to support an individual's right to make choices.	3.1	Describe ways of supporting individuals to make informed choices
		3.2	Explain how risk assessment processes can be used to support the rights of individuals to make their own decisions
		3.3	Explain why their own personal views must not influence an individual's own choices or decisions
		3.4	Explain why there may be times when they need to support an individual to question or challenge decisions made about them by others
4	Support individuals in making choices about their care.	4.1	Demonstrate how to support individuals to make informed choices
		4.2	Use risk assessment processes to support the rights of individuals to make their own decisions

		4.3	Ensure their own personal views do not influence an individual's own choices or decisions.
5	Understand how to support active participation.	5.1	Explain how valuing individuals contributes to active participation
		5.2	Explain how to enable individuals to make informed choices about their lives
		5.3	Identify a range of ways they can support active participation with individuals
		5.4	Explain the importance of enabling individuals to be as independent as possible and to maintain their own network of relationships and connections with their community
6	Support individuals in active participation of their own care.	6.1	Demonstrate how to support the active participation of individuals
		6.2	Explain how their own personal views could restrict the individual's ability to actively participate

Guidance notes:

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

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

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

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

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

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

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

Criteria 1.3 and 2.1 Could include but not limited to:

- using appropriate volume to discuss the care and support of an individual
- discussing care and support activities in a place where others cannot overhear
- using the individual's preferred form of address/name
- making sure doors, screens, or curtains are in the correct position
- getting permission before entering someone's personal space

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

Assessment guidance:

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

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

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

Unit ASCC-08: Nutrition and Hydration

Unit code: Y/651/1562

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to understand the principles, and to develop good practice that support good nutrition and hydration in care settings.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the principles of food safety.	1.1	Explain the importance of food safety, including hygiene in the preparation and handling of food
2	Understand the principles of nutrition and hydration.	2.1	Explain the importance of good nutrition and hydration in maintaining health and wellbeing
		2.2	Identify signs and symptoms of poor nutrition and hydration
		2.3	Describe ways to promote and support adequate nutrition and hydration
		2.4	Explain how to identify and report changes or risks relating to nutrition and hydration needs
3	Support individuals with nutrition and hydration.	3.1	Explain how to identify the nutrition and hydration care and support needs of individuals
		3.2	Identify factors that can affect an individual's nutrition and hydration care and support needs
		3.3	Support individuals with their nutrition and hydration in line with their preferences, needs and care or support plan.
		3.4	Monitor and record (where required) the nutrition and hydration care and support provided to individuals
		3.5	Identify when they might need to seek additional advice and guidance when supporting individuals with their nutrition and hydration needs, as well as how to obtain it.

Guidance notes:

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

It is acknowledged that individuals have a range of care and support needs in this area of care. This unit does require the learner to provide performance evidence (8.3c and d) and this needs to reflect and be contextualised to the needs of the individuals the learner is providing care and support for.

Here are some examples of how the required performance evidence might be contextualised and confirmed in the learner's practice:

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

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

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

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

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

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

- health needs and conditions: diabetes, coeliac disease, heart disease

- dietary requirements
- physical factors: eating, drinking, or swallowing difficulties, aspiration/choking
- impact of poor oral health
- food allergies
- appetite
- moral or ethical beliefs
- religious requirement or cultural preference
- personal choice and control
- mental capacity
- mental health and wellbeing
- eating disorders
- side effects of medication.

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

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

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

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

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

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

Assessment guidance:

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

Criteria 3.3 and 3.4: Both criteria should be evidenced in normal work activity and assessment advice has been provided above of how this could be contextualised and achieved. It is acknowledged there may still be situations where learners may not have the opportunity to demonstrate these skills. Other sufficient appropriate evidence to show that the learner would be able to do this is permissible. An assessment method such as a Professional Discussion could be planned and used to achieve this. Justification for this must be standardised and documented by the centre delivering the qualification.

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

Unit ASCC-09: Awareness of Mental Health and Dementia

Unit code: A/651/1563

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge to understand the needs of and experience of people living with mental health or dementia. It considers how to effectively support and promote mental well-being and mental health with individuals and groups in a variety of contexts.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the needs and experiences of people living with mental health or dementia.	1.1	Define what is meant by the terms: <ul style="list-style-type: none">▪ mental health▪ mental well-being
		1.2	Identify common types of mental health conditions
		1.3	Define what is meant by the term dementia
		1.4	Explain how living with a mental health condition or dementia can impact an individual's: <ul style="list-style-type: none">▪ everyday life and the lives of their families and carers▪ health and well-being▪ care and support needs
2	Understand the importance of early identification of mental health conditions and dementia.	2.1	Explain how to recognise early indicators of mental health deterioration
		2.2	Identify early signs and symptoms of dementia
		2.3	Explain why early identification of mental health needs or dementia is important.
		2.4	Explain how an individual's care and support needs may change when a mental health condition or dementia is identified or when there is a decline in the individual's condition
		2.5	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

3	Understand aspects of personalised care which support an individual living with a mental health condition or dementia.	3.1	Explain how positive attitudes can support individuals living with a mental health condition or dementia
		3.2	Explain why it is important to recognise a person living with a mental condition or dementia as a unique individual.
		3.3	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
		3.4	Describe barriers individuals living with a mental health condition or dementia can face in accessing healthcare services
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.	4.1	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.
		4.2	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
5	Understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia.	5.1	Explain how key pieces of legislation and guidelines support and promote human rights, inclusion, equal life chances and citizenship of individuals living with a mental health condition or dementia

Guidance notes:

Where the criteria references mental health or dementia then the learner should cover both.

Criteria 1.1: Whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and well-being relate to every person.

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

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

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

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

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

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

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

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

Criteria 3.2 additional information: A strength-based approach focuses on individuals' strengths, resources and what they can do themselves to keep well and maintain independence. Whilst the Level 2 learner may not yet be familiar with this term, they should be encouraged to understand how this term relates to and builds on person-centred approaches and active participation.

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

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

Legislation and guidance: including but not limited to:

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

Within criteria and response for 5.1, the learner should be encouraged to reflect on their existing knowledge of the appropriate legislation and guidance and how this supports individuals living with a mental health condition or dementia.

Assessment guidance:

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

Unit ASCC-10: Adult Safeguarding

Unit code: D/651/1564

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to understand the importance 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.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the principles of Adult Safeguarding be able to apply them in practice.	1.1	Define explain the term adult safeguarding
		1.2	Describe the legal definition of an adult at risk
		1.3	Explain own role and responsibilities in adult safeguarding
		1.4	Describe what constitutes harm
		1.5	Identify the main types of abuse
		1.6	Identify possible indicators of abuse
		1.7	Identify a range of factors which have featured in adult abuse and neglect
		1.8	Describe the range of potential risks associated with using technology and how to support individuals to be safe without being risk averse.
		1.9	Demonstrate that individuals are treated with dignity and respect when providing care and support services
		1.10	Identify where to get information and advice about their own role and responsibilities in preventing and protecting individuals from harm and abuse

2	Know how to reduce the likelihood of abuse.	2.1	Explain why an individual may be at risk from harm or abuse
		2.2	Explain how care environments can promote or undermine people's dignity.
		2.3	Explain the importance of individualised and person-centred care
		2.4	Explain how to apply basic principles of supporting individuals to keep themselves safe
		2.5	Explain how the likelihood of abuse may be reduced by: <ul style="list-style-type: none"> ▪ working with person centred values ▪ enabling active participation ▪ promoting choice and rights ▪ working in partnership with others
3	Know how to respond to suspected or disclosed abuse.	3.1	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
4	Protect people from harm and abuse – locally and nationally.	4.1	Explain relevant legislation, principles, local and national policies, and procedures which relate to safeguarding adults
		4.2	Identify the local arrangements for the implementation of multi- agency Adult Safeguarding policies and procedures
		4.3	Explain the importance of sharing appropriate information with the relevant agencies
		4.4	Describe the actions to take if they experience barriers in alerting or referring to relevant agencies
5	Understand restrictive practices.	5.1	Define what is meant by 'restrictive practice'
		5.2	Identify organisational policies and procedures in relation to restrictive practices and their own role in implementing these
		5.3	Explain the importance of seeking the least restrictive option for the individual

Guidance notes:

Legal definition: According to the Care Act 2014.

Types of abuse must include:

- physical abuse
- domestic abuse
- sexual abuse
- psychological abuse

- financial/material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect/acts of omission
- self-neglect.

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

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

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

Risk: may include:

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

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

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

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

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

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

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

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

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

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

Assessment guidance:

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

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

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

Unit ASCC-11: Safeguarding Children

Unit code: F/651/1565

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge to understand the importance of safeguarding children. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when children might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Know how to safeguard children.	1.1	Identify circumstances where there could be contact with a child or young person in the normal course of work within adult social care
		1.2	Explain factors that may contribute to a child or young person being more at risk of abuse
		1.3	Identify types of abuse that a child or young person could be at risk from
		1.4	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

Guidance notes:

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

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: 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 ASCC-12: Health, Safety, and Principles of Basic Life Support

Unit code: H/651/1566

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required to carry out their work safely.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting.	1.1	Identify legislation relating to general health and safety in an adult social care working setting
		1.2	Explain the main points of their employer's health and safety policies and procedures
		1.3	Explain the main health and safety responsibilities of: <ul style="list-style-type: none">▪ self▪ the employer or manager▪ others in the work setting
		1.4	Explain tasks relating to health and safety that should not be carried out without special training
		1.5	Identify how to access additional support and information relating to health and safety
		1.6	Identify a range of sustainable approaches which can be applied in own role
2	Understand Risk Assessment.	2.1	Explain why it is important to assess the health and safety risks posed by work settings, situations, or activities
		2.2	Explain how and when to report health and safety risks in the workplace
3	Move and assist safely.	3.1	Identify key pieces of legislation that relate to moving and assisting
		3.2	Identify tasks relating to moving and assisting they are not allowed to carry out until they are competent
		3.3	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

4	Understand procedures for responding to accidents, sudden illness and providing basic life support.	4.1	Identify different types of accidents and sudden illness that may occur in the course of your work.
		4.2	Explain the workplace procedures to be followed if: <ul style="list-style-type: none"> ▪ an accident should occur ▪ a sudden illness should occur ▪ basic life support is required
		4.3	Identify the emergency basic life support and first aid actions they are and are not allowed to carry out in your role.
5	Understand medication and healthcare tasks.	5.1	Explain agreed ways of working in relation to: <ul style="list-style-type: none"> ▪ medication in the setting ▪ healthcare tasks.
		5.2	Identify tasks relating to medication and health care procedures that they must not carry out until they are competent
6	Handle hazardous substances.	6.1	Identify common hazardous substances in the workplace
		6.2	Demonstrate safe practices for storing, using, and disposing of hazardous substances
7	How to promote fire safety.	7.1	Explain how to prevent fires from starting or spreading
		7.2	Describe what to do in the event of a fire.
8	Know how to work safely and securely.	8.1	Describe the measures that are designed to protect their own safety and security at work, and the safety of those they support
		8.2	Explain agreed ways of working for checking the identity of anyone requesting access to premises or information
9	Know how to manage own mental health and personal wellbeing.	9.1	Identify common factors that can affect own mental health and wellbeing
		9.2	Describe circumstances that tend to trigger these factors in themselves self
		9.3	Identify the resources which are available to support own mental health and wellbeing.
		9.4	Explain how to access and use the available resources which are available to support their own mental health and wellbeing

Guidance notes:

Legislation: Could include

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

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

Others: In this context could include:

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

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

Tasks: may include

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

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

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

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

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

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

Own: Relates to the learner undertaking this qualification.

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

Learning Outcome 4: Achievement of this learning outcome does not enable learner competency in being able to respond safely to basic life support or first aid situations. It is the employer's statutory responsibility to determine workplace needs and provide the appropriate level of training. When basic life support training is provided by the employer then this should meet the UK (United Kingdom) Resuscitation Council guidelines.

Criteria 9.4: should include how the learner can access the support available to them in the workplace.

Assessment guidance:

Assessment decisions for skills-based learning outcomes must be made during the learner's normal work activity. Skills-based assessment must include direct observation as the main source of evidence and must be carried out over an appropriate period of time.

Criteria 3.3: 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.

UnitASCC-13: Handling Information

Unit code: J/651/1567

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills required for good practice in recording, storing and sharing information.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Handle information.	1.1	Explain why it is important to have secure systems and follow the agreed ways of working for: <ul style="list-style-type: none">▪ accessing▪ recording▪ storing▪ sharing information
		1.2	Explain the support an individual may need to keep their information safe and secure
		1.3	Demonstrate how to keep records that are up to date, complete, accurate and legible
		1.4	Explain how, and to whom, to report if: <ul style="list-style-type: none">▪ agreed ways of working and legislation have not been followed▪ there has been a data breach or risk to data security

Guidance notes:

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

Agreed ways of working: how they work in accordance with their employer, these will include policies, procedures and job descriptions and will include approaches to maintaining and promoting confidentiality. This will also include the learners personal responsible for handling data safely and the importance of data and cyber security.

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

- Data Protection Act 2018
- The General Data Protection Regulation (GDPR) 2016

- Freedom of Information Act 2000 ▪ Care Act 2014
- Health and Social Care Act 2012
- Human Rights Act 1998.

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

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

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

Criteria 1.1 and 1.2 achievement should reflect handling information both manual/written and electronically where learners are required to use different systems within the setting.

Criteria 1.3: The learner should avoid the use of abbreviations and jargon and use respectful and inclusive language when contributing to records and reports.

Assessment guidance:

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

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

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

Unit ASCC14: Infection prevention and control (IPC)

Unit code: K/651/1568

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge and skills to understand the causes of infection and apply general IPC principles to prevent the spread of infection.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Prevent the spread of infection.	1.1	Explain the causes of infection, the main ways infection can get into the body and the chain of infection
		1.2	Explain the standard Infection Prevention and Control (IPC) precautions which must be followed to protect them and others in your workplace and where to find the most up to date information.
		1.3	Explain their role in preventing infection in the area you work
		1.4	Demonstrate effective hand hygiene using appropriate products
		1.5	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
		1.6	Identify common types of personal protective equipment (PPE) and clothing and describe how and when to use them
		1.7	Demonstrate effective use of PPE appropriate to the care activity including putting on and taking off (donning and doffing) safely
		1.8	Demonstrate appropriate methods for cleaning and/or decontamination of the care environment/equipment.
		1.9	Explain the process for safe handling of blood/bodily fluids spills
		1.10	Explain the principles of safe handling and disposal of infected or soiled linen/equipment and clinical waste

Guidance notes:

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

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

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

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

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

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

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

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

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

Criteria 1.5: The learner should consider the factors which may contribute to the individual being more vulnerable to infection.

Methods, processes, and principles within criteria 1.8, 1.9 and 1.10 should include reference to local procedures where applicable.

Assessment guidance:

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

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

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

Unit ASCC-15: An Awareness of Learning Disability and Autism

Unit code: L/651/1569

RQF level: 2

Unit Aim

This unit is aimed at those who work in health or social care settings. It provides the learner with the knowledge to understand the needs and experiences of autistic people and people with a learning disability. It considers the communication and information needs of individuals and the range of reasonable adjustments that may be required in health and care delivery.

Learning Outcomes, and Assessment Criteria

Learning Outcomes. To achieve this unit a learner must know and is able to:		Assessment Criteria: Assessment of these outcomes demonstrates a learner can:	
1	Understand the needs and experiences of people with a learning disability and autistic people.	1.1	Define what is meant by the term learning disability.
		1.2	Define what is meant by the term autism
		1.3	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
		1.4	Explain how learning disability or autism can impact a person's: <ul style="list-style-type: none">▪ everyday life▪ health and well-being▪ care and support needs
		1.5	Describe barriers people with a learning disability or an autistic person can face in accessing healthcare services.
		1.6	Describe the different health inequalities experienced by people with a learning disability and autistic people.
2	Understand how to meet the communication and information needs of people with a learning disability and autistic people.	2.1	Identify key differences in communication for: <ul style="list-style-type: none">▪ a person with a learning disability▪ an autistic person
		2.2	Explain how sensory issues can impact autistic people
		2.3	Explain the importance of meeting a person's unique communication and information needs
		2.4	Explain ways to adapt their own communication when supporting people with a learning disability and autistic people

		2.5	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
3	Understand reasonable adjustments which may be necessary in health and care delivery.	3.1	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.
		3.2	Explain 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.
4	Understand how legislation and guidance supports people with a learning disability and autistic people.	4.1	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

Guidance notes:

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

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

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

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

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

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

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

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

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

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

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

Within criteria and response for 3.1 the learner should recognise and consider not only the reasonable adjustments which may be needed in the care and support service accessed by the person, also reflection of the adjustments which may be needed when they are supporting a person to access other care and health services.

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

Legislation and guidance: Including but not limited to:

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

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

Supporting note:

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

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

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

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

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

Assessment guidance:

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

Summary of assessment guidance:

For assessing knowledge and understanding of learning outcomes, learners must provide responses for inclusion in a portfolio of evidence. Knowledge evidence integral to skills-based learning outcomes may be acquired outside the work environment, but the final assessment decision must demonstrate its application within the real work environment.

Assessment decisions for the following skills-based learning outcomes must occur during the learner's normal work activities, through the completion of practical tasks. Skills assessment should primarily rely on direct observation and assessors should use question and answer to assess the learners understanding of the task

Unit ASCC-01: Understand own role

- 2.4 Demonstrate how to access full and up-to-date details of agreed ways of working that are relevant to their own role.
- 2.5 Demonstrate working in accordance with their employers' agreed ways of working.
- 4.3 Demonstrate behaviours, attitudes, and ways of working that can help improve partnership working.
- 4.4 Demonstrate how and when to access support and advice about:
 - partnership working
 - resolving conflicts

Unit ASCC-02: Personal development

- 1.3 Explain how to contribute to and agree their own personal development plan.
- 2.7 Demonstrate how to measure their own knowledge, performance and understanding against relevant standards.
- 2.9 Demonstrate how to record progress in relation to their own personal development.

Unit ASCC-03: Duty of Care

- 3.1 Demonstrate how to respond to comments and complaints in line with agreed ways of working and legislation.
- 5.4 Demonstrate how and when to access support and advice about resolving conflicts.

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

- 2.3 Demonstrate interaction with individuals and others in a way that respects their lifestyle, beliefs, culture, values, and preferences.

Unit ASCC-05: Work in a person-centred way

- 4.1 Ensure that where individuals have restricted movement or mobility that they are comfortable.
- 4.2 Recognise the signs that an individual is in pain, discomfort, or emotional distress.
- 4.3 Take appropriate steps to remove or minimise factors which may be causing pain, discomfort, or emotional distress to the individual.
- 4.4 Raise any concerns directly and appropriately with others concerned and report any concerns they have following agreed ways of working.
- 5.2 Demonstrate that their own attitudes and behaviours promote emotional, spiritual wellbeing, and overall wellbeing of the individual.

- 5.3 Support and encourage individual's own sense of identity and self-esteem.
- 5.4 Report any concerns about the individual's emotional, spiritual wellbeing and overall wellbeing to the appropriate person.
- 6.1 Demonstrate a range of actions which promote person centred values.

Unit ASCC-06: Communication

- 4.1 Demonstrate the use of appropriate verbal and non-verbal communication when communicating with individuals.
- 4.2 Demonstrate the appropriate and safe use of communication aids, assistive technologies, and digital tools.
- 4.3 Check whether they have been understood when communicating with individuals.
- 4.5 Report any concerns about communication aids or technologies to the appropriate person.

Unit ASCC-07: Privacy and Dignity

- 2.1 Demonstrate that their actions promote and maintain the privacy and dignity of individuals.
- 4.1 Demonstrate how to support individuals to make informed choices.
- 4.2 Use risk assessment processes to support the rights of individuals to make their own decisions.
- 4.3 Ensure their own personal views do not influence an individual's own choices or decisions.
- 6.1 Demonstrate how to support the active participation of individuals.

Unit ASCC-08: Nutrition and Hydration

- 3.3 Support individuals with their nutrition and hydration in line with their preferences, needs and care or support plan.
- 3.4 Monitor and record (where required) the nutrition and hydration care and support provided to individuals.

Unit ASCC-10: Adult Safeguarding

- 1.9 Demonstrate that individuals are treated with dignity and respect when providing care and support services.

Unit ASCC-12: Health, safety, and principles of basic life support

- 3.3 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.
- 6.2 Demonstrate safe practices for storing, using, and disposing of hazardous substances.

Unit ASCC-13: Handling Information

- 1.3 Demonstrate how to keep records that are up to date, complete, accurate and legible.

Unit ASCC-14: Infection prevention and control (IPC)

- 1.4 Demonstrate effective hand hygiene using appropriate products.
- 1.7 Demonstrate effective use of PPE appropriate to the care activity including putting on and taking off (donning and doffing) safely.
- 1.8 Demonstrate appropriate methods for cleaning and/or decontamination of the care environment/equipment.

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