Specification

IAO Level 2 Adult Social Care Certificate

Qualification Number: 610/4120/8

Approved by

skillsforcare

Contents

Change Control Sheet

Innovate Awarding will continuously review all support material to ensure its accuracy. All amendments will be recorded on the below change control table.

Version Number	Date Revised	Description of Revision	Page Affected
2	October 2024	Funding information	9
3	September 2025	Target Audience: now available to those aged **16 years** and older.	8
4	December 2025	The Oliver McGowan code of practice is now live, link provided.	62
4	December 2025	Updated Skills for Care Assessment Principles	70

Innovate Awarding Organisation

Innovate Awarding is an Ofqual regulated awarding organisation offering a wide range of Regulated Qualifications Framework (RQF) approved Qualifications ranging from Level 1 to Level 7, including skills for life and bespoke Qualifications.

This Specification version number is V3. We will inform centres of any changes to this Specification. Centres can keep up to date from visiting our website www.innovateawarding.org

This Specification provides details on administration, Quality Assurance policies and requirements as well as responsibilities that are associated with the delivery of vocational qualifications.

For more information on our range of Qualifications, email contactus@innovateawarding.org

We have a Performance Pledge that details guaranteed response times. Copies of these can be found on our website www.innovateawarding.org.

Qualification Summary

Qualification Title	Level 2 Adult Social Care Certificate		
Qualification Number (QN)	610/4120/8	RQF Level	2
Operational Start Date	3rd June 2024		

Total Qualification Time (TQT)	Guided Learning Hours (GLH)	Qualification Credit Value
356	169	36

Qualification Objective

The objective of this qualification is for learners to gain the knowledge and skills they need to provide safe and effective care.

Assessment Requirements

This qualification must be assessed in line with the Skills for Care and Development Assessment Principles which are detailed on page 70 of this specification.

This qualification is internally assessed and internally quality assured by Centre staff and externally quality assured by Innovate Awarding External Quality Advisors (EQAs).

Learners must compile a portfolio of evidence demonstrating how they meet the learning outcomes and assessment criteria.

To pass, the learner must demonstrate that they have met all the learning outcomes and their associated assessment criteria. If the learner has not demonstrated competence, their assessor will provide them with feedback for the criteria not yet met.

Learners will be assessed to ensure they are competent against the skills and knowledge set out in the qualification. The assessor will plan with the individual the best way to evidence against the requirements in the qualification and there are a range of assessment methods which can be used, for example Recognition of prior learning (RPL), reflective accounts, questions, professional discussion, observation, work product evidence etc. For some elements of the Level 2 Adult Social Care Certificate, direct observation is required and will involve an assessor visiting the learner at their place of work.

Portfolio of Evidence

Portfolio of Evidence may include workplace documentation and workplace records, witness statements, annotated photographs, video clips, professional discussion with your assessor and observation by the assessor. This is not a definitive list; other evidence sources are allowed.

Digital Skills

Digital skills have been highlighted as a key learning and development priority for care workers. The use of digital technologies has been referred to throughout the qualification criteria and assessment guidance where relevant to all level 2 learners. The Digital Skills Framework is a free resource to help support the development of digital skills across the sector, which is funded and being strategically led by NHS Transformation Directorate. It has been developed to help those working in the sector to develop skills and benefit from digital technologies in their roles. It can be used by social care employers and those providing training and learning in the sector to support with training and developing the workforce.

The seven key themes of the framework are:

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

Statement of Authenticity

Learners will need to provide a Statement of Authenticity to confirm that work submitted for assessment is their own and that they have not copied it from someone else or allowed another learner to copy it from them.

Qualification Structure

Mandatory Units

Unit Number	Unit Title	Level	Credit Value	GLH
M/651/1280	Understand your own role	2	2	8
A/651/1284	Personal development	2	3	19
F/651/1286	Duty of care	2	2	9
J/651/1288	Equality, diversity, inclusion and human rights	2	2	10
T/651/1291	Work in a person-centred way	2	3	18
T/651/1282	Communication	2	3	13
K/651/1289	Privacy and dignity	2	3	16
A/651/1293	Nutrition and hydration	2	2	11
Y/651/1292	Awareness of mental health and dementia	2	3	11
R/651/1290	Adult safeguarding	2	3	14
J/651/1279	Safeguarding children	2	1	3
R/651/1281	Health, safety and principles of basic life support	2	3	15
Y/651/1283	Handling information	2	1	4
D/651/1285	Infection prevention and control	2	2	7
H/651/1287	Awareness of learning disability and autism	2	3	11

Target Audience

This RQF competence-based qualification is designed for those people who are involved in adult social care as their primary work activity.

Learners will work in adult social care and have responsibility for providing person-centred, values-driven care and support for those accessing the service. They will typically work under the direction of their manager or supervisor. We would expect employer-specific induction and mandatory training to be completed prior to the learner starting the Level 2 Adult Social Care Certificate qualification. However, the employer can decide if the qualification can be completed alongside employer-specific induction and mandatory training. The Level 2 Adult Social Care Certificate qualification does not replace the need for employer-specific induction and mandatory training.

The Care Certificate standards were introduced in 2015 and were developed jointly by Skills for Care, Health Education England and Skills for Health. The standards define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

In March 2023, the Department for Health and Social Care appointed Skills for Care to develop a qualification specification to enable better consistency in portability and standardisation in how the current standards are delivered, achieved, and assessed.

The Innovate Awarding Level 2 Adult Social Care Certificate reflects the qualification specification developed by Skills for Care.

There are no formal entry requirements for this qualification.

This qualification is regulated for learners aged **16** years and older.

Progression Opportunities

Learners who achieve this qualification could progress into or within employment in a number of health and social care roles and/or continue their study in this or other areas.

Learners who complete this qualification may go on to further study or apprenticeship programmes in related areas such as:

- Level 3 Diploma in Adult Care
- Level 3 Lead Adult Care Worker Apprenticeship Standard

Support Materials

Innovate Awarding provides learners with a Portfolio Evidence Locator for this qualification.

We have also produced a factsheet about the qualification and a spreadsheet mapping the qualification to the original Care Certificate standards and to the IAO Level 2 Diploma in Care.

Funding

The Department of Health and Social Care is offering funding for the adult social care workforce through the Adult Social Care Learning and Development Support Scheme - GOV.UK (www.gov.uk) The scheme offers funding for adult care employers to support learning and development of non-regulated care staff.

To qualify for the Learning and Development Support Scheme, individuals must be employed by an employer (including local authorities) that meets all of the following criteria. The employer must:

- provide an adult social care service
- directly employ care staff in England
- complete, or have already completed, the Adult Social Care Workforce Data Set (ASC-WDS)

QUALIFICATION UNITS

Unit Title	Understand your own role
Unit Number	M/651/1280
Level	2
Credit Value	2
GLH	8

Unit Aim

This unit provides learners with the knowledge and skills required to understand their own role, work in ways that have been agreed with their employer, understand working relationships in adult social care and work in partnership with others.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand your own role	1.1 Describe your main duties and responsibilities. 1.2 List the **standards** and codes of conduct and practice that relate to your role. 1.3 Describe how your experiences, attitudes, values, and beliefs may affect the way you 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 employment rights and responsibilities. 2.2 Identify the aims, objectives and values of the service in which you work. 2.3 Describe why it is important to work in ways that are agreed with your employer. 2.4 Demonstrate how to access full and up-to-date details of **agreed ways of working** that are relevant to your role. 2.5 Demonstrate working in accordance with the agreed ways of working with the employer. 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. 2.8 Explain why it is important to inform the appropriate person of errors that may have occurred.
3. Understand working relationships in adult social care	3.1 Describe your responsibilities for the **individuals** being supported.

		3.2	Describe the responsibilities of **key people**, advocates **and others** who are significant to an individual.
		3.3	Explain how a working relationship is different from a personal relationship.
		3.4	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
		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: • Partnership working • Resolving conflicts.

Additional information

Standards may include:

- Codes of Practice
- Regulations
- Minimum standards
- National occupational standards
- Any other standards and good practice relevant to the setting.

Agreed ways of working will include:

- Policies and procedures
- Job descriptions
- Less formal agreements
- Expected practices.

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 is not limited to:

- The friends, family and loved ones of those accessing care and support services
- Peers, team members and other colleagues
- Managers and senior management
- Professionals from other organisations involved in the individual's care
- Paid workers and volunteers from other organisations and teams.

Assessment criterion 1.4: Whilst it is recognised that learners will have their own aspirations, the achievement of this criterion 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.

Assessment criterion 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 criterion 4.4: This 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.

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 1: Understand your role.

Unit Title **Personal development**
Unit Number **A/651/1284**
Level **2**
Credit Value **3**
GLH **19**

Unit Aim

In this unit, learners will agree their own personal development plan and develop their own knowledge, skills and understanding.

Learning outcome The learner will	Assessment criteria The learner can
1. Agree a personal development plan	1.1 Describe the processes for: • Identifying own learning needs • Agreeing a **personal development plan.** 1.2 Identify who should be involved in agreeing a personal development plan. 1.3 Explain why feedback from **others** is important in helping to develop and improve approaches to your own work. 1.4 Contribute to and agree your own personal development plan.
2. Develop your own knowledge, skills and understanding	2.1 Identify **sources of support** for your own learning and development. 2.2 Describe how learning activities have improved your own knowledge, skills and understanding. 2.3 Describe the level of **literacy, numeracy, digital and communication skills** needed to carry out your role. 2.4 Identify where to find information and support on how to **check** and develop your current level of: • Literacy • Numeracy • Digital skills • Communication skills. 2.5 Describe how **reflecting** on a situation has improved your own knowledge, skills and understanding. 2.6 Describe how feedback from others has developed your own knowledge, skills and understanding.

	2.7	Demonstrate how to measure your own knowledge, performance and understanding against relevant **standards**.
	2.8	Describe 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 your own **continuing professional development**.

Additional information

Personal development plan: This 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, this 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 the induction period
- Supervision
- Appraisal
- Peer support
- From within and outside the organisation.

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

Check: Learners may need different levels of literacy, numeracy and communication skills depending on their job role. For example:

Literacy skills may be required for:

- Reading and contributing to care plans
- Recording data clearly and legibly
- Filling out forms
- Writing emails

- Taking notes
- Read and understanding instructions about ways of working

Numeracy skills may be required for:

- Supporting an individual to monitor their weight by keeping a record of weight loss and then calculating overall progress
- Taking and recording an individual's temperature or blood pressure at regular intervals and reporting on any concerns
- Knowing different measures, such as gram and milligram
- Calculating simple conversions

Digital skills may be required for:

- Using electronic care plans and medication records
- Consulting online with health professionals
- Learning through online programmes
- Supporting individuals to communicate with family through use of technology

Communication skills

- Exchanging information regarding an individual's needs.

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

Standards may include:

- Codes of Practice
- Regulations
- Minimum standards
- 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 requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 2: Your personal development.

Unit Title   **Duty of care**
Unit Number   **F/651/1286**
Level   **2**
Credit Value   **2**
GLH   **9**

Unit Aim

This unit provides learners with the knowledge and skills required to understand duty of care and duty of candour, understand the support available for addressing dilemmas that may arise about duty of care, deal with and learn from comments and complaints, deal with incidents, errors and near misses, and deal with confrontation and difficult situations.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand duty of care and duty of candour	1.1 Define: • Duty of care • Duty of candour. 1.2 Describe how duty of care and duty of candour affect your own work role.
2. Understand the support available for addressing dilemmas that may arise about duty of care	2.1 Describe **dilemmas** that may arise between the duty of care and an **individual's** rights. 2.2 Explain what you must and must not do within your 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 Describe how to recognise: • Adverse events • Incidents • Errors and near misses. 4.2 Explain what you must and must not do in relation to adverse events, incidents, errors and near misses. 4.3 Describe 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 Describe factors and difficult situations that may cause confrontation.
	5.2 Explain 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 Describe agreed ways of working for reporting any confrontations.

Additional information

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

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

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

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

Agreed ways of working: These will include:

- Policies and procedures
- Job descriptions
- Less formal agreements
- Expected practices.

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

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

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

Assessment requirements specified by a sector or regulatory body (if appropriate)

Assessment criteria 3.1 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.

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 3: Duty of care.

Unit Title	Equality, diversity, inclusion and human rights
Unit Number	J/651/1288
Level	2
Credit Value	2
GLH	10

Unit Aim

This unit provides learners with the knowledge and skills required to understand the importance of equality, diversity, inclusion and human rights, work in an inclusive way and access information, advice and support about equality, diversity, inclusion, and human rights.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand the importance of equality, diversity, inclusion and human rights	1.1 Define: • Human rights • **Protected characteristics.** 1.2 Describe what is meant by discrimination and the potential **effects** on **individuals** and **others**. 1.3 Explain 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, **mate crime** and bullying. 1.5 Describe how to recognise, challenge and report discrimination in line with your employer's policies and procedures, in a way that encourages positive change.
2. Work in an inclusive way	2.1 Describe the key concepts of the **legislation and codes of practice** relating to equality, diversity, inclusion and human rights and how these apply to your own role and practice. 2.2 Describe approaches and practices which support **culturally appropriate care**. 2.3 Interact 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 your employer, with information, advice and support about equality, diversity, inclusion and human rights. 3.2 Describe how and when to access information, advice and support about equality, diversity, inclusion and human rights.

Additional information

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

Legislation and codes of practice: 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 sources such as:

- 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 requirements specified by a sector or regulatory body (if appropriate)
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.
Details of the relationship of the unit to relevant national occupational standards
This unit maps to Care Certificate Standard 4: Equality and diversity.

Unit Title   **Work in a person-centred way**
Unit Number   T/651/1291
Level   2
Credit Value   3
GLH   18

Unit Aim

This unit provides learners with the knowledge and skills required to understand what is meant by person-centred values, understand how to work in a person-centred way, understand mental capacity when providing person-centred care, support the individual to be comfortable and make changes to address factors that may be causing pain, discomfort, or emotional distress, support the individual to maintain their identity, self-esteem, spiritual and overall wellbeing and work in a person-centred way.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand person-centred values	1.1 Identify **person-centred values**. 1.2 Describe how to put person-centred values into practice in your 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 Describe ways to promote dignity in your 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 Explain 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	Describe situations where an assessment of capacity might need to be undertaken and the meaning and significance of best interest decisions or **advance statements** regarding future care which the individual has already made.
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 you have following **agreed ways of working**.
5.	Support the individual to maintain their identity, self-esteem, spiritual and overall wellbeing	5.1	Explain how individual identity and self-esteem are linked to emotional, spiritual, and overall wellbeing.
		5.2	Demonstrate that your own attitudes and behaviours promote emotional, spiritual, and overall wellbeing of the individual.
		5.3	Support and encourage the individual's own sense of identity and self-esteem.
		5.4	**Report** any concerns about the individual's emotional, spiritual 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.

Additional information

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 wellbeing.

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 individual's Advance Care Plan if they have chosen to have one in place.

Signs: Could include but is not limited to:

- Verbal reporting from the individual
- Non-verbal communication
- 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
- Less formal agreements
- Expected practices.

Assessment criterion 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 requirements specified by a sector or regulatory body (if appropriate)

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

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 5: Work in a person-centred way.

Unit Title   **Communication**
Unit Number   **T/651/1282**
Level   **2**
Credit Value   **3**
GLH   **13**

Unit Aim

This unit provides learners with the knowledge and skills required to understand the importance of effective communication in the workplace, how to meet the communication and language needs, wishes and preferences of individuals, how to promote effective communication with individuals, use a range of communication methods and support the appropriate and safe use of communication aids and technologies, and understand the principles and practices relating to confidentiality.

Learning outcome The learner will	Assessment criteria The 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 Describe **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 you 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	Describe what confidentiality means in relation to your 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 you should ask for advice and support about confidentiality.

Additional information

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

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

- Individuals accessing care and support services
- Peers, team members, other colleagues, managers, and senior management
- The friends, family and loved ones of those accessing care and support services
- Paid workers and volunteers from other organisations and teams.

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

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

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

Assistive technologies: Technologies which support, assist, and enable the individual to communicate using alternative means and could include a range of software such as: light writers, eye gaze devices, voice recognition, speech synthesizers, symbol making software. Other technologies which could also support

the individual and others could be considered here, for example alerting devices, virtual assistants, sensors, hearing loops and Artificial Intelligence.

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

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

Barriers: May include, but are not limited to:

- Environment
- Time
- Own physical, emotional, or psychological state
- Own skills, abilities, or confidence to use communication aids, assistive technologies, and digital communication tools
- Own or others' prejudices
- Conflict.

Support or services: In this context may include:

- Translation services
- Interpretation services
- Speech and language services
- Advocacy services
- Occupational therapy services.

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

- Available
- Clean
- Working properly and software is updated where needed
- In good repair
- Fitted appropriately where applicable
- Used safely and securely when online.

Legislation: The learner should consider how different legislation relates to and influences 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
- Less formal agreements
- Expected practices.

Assessment criterion 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.

Assessment criterion 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 workplace.

Assessment criterion 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 requirements specified by a sector or regulatory body (if appropriate)

Assessment criterion 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.

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 6: Communication.

Unit Title	Privacy and dignity
Unit Number	K/651/1289
Level	2
Credit Value	3
GLH	16

Unit Aim

This unit provides learners with the knowledge and skills required to understand the principles that underpin privacy and dignity in care, maintain the privacy and dignity of the individuals, support an individual's right to make choices, support individuals in making choices about their care, understand how to support active participation and support individuals in active participation in their own care.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand the principles that underpin privacy and dignity in care	1.1 Describe what is meant by privacy and dignity. 1.2 Describe situations where an **individual's** privacy and dignity could be compromised. 1.3 Describe different ways to maintain privacy and dignity of individuals in your care and support.
2. Maintain the privacy and dignity of the individuals in your care	2.1 Demonstrate that your 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. Understand 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 your own personal views must not influence an individual's own choices or decisions. 3.4 Explain why there may be times when you 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 your 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	Describe how to enable individuals to make informed choices about their lives.
		5.3	Describe a range of ways you 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 your own personal views could restrict the individual's ability to actively participate.

Additional information

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
- 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

Assessment 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 individual's preferred routine and personal space.

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 7: Privacy and dignity.

Unit Title	Nutrition and hydration
Unit Number	A/651/1293
Level	2
Credit Value	2
GLH	11

Unit Aim

This unit provides learners with knowledge and understanding of the principles of food safety, nutrition and hydration and the skills to support individuals with nutrition and hydration.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand the principles of food safety	1.1 Explain the importance of food safety. 1.2 Explain the importance of 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 you might need to seek **additional advice and guidance** when supporting individuals with their nutrition and hydration needs and how to gain this.
Additional information	

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 (**Assessment criteria 3.3 and 3.4**) 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 require; 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.

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

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

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

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

- Health needs and conditions: diabetes, coeliac disease, heart disease
- Dietary requirements
- Physical factors: eating, drinking, or swallowing difficulties, aspiration/choking
- Impact of poor oral health
- Food allergies
- Appetite
- Moral or ethical beliefs
- Religious requirement or cultural preference
- Personal choice and control
- Mental capacity
- Mental health and wellbeing
- Eating disorders
- Side effects of medication.

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

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

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

Monitor: Within the context of the individual's 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
- 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 is 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 requirements specified by a sector or regulatory body (if appropriate)

Assessment criteria 3.3 and 3.4: Both criteria should be evidenced in normal work activity and assessment advice has been provided above as to 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.

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.

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 8: Fluids and nutrition.

Unit Title   **Awareness of mental health and dementia**
Unit Number   Y/651/1292
Level   **2**
Credit Value   **3**
GLH   **11**

Unit Aim

This unit provides learners with the knowledge required to understand the needs and experiences of people living with mental health or dementia, understand the importance of early identification of mental health conditions and dementia, understand aspects of personalised care which support an individual living with a mental health condition or dementia, understand the reasonable adjustments which may be necessary in health and care delivery for an individual living with a mental health condition or dementia, and understand how legal frameworks and guidelines support individuals living with a mental health condition or dementia.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand the needs and experiences of people living with mental health or dementia	1.1 Define: • Mental health • Mental wellbeing. 1.2 List common **types** of mental health conditions**.** 1.3 Describe what is **meant** by the term dementia. 1.4 Explain how living with a mental health condition or dementia can **impact** an **individual's**: • Everyday life and the lives of their families and **carers** • Health and wellbeing • Care and support needs.
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 List 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 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.
		4.2	Explain the importance of planning reasonable adjustments in advance.
		4.3	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 guidance** support and promote human rights, inclusion, equal life chances and citizenship of individuals living with a mental health condition or dementia.

Additional information

In each instance where the criteria state "mental health or dementia", learners will need to acquire knowledge about mental health conditions **and** dementia in order to achieve this unit.

Assessment criterion 1.1: Whilst this unit is specifically around mental health conditions and dementia, the learner should acknowledge and reflect that mental health and wellbeing relate to every person.

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: 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.

Assessment criterion 3.2: 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, adaptions and changes which can be made to meet the needs and preferences of an individual. Including but not limited to:

- Providing the person with more time
- Using easy read information
- Using pictures
- Adjusting pace of communication
- Using simple, easy language
- 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 response for **Assessment criterion 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 requirements specified by a sector or regulatory body (if appropriate)
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.
Details of the relationship of the unit to relevant national occupational standards
This unit maps to Care Certificate Standard 9: Awareness of mental health, dementia and learning disability.

Unit Title   **Adult safeguarding**
Unit Number   **R/651/1290**
Level   **2**
Credit Value   **3**
GLH   **14**

Unit Aim

This unit provides learners with the knowledge and skills required to understand the principles of adult safeguarding, reduce likelihood of abuse, respond to suspected or disclosed abuse, protect people from harm and abuse – locally and nationally, and understand restrictive practices.

Learning outcome The learner will	Assessment criteria The learner can
1. Be able to apply the principles of adult safeguarding	1.1 Explain the term adult safeguarding. 1.2 State the **legal definition** of an adult at risk. 1.3 Describe your own role and responsibilities in relation to 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 Describe a range of factors which have **featured** in adult abuse and neglect. 1.8 Describe the range of **potential risks 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 your 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 Describe 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: • 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 3.2	Describe what to do if abuse of an adult is suspected. Describe how to raise concerns within local freedom to speak up/whistleblowing policies or procedures.
4.	Know how to protect people from harm and abuse – locally and nationally	4.1 4.2 4.3 4.4	Summarise relevant **legislation, principles, local and national policies and procedures** which relate to safeguarding adults. Describe the local arrangements for the implementation of multi-agency adult safeguarding policies and procedures. Explain the importance of sharing appropriate information with the relevant agencies. Describe the actions to take if you experience barriers in alerting or referring to relevant agencies.
5.	Understand restrictive practices	5.1 5.2 5.3	Define **restrictive practice**. Describe organisational **policies and procedures** in relation to restrictive practices and your own role in implementing these. Explain the importance of seeking the least restrictive option for the individual.

Additional information

Legal definition: According to the Care Act 2014.

Types of abuse must include:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial/material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect/acts of omission
- Self-neglect.

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

Potential risks with using technology: Could include:

- Use of electronic communication devices

- Use of the internet
- Use of social networking sites
- Carrying out financial transactions online
- How the individual can be supported to be kept safe.

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

Risk: may include:

- A setting or situation
- The individuals and their care and support needs.

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

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

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

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

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

Local and national policies and procedures: Including, but not limited to:

- Making Safeguarding Personal.

Local systems should include the appropriate detail and reference to:

- Employer/organisation policies and procedures
- Multi-agency adult protection arrangements for a locality.

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

mechanical, chemical, seclusion, segregation, psychological restraint, and the threat of restraint.

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

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 10: Safeguarding adults.

Unit Title	Safeguarding children
Unit Number	J/651/1279
Level	2
Credit Value	1
GLH	3

Unit Aim

This unit provides learners with the knowledge required to safeguard children.

Learning outcome The learner will	Assessment criteria The learner can
1. Know how to safeguard children	1.1 Describe **circumstances** where there could be contact with a child or young person in the normal course of work within adult social care. 1.2 Describe **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.
Additional 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
- 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.

The learner's understanding for this unit should be demonstrated as an independent element and not inferred from the Adult Safeguarding unit.

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.

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards
This unit maps to Care Certificate Standard 11: Safeguarding children.

Unit Title	Health, safety and principles of basic life support
Unit Number	R/651/1281
Level	2
Credit Value	3
GLH	15

Unit Aim

This unit provides learners with the knowledge and skills required to understand their own responsibilities, and the responsibilities of others, relating to health and safety in the work setting, understand risk assessment, move and assist safely, understand procedures for responding to accidents and sudden illness and providing basic life support, understand medication and healthcare tasks, handle hazardous substances, promote fire safety, work safely and securely, and manage their own mental health and personal wellbeing.

Learning outcome The learner will	Assessment criteria The 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 Summarise the main points of the health and safety **policies and procedures** agreed with the employer. 1.3 Describe the main health and safety responsibilities of: • Your self • The employer or manager • **Others** in the work setting 1.4 Identify **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 your 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 you are not allowed to carry out until you 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	Describe the workplace procedures to be followed if: • An accident • A sudden illness should occur • Basic life support is required.
	4.3	Identify the emergency basic life support and first aid actions you are allowed to carry out in your role.
	4.4	Identify the emergency basic life support and first aid actions you 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: • Medication in the setting • **Healthcare tasks**
	5.2	Identify tasks relating to medication and **healthcare procedures** that you must not carry out until you 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. Know how to promote fire safety	7.1	Explain how to prevent fires from starting or spreading.
	7.2	Explain 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 your own safety and security at work, and the safety of those you 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 your own mental health and wellbeing	9.1	Identify common factors that can affect your **own** mental health and **wellbeing**.
	9.2	Describe circumstances that tend to trigger these factors in yourself.
	9.3	Identify the resources which are available to support your own mental health and wellbeing.
	9.4	Explain how to access and use the resources which are available to support your own mental health and wellbeing.

Additional information

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.

Tasks: may include

- Use of equipment
- Basic life support and first aid
- Medication
- Healthcare procedures
- Food handling and preparation.

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. Learners could also consider 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.

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

Moving and assisting May also be known as "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
- Less formal agreements
- 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 mental wellbeing.

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, this should meet the Resuscitation Council UK's guidelines.

Assessment criterion 9.4 should include how the learner can access the support available to them in the workplace.

Assessment requirements specified by a sector or regulatory body (if appropriate)

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

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 12: Basic life support and to Care Certificate Standard 13: Health and safety.

Unit Title	Handling information
Unit Number	Y/651/1283
Level	2
Credit Value	1
GLH	4

Unit Aim

This unit provides learners with the knowledge and skills required to handle information.

Learning outcome The learner will	Assessment criteria The learner can
1. Handle information	1.1 Explain why it is important to have **secure systems** and follow the **agreed ways of working** for: • **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 up to date, complete, accurate and legible. 1.4 Explain how, and to whom, to **report** if: • Agreed ways of working and **legislation** have not been followed • There has been a **data breach** or risk to data security
Additional information	

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 learner's personal responsibility for handling data safely and the importance of data and cyber security.

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

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

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

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

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

Assessment 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.

Assessment criterion 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 requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

This unit maps to Care Certificate Standard 14: Handling information.

Unit Title	Infection prevention and control
Unit Number	D/651/1285
Level	2
Credit Value	2
GLH	7

Unit Aim

This unit provides learners with the knowledge and skills required to prevent the spread of infection.

Learning outcome The learner will	Assessment criteria The 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 State the standard Infection Prevention and Control (IPC) **precautions** which must be followed to protect you and **others** in your workplace and where to find the most up to date information.
	1.3 Describe your role in preventing infection in the area you work.
	1.4 Demonstrate effective **hand hygiene** using appropriate products.
	1.5 Explain how your own health, hygiene, vaccinations status and exposure to infection at work might pose a risk to the **individuals** you support and others you meet.
	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 Describe the appropriate methods for cleaning and/or **decontamination** of the care environment/equipment.
	1.9 Explain the process for safe handling of blood/bodily fluid spills.
	1.10 Explain the principles of safe handling and disposal of infected or soiled linen/equipment and **clinical waste**.
Additional information	

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

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

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Colleagues and peers
- Managers and supervisors
- Professionals from other services
- Visitors to the work setting
- Members of the community
- Volunteers.

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

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

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

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

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

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

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

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

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards
This unit maps to Care Certificate Standard 15: Infection prevention and control.

Unit Title	Awareness of learning disability and autism
Unit Number	H/651/1287
Level	2
Credit Value	3
GLH	11

Unit Aim

This unit provides learners with the knowledge required to understand the needs and experiences of people with a learning disability and autistic people, reasonable adjustments which may be necessary in health care delivery, and how legal frameworks support people with a learning disability and autistic people.

Learning outcome The learner will	Assessment criteria The learner can
1. Understand the needs and experiences of people with a learning disability and autistic people	1.1 Explain what is **meant** by the term learning disability. 1.2 Explain 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 is more likely to live with than the general population. 1.4 Describe how learning disability or autism can **impact** a person's: • Everyday life • Health and wellbeing • 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: • A person with a learning disability • An autistic person. 2.2 Describe how **sensory issues** can impact autistic people. 2.3 Explain the importance of meeting a person's **unique communication and information needs**. 2.4 Identify **ways to adapt your 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.

Additional information

The Learning Outcomes for this unit 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 code of practice: https://www.gov.uk/government/publications/oliver-mcgowan-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 this unit. Learners will still need to evidence their learning to an assessor.

Information about the Oliver McGowan Mandatory Training on Learning Disability and Autism can be accessed here:

The Oliver McGowan Mandatory Training on Learning Disability and Autism

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.

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
- 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 is 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 including 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
- 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)
- Issues with access to treatment and support for behaviour that challenges (STAMP).

Key differences in communication: This could include but is not limited to:

- 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
- May display communication through behaviours
- May take language literally
- Social interaction.

Sensory issues: This could include but is not limited to:

- Over-sensitivity or under-sensitivity to lighting, sound, temperature, touch, smell
- How anxiety and stress can contribute to sensory tolerance.

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

Ways to adapt your own communication: This could include but is not limited to:

- Adjusting pace, tone, and volume
- Adjusting space

- Providing more time when communicating
- Providing a quiet space
- Making environmental changes
- Active listening
- Using preferred methods of communication
- Using alternative methods of communication
- Using simple, easy language.

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

Reasonable adjustments: Steps, adaptions and changes which can be made to meet the needs and preferences of a person with a learning disability or autistic person. Including but not limited to:

- Providing the person with more time
- Using easy read information, pictures
- Adjusting pace of communication
- Using simple, easy language
- 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)
- Considering the use of an alternative location.

Within response for **Assessment Criterion 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, but 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 **Assessment criterion 4.1**, 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.

Assessment requirements specified by a sector or regulatory body (if appropriate)

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.

Details of the relationship of the unit to relevant national occupational standards

- Core Capabilities Frameworks for supporting people with a learning disability and autistic people.
- Oliver McGowan draft code of practice on statutory learning disability and autism training for health and social care staff.
- Tier 1 of the Oliver McGowan Mandatory Training on Learning Disability

This unit maps to Care Certificate Standard 9: Awareness of mental health, dementia and learning disability.

APPENDIX

The Regulated Qualifications Framework (RQF)

What is the RQF?

The Regulated Qualifications Framework (RQF) is an Ofqual regulated system of cataloguing qualifications. Qualifications on the RQF can be found by their size or level. Qualifications at a given level can differ depending on their content and purpose.

All of Innovate Awarding's qualifications are on the RQF.

Qualification Level

The level reflects the challenge or difficulty of the qualification. There are eight levels of qualification from 1 to 8, supported by three 'Entry' levels.

Qualification Size

The size of a qualification reflects the estimated total amount of time it would take the average learner to study and be assessed. The size of a qualification is expressed in terms of Total Qualification Time (TQT). The time spent being taught or supervised, rather than studying alone, is the Guided Learning Hours (GLH).

Qualifications can sit at different levels but require similar amounts of study and assessment. Similarly, qualifications at the same level can take different amounts of time to complete.

Credit Values

Every unit and qualification on the RQF has been given a credit value, which denotes the number of credits that will be awarded to each candidate who successfully completes the unit or qualification.

- **1** credit represents **10** notional learning hours.

Notional learning hours represent the amount of time a learner is expected to take, on average, to complete the learning outcomes of the unit to the standard required within the assessment criteria. It is important to note that notional learning hours is not the same as guided learning hours (GLH). GLH represents the hours during which a tutor or trainer is present and contributing to the learning process. Notional learning hours represents the hours which are needed to successfully cover all the learning required to achieve the unit, either guided or independently.

RQF Terminology

Whilst the evidence outcomes required from RQF and NVQ units are the same, the RQF units use different terminology to the NVQ units. The assessment criteria for NVQ units are 'what you must do' and 'what you must know' whereas the RQF units are all 'the Learner can' or 'the Learner is able to'.

Rules of Combination (RoC)

Every qualification on the RQF is structured through Rules of Combination. Rules of Combination are important because they define the number of credits which need to be achieved and where these credits must come from in order for a Learner to achieve the qualification. Rules of Combination also state what the potential is for Learners who wish to transfer credits between qualifications and awarding organisations.

Skills for Care and Development Assessment Principles

The Innovate Awarding Level 2 Adult Social Care Certificate must be delivered and assessed in accordance with the Skills for Care and Development Assessment Principles. The following information has been adapted from the principles and applies to Innovate Awarding, training providers approved by Innovate Awarding, tutors, assessors and internal and external quality assurers.

1. **Assessment Principles**

1.1. Good practice dictates the following:
   - Robust initial assessments are needed to identify and plan for each learner's needs, ensuring their role and responsibilities meet all qualification requirements, including the mandatory and optional units.
   - Centres should have in place processes to identify and recognise opportunities for use of Accredited Prior Learning (APL) and/or Recognition of Prior Learning (RPL), and these should meet the requirements of the AO/B.
   - Centres should also have in place processes to support reasonable adjustments, and again, these should meet the requirements of the AO/B.

1.2. The centre must monitor that learners are registered with the AO/B **before** formal assessment continues.

   Assessors must be able to fully evidence and justify the assessment decisions they have made in line with the principles of validity, authenticity, reliability, currency and sufficiency. Assessment records should be accurate, legible and complete, and meet requirements set out by the AO/B and associated assessment strategy where this is in place.

1.3. Skills-based assessment must include direct observation as the principal and most reliable assessment source of evidence, carried out by the assessor in person with the learner in their workplace. Observation must be carried out over an appropriate period of time and not be end-loaded. Evidence should be naturally occurring and minimise the impact on individuals who use care or support, their families and carers.

   Where a centre has valid and genuine reasons for being unable to meet the direct observation requirements, short-term flexible approaches may be permitted. These approaches must be standardised, and the centre must discuss and agree this with the awarding organisation.

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

1.5. Assessors must demonstrate occupational competence and sector knowledge at or above the level they assess, maintaining this through ongoing continual professional development.

- In examples where assessors are returning to practice, a professional development plan should be in place to ensure current sector competency against the level, the subject matter being assessed, and overall assessment practices.
- If an assessor is occupationally competent but not yet qualified, a qualified assessor must make the final assessment decisions. These must be validated through countersigning and supported by robust internal quality assurance, sampling plans and activities until qualification requirements are met.
- It is the responsibility of the AO/B to confirm that assessors in centres are suitably qualified and competent to make assessment decisions.

1.6. Simulation must only be used to assess skills-based learning outcomes when specified in the unit assessment requirements or agreed with the awarding organisation or agreed with the External Quality Assurer acting on behalf of the awarding organisation.

1.7. Witness testimony from others, including those who use services, their families and professionals, can be an important contribution to evidence in the assessment process and can enrich and triangulate other evidence obtained. A witness testimony does not replace direct observation and should not be used as the only evidence of skills. A witness testimony and an expert witness testimony are two different types of evidence. Informed consent must be gained for those providing witness testimonies.

1.8. Expert witnesses play an important role in assessments. They must:
- have a working knowledge of the relevant units
- be occupationally competent in the relevant units, and
- have either a qualification in workplace assessment or a role evaluating staff performance within their area of expertise.

1.9. Appropriate processes to identify and recruit, confirm, support, and standardise suitable expert witnesses should be applied by the centre and assured by the awarding organisation.

1.10. The expert witness is a reliable source of evidence:

- where the assessor is not occupationally competent in a specialist area e.g. a healthcare task, an expert witness testimony can be used for direct observation of the unit (not the whole qualification) where they have occupational expertise in the specialist area.

- when used as a method to enrich, supplement, and add triangulation to other assessment methods and outcomes.
- in supporting flexibility where there are valid and genuine factors in not being able to obtain direct observation in the workplace e.g. individual considerations, environment and practice sensitivities. Occasions where this is needed must be discussed and agreed with the AO/B. This should not be the sole primary method used in place of all observations.
- where allowed as per the assessment strategy.

1.11. The use of expert witnesses should be determined and agreed by the assessor, in line with internal quality assurance arrangements and AO/B requirements for assessment of units within the qualification and the sector. The assessor remains responsible for supporting the expert witness through the process and making the final assessment decision.

2 Assessment of knowledge-based learning outcomes:

2.1. The assessment of knowledge-based learning outcomes:

- may take place in or outside of a real work environment
- must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions
- must be robust, reliable, valid and current
- can be supported by eLearning programmes to support overall summative assessment, by helping learners acquire and review knowledge, but they cannot replace practical assessment in a real work environment
- may include pre-set automated tests (such as multiple-choice questions) which contribute evidence towards summative decisions. However, they must be complemented by direct assessment methods that demonstrate the learner's ability to apply knowledge in real work situations
- must take into account APL/RPL to avoid duplication of learning.

3 Recording and documentation

3.1. All assessment and quality assurance evidence, regardless of format, must comply with confidentiality and data protection laws. Information must be traceable, auditable, authenticated, and meet assessment principles. In addition, no recordings should compromise anyone's privacy or dignity. As such, clear and robust referencing is necessary to establish a relationship between the evidence and the assessment standard, which validates competence. Referencing should clearly indicate the specific location within the evidence where the relevant skills and knowledge are claimed, either in paper-based or e-portfolios.

4   **Use of technology in the assessment process**

4.1.   Centres should have in place robust policies and procedures regarding Artificial Intelligence (AI) and technology, and these must meet requirements as set out by the awarding organisation.

4.2   Technology, platforms, and e-portfolios can support assessment by enabling planning, reviews, learner reflection, professional discussions, and capturing evidence from expert witnesses. When using technology in these contexts, ensure:

- recording, storage, and access comply with confidentiality and data protection legislation
- individuals receiving care or support and others are not unintentionally recorded
- informed consent must be freely given by everyone involved in the assessment and this must be documented.

4.3.   Using technology to observe and verify learner competency (remote observation) is not allowed if it risks anyone's privacy, dignity, or confidentiality.

4.4.   Where permitted by sector or qualification guidelines, technology may be used to remotely observe learners' task-based competencies, such as online meetings or remote support to colleagues. Such evidence must be clearly marked and distinguished from other types. It should not be used when there is a requirement for direct interaction with individuals using care or support services or others.

4.5   The remote observation approach in 4.4 is supplementary and does not replace direct observation as the primary assessment method. It should be used to support and enhance planned direct assessments throughout the qualification.

4.6   Centre practices in the use of technology are to be monitored and assured by the awarding organisation, and this should include centre consideration of the following:

- Use aligns to adherence to any additional guidance set by the awarding organisation, the qualification, which is being assessed, any specific sector considerations and associated assessment strategies in place.
- The centre understands the ethical considerations in the use of technology in the sectors and has policies and procedures in place to support use.
- Robust approaches to risk assessment are used to ensure risks to individuals and others are eradicated.
- Centre practices and approaches are guided and supported by thorough standardisation.

- Technology and programmes used are standardised, accessible, safe and reliable.
- If the centre allows assessor and internal quality assurer use of personal devices (e.g. phones, tablets, or personal laptops), then procedures should be in place to ensure data and confidentiality aspects. This includes consideration of where and how devices are accessed to view learner evidence.
- Assessment planning and discussion should capture the relevant and safe opportunities to use technology, along with the approach used to explore and mitigate any risks.
- Evidence recording methods and assessment outcome processes do not increase the risk of any data or confidentiality breaches.
- Assessment outcomes and decisions and outcomes generated by use of technology in the process are reliable, sufficient and traceable.
- All protocols are upheld in the 'observation' context e.g. permissions sought and confirming the purpose of the assessment activity.
- Assessment activities where technology is used, must be incorporated in internal and external quality assurance sampling planning and activities.
- Learners are not disadvantaged by the use of technology and they are aware of its use.
- Learning requirements, support, skill development or other developmental needs of the learner are fully supported throughout the qualification process.
- Technology is used well to genuinely enhance the assessment process, experience, outcomes and digital skills of the learner.
- Practices and lessons learned should be shared by all to support review and continuous improvement.

5. Internal quality assurance

5.1 Internal quality assurance is key to ensuring the assessment of evidence is of a consistent and appropriate quality. This process should be supported by robust sampling plans and activity that takes place at beginning, middle and end of the qualification journey and accounts for any potential risks in the assessment process. Those carrying out internal quality assurance must be occupationally knowledgeable in the unit they are assuring and be qualified to make quality assurance decisions. It is the responsibility of the AO/B to confirm that those involved in internal quality assurance are suitably qualified for this role.

5.2 If the internal quality assurer is knowledgeable but not yet qualified, a qualified internal quality assurer must make final decisions. A clear countersigning strategy should support and confirm decisions by unqualified staff until they are fully qualified.

5.3 Those involved in internal quality assurance must have the authority and the

resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners).

5.4   Those carrying out external quality assurance must be occupationally knowledgeable and understand the policy and practice context of the qualifications in which they are involved. It is the responsibility of the awarding organisation to confirm that those involved in external quality assurance are suitably qualified for this role.

Those involved in external quality assurance have a responsibility to promote continuous improvement in the quality of assessment processes.

6. Definitions

Occupationally competent: This means that each assessor must be capable of carrying out the full requirements of the specific qualification units they are assessing. Occupational competence may be at unit level for specialist areas: this could mean that different assessors may be needed across a whole qualification, while the final assessment decision for a qualification remains with the lead assessor. Being occupationally competent also means being occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

Occupationally knowledgeable: This means that each assessor and internal quality assurer should possess knowledge and understanding relevant to the specific qualifications and / or units they are assessing or internally quality assuring. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development. It is crucial that internal quality assurers understand the nature and context of the assessors' work and that of their learners.

Qualified to make assessment decisions: This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding organisations will determine what will qualify those making assessment decisions according to the unit of skills under assessment. A list of general assessor qualifications is included in Appendix B. Please also refer to additional guidance for qualifications in the relevant nation, where available.

Qualified to make quality assurance decisions: AO/B will determine what qualifies those undertaking internal and external quality assurances to make decisions about that quality assurance. A list of general internal qualification assurance qualifications is included below. Please also refer to additional guidance for

qualifications in the relevant nation, where available.

Witness testimony: Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner.

Occupational Competence Requirements

Tutors, Assessors and Quality Assurance Staff

All Tutors, Assessors and Quality Assurance Staff must:
- Have a specific qualification equivalent to the qualification or units being taught/assessed or quality assured
- Have relevant industry experience
- Demonstrate active involvement in a process of industry relevant Continued Professional Development during the last two years (this may be discipline/context specific or relevant to tutoring assessing or quality assurance)

Tutors

Tutors must hold or be working towards a teaching qualification. The following are acceptable:
- Level 3 Award, Level 4 Certificate or Level 5 in Education and Training
- Level 3 Award in Preparing to Teach in the Lifelong Learning Sector (PTTLS)
- Level 4 Award in Preparing to Teach in the Lifelong Learning Sector (PTTLS)
- Level 4 Certificate in Teaching in the Lifelong Learning Sector (CTTLS)
- Level 5 Diploma in Teaching in the Lifelong Learning Sector (DTTLS)
- Qualified Teacher Status
- Relevant predecessor tutor qualifications, such as Level 3 Awards and Certificate in Assessing the Quality of Assessment (QCF), Certificate in Education in Post Compulsory Education (PCE) or L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland)

Assessors

Assessors must hold or be working towards any of the following:
- Level 5 Diploma in Teaching (Further Education and Skills) (September 2024) to be discussed with Awarding Organisation to ensure relevant units have been undertaken
- Level 3 Learning and Skills Assessor Apprenticeship (March 2023)
- Level 5 Learning and Skills Teacher Apprenticeship (January 2019)
- L&D9DI - Assessing workplace competence using Direct and Indirect methods (Scotland) (2015)
- L&D9D - Assessing workplace competence using Direct methods (Scotland) (2015)
- Level 5 Diploma in Education and Training (2014)

Relevant assessing units:
- o Teaching, learning and assessment in education and training
- o Developing teaching, learning and assessment in education and training
- Level 4 Certificate in Education and Training (2014)

Relevant assessing units:
- o Assessing learners in education and training
- o Assess occupational competence in the work environment
- o Assess vocational skills, knowledge and understanding
- D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence (2012)
- Diploma in Teaching in the Lifelong Learning Sector (DTLLS) (2012)
- Teaching Certificate in Teaching in the Lifelong Learning Sector (CTLLS) (2012, 2007)
- Level 3 Award in Assessing Competence in the Work Environment (for competence/skills learning outcomes only) (2010)
- Level 3 Award in Assessing Vocationally Related Achievement (for knowledge learning outcomes only) (2010)
- Level 3 Certificate in Assessing Vocational Achievement (2010)
- A1 Assess Candidate Performance Using a Range of Methods and A2 Assessing Candidates' Performance through Observation (2002)
- HEI Certificate in Education
- Qualified Teacher Status Certificate in Education in Post Compulsory Education (PCE)
- Post Graduate Certificate in Education

Internal Quality Assurers

Internal Quality Assurers must hold or be working towards any of the following:
- Level 5 Diploma in Education and Training (2014)

Relevant IQA unit:
- o Internally assure the quality of assessment
- Level 4 Certificate in Education and Training (2014)

Relevant IQA units:
- o Assessing learners in education and training
- o Internally assure the quality of assessment
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (2014) or
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice (2014)
- D34 Unit Internally verify the assessment process (2012)
- V1 Verifiers Award (2012)
- L&D11- Internally Monitor and Maintain the Quality of Workplace Assessment (Scotland) (2010)

External Quality Assurers

External Quality Assurers must hold or be working towards any of the following:
- Level 4 Award in the External Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice

External verifiers holding historical qualifications such as unit V2 – Conduct External Quality Assurance of the Assessment Process, are required to demonstrate that they meet the same standards for monitoring assessment processes and decisions as current assessment practice requirements. Suggested evidence that demonstrates this requirement may include CPD records, a Personal Development Plan (PDP) and/or records of work completed.

It is recommended that external quality assurance staff also hold a relevant assessing and internal quality assurance qualifications as detailed above.

All new assessors and quality assurance staff must be given a clear action plan for achieving the appropriate qualification(s) and should be countersigned by an appropriately qualified individual until the qualification(s) are achieved.

Assessment Principles

Learners must be registered with the Awarding Organisation before formal assessment commences.

Assessors must be able to evidence and justify the assessment decisions that they have made.

Where an assessor is occupationally competent but not yet qualified as an assessor, assessment decisions must rest with a qualified assessor. This may be expressed through a robust countersigning strategy that supports and validates assessment decisions made by as yet unqualified assessors, until the point where they meet the requirements for qualification.

Assessment of knowledge-based learning outcomes:
- May take place in or outside of a real work environment
- Must be made by an occupationally qualified and knowledgeable assessor, qualified to make assessment decisions
- Must be robust, reliable, valid, and current; any assessment evidence using pre-set automated tests, including e-assessment portfolios, must meet these requirements and can only contribute to overall decisions made by the assessor.

Those involved in assessment must demonstrate their continuing professional development, up to date skills, knowledge and understanding of practice at or above the level of the unit.

Regardless of the form of recording used for assessment evidence, the guiding principle must be that evidence gathered for assessment must comply with policy and legal requirements in relation to confidentiality and data protection. Assessors must ensure they are satisfied the evidence presented is traceable, auditable and authenticated and meets assessment principles.

Quality Assurance

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

Those involved in internal quality assurance must have the authority and the resources to monitor the work of assessors. They have a responsibility to highlight and propose ways to address any challenges in the assessment process (e.g. to ensure suitable assessors are assigned to reflect the strengths and needs of particular learners).

Those carrying out external quality assurance must be occupationally knowledgeable and understand the policy and practice context of the qualifications in which they are involved.

Those involved in external quality assurance have a responsibility to promote continuous improvement in the quality of assessment processes.

Occupational Competence Requirements

All Tutors, Assessors and Quality Assurance Staff must:

- Have a specific qualification equivalent to the qualification or units being taught/assessed or quality assured
- Have relevant industry experience
- Demonstrate active involvement in a process of industry relevant Continued Professional Development during the last two years (this may be discipline/context specific or relevant to tutoring assessing or quality assurance)

Tutors

Tutors must hold or be working towards a teaching qualification. The following are acceptable:

- Level 3 Award, Level 4 Certificate or Level 5 in Education and Training
- Level 3 Award in Preparing to Teach in the Lifelong Learning Sector (PTTLS)
- Level 4 Award in Preparing to Teach in the Lifelong Learning Sector (PTTLS)
- Level 4 Certificate in Teaching in the Lifelong Learning Sector (CTTLS)
- Level 5 Diploma in Teaching in the Lifelong Learning
- Sector (DTTLS) Relevant predecessor NQF tutor qualifications

Assessors

Assessors must hold or be working towards any of the following:

- Level 3 Award in Assessing Vocationally Related Achievement
- Level 3 Award in Assessing Competence in the Work Environment
- Level 3 Certificate in Assessing Vocational Achievement
- A1 (previously D32, D33) or
- Relevant predecessor NQF assessor qualifications

Assessors holding historical qualifications such as unit A1, unit A2, and/or unit D32, and/or unit D33, are required to demonstrate that they meet the same standards of assessment practice as set out in the Learning and Development National Occupational Standard - Standard 9 Assess Learner Achievement. Suggested evidence that demonstrates this requirement may include CPD records, a Personal Development Plan (PDP) and/or records of work completed.

Internal Quality Assurers

Internal quality assurers must hold or be working towards any of the following:

- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- V1 (previously D34)
- Relevant predecessor NQF internal quality assurance qualifications

Internal Verifiers holding historical qualifications such as unit V1 – Conduct internal quality assurance of the assessment process and/or unit D34, are required to demonstrate that they meet the same standards for monitoring assessment processes and decisions as set out in the Learning and Development National Occupational Standard – Standard 11 Internally monitor and maintain the quality of assessment. Suggested evidence that demonstrates this requirement may include CPD records, a Personal Development Plan (PDP) and/or records of work completed.

It is recommended that internal quality assurance staff also hold a relevant assessing qualification as detailed above.

External Quality Assurers

External Quality Assurers must hold or be working towards any of the following:

- Level 4 Award in the External Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice
- V2 (previously D35)

External verifiers holding historical qualifications such as unit V2 – Conduct external quality assurance of the assessment process and/or unit D35, are required to demonstrate that they meet the same standards for monitoring assessment processes and decisions as set out in the Learning and Development National Occupational Standard – Standard 12 Externally monitor and maintain the quality of assessment Suggested evidence that demonstrates this requirement may include CPD records, a Personal Development Plan (PDP) and/or records of work completed.

It is recommended that external quality assurance staff also hold a relevant assessing and internal quality assurance qualifications as detailed above.

All new assessors and quality assurance staff must be given a clear action plan for achieving the appropriate qualification(s) and should be countersigned by an appropriately qualified individual until the qualification(s) are achieved.

Additional Information

Centre Approval

We approve organisations such as colleges, schools, providers and employers as approved centres. As an approved centre you will be able to deliver our qualifications.

To become an approved centre complete our Centre Approval Application Form which can be download from our website. Our support team will contact you within two working days to help you through the process.

Feedback

Your feedback is very important to us. We're always open to suggestions when it comes to enhancing and improving our services, products and systems.

Email contactus@innovateawarding.org or call 0117 314 2800.

Complaints

If we do get things wrong, we will make every effort to resolve your issues quickly and efficiently. If you'd like to raise a formal complaint, then we recommend you read our Complaints Procedure which can be found on our website.

Fees

Our fees structure is transparent and straightforward. Our fees are published on our website in a clear format with no hidden charges. Unlike other awarding organisations, we do not charge an annual centre fee. Visit our website to compare our fees.

Enquiries and Appeals

We recognise that sometimes decisions are made that a centre (or learner) may wish to appeal. We have an Enquiries and Appeals Policy and Process on our website that sets out guidelines on grounds for appeal and the process.

Data Protection

Innovate Awarding takes the protection of data seriously; we have a data protection statement outlining how we and our centres, comply with the current legislation on data protection. This statement can be found on our website.

Equality and Diversity

Innovate Awarding is committed to giving everyone who wants to gain one of our qualifications an equal opportunity of achieving it in line with current UK legislation (Equality Act 2010) and EU directives.

Centres are required, as conditions of approval, to use an equality and diversity policy that works together with ours and that they maintain an effective complaint and appeals process. We expect centres to tell learners how to find and use their own equality and diversity and appeals processes. For information, please visit our website.

Reasonable Adjustment and Special Consideration

All learners must be treated fairly and equally and be given every opportunity to achieve our/the qualifications. A copy of our policy on Reasonable Adjustments and Special Considerations, and application form, can be found on our website.

Malpractice and Maladministration

Innovate Awarding has a responsibility to do everything it can to prevent any malpractice or maladministration from occurring, and where it has already occurred, ensuring action is taken proportionate to the gravity and scope of the occurrence.

A copy of our policy and procedure on Malpractice and Maladministration is available on our website.

Recognition of Prior Learning (RPL)

RPL recognises how the contribution of a learner's previous experience could contribute to a qualification or unit. Innovate Awarding have produced guidance on RPL, and this can be found within our Information and Guidance for Centres on our website.

Please note the above is not a comprehensive guide to running qualifications. Once approved centres must adhere to the Centre Agreement and Information and Guidance for Centres.

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