City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service (3096-52)

Version 1.0 (April 2026)

Qualification Handbook

Approved by

skillsforcare

Qualification at a glance

Subject area	Adult Care
City & Guilds number	3096
Age group approved	18+
Entry requirements	None
Assessment	Portfolio of evidence
Grading	Pass/Fail
Approvals	Automatic approval
Support materials	Textbook, Smart Screen, Learning Assistant
Registration and certification	Consult the Walled Garden/Online Catalogue for last dates

Title and level	City & Guilds qualification number	Regulatory reference number	GLH	TQT
City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service	3096-52	610/7034/8	598	900

Version and date	Change detail	Section
1.0 April 2026	Initial version	All

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1 Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	The City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service is an occupational qualification for learners who lead adult care settings in England. Learners will work in adult social care and have responsibility for leading and managing a service. This will include managing and improving care and support for those accessing the service; supporting and developing the workforce; and driving the vision for their service or organisation. Primarily, the qualification aims to support the development of registered managers of adult social care services. Specifically, those new to their role. This qualification is applicable to variety of roles such as: • Registered managers • Managers • Assistant managers • Deputy managers In settings such as: • Residential services for older people/work age adults • Domiciliary care services • Day services • Respite services • Community based services
What does the qualification cover?	This qualification covers a range of skills and knowledge relating to leadership and management of adult care services in England, such as: Decision-making, safeguarding, leading and managing services, leading and managing teams, service improvement and innovation, communication, values and behaviours, health & safety, professional development, leading person-centred care and governance and regulatory requirements.
What opportunities for progression are there?	This qualification allows learners to learn, develop and practise the skills and knowledge required for employment and/or career progression in adult care in England. Learners could progress to Apprenticeships in Social Work, or further Leadership and Management, Foundation Degree Programmes or Teaching and Learning and Assessment qualifications.

Who did we develop the qualification with?	This qualification is endorsed by Skills for Care, the strategic workforce development planning body for Adult Social Care in England and is based on their qualification criteria.
Is it part of an apprenticeship framework or initiative?	Yes. This qualification, is recognised as meeting the mandatory qualification requirement for the Leader in Adult Care Apprenticeship Standard.

Structure

To achieve the City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service learners must achieve a minimum of **90** credits:

79 credits from the mandatory units

and

a minimum of **11** credits from the optional units.

City & Guilds unit number	Unit level	Unit title	Credit value	GLH
Mandatory				
3096-700	5	Leadership and management in adult care	4	30
3096-701	5	Governance and regulatory processes in adult care	4	30
3096-702	5	Decision making in adult care	3	20
3096-703	5	Business and resource management in adult care	5	40
3096-704	5	Team leadership in adult care	3	25
3096-705	5	Team learning and development in adult care	4	30
3096-706	5	Supervising others in adult care	3	20
3096-707	5	Safeguarding in adult care	5	35
3096-708	5	Mental capacity in adult care	3	20
3096-709	5	Partnerships in adult care	5	35
3096-710	5	Comments and complaints in adult care	3	20
3096-711	5	Leading the vision in adult care	4	22
3096-712	5	Continuous improvement in adult care	4	25
3096-713	5	Effective communication in adult care	3	20
3096-714	5	Handling information in adult care	3	20
3096-715	5	Leading person-centred practice	6	40
3096-716	5	Health and wellbeing in adult care	3	18
3096-717	5	Equality, diversity, inclusion and human rights in adult care	4	30
3096-718	5	Health and safety in adult care	4	30
3096-719	5	Continuous development in adult care	3	15
3096-720	5	Personal wellbeing in adult care	3	15
Optional				
3096-450	4	Understanding Independent Advocacy in adult care	3	15
3096-451	4	Study skills	3	17
3096-452	4	Managing transitions in adult care	3	15
3096-521	5	Leading and managing end of life care in adult care	4	25

3096-522	5	Managing support for sexual behaviour and promotion of sexual health in adult care settings/services	4	25
3096-523	5	Leading and managing clinical skills provision in adult care	4	25
3096-524	5	Managing business development plans in adult care	4	25
3096-525	5	Managing recruitment and selection in adult care	3	18
3096-526	5	Leading and managing dementia care services in adult care	4	25
3096-527	5	Leading and managing support for individuals with physical disabilities and impairments in adult care	3	18
3096-528	5	Leading and managing services for individuals with learning disabilities and/or autism in adult care	4	25
3096-529	5	Leading and managing services for mental health and wellbeing of individuals in adult care	4	25
3096-530	5	Leading and managing services for individuals with profound and complex needs in adult care	4	25
3096-531	5	Managing adult domiciliary care services	4	25
3096-532	5	Leading and managing groups in adult care	4	20
3096-533	5	Managing services to promote independence for individuals in adult care	3	16
3096-534	5	Leading operational management in adult care	3	18
3096-535	5	Coaching and mentoring when leading and managing in adult care	4	25
3096-536	5	Undertaking a research project	5	28

Total Qualification Time

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected for a learner to demonstrate the achievement of the level of attainment necessary for the award of a qualification.

TQT is comprised of the following two elements:

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

Title and level	GLH	TQT
City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service	598	900

2 Centre requirements

Approval

Full approval

To offer this qualification, **new centres** will need to gain both centre and qualification approval. Please refer to the document **Quality Assurance Standards: Centre Approval Process** for further information.

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

OR

Automatic approval

If your centre is approved to offer the Level 5 Diploma in Leadership and Management for Adult Care (3080-50 **or** 3096-51) you will be automatically approved to offer the new City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service (3096-52). Please refer to the document **Quality Assurance Standards: Centre Approval Process** for further information.

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

Resource requirements

Resources

The majority of assessment for this competence-based qualification will take place in the workplace under real work conditions.

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements. They should:

- be occupationally competent or technically knowledgeable in the area(s) for which they are delivering training and/or have experience of providing training. This knowledge must be to the same level as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

Assessors must:

- maintain their occupational competence through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.
- hold or be working towards the most current Assessor qualifications, eg the Level 3 Award in Assessing Competence in the Work Environment or
  other Level 3 Certificate in Assessing Vocational Achievement or
  hold the A1 Assessors Award or D32/33 units or
  another suitable qualification equivalent/alternative in the assessment of work-based performance. This must be agreed in advance with the centre's External Quality Assurer.

Competence units MUST be assessed by occupationally competent assessors. Each assessor must be capable of carrying out the full requirements of the area they are assessing. Occupational competence means that they are also occupationally knowledgeable.

Occupationally knowledgeable assessors can assess units or learning outcomes which are designed to assess specific knowledge and understanding. Each assessor must have the relevant knowledge and understanding of the area they are assessing.

For further information on assessor requirements refer to the Skills for Care Assessment Principles November 2025 on the Skills for Care website:

https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Qualifications/Awarding-organisations/Skills-for-Care-and-Development-Assessment-Principles.pdf

See also the assessment section for details from the assessment strategy on the role of the expert witness.

Centre staff may undertake more than one role, eg tutor and assessor or internal quality assurer, but cannot internally quality assure their own assessments.

Quality assurance

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications. Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance and City & Guilds is responsible for external

quality assurance. For more detail on this visit the Quality Assurance Standards documents on the City & Guilds website.

Standards and rigorous quality assurance are maintained by the use of:

- Internal quality assurance
- City & Guilds external quality assurance.

Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.
The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:

- hold or be working towards the current Quality Assurance qualifications, eg
    - Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
    - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
    - Hold the D34 unit or V1 Verifiers Award.

External quality assurance for the qualification will be provided by City & Guilds EQA process. EQAs are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External quality assurance is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

The role of the EQA is to:

- provide advice and support to centre staff
- ensure the quality and consistency of assessments within and between centres by the use of systematic sampling
- provide feedback to centres and to City & Guilds.

Other legal considerations

Learners working within care services may be legally required to undergo Disclosure and Barring Service (DBS) checks prior to taking up continuing employment. Centres and employers will need to liaise closely with one another to ensure that any requirements for the particular area of work are fully met. As the requirements vary between work contexts, checks should be made with the appropriate regulatory body and/or government departments if centres or employers are uncertain of these requirements. These are usually the responsibility of the employer. A robust initial assessment is recommended to highlight any possible issues with the DBS check that could impact on the learner's ability to complete a full qualification.

Learner entry requirements

City & Guilds does not set entry requirements for this qualification. However, centres must ensure that learners have the potential and opportunity to gain the qualification successfully.

Learners must be in a leadership role within an adult care service to achieve this qualification either as a service leader or deputy leader. As a deputy leader, the learner must have the opportunities to demonstrate competence in their role relating to the skills requirements within this qualification.

It is the responsibility of the centre to liaise with the employer to ensure the learner has met any requirements such as enhanced disclosure and barring checks prior to commencing the qualification. The centre should record this as part of initial assessment.

Where learners are undertaking an apprenticeship standard, they must undertake an enhanced disclosure and barring service check prior to starting the apprenticeship.

Age restrictions

This qualification is approved for learners aged 18 or above.

Access to assessment and special consideration

For information on how to apply for access arrangements please refer to ***How and when to apply for access arrangements and special consideration (cityandguilds.com)***

3 Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs
- support and guidance they may need when working towards their qualification
- any units they have already completed, or credit they have accumulated which is relevant to the qualification
- the appropriate type and level of qualification
- ensure that the range of optional units chosen are supported by the learner's job role and if appropriate, reflect requirements of the Leader in Adult Care apprenticeship standard.

We recommend that centres provide an induction programme so the learner fully understands the requirements of the qualification, their responsibilities as a learner and candidate, and the responsibilities of the centre. This information can be recorded on a learning contract.

Support materials

The following resources are available for this qualification:

Description	How to access
Textbook	www.cityandguilds.com
SmartScreen	www.smartscreen.co.uk
Learning Assistant	www.cityandguilds.com

4 Assessment

Assessment of the qualification

Learners must:

- have a completed portfolio of evidence covering the assessment criteria for each unit.

Units are assessed through Portfolio of Evidence. All evidence in the portfolio for the skills learning outcomes must be generated in the workplace.

City & Guilds endorses several ePortfolio systems, including our own, **Learning Assistant**, an easy-to-use and secure online tool to support and evidence learners' progress towards achieving qualifications. Further details are available at **www.cityandguilds.com/eportfolios**.

City & Guilds has developed a set of *Recording forms* including examples of completed forms, for new and existing centres to use as appropriate. *Recording forms* are available on the City & Guilds website.

Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the External Quality Assurers, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Assessment strategy

The City & Guilds Level 5 Diploma in Leading and Managing an Adult Care Service is a competence-based qualification which is assessed by a portfolio of evidence. The learner is measured against learning outcomes and assessment criteria described in each unit of the qualification. The learner must meet all the learning outcomes within the chosen units (must be within the rules of combination) to be able to be awarded the qualification.

The qualification/units must be assessed in line with the Skills for Care and Development Assessment Principles, which are published on the Skills for Care website:

https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Qualifications/Awarding-organisations/Skills-for-Care-and-Development-Assessment-Principles.pdf

Centres must carry out a robust initial assessment to ensure that the learner has the opportunity to provide evidence against all the requirements of the qualification.

There will be a combination of assessment methods for this qualification. All the identified assessment criteria must be evidenced and a holistic approach to assessment is encouraged.

Direct observation of candidate's performance by a qualified occupationally competent assessor and the assessor's judgement on testimony from an Expert Witness Testimony are the main methods of assessment and the main source of evidence. **Simulation is not permitted for any of the units within this qualification**.

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

Assessment of knowledge-based learning outcomes may take place in or outside of a real work environment, but the final assessment decision must show application of knowledge within the real work environment.

Evidence must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

Confidential records must not be included in learners' portfolios but must be referred to in the assessment records. Video or audio recording should not be used where this compromises the privacy, dignity or confidentiality of any individual or family using services.

The assessor role can be as part of a wider role within an organisation's training department. Where the assessor is not occupationally competent in a specialist area, expert witnesses can be used for direct observation. The use of expert witnesses should be determined and agreed by the assessor.

An expert witness must:

- have a working knowledge of the units for which they are providing expert testimony
- be occupationally competent in the area for which they are providing expert testimony
- have EITHER any qualification in assessment of workplace performance OR a work role which involves evaluating the everyday practice of staff.

Evidence sources

To help build a well-rounded portfolio, assessors should identify an appropriate mix of other assessment methods from the list below, to ensure that all the assessment criteria are sufficiently evidenced to allow them to make the consistency of the candidate's practice for each unit.

- Expert witnesses may observe candidate practice and provide testimony for competence-based units which will have parity with assessor observation for all competence-based units across the qualification. If an assessor is unable to observe their candidate they will identify an expert witness in the workplace, who will provide testimony of the candidates work-based performance.
- Work products can be any relevant products of candidates' own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.
- Professional discussion should be in the form of a planned and structured review of candidates' practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates can evaluate their knowledge and practice across the qualification.
- Candidate/reflective accounts describe candidates' actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates' can evaluate their knowledge and practice across the activities embedded in this qualification.
- Questions asked by assessors and answered by candidates to supplement evidence generated by observations and any other evidence type used. Assessors may be able to

infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.

- Witness testimonies: these should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.
- Projects/Assignments: candidates may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used.
- Case studies must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.

Assessors should ensure that the voices and choices of people who use services drive their practice and that of their learner. This will be apparent throughout the evidence provided for a learner's practice.

NB Confidential records must not to be included in candidate portfolios but must be referred to in the assessment records.

Time constraints

Qualification registration is valid for five years.

Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience, or qualifications which have already been achieved, to contribute to a new qualification.

RPL is allowed and must be sector specific.

5 Units

Structure of the units

These units each have the following:

- City & Guilds reference number
- Title
- Unit level
- Credit value
- Guided learning hours (GLH)
- Assessment type
- Unit aim
- Learning outcomes, which are comprised of a number of assessment criteria
- Range statements (where given)
- Supporting information

Guidance for delivery of the units

This qualification is comprised of a number of **units**. A unit describes what is expected of a competent person in particular aspects of their job.

Each **unit** is divided into **learning outcomes** which describe in further detail the skills and knowledge that a learner should possess.

Each **learning outcome** has a set of **assessment criteria** (performance, and knowledge and understanding) which specify the desired criteria that have to be satisfied before a person can be said to have performed to the agreed standard.

Range statements define the breadth or scope of a learning outcome and its assessment criteria by setting out the various circumstances in which they are to be applied. Centres must deliver the full breadth of the range, where specified.

Supporting information provides guidance of the evidence requirement for the unit and specific guidance on delivery and range statements. Centres are advised to review this information carefully before delivering the unit. Learners must have access to work duties, tasks 'working directly with individuals using services' which will allow them to meet the real work environment requirements of the units in this qualification.

Unit 700 Leadership and management in adult care

Unit level:	5
Credit value:	4
GLH:	30
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to support adult care managers to develop their knowledge and understanding of the differences between leadership and management. Learners will analyse theories, models and styles of leadership and management and consider the impact of internal and external drivers in their leadership and management role As part of this unit, learners will be expected to evaluate their own effectiveness as leaders and managers in different situations and with different teams. Learners will explore how coaching, and mentoring can be used to support themselves and others. Learners will explore interaction between organisational values and cultures and their own leadership style.

Learning outcome

The learner will:

LO1 understand leadership and management theories and styles

Assessment criteria

The learner can:

AC1.1 analyse the differences between **leadership and management**
AC1.2 analyse key theories of leadership and management relevant to own role
AC1.3 explain how key theories of leadership can be applied in practice in a range of situations in the leadership role
AC1.4 analyse the range of different **leadership styles**
AC1.5 summarise key regulatory, policy and legal requirements that influence the role of leading and managing an adult care service
AC1.6 explain the differences between coaching and mentoring
AC1.7 outline how the use of coaching can complement own leadership style:
a. in own personal development
b. when working with others

AC1.8 outline how the use of mentoring can complement own leadership style:
a. in own personal development
b. when working with others

Range

AC1.1 **Leadership and management** to include:

- managing staff
- leading practice
- vision/direction
- operational strategy
- motivation of self and others
- service representation
- improvement
- innovation
- decision-making/accountability
- nature versus nurture
- contingency planning
- organisation and coordination
- resource planning – finance, staffing
- change
- coaching and mentoring
- conflict resolution

AC1.4 **Leadership styles** to include but not limited to:

- Autocratic
- Authoritative
- Pacesetting
- Democratic
- Coaching
- Affiliative
- Laissez-Faire

Learning outcome

The learner will:

LO2 understand leadership and management in adult care settings/services

Assessment criteria

The learner can:

AC2.1 analyse the impact of internal and external drivers on leadership and management in adult care settings/services
AC2.2 explain the role of leadership and management skills in adult care settings/services
AC2.3 describe how to adapt own leadership and management style for different situations
AC2.4 describe how to adapt own leadership and management style for **different teams**:
a. internal teams
b. external teams
c. partnerships with other professional teams
AC2.5 evaluate the interaction between the values and culture of an adult care setting/service and own leadership behaviours

Range

AC2.4 **Different teams** must include but not limited to team:

- size
- experience
- location
- cultures
- dynamics
- resources
- motivation
- performance management
- strengths and areas for ongoing development

Unit 700 Leadership and management in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2 and LO3 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is the difference between a leader and a manager and how do these reflect in their practice?
- What qualities contribute to making a good leader and manager and how could this be evaluated with others?
- What and who might be the potential barriers to effective leadership and management in adult care services?
- Does a good manager mean you have to be an effective administrator?
- How can coaching and mentoring support professional development?

There are opportunities for learners to apply their learning in the continuing development unit. Centres will devise their own teaching and learning plans with their learners to include independent study.

AC1.2 Learners should refer to at least two or three key theories that are linked to their role.

Key theories may include but not limited to:

- Urwick's Ten Principles of Management
- Trait Theory
- Behavioural Theory
- Goleman's leadership styles and emotional intelligence
- Motivation Theory - Maslow's Hierarchy of Needs
- Situational Leadership (Hersey & Blanchard)
- Contingency Theory (Kouzes & Posner)
- Power and Influence Theory
- Management by Wandering Around (MBWA)
- SWOT Analysis in leadership and management role

AC1.3 Learners can use the models they refer to in 1.2 to address this AC

AC1.6/1.7/1.8 **Coaching and mentoring** to include styles and approaches, but not limited to:

- Self-awareness
- Situational leadership
- Directive approach
- Non-directive approach
- Blending approaches

AC1.7 Own to include:

- Self-analysis, self-evaluation and self-reflection
- Problem solving in leadership role
- Management peers
- External support
- Knowledge specialists

Others may include:

- Deputy managers
- Team leaders/supervisors
- Volunteers
- Advocates
- Informal carers
- Apprentices/learners from schools and colleges
- Agency staff
- Administration staff
- Teams
- Partnerships

AC1.8 May include:

- Focus on professional development within leadership role
- As part of own formal induction
- As part of own probationary period
- As part of own performance management

Others may include:

- Deputy manager(s)
- Team leaders/supervisors
- Volunteers
- Advocates
- Informal carers
- Apprentices/learners from schools and colleges
- Agency staff
- Administration staff
- Teams
- Peer to peer
- Partnerships

AC2.1 Impact could include:

- Wellbeing of self
- Professional confidence
- Existing strategy
- Staffing/recruitment
- Self-motivation
- Service delivery

- Funding/budgets
- Those in need of care and support
- Quality of care delivery

Internal and external drivers may include:

- Internal policy and/or strategy
- External policy and/or strategy
- Diversification in business models
- Organisational cultural changes
- Organisational financial challenges
- Public health challenges/initiatives
- Acute situation/extraordinary event
- Inspection – internal and external
- Changes in the market

AC2.3 Different situations may include:

- Formality/informality of different working situations
- Working under pressure
- Leadership role in particular situations
- Management role in particular situations
- Managing conflict

AC2.4 Internal teams - directly employed by the care setting/service

AC2.5 Values may include:

- Compassion
- Dignity
- Independence
- Privacy
- Communication
- Protection
- Respect
- Courage
- Inclusion
- Pride
- Integrity

Culture may include:

- Effective governance
- Partnerships
- Responsiveness
- Person-centred care
- Safeguarding/protection
- Duty of candour
- Safety/risk management

Suggested supporting resources

Diploma in Leadership and Management for Adult Care - Tina Tilmouth
How Management Works - Phillipa Anderson
Effective Managers - Essential Managers
Leadership - Essential Managers
Leadership - a very short introduction - Keith Grint
Management - a very short introduction - John Hendry
The Little Book of Big Management Theories and how to use them - James McGrath

Managing People - Essential Managers - DK
The Complete Handbook of Coaching - Elaine Cox et al
Manager As Coach -The new ways to get results - Jenny Rogers et al

Care Quality Commission/Key Lines of Enquiry www.cqc.org.uk/guidance-providers/adult-social-care/key-lines-enquiry-adult-social-care-services

Gov.UK Leadership and Management www.gov.uk/guidance/leadership-and-management

Skills for Care Management Induction Standards www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Manager-induction-standards.aspx

Unit 701 Governance and regulatory processes in adult care

Unit level:	5
Credit value:	4
GLH:	30
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to consider how governance and regulatory processes work to monitor and improve service provision for adults in receipt of care in England. Learners will examine their own role and responsibility in leading and managing a service that meets regulatory requirements and show a thorough understanding of the regulatory process in England.

Learning outcome

The learner will:

LO1 understand legislation and statutory guidance that underpins adult care

Assessment criteria

The learner can:

AC1.1 outline current legislation and statutory guidance that applies to **all aspects** of service provision

AC1.2 explain own role, accountability, and responsibility in applying legislation and statutory guidance within own setting/service

AC1.3 describe how duty of candour relates to own role and management of the service

AC1.4 describe the roles, remits and responsibilities in a registered service, of the:

a. registered manager
b. nominated individual
c. fit and proper person

Learning outcome

The learner will:

LO2 understand internal governance arrangements within own organisation

Assessment criteria

The learner can:

AC2.1 describe internal governance procedures used within own setting/service
AC2.2 explain own role in:
a. applying
b. leading
c. evaluating
own setting/service's governance procedures and agreed ways of working

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Learning outcome

The learner will:

LO3 understand systems and requirements for the regulation of adult care services

Assessment criteria

The learner can:

AC3.1 outline specific current legislation and regulations underpinning the inspection system in England
AC3.2 identify a range of related legislation and statutory guidance that support the inspection process in England
AC3.3 identify types of service provision subject to registration and inspection

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Learning outcome

The learner will:

LO4 understand the inspection process in adult care

Assessment criteria

The learner can:

AC4.1 explain the purpose of the inspection system
AC4.2 explain how services are inspected and the role of the regulator
AC4.3 describe different types of inspection
AC4.4 describe the **standards** that the inspection process reviews
AC4.5 explain how the ratings system is used
AC4.6 explain when and how enforcement action may be used
AC4.7 describe the ways information about the service is

- requested
- collected
- used to inform inspection activities

Range

AC4.4 **Standards**: includes national minimum standards, key themes/wider areas of focus

Learning outcome

The learner will:

LO5 understand the inspection process in own setting/service

Assessment criteria

The learner can:

AC5.1 describe how the requirements of regulations are met within own setting/service
AC5.2 explain who needs to be aware of, and involved in, the inspection process
AC5.3 explain the range and types of evidence which can be used to demonstrate the setting/service is meeting requirements
AC5.4 describe ways to work with **others** before, during and after the inspection process
AC5.5 describe ways to address the outcome and impact of an inspection of own setting/service
AC5.6 explain how outcomes of inspection can be used to drive setting/service improvements

Range

AC5.4 **Others**: including but not limited to: staff team members, people who use the service, local authority teams, local safeguarding teams, health professionals, family members, carers, relatives and integrated care systems (where they are in place).

Unit 701 Governance and regulatory processes in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2, LO3, LO4 and LO5 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is included in the current standards for your service?
- If your service is not regulated, how can you use the standards to support your practice?
- What are the benefits of having an independent regulatory body?
- How can a service prepare for inspection?
- How can a manager ensure colleagues are aware of the internal governance processes and regulatory requirements?

AC1.1 All aspects: relating to all aspects of responsibilities held within own organisation. If the learner is not currently providing regulated activity, then they should explore the formal role of a registered manager. The learner is only expected to provide a brief outline for this AC.

AC1.2 Learners should include who they are accountable to and for.

AC1.3 This must relate to a registered service regardless of learners' own role.

LO2 Learners may consider the inspection process in their own work setting. If the service is not currently regulated or inspected, they should consider how they could use current regulations to support service improvement.

AC2.2 Internal governance refers to the systems and processes in place to meet legal and regulatory requirements. The processes should address risk management quality improvements and provide clear auditing systems to monitor practice.

AC4.1 This must relate to a registered service regardless of learners' own role.

AC4.3 Types of Inspection: the different inspections carried out by the regulator within Adult Care services

AC4.4 Key themes: the areas looked at during the inspection process

LO5 Learners should consider the inspection process in their own work setting. If the service is not currently regulated or inspected, they should consider how they could use current regulations to support service improvement.

Suggested supporting resources

www.cqc.org.uk

www.gov.uk/government/organisations/department-of-health-and-social-care

www.skillsforcare.org.uk/Home.aspx

Unit 702 Decision making in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand and apply the knowledge required for effective decision-making in adult care settings/services. Learners will be given the opportunity to look at the role which data and information plays in informing decision-making as well as how to enable others to be involved. Learners will explore how their own and others' values and priorities influence decision-making processes. Learners will identify when decisions need to be made and work with individuals and others to come to support the decision-making process.

Learning outcome

The learner will:

LO1 understand effective decision-making

Assessment criteria

The learner can:

AC1.1 describe different **types of decisions** required in own role
AC1.2 evaluate how data, information and intelligence inform evidence-based decisions to improve quality
AC1.3 explain the importance of reviewing and evaluating decisions to improve quality
AC1.4 analyse how values and priorities influence decision-making processes in relation to:
a. self
b. **others**
AC1.5 explain how to enable others to contribute to the decision-making

Learning outcome

The learner will:

LO2 be able to demonstrate effective decision-making within own leadership and management role

Assessment criteria

The learner can:

AC2.1 establish when decisions need to be made within own role
AC2.2 gather data, information and intelligence to inform decision-making
AC2.3 identify potential solutions used to inform a decision in own role
AC2.4 evaluate potential solutions to draw conclusions
AC2.5 involve individuals and others in the:
- a. decision-making process
- b. implementation of the result of decision

AC2.6 evaluate the:
- a. decision
- b. decision-making process used

Unit 702 Decision making in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is a decision?
- What safeguards are in place for the decisions managers make?
- When is it right to make a decision based on intuition?
- What are the potential challenges to decision-making when working with difficult situations and/or disagreements?
- How does legislation impact on decision-making processes?
- Why do managers struggle to make decisions?

Performance evidence from other units may provide evidence for LO2 and opportunities for cross-referencing are encouraged.

AC1.1 **Types of decisions**: may include but not limited to strategic, tactical, operational, short term and long term

AC1.2 and AC2.2 Data is collected, then assembled into information, and only then handed to a human analyst to analyse and transform it into intelligence

AC1.3 Reviewing should include an evaluation of decisions

AC1.4 and AC2.6: **Others**: in this context might include:

- people using or accessing the service
- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- team members
- managers and supervisors
- professionals from other services, including delivery partners
- senior leaders
- visitors to the work setting
- members of the community
- volunteers

AC2.1 Decisions: may include but not limited to strategic, tactical, operational, short term and long term, financial, reactive and proactive decision-making

AC2.6 The decision-making process should consider the potential solutions

Unit 703 Business and resource management in adult care

Unit level:	5
Credit value:	5
GLH:	40
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to strengthen their understanding of how to manage resources within their own setting/service. Learners will also understand legislation, policies and the governance that drives the care sector and how this affects business and resource management.

Learning outcome

The learner will:

LO1 understand the principles of effective resource management within adult care

Assessment criteria

The learner can:

AC1.1 explain the meaning of the term 'resource management' in adult care

AC1.2 analyse the impact of national and local strategies and priorities on resource planning in relation to:
- a. financial resources
- b. physical resources
- c. human resources

AC1.3 describe the impact of national and local strategies and priorities on resource management in relation to:
- a. financial resources
- b. physical resources
- c. human resources

AC1.4 explain the importance of accurate forecasting for resource requirements including:
- a. contingency planning
- b. crisis management
- c. day to day requirements/resources

AC1.5 explain the value of using assets and resources outside of traditional services and in the community

AC1.6 evaluate the place of technology as a resource in service delivery and service management

AC1.7 describe the meaning of sustainability in resource management in adult care

AC1.8 explain roles, responsibilities, and accountabilities for resource management within an adult care setting/service

AC1.9 evaluate the importance of business continuity in respect of:
a. planning
b. processes available

Learning outcome

The learner will:

LO2 understand principles of effective human resource management

Assessment criteria

The learner can:

AC2.1 explain **legislation, policy and practices** underpinning safe and fair recruitment

AC2.2 describe potential challenges for safe and fair recruitment

AC2.3 evaluate approaches which improve recruitment and retention of staff in adult care

AC2.4 explain the process in own setting service for:
a. recruitment
b. selection
c. induction
d. managing staff absence

AC2.5 explain own role in setting/service for:
a. recruitment
b. selection
c. induction

AC2.6 explain the importance of ensuring employment practices are free from discrimination and harassment

AC2.7 describe how to identify the numbers and patterns of staffing required to provide a person-centred, outcomes-based service

AC2.8 analyse factors that could influence staffing requirements and patterns

AC2.9 explain how to manage staffing patterns and adjust them to meet changing circumstances

AC2.10 evaluate workforce succession and contingency planning in own adult care setting/service

AC2.11 describe performance management systems and relevance to**:**
a. own setting/service
b. own role

AC2.12 describe conduct, discipline and grievance procedures, and relevance to:
a. own setting/service
b. own role

Learning outcome

The learner will:

LO3 understand market provision in adult care

Assessment criteria

The learner can:

AC3.1 explain how adult care services are commissioned, procured, and funded

AC3.2 analyse how current local and national drivers are shaping market provision in:

a. adult care

b. funding mechanisms

c. related services gaps

AC3.3 explain how own setting/service meets the current needs of:

a. the local population

b. the wider social care landscape

AC3.4 describe how own service has evolved over time to meet the demand for adult social care services.

AC3.5 explain how own setting/service will need to keep changing to meet future demand for adult social care services

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Learning outcome

The learner will:

LO4 understand integrated approaches in health and social care

Assessment criteria

The learner can:

AC4.1 explain what is meant by an integrated health and social care system

AC4.2 analyse the rationale for integrated approaches to service provision in relation to:

a. providing person-centred support

b. the changing patterns of population needs

c. prevention and early intervention strategies

d. moving to more community-based practices

e. the legislative context

AC4.3 evaluate local and national initiatives to better integrate health and social care systems and services

AC4.4 explain the impact of more integrated systems and processes on working practices and relationships

Unit 703 Business and resource management in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2, LO3 and LO4 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How do national and local strategies impact planning and managing an organisation within adult care?
- How does legislation impact safe unfair practices?
- How the use of data and information gathering has on resource management?
- How is your own service setting funded and how this might change in the future?
- What impact integrated health and social care will have on your organisation?

AC1.6 Technology – may include but not limited to:

- electrical communication devices
- electrical care plans/risk assessment
- electronic medication recording systems
- electrical rota systems
- video calling
- portals/hubs

AC1.9 Business continuity planning: The process of planning to reduce threats to a company and how to recover from unexpected events. May include but not limited to:

- review of the sector on a regular basis
- review of the customer base
- business risk assessment
- SWOT analysis
- exercise programme

AC2.1 and AC2.2 Legislation, regulations and guidance: This may include, but is not limited to:

- current legislation linked with equality
- current legislation linked with working time and pensions
- current employment legislation
- regulatory body
- current disclosure and barring service checks
- confirming identify and seeking references

AC2.3 Approaches**:** These may include, but are not limited to:

- recruiting people with the right values and behaviours
- understanding the local area to inform business planning
- innovative strategies to attract candidates in the local community eg referral programmes
- offering a supportive induction, quality training, career progression routes, good working conditions, rewards, recognition, flexibility and competitive pay rates

AC2.4 and AC2.5 Recruitment: this may include but not limited to:

- international recruitment – requiring compliance with Home Office rules
- organisational policies and procedures
- legal requirements e.g. Equality Act 2010, Employment Rights Bill and safeguarding/DBS checks
- ethical recruitment standards.

AC2.6 Factors could include, but are not limited to:

- changing care and support needs of individuals
- increases/decreases in demand for support services
- holiday/festive periods
- sickness
- weather conditions

AC2.9 Performance management systems: the policies, procedures and tools/methods used within the service to plan, monitor, develop and improve employees' performance

AC2.12 To include managing staff resources, absences and performance management

AC3.2 Drivers may include but are not limited to national policies, local initiatives, prevention, integration and personalised care that can influence planned outcomes, priorities and day to day activities within the service.

AC3.3 Wider market - influences on local market

Wider social care landscape and local population: essential in addressing the current and future needs of the local population. This involves recognising local and national priorities and may include but is not limited to:

- prevention
- community-based support
- reducing health inequalities
- promotion of personalised care and support
- responding to demographic trends
- collaboration.

AC3.4 Learners should consider sustainability of the service

AC4.1 Integrated health and social care system: better outcomes for people through a seamless experience. Systems work together in a coordinated way. Builds support around the individual

AC4.2 Rationale includes legislation

- Providing person-centred, compassionate care and support in a way that makes sense to the individual accessing services to reflect their lives, needs and wishes.
- The changing patterns of population needs eg ageing population, complex care and health needs, financial pressures, widening health inequalities, stalling improvements in life expectancy.
- Prevention and early intervention.
- Move to more community-based practices that breakdown traditional barriers.
- Digital and technology approaches to enhance and improve practice and person-centred care.

AC4.4 Local and national initiatives: These may include, but are not limited to:

- integrated care systems
- sustainability and transformation partnerships
- hospital to communities
- prevention focused strategies
- analogue to digital
- primary care networks
- enhanced health in care homes framework
- ageing well programme
- hospital at Home services

AC4.5 Working practices and relationships: May include, but are not limited to:

- discharge arrangements
- integrated assessment and care planning
- multi-disciplinary working arrangements
- data governance
- neighbourhood health agenda
- digital data sharing

Suggested supporting resources

www.skillsforcare.co.uk
www.businessballs.co.uk
www.cqc.co.uk
www.gov.uk

Unit 704 Team leadership in adult care

Unit level:	5
Credit value:	3
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to enable learners to demonstrate a range of skills and behaviours in team leadership that recognise and deliver objectives to provide safe and effective care for adults using services. Learners will show how to recognise and champion values and behaviours within teams required to work in adult settings/services. Learners will support teams to be both creative and innovative in their approach to planning and meeting objectives and understand how to support the health wellbeing and resilience of team members.

Learning outcome

The learner will:

LO1 be able to provide leadership for a team

Assessment criteria

The learner can:

AC1.1 adapt leadership styles to respond to different stages and cycles within the team's development

AC1.2 establish trust and accountability within the team

AC1.3 build and maintain team's commitment to the setting/service and its values

AC1.4 support a positive values-based culture within a team by:

a. developing strategies
b. implementing strategies
c. reviewing strategies

AC1.5 demonstrate values and behaviours which recognise and champion diversity, equality and inclusion within the team

Learning outcome

The learner will:

LO2 be able to manage teamwork

Assessment criteria

The learner can:

AC2.1 engage team members in agreeing team objectives
AC2.2 encourage creativity and innovation in team members when:
a. planning how to meet team objectives
b. agreeing a team plan
AC2.3 agree roles and responsibilities, considering individual team member's strengths and developmental needs
AC2.4 support team members to work towards team objectives
AC2.5 review team progress against objectives
AC2.6 facilitate opportunities for team members to reflect on progress
AC2.7 provide feedback which recognises team performance against team objectives

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Learning outcome

The learner will:

LO3 be able to support the wellbeing and resilience of team members

Assessment criteria

The learner can:

AC3.1 describe factors that influence the health and wellbeing of team members
AC3.2 explain own role in monitoring, assessing, and promoting the health and wellbeing of team members
AC3.3 explain the process to follow when concerns have been raised about the health and wellbeing and resilience of team members
AC3.4 lead practice which develops resilience in team members
AC3.5 implement procedures which enable team members to access support/services to enhance their health, wellbeing and resilience

Unit 704 Team leadership in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2 and LO3 are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What are the stages and cycles of team development?
- What is 'a values-based culture' within a team?

The units 900 and 906, contain, in part, underpinning knowledge to support this unit.

AC1.1 Stages and cycles: the different stages of team development, for instance 'forming, storming, norming and performing'. The different cycles teams encounter in their work in Adult Social Care eg new team members and changes to working practices. Consideration of the following models will provide frameworks for discussion of team development and its implications: John Adair's Action-centred Leadership model; Hersey's and Blanchard's Situational Leadership® model; Tannenbaum and Schmidt Continuum of Leadership Behaviour.

AC1.4 Values-based**:** organisational guiding principles that provide agreed ways of working in order to inform decisions and choices

AC1.4 Whilst learners are expected to show all stages of this process, evidence does not have to be linked to a single event/activity.

AC2.6 Team members could be individuals, small teams, large teams

Suggested supporting resources
www.skillsforcare.org.uk
Values-based recruitment
Care workforce pathway for adult social care: overview - GOV.UK

Unit 705 Team learning and development in adult care

Unit level:	5
Credit value:	4
GLH:	30
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to develop the understanding and skills required to support team learning and development. Learners will consider the importance of developing a learning culture and ways of promoting workforce development. Learners will recognise the need to have a skilled workforce with comprehensive literacy, numeracy and digital skills, as well as the knowledge, skills and behaviours required for care related tasks.

Learning outcome

The learner will:

LO1 understand principles of learning and professional development in adult care

Assessment criteria

The learner can:

AC1.1 outline the range of required and recommended learning and development for teams in adult care

AC1.2 explain the differences between learning requirements and continuous professional development

AC1.3 describe the purpose and benefits of workforce planning and development

AC1.4 explain the importance of literacy, numeracy and digital skills in adult care

AC1.5 describe how to develop literacy, numeracy and digital skills within the team

AC1.6 evaluate the benefits of:

- a robust, supportive induction process
- continually improving own and team's knowledge and practice

AC1.7 describe the ways to develop/improve own and team's knowledge and practice

AC1.8 analyse the **factors** to consider when:

a. identifying
b. planning
c. selecting

d. commissioning activities for learning and professional development

AC1.9 explain the importance of reflective practice in improving team's performance

AC1.10 describe different models that support reflective practice

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Range

AC1.8 **Factors:** should include potential barriers and constraints

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Learning outcome

The learner will:

LO2 be able to lead learning and professional development practices

Assessment criteria

The learner can:

AC2.1 evaluate available mechanisms and resources that support learning and professional development in adult care

AC2.2 promote a learning culture within own team

AC2.3 support team members to plan for, achieve and review, their professional development goals

AC2.4 facilitate the development of others to enable effective delegation

Unit 705 Team learning and development in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is workforce planning?
- What is the importance of literacy, numeracy and digital skills within an adult care setting/service?
- What are the models of reflective practice?
- How can you promote a learning culture within the team?

AC1.1 Teams: any staff working in adult care services/setting including ancillary and voluntary staff. Learners should include regulatory and recommended requirements for learning and development.

AC1.2 Learning requirements: may include:

- Induction

- Statutory learning
- Mandatory learning
- Specific service specialist training

AC1.3 Workforce planning and development: an essential part of ensuring that the right people with the right attitudes, skills, values and experience are providing the care and support that the organisation is offering

AC1.4 For people who work in adult care settings/services including ancillary and voluntary staff

AC1.10 Assessors should ensure contemporary models are referenced

AC2.1 Available mechanisms and resources: this may include a range of different methods used for learning and development. It should include approaches using technology within learning and development

AC2.1 Technology to include remote learning, platforms, e-learning, electronic training records and portfolios

AC2.2 Learning culture: leading practice which embraces, provides opportunity and recognises the benefits of learning and professional development

AC2.4 To enable the successful delegation of tasks and responsibilities

Suggested supporting resources

www.skillsforcare.org.uk

Unit 706 Supervising others in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge, understanding and skills in the supervision of others. Learners will understand the principles and purpose of professional supervision as a key component of performance development. Learners will be able to reflect upon and develop their own professional supervision practice and explore the use of supervision to improve and monitor performance of team members.

Learning outcome

The learner will:

LO1 understand the purpose and practice of professional supervision in adult care settings/services

Assessment criteria

The learner can:

AC1.1 outline how the requirements of regulation, codes of practice and agreed ways of working influence and structure professional supervision requirements in adult care

AC1.2 describe the **function** of effective professional supervision in adult care

AC1.3 explain different **supervision activities and processes** which can be used in adult care

AC1.4 describe how effective supervision supports and protects:

a. the supervisee

b. individuals

c. carers/volunteers

d. families

AC1.5 describe how effective supervision can protect the supervisor and the setting/service

AC1.6 explain why the wellbeing of the supervisee should be included within effective supervision and supportive practices

AC1.7 describe ways to enable and promote effective supervision and supportive practices

AC1.8 explain how external and internal factors influence practice and can be used within professional supervision objectives

AC1.9 describe how supervision can be used alongside appraisals and professional development processes to:

- develop, improve and enhance performance
- support aspirations of the supervisee

AC1.10 evaluate the factors which can result in a power imbalance in professional supervision

AC1.11 describe how to address any power imbalance in professional supervision

AC1.12 describe ways to address any challenges that might arise during professional supervision

Range

AC1.2 **Function:** should include principles, scope and purpose of professional supervision

AC1.3 **Supervision activities and processes:** will include formal and informal ways supervision can be planned and provided in the environment

Learning outcome

The learner will:

LO2 be able to provide regular professional supervision

Assessment criteria

The learner can:

AC2.1 establish understanding and agreement with supervisee on key areas including:

a. the purpose, frequency and location of supervision activities

b. actions which support preparation for supervision

c. sources of data and evidence used to inform supervision

d. need for confidentiality, respecting boundaries, roles and accountability, action planning

AC2.2 use information from a range of sources to build an understanding of the supervisee's performance

AC2.3 support the supervisee to review their own wellbeing, including a range of strategies and **support** available

AC2.4 support the supervisee to reflect on and explore methods of addressing different situations in their work

AC2.5 provide constructive feedback to the supervisee that can be used to improve and develop performance

AC2.6 support the supervisee to identify, plan and achieve their own learning and professional development needs

AC2.7 use supervision to meet objectives of the work setting and individual objectives of the supervisee by:

a. agreeing targets

b. reviewing targets

c. revising targets

AC2.8 record outcomes of supervision activities in line with agreed ways of working

AC2.9 store outcomes of supervision activities in line with agreed ways of working

Range

AC2.3 **Support:** this should include offers available internally and externally

Unit 706 Supervising others in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person.

To ensure the dignity, respect and confidentiality of the supervisee, the checklist (Appendix 4) should be used to ensure that observation of direct practice can progress.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Why is professional development important when working in adult care settings/services?
- What types of support and resources are available to teams to support their professional development?
- What are the key principles of formal supervision?
- What are the internal and external factors that may influence best practice?

AC1.3 Supervision activities and processes – examples: group, individual, team, observations of competencies, validating knowledge, shadowing activities, induction and learning processes

AC1.6 Wellbeing may include health, happiness and comfort with aspects of social, emotional, cultural, spiritual, intellectual, economic, physical and mental wellbeing taken into consideration

AC1.6 Supportive practice may include mentoring, 1:1, counselling, support networks, coaching, phone calls

AC1.8 External and internal factors: external factors may include (but is not limited to): updated national policy or local procedures, emerging best practice, societal movements and campaigns. Internal factors may include (but are not limited to): lessons learned/learning reviews, concerns or complaints, skills development/training, emerging needs of individuals accessing services

AC1.9 Professional development processes: may include personal development plans, learning logs, training and supporting the learner including embedding the Care Workforce Pathway.

AC2.3 Strategies: may include those which are personal to the learner and should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised

AC2.4 Different situations**:** may include challenges that the supervisee or team face in their day-to-day role

Suggested supporting resources

www.skillsforcare.org.uk
www.cqc.org.uk
www.nhs.uk

Unit 707 Safeguarding in adult care

Unit level:	5
Credit value:	5
GLH:	35
Assessment type:	Portfolio of evidence
Aim:	This unit explores the legal requirements, national and local policies, procedures and protocols that managers must follow and considers how they can best be applied in practice. Learners will develop an understanding of how investigations into failures in care are used to develop practice and have an opportunity to reflect on their own roles and responsibility in managing a service that promotes safe care for all. Learners will show they have ensured colleagues are aware of their responsibilities to safeguard both adults at risk and children and young people they may encounter in their work.

Learning outcome

The learner will:

LO1 understand requirements for safeguarding in adult care settings/services

Assessment criteria

The learner can:

AC1.1 describe the current legislative framework and national guidance that underpins adult safeguarding

AC1.2 describe local systems, procedures and agencies relating to adult safeguarding and own role within these

AC1.3 explain how national and local guidelines, policies and procedures for safeguarding affect:
a. day to day work with individuals
b. own responsibilities towards individuals, their families and carers
c. team members

AC1.4 explain how investigations into serious failures to uphold individuals' rights to live free from abuse and improper treatment have impacted on national policy

AC1.5 describe legal provisions in relation to:
a. whistleblowing

b. information sharing

AC1.6 describe own role in **leading a response** to suspected or disclosed abuse or improper treatment

AC1.7 explain how and when to engage others in relation to responding to adult safeguarding concerns

AC1.8 explain issues relating to consent to share information

AC1.9 describe own responsibilities to share information about suspicions or disclosures of abuse or improper treatment

AC1.10 describe local systems, procedures and agencies relating to children's safeguarding and own role within these

Range

AC1.6 **Leading a response**: this must include, but is not limited to:

- safety and wellbeing of the individual and others where applicable
- own actions
- own role in implementing, following, and engaging others in policies and procedures
- own role in ensuring individuals (and others where applicable) is kept informed and involved

Learning outcome

The learner will:

LO2 be able to lead the implementation of practices, policies and procedures to support safeguarding in adult care settings/services

Assessment criteria

The learner can:

AC2.1 ensure that all policies, procedures, systems and processes used in the work setting comply with legal requirements, local and national guidance

AC2.2 embed safeguarding principles throughout all practices, policies and procedures

AC2.3 support team members to develop the knowledge and skills they need to safeguard adults at risk

AC2.4 ensure team members understand their role in responding to concerns about the safeguarding of an adult

AC2.5 ensure team members understand their role in responding to concerns about the safeguarding of a child or young person

AC2.6 carry out review of person-centred practices, policies and procedures to ensure continuous improvement in safeguarding of adults at risk of abuse or improper treatment in own setting/service

AC2.7 evaluate the outcomes of the review of person-centred practices, policies and procedures to plan developments to ensure safeguarding of adults at risk of abuse or improper treatment in own setting/service

AC2.8 implement revised person-centred practices, policies and procedures relating to safeguarding in own setting

AC2.9 promote practices that encourage and empower adults at risk, and those who are important to them, to share concerns

AC2.10 follow agreed protocols to participate in inter-agency, joint or integrated working in order to achieve the best outcomes for adults at risk

Unit 707 Safeguarding in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion

LO2 is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What do you understand by the terms 'safeguarding' 'abuse' 'harm'?
- How could a manager ensure colleagues are aware of signs and symptoms of harm or abuse?
- How could a manager monitor practice to ensure colleagues remain vigilant?
- Why is it crucial that managers in adult care services have an understanding of their responsibilities in safeguarding children and young people?

Safeguarding individuals from harm, abuse or exploitation is the responsibility of everyone. Those who lead adult care have a particular role to play in ensuring the safety and wellbeing of individuals in receipt of care, colleagues and visitors to setting/services they manage.

Learning Outcome 1 is knowledge only, strong links may be made with LO2 which requires the learner to show how they implement and review safeguarding practice

requirements. Learners must refer to the most recent legislation and practice guidance relating to safeguarding adults and children.

AC1.7 Others in this context refers to those people who may need to be involved in a response, for instance:

- Individuals accessing care and support services
- Carers, loved ones, family, friends of those accessing care and support services
- Team members
- Managers and supervisors
- Professionals from other services

AC1.11 Tensions - Learners should consider how their duty of care to individuals, whose behaviour may be challenging has to be balanced with the need to ensure the safety of others. Others in this context may include adults or children visiting a setting or in the community

Learners must consider their responsibility to colleagues and the wider community. They should explore ways of keeping people safe from individuals in their care who are known to be a potential threat to the safety of others, whilst at the same time maintaining their duty of care to those in receipt of the service

AC 2.6, 2.7 and 2.8

Review: this might consider:

- outcomes from safeguarding reviews and investigations
- current guidance arising from serious case reviews and its relevance to own organisation
- resolution and recovery of the adult at risk

This might include reviewing:

- person-centred practices, policies and procedures
- when a response is required for external influences which impact internal practices, eg a pandemic or current reports published by CQC
- communication and support systems for staff and others within own organisation
- how own team/service liaises with others and/or external organisations

AC2.9 If the learner has not experienced issues relating to adults at risk, then a professional discussion on how they would follow agreed protocols may be used. The EQA needs to agree that this approach is warranted.

Suggested supporting resources

www.adass.org.uk/safeguarding-policy-page
www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/protection-from-abuse/
www.gov.uk/government/publications/working-together-to-safeguard-children--2
www.cqc.org.uk
www.skillsforcare.org.uk

Unit 708 Mental capacity in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	This unit aims to provide learners with an understanding of the legislation and practice requirements relating to all aspects of mental capacity and restrictive practice and how this applies to their setting/service. Learners will consider assessment of risk and the role they have in upholding the rights of individuals to make valid choices. The unit asks learners to consider implications for individuals and others in restricting freedom of choice and movement and their own role in ensuring that both legal and ethical requirements are met. Learners will explore their own learning needs and those of the team in respect of mental capacity and restrictive practices.

Learning outcome

The learner will:

LO1 understand mental capacity and consent

Assessment criteria

The learner can:

AC1.1 explain how current legislation, codes of practice and policy regarding mental capacity relate to adult care settings/services

AC1.2 explain own role in applying and upholding key principles of mental capacity legislation, internal policy and codes of practice

AC1.3 outline the support available when mental capacity needs to be assessed

AC1.4 explain how to access support available for a mental capacity assessment

AC1.5 explain own role in the assessment of risk in situations where an individual's capacity is a concern

AC1.6 describe ways of working which support individuals' ability to provide valid consent

AC1.7 evaluate **development needs** relating to mental capacity for:

a. self

b. team members

Range

AC1.7 **Development needs** including, but not limited to: Best Interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment

Learning outcome

The learner will:

LO2 understand the use and impact of restrictive practices in adult care

Assessment criteria

The learner can:

AC2.1 explain what is meant by:
- a. **restrictive practices**
- b. **restraint**
- c. deprivation of liberty

AC2.2 describe **own responsibilities** in relation to restrictive practices and deprivations of liberty

AC2.3 explain how the use of the following practices is managed in own work setting for:
- a. restrictive practices
- b. restraint
- c. deprivation of liberty

AC2.4 explain how ensure that responses to restrictions on an individual's rights and freedoms are **appropriate and proportionate**

AC2.5 analyse the current legal and ethical considerations of restricting an individual's rights and freedoms

AC2.6 evaluate appropriate and proportionate responses to restrictions on an individual's rights and freedoms

AC2.7 describe the potential **impacts** of restrictive practices on individuals and others

AC2.8 explain how person-centred, outcomes-based practices can mitigate the use of restrictive practices

AC2.9 evaluate **development needs** relating to the use of restrictive practices for:
- a. self
- b. team members

Range

AC2.1 **Restrictive practices** includes any practice or intervention that limits the rights or freedoms of an individual

Restraint including, but not limited to covert medication (sometimes referred to as 'hidden restraint')

AC2.2 **Own responsibilities** to include how to apply for an authorisation

AC2.6 **Impacts** must include but not limited to:
- safety
- dignity
- relationships
- wellbeing of individuals
- team members responsible for implementing restrictions

AC2.8 **Development needs** must include, but not limited to:

- best interest decisions
- decision-maker responsibilities
- maximising capacity
- their role in assessment

Unit 708 Mental capacity in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is the current legislation (including case law) relating to assessment of mental capacity, Best Interests and safeguarding the liberty of an individual?
- What constitutes valid and informed consent?
- What might be deemed a restrictive practice?
- How could a manager monitor practice to ensure it is not restrictive?
- How could a manager monitor practice to ensure that individuals are able to make valid choices?

LO1 and LO2 Learners must ensure that they consider current legislation, and codes of practice relevant to the service provision, from the list below:

- The Care Act
- Making Safeguarding Personal
- Current legislation/regulations relating to Mental Capacity and Mental Health
- Current legislation/regulations relating to Liberty Protection Safeguards/Deprivation of Liberty
- Current Human Rights legislation
- Current legislation/regulations relating to The Safeguarding of Vulnerable Groups
- Dignity in Care
- Lasting Power of Attorney/Court of Protection
- Best Interest Decisions
- Advanced Decisions

Learners must be aware that legislation and guidance may change, and it is expected that centres cover the most up-to-date and applicable national and local requirements.

AC2.3 Managed includes monitoring

AC2.4 Appropriate and proportionate:

- appropriate - necessary and justified,
- proportionate - the least restrictive option possible to meet the intended outcome.

Learners may include key principles, but are not limited to:

- rights-based approach
- proportionality
- justification and evidence
- review and monitoring
- leadership
- accountability
- person centred care.

AC2.6 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. Others: in this context, others refers to adult care workers who are required to restrict an individual's rights or freedoms.

AC2.8 Development needs including, but not limited to: Best Interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment

Restrictive practices include any practice or intervention that limits the rights or freedoms of an individual. Least restrictive options should be considered

Restraint including but not limited to, covert medication (sometimes referred to as 'hidden restraint'). Least restrictive options should be considered

Legal and ethical including but not limited to:

- Legal principles and requirements
- Duty of Care
- Deprivations of Liberty Safeguards/deprivation of Liberty
- Individuals' wishes
- Advanced decisions
- Decision-making authorities eg Lasting Power of Attorney, Court of Protection request
- Best Interest decisions.

Impacts may include, but not limited to, impacts on safety, dignity, relationships and wellbeing of individuals. Learners may also wish to consider the impact on team members responsible for implementing restrictions.

Others in this context refers to adult care workers who are required to restrict an individual's rights or freedoms.

Development needs including, but not limited to: Best Interest decisions, decision-maker responsibilities, maximising capacity and their role in assessment.

Suggested supporting resources

www.cqc.org.uk
www.gov.uk
www.mentalhealth.org.uk
www.mencap.org.uk
www.mind.org.uk
www.alzheimers.org.uk
www.dignityincare.org.uk
Making Safeguarding Personal (MSP) - SCIE - SCIE
Independent Mental Capacity Advocates (IMCAs) (Mind website)

Unit 709 Partnerships in adult care

Unit level:	5
Credit value:	5
GLH:	35
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand different contexts for working collaboratively and within partnerships when leading and managing adult care services. Developing and maintaining positive relationships with internal and external partnerships and providing leadership will be a key objective for this unit. Learners will demonstrate their skills in managing challenges, conflicts and dilemmas inherent in partnership working and co-production.

Learning outcome

The learner will:

LO1 understand the context of relationships and partnership working in adult care

Assessment criteria

The learner can:

AC1.1 outline the range of partnerships within adult care
AC1.2 explain the complexity of different relationships within partnership-working
AC1.3 explain how legislation and regulation influence working relationships with others
AC1.4 explain how relationships with individuals, families and carers:
- a. underpin person-centred practice
- b. affect the achievement of positive outcomes for individuals and their families

AC1.5 describe how networking and working collaboratively with other agencies and community groups, benefits those using the service
AC1.6 describe how networking and working collaboratively with other agencies and community groups benefits the sustainability and reach of the organisation
AC1.7 explain how integrated working with other agencies delivers better outcomes for individuals
AC1.8 explain the role of effective systems leadership in delivering better outcomes for individuals
AC1.9 describe the methods, protocols and limitations of using **different communication methods** to forge relationships and partnerships with other professionals and agencies

AC1.10 explain potential conflicts within partnerships with other professionals and agencies
AC1.11 evaluate **features** of effective, collaborative partnership working across agencies
AC1.12 explain ways of overcoming barriers when working in partnership across agencies
AC1.13 describe own role and responsibilities in establishing positive relationships within and beyond the organisation/service

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Range

AC1.9 Different **communication** methods: learners must consider a range of communication methods including digital communications

AC1.11 **Features** must include, but are not limited to:

- building transparency and sharing information openly and honestly (in line with regulations)
- a diversity of skills and perspectives
- creating psychological safety within partnerships and teams which includes a willingness to cooperate and an ability to openly disagree
- an ability to understand and prioritise the needs of other partners, without compromising on your own desired outcomes

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Learning outcome

The learner will:

LO2 be able to lead effective relationships with individuals, carers and families

Assessment criteria

The learner can:

AC2.1 model open, respectful, and supportive relationships with individuals, their families, and carers
AC2.2 embed co-production within day-to-day practices of team
AC2.3 implement measures to ensure that individuals, carers and others are aware of their **rights** in partnership working

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Range

AC2.3 **Rights:** including statutory rights

Learning outcome

The learner will:

LO3 be able to manage working relationships with colleagues in own setting to achieve positive outcomes for individuals

Assessment criteria

The learner can:

AC3.1 develop systems and procedures which facilitate effective working relationships with a range of colleagues
AC3.2 develop common objectives when working with colleagues ensuring they are agreed to

AC3.3 implement systems and practices that allow colleagues to make appropriate contributions using their specific expertise
AC3.4 work in ways that address conflicts or dilemmas constructively
AC3.5 evaluate own working relationships with colleagues

Learning outcome

The learner will:

LO4 be able to work in partnerships with professionals and other agencies

Assessment criteria

The learner can:

AC4.1 negotiate with professionals in external agencies to agree objectives, roles and responsibilities, procedures, and ways of working for a specific task or area of work
AC4.2 use agreed ways of working within partnerships with professionals in external agencies to:
a. carry out own role
b. support others to carry out their responsibilities
AC4.3 work in ways that address challenges constructively to promote change
AC4.4 deal constructively with poor practice, or failure to work in agreed ways
AC4.5 work in ways that address poor practice, or failure to work in agreed ways constructively
AC4.6 use **communication and recording systems** that comply with current legislation for information sharing between agencies
AC4.7 evaluate the effectiveness of partnership work and the processes that underpin it
AC4.8 negotiate agreement for improvements for the effectiveness of partnership work

Range

AC4.6 **Communication and recording systems:** including digital technologies

Unit 709 Partnerships in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2, LO3 and LO4 – are skill based and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording and storage protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Who are the different agencies/individuals involved in collaborative partnership working within my service?
- What ways can digital technologies enhance partnership working in my service?
- How can I develop leadership when managing partnerships?
- How can I engage partners using effective working relationships?
- Do all partnerships work as well as they could?
- What are my feelings about conflict and the effect it has on my way of working?
- What effect do my interpersonal skills have on leading on partnership working?

AC1.2 Partnership-working may include:

- formal
- informal

- multi-disciplinary
- integrated
- business relationships

AC1.3 Legislation: Learners should consider how different legislation relates to and influences working with others. This may include but is not limited to:

- Care Act 2014
- Mental Capacity Act
- Health and Social Care Act
- general data protection regulations
- data security and protection
- subject access requests
- data control
- sharing information
- safeguarding.

Regulation: regulations underpinning the adult social care inspection system in England
Others: in this context, others may include agencies and other organisations.

AC1.4 Individuals: a person accessing care and support. The individual, or individuals, will normally refer to the person o r people that the learner is providing care and support for

AC1.5 Working collaboratively/collaborative: working with other partners, understanding, and prioritising their needs and establishing mutually beneficial and respectful relationships, whilst remaining focused on own desired outcomes, needs and agenda

Carers: a person who provides unpaid support to a partner, family member, friend or neighbour who could not manage without this help. This is distinct from a care worker, who is paid to care for people

Positive outcomes: an 'outcome' refers to individuals' aims or objectives – the things individuals want to achieve or need to happen. For example, continuing to live at home or being able to go out and about

AC1.8 Systems leadership seeks to affect change for good across interconnecting systems eg health and social care, through leadership and collaboration that extends the usual limits of resources and responsibility

LO2 Exploration of Stephen Covey's "7 Habits of effective people" may offer a framework for discussion about the concepts of self-mastery, teamwork and collaboration and the move from dependence to inter-dependence. Consideration of the Senses Framework and how it supports relationship centred care. https://www.kingsfund.org.uk/sites/default/files/mike-nolan-patient-centred-care-senses-framework-nov12.pdf

https://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf

AC2.2 Co-production: an equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care

AC2.3 Others could include:

- families
- other services

- advocates

AC3.1 Colleagues involved in partnership working, may include:

- internal to the service/organisation
- other practitioners
- ancillary staff
- volunteers

AC4.1 Professionals in external agencies involved in partnership working, may include:

- external to the service/organisation
- other practitioners/professionals
- voluntary agencies
- community network groups
- educational settings
- expert user groups

AC4.6 Learners must demonstrate how they implemented the systems for use by their teams.

Communication and recording systems: Learners must consider legislation relating to communication and recording systems that complies with current information sharing between agencies and should include but is not limited to:

- General Data Protection Regulation (GDPR)
- Data Protection Act
- Formal sharing agreements
- Caldicott principles

Suggested supporting resources

www.gov.uk for updates on current legislation relating to partnership working, this may include:

The Care Act 2014
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
The Equality Act 2010
Data Protection and GDPR

and where relevant to the service provision, from the list below:

Current legislation/regulations relating to Mental Capacity
Current legislation/regulations relating to Mental Health
Current legislation/regulations relating to Liberty Protection Safeguards/Deprivation of Liberty
Current legislation/regulations relating to The Safeguarding of Vulnerable Groups
Power of Attorney
Organisational policy requirements for establishing partnership working with a range of external professionals and agencies

Systems Leadership Guide .Gov website

Learners must be aware that legislation and guidance may change, and it is expected that centres cover the most up-to-date and applicable national and local requirements.

Unit 710 Comments and complaints in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to enable learners to understand the management of comments and complaints and be able to lead practice in acknowledging and responding to comments and complaints. Learners should consider ways of sharing compliments and positive comments with colleagues and others in addition to managing complaints and critical comments. Learners will explore reasons why this may be difficult for some individuals and what could be done to support an open culture in the service. Learners will consider ways of managing a range of comments and complaints including those that are persistent and unreasonable or abusive towards colleagues and how best to implement an effective comments and complaint policy culture that meets regulatory and legal requirements.

Learning outcome

The learner will:

LO1 understand the management of comments and complaints

Assessment criteria

The learner can:

AC1.1 describe regulatory requirements, codes of practice and guidance for managing comments and complaints

AC1.2 analyse the relationship between the management of comments and complaints and:

a. risk management

b. safeguarding

AC1.3 explain why those using services and others may be reluctant to comment or complain

AC1.4 describe attitudes and approaches that ensure comments and complaints inform continuous improvement of the setting/service

AC1.5 describe ways of managing complaints which can be:

a. unreasonably persistent

b. abusive

Learning outcome

The learner will:

LO2 be able to lead practice in acknowledging and responding to comments and complaints

Assessment criteria

The learner can:

AC2.1 support team members to understand systems and procedures that ensure comments and complaints are actioned appropriately

AC2.2 ensure accessible information and support is in place to enable, empower and encourage individuals and others to:

a. raise comments and complaints

b. follow-up on comments and complaints

AC2.3 implement open and transparent systems and procedures that:

a. compassionately acknowledge comments and complaints

b. respond to comments and complaints within agreed time frames

AC2.4 implement learning from comments and complaints to drive improvements to the setting/service

Unit 710 Comments and complaints in adult care in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What constitutes a complaint?
- What is the difference between a complaint and a comment?
- How effective are my current procedures for complaint handling?
- What might I learn from comments and complaints?
- How can I as a manager create a culture that accepts and welcomes comments and complaints?

Learning Outcome 1 is knowledge only. Learners should be encouraged to review current policies, especially if they are not the author. Learners must refer to current regulatory and legal requirements relating to the management of comments and complaints.

AC1.2 Others: may include family members, friends, carers, other practitioners

AC1.2 Comments includes feedback, suggestions, remarks and statements and whistleblowing

AC1.4 Attitudes and approaches could include those of:

- Team members
- Self
- Family/carers
- Visitors
- Volunteers

- Partners
- Setting/service culture
- Other internal/external stakeholders

AC1.5 Unreasonably persistent complaints may include complaining about issues that have already been dealt with, complaining without evidence to support the matter, changing the basis of the complaint, not acting in the best interests of the person receiving care.

AC1.5 Abusive refers to complainants that are abusive towards colleagues or make unfounded allegations against an individual. Learners should recognise the difference between persistent, but reasonable comments and complaints and those which are unreasonable or abusive.

LO2 Is about implementing and embedding ways of managing comments and complaints that leads to an open culture accepting of criticism. Learners could refer to training for colleagues or real instances of comment and complaint management. Confidentiality must be maintained if referring to an actual case.

AC2.2 and AC2.3: Learners should consider ways of sharing compliments and positive comments with colleagues in addition to managing complaints and critical comments.

AC2.3 Acknowledging includes active listening and respectful questioning

Learners should consider the vehicle for comment or complaint eg social media, regulatory body or some other official channel and its impact and subsequent management.

Suggested supporting resources

www.igo.org.uk/adult-social-care

Unit 711 Leading the vision in adult care

Unit level:	5
Credit value:	4
GLH:	22
Assessment type:	Portfolio of evidence
Aim:	Learners will gain the ability to understand how to develop a vision for their setting/service and lead commitment to and implementation of their vision and future direction of their setting/service. Learners will create a plan to implement the vision and future direction of the setting/service which will include a review and possible revision.

Learning outcome

The learner will:

LO1 understand how to develop a vision for the setting/service

Assessment criteria

The learner can:

AC1.1 explain the meaning of 'leading a vision' for a setting/service
AC1.2 evaluate own role in developing a vision for a setting/service
AC1.3 describe how factors may affect the:
- a. vision for the setting/service
- b. future of the setting/service

AC1.4 explain how to ensure the vision and future direction of the service remains compatible with:
- a. internal aspirations of the service
- b. external adult care system

Learning outcome

The learner will:

LO2 be able to lead commitment and implementation of the vision and future direction of the setting/service

Assessment criteria

The learner can:

AC2.1 build support for those implementing and communicating the vision and future direction of the setting/service by:
- a. sharing the vision
- b. encouraging ownership of the vision

AC2.2 support stakeholders within and beyond own organisation to:
- a. be aware of the vision for the setting/service
- b. understand the impact the vision may have on them

AC2.3 create a **plan** to implement the vision and future direction of the setting/service

AC2.4 review stages of the plan

AC2.5 monitor stages of the plan

AC2.6 revise stages of the plan, adapting implementation if required

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Range

AC2.3 **Plan** must relate to specific aspect(s) of the vision or future direction. This could include but not limited to aims, objectives meeting regulatory requirements

Unit 711 Leading the vision in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 – evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

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Unit guidance

LO1 Exploration of Kotter's 8-Step process for leading change will highlight the importance of developing and conveying a vision and the need to empower others to enact that vision. Schein's Cultural Levels and Johnson & Scholes – Culture Web recognise the importance of organisational culture in developing a vision and McKinsey's 7S model provides a useful decision-making tool or framework.

AC1.3 Factors may include:

- Financial
- Policy and procedure
- Staffing
- Environmental factors
- Legislation
- Partnership working
- Health and wellbeing
- Co-production

- Digital technologies
- Integration of health and care services

AC1.4 Adult care system: the local and national systems which support and integrate the provision of adult care

AC2.2 Stakeholders within and beyond the organisation

Suggested supporting resources

www.england.nhs.uk/ourwork/part-rel/transformation-fund/
www.cqc.org.uk/about-us/our-strategy-plans/new-strategy-changing-world-health-social-care-cqcs-strategy-2021
www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform
www.mindtools.com
https://study.com/academy/lesson/the-rational-decision-making-model-steps-and-purpose-in-organizations.html
www.time-management-guide.com/intuition-decision-making.html
www.scie.org.uk/publications/guides/guide29/stakeholders/

Unit 712 Continuous improvement in adult care

Unit level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand the principles of continuous quality improvement. Learners will understand and demonstrate how continuous quality improvement can support innovation and change. It also explores systems and processes that facilitate positive outcomes for individuals and will allow learners to identify opportunities for service improvement through change management. Lessons learned from incidents and national events will enable learners to reflect on how these might be used to implement change through transformation and innovation.

Learning outcome

The learner will:

LO1 understand continuous quality improvement in adult social care

Assessment criteria

The learner can:

AC1.1 explain the meaning of:
- a. quality improvement in adult care
- b. continuous quality improvement in adult care
- c. quality improvement tools
- d. quality improvement techniques
- e. quality improvement approaches

AC1.2 explain how to meet regulatory and best practice guidance requirements using:
- a. continuous quality improvement tools
- b. continuous quality improvement techniques
- c. continuous quality improvement approaches

AC1.3 outline the potential signs or indicators of poor practices in relation to quality improvement

AC1.4 explain how quality assurance practices inform quality improvement activities

AC1.5 explain how the following support person-centred practice:

a. governance
b. adult processes
c. compliance activity

AC1.6 explain how the following can support outcome-based practices:

a. governance
b. audit processes
c. compliance activity

Learning outcome

The learner will:

LO2 be able to lead continuous improvement in practice

Assessment criteria

The learner can:

AC2.1 monitor progress towards the implementation of person-centred practice
AC2.2 evaluate progress towards the implementation of person-centred practice
AC2.3 monitor progress towards the achievement of positive outcomes
AC2.4 evaluate progress towards the achievement of positive outcomes
AC2.5 create opportunities for individuals and others to provide feedback on their experiences of the setting/service
AC2.6 use the views of individuals once they have been acknowledged
AC2.7 identify best practice examples from evidence-based research to inform own settings approach to:

a. person-centred practice
b. outcomes based practice

AC2.8 Use digital approaches and technology to improve and enhance outcomes in person centered practice.
AC2.9 identify lessons learned from:

a. national incidents and events
b. internal incidents and events

AC2.10 act on lessons learned from:

a. national incidents and events
b. internal incidents and events

AC2.11 evaluate how positive outcomes for individuals are facilitated by:

a. internal systems
b. processes
c. agreed ways of working
d. individuals and others being involved in the decision-making process

AC2.12 plan for the following:

a. improvements to internal systems
b. improvements to processes
c. improvements to agreed ways of working

AC2.13 lead implementation for the following:

a. improvements to internal systems
b. improvements to processes
c. improvements to agreed ways of working

Learning outcome

The learner will:

LO3 be able to lead a culture that supports innovation and change to improve outcomes for individuals

Assessment criteria

The learner can:

AC3.1 outline the meaning of the following terms in relation to adult care:
- a. culture
- b. innovation
- c. change
- d. transformation

AC3.2 evaluate the achievement of person-centred outcomes for individuals to identify where improvements could be made

AC3.3 work with others to identify the following opportunities for service improvement through:
- a. transformation
- b. innovation

AC3.4 recognise and utilise the expertise of individuals and/or **others** in respect of:
- a. driving innovation
- b. driving improvement
- c. driving change

Range

AC3.4 **Others:** the learner is to ensure that the others are recognised for their abilities to contribute to innovation/improvement/change

Learning outcome

The learner will:

LO4 understand how to implement effective change in adult care

Assessment criteria

The learner can:

AC4.1 explain the term ‘change management’ in adult care

AC4.2 explain models of best practice in ‘change management’

AC4.3 describe the processes of ‘change management’

AC4.4 describe tools and skills needed to inspire change, development and innovation across the setting/service

AC4.5 outline the range of external drivers for change in adult care

AC4.6 describe how external drivers for change impact on adult care setting/services

AC4.7 explain the following in respect of implementing effective change:
- a. success factors
- b. barriers

Unit 712 Continuous improvement in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 and LO4 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO3 – are skill based and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

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Unit guidance

AC1.2 Requirements could include:
- regulatory
- legislative
- best practice guidance

AC1.4 QA practice could include spot checks, competency checks, satisfaction surveys, phone calls
QA activities could include review and monitor the practice, looking for inconsistencies, action planning, supervision, 1:1

LO2 Exploration of Lewin's Forcefield Analysis model and Change Management model, Kotter's 8-Step process for leading change and Stephen Covey's "7 Habits of effective people" all offer well established frameworks to support change and innovation leading to practice improvements.

AC2.5 The learner should think about settings/services that adopt and implement a culture that is honest, open, and transparent and uses tools such as the following:
- individual meetings

- group meetings
- evaluation tools, feedback processes and procedures of service provision
- events
- complement, complaint and suggestions policies

AC2.5, AC2.11, AC3.4 Others in this context might include:

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

AC2.6 Acknowledged includes active listening, respectful questioning and responding to views individuals and others

AC2.8 Digital approaches and technology: these technologies help ensure care is tailored, responsive and promotes choice, control and wellbeing for the individuals. Examples of digital technologies could include but are not limited to:

- digital care plans
- video calling for family involvement
- medication management apps
- voice activated technology
- outcome tracking tools
- accessible communication tools
- technology to support independence

AC2.12 Processes: governance, audit processes and compliance activity

AC3.4 The learner is to ensure that the others are recognised for their abilities to contribute to innovation/improvement/change

AC4.2 Consideration the following models will offer a diverse framework within which to explore change and change management within organisations: Lewin's Forcefield Analysis model and Change Management model, Kotter's 8-Step process for leading change, Stephen Covey's "7 Habits of effective people", John Fisher's Personal Transition Curve and Kubler Ross's stages of Grief.

AC4.4 Resources may include

- personal skills
- tools
- techniques

AC4.7 Success factors: how outcomes are measured as a result of change.

Suggested supporting resources

www.skillsforcare.org.uk
www.hse.gov.uk/leadership/auditing.htm
www.gov.uk
www.cqc.org.uk
www.england.nhs.uk/about/equality/equality-hub/resources/tools/
www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Unit 713 Effective communication in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to support leaders and managers of adult care to develop their knowledge, understanding and skills of effective communication within their role. Learners will evaluate models of communication and demonstrate communication methods used to achieve positive interactions for all. Learners will explore how to manage and resolve conflict in the work setting/service.

Learning outcome

The learner will:

LO1 know how to use communication skills to achieve positive interactions

Assessment criteria

The learner can:

AC1.1 explain how to achieve positive interactions within an adult care setting/service considering:
- a. communication skills
- b. methods of communication
- c. **models** of communication
- d. leadership and management responsibilities

AC1.2 explain the circumstances in which a leader/manager may use the following to achieve maximum impact:
- a. communication skills
- b. methods of communication
- c. models of communication

AC1.3 explain how communication skills underpin:
- a. achievement of positive outcomes for individuals
- b. the leadership and management of teams
- c. sustainable relationships and partnerships

Range

AC1.1 **Models** to include:

- linear
- interactional
- transactional

Learning outcome

The learner will:

LO2 know how to manage and resolve conflict

Assessment criteria

The learner can:

AC2.1 describe models for conflict management and conflict resolution

AC2.2 outline **factors** within the workplace that may cause:

a. friction

b. conflict

AC2.3 evaluate personal skills that underpin conflict management and conflict resolution techniques

Range

AC2.2 **Factors** must include communication styles of self and others:

- passive
- passive aggressive
- aggressive

Learning outcome

The learner will:

LO3 be able to communicate effectively with others

Assessment criteria

The learner can:

AC3.1 demonstrate a range of effective communication styles, methods and skills expected of leaders and managers in adult care

AC3.2 apply communication skills appropriately for maximum impact taking into consideration the:

a. message

b. audience

AC3.3 adapt communication style in response to the:

a. emotional context of self and others

b. communication style of others

AC3.4 identify barriers to communication with a range of people

AC3.5 overcome identified barriers to enable communication with a range of people

Learning outcome

The learner will:

LO4 be able to develop communication practices

Assessment criteria

The learner can:

AC4.1 monitor both internal and external communication systems and practices for effectiveness in the work setting
AC4.2 evaluate the effectiveness of communication systems and practices that promote positive outcomes
AC4.3 propose improvements to communication systems and practices
AC4.4 lead the implementation of improvement to communication systems and practices

Range

AC4.1 Communication systems: Learners must include manual and electronic systems.

Unit 713 Effective communication in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 and LO4 - are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

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Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What different models of communication there and how they might apply to leadership and management practice?
- What systems are in place to ensure that the team you are leading/managing fully understand policies and procedures that apply to best practice in relation to effective communication?
- What are the barriers to effective communication both internally and externally?
- Why it is important to lead/manage others in maintaining accuracy and confidentiality in record keeping?

Use of digital technology when leading and managing communication should be embedded throughout.

AC1.2 **Communication skills, methods and models:** must include a range of skills methods and models including digital. In context this may include but is not limited to:

- skills – active listening, open questioning and empathy
- methods – verbal, non-verbal, written, digital
- models – Tuckman's stages of group development, transactional analysis, the Shannon-Weaver model

AC1.3 Individuals**:** the person accessing care and support.

Others: may include:

- family and friends
- team members
- managers and supervisors
- professionals from other services
- visitors to the work setting
- members of the community
- volunteers
- advocates

Relationships and partnerships may include those involved in the care service provision.

AC1.4 Relationships and partnerships eg networks, communities, other professionals and organisations.

AC2.1 Approaches may include:

- danger
- safety
- relationship
- decision-making
- awareness
- self-preparation
- conflict reduction
- negotiation

AC2.3 This may include:

- active listening
- emotional intelligence
- patience
- impartiality
- positivity
- open communication

Suggested supporting resources

Communication Skills for Dummies - Kuhnke
www.skillsforcare.org.uk

Unit 714 Handling information in adult care

Unit level:	5
Credit value:	3
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to develop learner's knowledge, understanding and skills required for effective information management within an adult setting/service. Learners will be able to implement a plan that addresses the training needs of the team in relation to handling information which will include how to initiate processes and systems in respect of cyber security.

Learning outcome

The learner will:

LO1 understand effective information management

Assessment criteria

The learner can:

AC1.1 outline own role and responsibilities in effective management of information
AC1.2 describe how to support others to effectively handle information
AC1.3 explain how to respond to a **data breach**
AC1.4 explain how to initiate own setting/service business continuity plan
AC1.5 explain the relevance of initiating own setting/service's business continuity plan in relation to data and cyber security

Range

AC1.3 **Data breach:** response must include reporting procedures.

Learning outcome

The learner will:

LO2 be able to implement systems for effective information management

Assessment criteria

The learner can:

AC2.1 lead the implementation of policies, procedures and systems for effective information handling to meet **legal and ethical** requirements

AC2.2 lead practice to address legal and/or ethical conflicts that arise between maintaining confidentiality and sharing information

AC2.3 identify team's training needs in relation to handling information

AC2.4 implement a plan that addresses team's training needs in relation to handling information

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Range

AC2.1 **Legal and ethical** must include:

- current data protection regulations
- data security and protection
- ethical and secure use of monitoring of Artificial Intelligence (AI)
- CQC regulations
- subject access requests
- data control
- sharing information
- safeguarding

Unit 714 Handling information in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

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Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is effective information management?
- What is a business continuity plan?
- What are data breaches?
- What are the legal and ethical conflicts around confidentiality?

LO1 Supporting others: in this context: supporting others to understand, apply and maintain high standards when handling data, particularly sensitive and confidential information. May include but is not limited to:

- modelling best practice
- supporting and developing others
- meeting requirements of the Data Security and Protection Toolkit (DSPT)
- digital leadership
- preventative approaches.

LO2 Effective information management will include consideration of:

- privacy notices
- transparency information
- data and cyber security
- how devices are secured
- confidentiality, availability and integrity of records/information
- reducing the risk of data breaches.

Suggested supporting resources

Communication Skills in Health and Social Care – Bernard Moss
Communication Skills for Dummies - Kuhnke
www.skillsforcare.org.uk
www.gov.uk
www.cqc.org.uk
www.ico.org.uk

Unit 715 Leading person-centred practice

Unit level:	5
Credit value:	6
GLH:	40
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop an understanding of principles and values needed to lead person-centred practice including strength-based approaches and the relationship to an individual's choice and control over decisions affecting them. Learners will demonstrate the ability to foster and manage an organisational culture which considers all aspects of individuals' wellbeing, including their relationships. Learners will develop an understanding of the importance of integrated services and will work in partnership with a range of others. Learners will develop the skills to lead the implementation of practices, policies, procedures to manage risk and positive risk-taking.

Learning outcome

The learner will:

LO1 understand person-centred, outcomes-based practice

Assessment criteria

The learner can:

AC1.1 evaluate the following **ways of working**:

a. strength-based approaches
b. co-production
c. person-centred practice
d. active participation
e. outcomes-based practice

AC1.2 describe how the following influence outcomes-based practices:

a. strength-based approaches
b. co-production
c. person-centred practice

AC1.3 analyse how the relationship between strengths-based approaches, co-production and person-centred practice impacts on:

a. outcomes-based practice
b. individuals' health and wellbeing
c. individuals' independence
d. individuals' choice and control

Range

AC1.1 **Ways of working** must include the:

- features
- principles
- drivers
- underpinning values

Learning outcome

The learner will:

LO2 understand the value of person-centred practice in partnership working to enable individuals to achieve their desired outcomes

Assessment criteria

The learner can:

AC2.1 evaluate the role of partnerships, collaboration and co-production with individuals and others in enabling individuals to achieve their desired outcomes
AC2.2 describe own setting/service's role in enabling individuals to build and maintain relationships and connections with their community
AC2.3 analyse how integrated service provision that crosses traditional boundaries may achieve better outcomes for individuals

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Learning outcome

The learner will:

LO3 be able to lead person-centred practice to facilitate positive outcomes for individuals through person-centred practice

Assessment criteria

The learner can:

AC3.1 facilitate the development and implementation of a plan to ensure team members have the training and development needed to support individuals in person-centred ways to achieve desired outcomes
AC3.2 support team members to work in partnership with individuals and others to recognise and respond to individuals' changing strengths, needs and preferences
AC3.3 support others to apply person-centred approaches in complex situations, to ensure positive outcomes for individuals and those important to them
AC3.4 facilitate the development and review of individuals' care and support, ensuring:

a. individuals and others are actively involved
b. plans and activities reflect individuals' preferences, wishes, strengths and needs

AC3.5 manage resources to ensure that:
a. individuals can make choices about their health and wellbeing to achieve positive outcomes
b. reasonable adjustments are provided to enable individuals to access care and support

AC3.6 implement systems and processes for recording that identifies:
a. progress towards achievement of individual's desired outcomes
b. implementation of person-centred practice

Learning outcome

The learner will:

LO4 understand the relevance of relationships when promoting health and wellbeing

Assessment criteria

The learner can:

AC4.1 explain why it is important to follow a proactive approach when supporting individuals to build and maintain relationships

AC4.2 describe how having an open, proactive culture, which supports individuals' rights to have the relationships they choose, can reduce or minimise risks

AC4.3 analyse the support an individual may need to maintain and build relationships

AC4.4 outline when external services may be required to enable an individual to maintain or build relationships

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Learning outcome

The learner will:

LO5 be able to lead practice in recognising individuals' relationships

Assessment criteria

The learner can:

AC5.1 lead a culture which fosters approaches that recognises and values an individual's gender identity, sexuality and relationship needs

AC5.2 promote an open, proactive culture where individuals and others feel confident to discuss gender identity, sexuality and safe relationships

AC5.3 ensure individuals and others have access to support, information and advice about relationships and sexuality

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Learning outcome

The learner will:

LO6 understand positive risk-taking in the context of supporting individuals

Assessment criteria

The learner can:

AC6.1 explain how positive risk-taking can contribute to the achievement of positive outcomes for individuals

AC6.2 describe the potential impact of a risk-averse culture on person-centred practice and the wellbeing of individuals

AC6.3 analyse the **considerations** which need to be applied in the management of positive risk-taking

AC6.4 explain how supporting others to balance risks and rights promotes person-centred practices

Range

AC6.3 **Considerations**: including, but not limited to mental capacity, safeguarding, individuals' rights, duty of care

Learning outcome

The learner will:

LO7 be able to lead the implementation of practices, policies, procedures to manage risk and positive risk-taking

Assessment criteria

The learner can:

AC7.1 lead a culture which promotes the benefits of positive risk taking in person-centred practice where the wellbeing of individuals is recognised

AC7.2 facilitate a person-centred approach in the management of risks

AC7.3 evaluate own and others practice in leading a balanced approach to risk taking

Unit 715 Leading person-centred practice

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2, LO4 and LO6 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3, LO5 and LO7 - are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

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Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How can services be managed to meet best practice guidelines and benchmarks for person-centred practice?
- What training and support do staff need to ensure services achieve positive outcomes for individuals who use services?
- What kinds of integrated services are currently provided to enable the achievement of positive outcomes for individuals who use my service?
- How can my service be improved to ensure individuals receive a person-centred approach to their care package?
- How can I use person-centred practices to enhance relationships?
- Why is positive risk-taking is part of person-centred care?

This unit offers an opportunity for holistic assessment when linked with 700, 707 and 708.

AC1.1 Strength-based approaches: also referred to as ‘asset-based’ approaches. This approach focuses on individuals’ strengths, resources and what they are able to do themselves to keep well and maintain independence.

Person-centred practice: an approach that sees the individual accessing social care services as an equal partner in their care and support who is at the centre of all decisions relevant to them.

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.

Outcome-based practice: an 'outcome' refers to individuals’ aims or objectives – the things individuals want to achieve or need to happen. Outcomes-based practice focuses on supporting individuals to achieve the outcomes most important to them and offers innovative approaches to enable this.

LO2 and LO3 Consideration of the Senses Framework and how it supports a culture of person-centred and relationship centred care.

https://www.kingsfund.org.uk/sites/default/files/mike-nolan-patient-centred-care-senses-framework-nov12.pdf

https://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf

AC2.1 Partnerships: working with the individual, networks, communities and other professionals and organisations.

Collaboration: working with other partners, understanding and prioritising their needs and establishing mutually beneficial and respectful relationships, whilst remaining focused on own desired outcomes, needs and agenda.

Co-production: an equal relationship between individuals accessing a service and the people responsible for the service. They work together to decide the best way to design and deliver services and implement those decisions together. Co-production recognises that people who use social care services (and their families) have knowledge and experiences that can be used to help make services better, not only for themselves but for other people who access social care.

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

Others: in this context refers to everyone a worker is likely to come in to contact with, including:

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

AC2.2 Community: may include but not limited to how the individual is supported to engage with and access their local community, ie social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home, for others it will be much wider.

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.

AC2.3 Integrated service provision: joined up, coordinated care and support that is planned and organised around the desires, needs and preferences of the individual. It may involve health, social care, housing, education and other services.

Traditional boundaries – may include:

- funding
- training
- lack of communication
- lack of information
- organisation barriers

AC3.2 Support in this assessment criterion includes development

AC3.3 Support in this assessment criterion includes development

Complex situation: might include the following:

- psychological
- physical changes
- social
- financial
- environmental
- emotional

AC3.4, AC5.2 and AC6.4 Others: in this context, refers to everyone a worker is likely to come in to contact with, including:

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

AC4.2 Proactive: Ongoing monitoring and active involvement of the individuals receiving care

Includes how failure to maintain relationships can have a negative impact on an individual

AC5.2 Evidence examples:

- training for staff
- 1-2-1's
- tool kits for staff to help have an open conversation
- space in the care plan for this to be addressed
- surveys given to the individuals and others and how open and approachable the management team are
- policies the learner has created to embed this practice.

AC5.3 Others: in this context refers to everyone a worker is likely to come in to contact with, including:

- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- team members
- visitors to the work setting
- volunteers

Suggested supporting resources

www.mind.co.uk
www.nhs.uk
www.skillsforcare.co.uk
www.cqc.co.uk

Unit 716 Health and wellbeing in adult care

Unit level:	5
Credit value:	3
GLH:	18
Assessment type:	Portfolio of evidence
Aim:	This unit aims to enable learners to lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice. Learners will understand the importance of promoting and leading practice that supports an individual's health and wellbeing.

Learning outcome

The learner will:

LO1 be able to lead a culture that promotes individuals' wellbeing and independence in all aspects of day-to-day practice

Assessment criteria

The learner can:

AC1.1 facilitate a culture where individuals' histories, preferences, wishes, needs and strengths are prioritised, recognised, respected and responded to

AC1.2 lead a culture which enables individuals to enjoy full and meaningful lives connected to:

a. those important to them

b. their communities

AC1.3 lead a culture which enables individuals and those important to them to influence and co-design how care and support services are provided

Learning outcome

The learner will:

LO2 understand the importance of promoting prevention and the individuals' health and wellbeing

Assessment criteria

The learner can:

AC2.1 describe factors that influence individuals' health and wellbeing

AC2.2 explain:

a. own role

b. role of others

in supporting prevention, monitoring, assessing, and promoting individuals' wellbeing

AC2.3 explain own role in providing sufficient training, support, and supervision to enable team members to monitor individuals' health and wellbeing

AC2.4 evaluate how lines of accountability and responsibility are understood when delegating healthcare tasks

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Learning outcome

The learner will:

LO3 be able to lead practice in promoting prevention and protecting individuals' health and wellbeing

Assessment criteria

The learner can:

AC3.1 lead practices which support others to meet an individuals' identified health and wellbeing needs

AC3.2 lead practice which supports others to monitor, and assess changes to, individuals' health and wellbeing using appropriate tools

AC3.3 lead practice which supports others to understand the concept of living and ageing well.

AC3.4 lead practice which supports others to access preventative healthcare advice and screening.

AC3.5 lead practice which supports others to understand the importance of early identification of deterioration in an individual's health and wellbeing

AC3.6 lead practice which ensures others record and respond to assessments and observations of an individual's health and wellbeing

AC3.7 implement protocols which involve others in responding to any changes in an individual's health and wellbeing

AC3.8 work in partnership with individuals and others to agree roles and responsibilities in achieving individuals' health and wellbeing outcomes

Unit 716 Health and wellbeing in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 and LO3 - are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Why is wellbeing important?
- How do I find out what aspects of wellbeing are valued by individuals who use the service I manage?
- Does my service currently have an embedded culture where fostering wellbeing is seen as important as other aspects of service delivery?
- How could I improve the way this culture is promoted and fostered?

AC1.1 Individuals: the 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.

AC1.2 Communities**:** may include but not limited to how the individual is supported to engage with and access their local community, ie social and recreational activities, transport, leisure services, spiritual and cultural services and support, hobbies, education, housing provision and voluntary activities. For some individuals, their community will be very close to home, for others it will be much wider.

AC1.2 and AC1.3 Those important to them: may include but not limited to those the individual chooses to be involved in their life, eg partners, families, friends, carers and advocates.

AC2.1 Factors affecting health and wellbeing will be different for different people and the local population. Learners should show consideration for environmental, physical, social, financial and psychological factors.

AC2.2 **Monitoring:** may include but not limited to:

- staff training to recognise the early signs of change
- oversee appropriate monitoring tools
- up to date assessments
- referrals to health care professionals
- maintain a culture of person-centred care
- proactive support.
- access to social prescribing.

Assessing: involves using structured tools to evaluate an individual's current health and risks. Assessment must also include the individual's own views and preferences, involving families or advocates where appropriate.

Promoting: involves being a key role in shaping a culture where wellbeing is actively supported – through appropriate activities, healthy routines, emotional support, good nutrition and safe environments.

AC2.2 and AC3.6: Others: in this context could refer to:

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

AC3.1 and AC3.2: Others**:** in this context could refer to:

- individuals accessing care and support services
- carers, loved ones, family, friends of those accessing care and support services
- team members
- advocates
- managers and supervisors
- professionals from other services
- volunteers.

AC3.5 Changes may be positive or negative

Suggested supporting resources

www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce
www.nice.org.uk/about/nice-communities/social-care/tailored-resources/mwop/maintaining-health-and-wellbeing
www.alzheimers.org.uk
www.mind.org.uk
www.mencap.org.uk

Unit 717 Equality, diversity, inclusion and human rights in adult care

Unit level:	5
Credit value:	4
GLH:	30
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to lead practice of equality, diversity, inclusion and human rights within adult care. Learners will understand the history of legislation and the changes that have promoted the rights of individuals, the workforce and others. Learners will lead and manage processes that challenge poor practice and promote changes that support inclusive practice.

Learning outcome

The learner will:

LO1 understand equality, diversity, inclusion, and human rights in relation to adult care

Assessment criteria

The learner can:

AC1.1 summarise current legislation underpinning equality, diversity, inclusion and human rights in relation to adult care

AC1.2 describe how current legislation underpins equality, diversity, inclusion and human rights in order to support own role that promotes a culture which values individuals and others

AC1.3 explain how influences impact on own role in leading a **culture** which values individuals and others:

a. legal

b. societal

c. historical

AC1.4 explain the impact discriminatory or closed cultures have on individuals and others within adult care

AC1.5 evaluate how own values, beliefs and experience may **impact** on practices and behaviours relating to equality, diversity, inclusion, and human rights within adult care

AC1.6 evaluate how the values, beliefs and experience of others may **impact** on practices and behaviours relating to equality, diversity, inclusion, and human rights within adult care

Range

AC1.3 **Culture:** when considering the culture, learners should consider how they lead this for individuals accessing services and for the workforce.

Must include:

- legal
- societal
- historical influences

AC1.5, AC.6 **Impact:** to include both in a positive and a negative way

Learning outcome

The learner will:

LO2 be able to demonstrate inclusive leadership and lead a culture that promotes, values and celebrates equality, diversity, inclusion and human rights within adult care

Assessment criteria

The learner can:

AC2.1 evaluate own and other's ability to positively respond to people's differences to meet a wide range of individual needs to achieve better outcome

AC2.2 evaluate how the setting/service supports equity and promotes, values and celebrates equality, diversity, inclusion, and human rights

AC2.3 revise practices, policy or procedures to improve how the service promotes, values, and celebrates equality, diversity, inclusion, and human rights

AC2.4 monitor changes and improvements that lead to better outcomes for individuals and others in own setting/service

AC2.5 review changes and improvements that lead to better outcomes for individuals and others in own setting/service

AC2.6 challenge discrimination, harassment and exclusion in ways that are likely to achieve change and promote positive outcomes

AC2.7 support others to challenge, discrimination, harassment and exclusion in ways that are likely to achieve change and promote positive outcomes

Range

Inclusive practice - ability to positively respond to peoples' differences to meet a wide range of individual needs to achieve better outcomes.

Unit 717 Equality, diversity, inclusion and human rights in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.
This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - is skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What current legislation underpins equality diversity inclusion and human rights?
- The impact Society and history influences have on current practice.
- How do own beliefs and values and those of others have on promoting equality diversity inclusion and human rights?
- How can own practises implement changes and challenge discrimination?

The principles and values within this topic should be embedded in all units in this qualification.

AC1.2 and AC1.3: Historical influences are not confined to a specific timescale. Learners should consider themes from history that have influenced equality, diversity, inclusion and human rights.

AC1.4 Closed cultures**:** a closed culture is a poor culture in an adult care service/service that increases the risk of harm. This includes abuse and human rights breaches. The

development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones.

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.

AC1.6, AC2.1 Others: in this context may include:

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

AC2.1 Individual needs in this context, individual needs may include, but not inclusive of:

- Physical
- Emotional
- Cognitive
- Cultural

AC2.2 Promotes: can include but is not limited to: how the workforce facilitates, advocates and challenges.

AC2.3 May include but not limited to:

- Policies and procedure changes
- Recruitment and retention
- Reviewing of care plans and risk assessment
- Revise: to implement any identified changes

AC2.6 May include but not limited to:

- Complaints log with positive impacts
- Training being provided
- Information by written communication
- 1-2-1s and supervision
- Direct challenge

Closed cultures: a closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones. Learners should consider how such cultures may overlook the full range of communication, cognitive, or sensory needs associated with neurodiversity and how such cultures may not always reflect the full diversity of communication, cognitive, or sensory profiles.

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

Others: in this context, others may include:

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

Culture: when considering the culture, learners should consider how they lead this for individuals accessing services and for the workforce.
Promotes: can include but is not limited to: how the workforce facilitates, advocates and challenges.
Individual needs: in this context, individual needs may include, but not inclusive of:

- physical
- emotional
- cognitive
- cultural

Suggested supporting resources
www.gov.uk - legislation
www.nhs.uk - legislation
www.acas.org.uk
www.mind.org.uk
www.skillsforcare.org.uk

Unit 718 Health and safety in adult care

Unit level:	5
Credit value:	4
GLH:	30
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand their role when leading and managing systems which ensure and promote health and safety within their setting/service. This includes • implementing processes which meet legislative and regulatory requirements • involving others in driving forward health and safety processes • reducing risks for all those in receipt of services and for those working or visiting in the setting/service. Learners will understand their role in identifying and managing risk within the setting/service so that it is minimised. This will include developing, implementing and revising policies and procedures to manage risk within service design and delivery. Throughout this unit learners should be encouraged to evaluate their own effectiveness as leaders and managers of health and safety in adult care.

Learning outcome

The learner will:

LO1 understand health and safety requirements in adult social care

Assessment criteria

The learner can:

AC1.1 explain the current legislative framework for health and safety in adult care
AC1.2 outline current key sources of information and guidance for health and safety management in the workplace

Learning outcome

The learner will:

LO2 be able to lead the implementation of health and safety requirements in adult social care

Assessment criteria

The learner can:

AC2.1 interpret legislation and guidance related to own role and setting to inform organisational health and safety policies and working practices

AC2.2 explain the processes which ensure that health and safety requirements are met, to include:

a. internal to the organisation

b. external to the organisation

AC2.3 support others to comply with relevant organisational health and safety practices, policies, procedures to keep them safe.

AC2.4 enable team members to access training to meet health and safety requirements

AC2.5 monitor compliance with safe working practices

AC2.6 provide appropriate support and intervention if procedures are not adhered to

AC2.7 evaluate health and safety working practices, policies and procedures making improvements where required

AC2.8 complete records and reports on health and safety according to legislative and organisational requirements

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Learning outcome

The learner will:

LO3 understand effective risk management

Assessment criteria

The learner can:

AC3.1 describe what is meant by risk management

AC3.2 describe the range of risk management requirements in adult social care

AC3.3 describe own responsibilities to identify, assess and manage risk

AC3.4 explain methods and tools available to inform and undertake risk management activities

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Learning outcome

The learner will:

LO4 be able to lead the implementation of policies, procedures and practices to effectively manage risk

Assessment criteria

The learner can:

AC4.1 develop policies, procedures and practices to identify, assess and manage risk

AC4.2 support team members to:

a. understand risk management

b. adhere to guidance which promotes safe practices

AC4.3 work with others to identify and assess risks

AC4.4 work with others to manage risks to minimise their impact
AC4.5 analyse the effectiveness of health and safety processes
AC4.6 evaluate existing processes and recommend changes where necessary

Unit 718 Health and safety in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge and skill-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1 and LO3 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO4 - are skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What do you understand by the terms 'risk management'?
- How much do you know about wider aspects of risk, danger and harm and how these may relate to your service?
- How are you supporting and educating all work colleagues to follow health and safety guidance and procedures within the service/settling?
- Why is it crucial that you understand your responsibilities in leading teams to ensure health and safety is prioritised?
- Are there any risks that are particular to your setting/service?

AC1.1 Legislative framework: this should include the range of Health and Safety legislation and specific regulations applicable to the environment and care service being provided.

AC1.2 Key sources of information and guidance: eg Health and Safety Executive, Public Health England, may also include other internal and external support mechanisms.

AC2.1 Legislation and guidance: this may include local guidance, changing and updated guidance and specific information available to support legislation and regulations eg The Code of Practice on the prevention and control of infections and related guidance. Processes should reflect current legislation and guidance.

AC2.2 Others: in this context might include, but not limited to:

- individuals receiving care and support
- carers
- loved ones
- family
- friends of those accessing care and support services
- team members
- professionals from other services
- visitors to the work setting
- volunteers

AC3.3 Including infection prevention and control

AC3.4 Methods and tools could include the use of digital technology

Suggested supporting resources

www.hse.gov.uk/pUbns/priced/hsg220.pdf
www.hse.gov.uk/healthservices
www.cqc.org.uk
www.skillsforcare.org.uk

and where relevant to the service provision, any from the list below:

Current legislation/regulations relating to Health and Safety
Current legislation/regulations relating to Prevention of Infection
Current legislation/regulations relating to Risk management
Organisational policy requirements for ensuring Health and Safety within the service and when working with a range of external professionals and agencies.

Learners must be aware that legislation and guidance may change, and it is expected that centres cover the most up-to-date and applicable national and local requirements.

Unit 719 Continuous development in adult care

Unit level:	5
Credit value:	3
GLH:	15
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to recognise the importance of their own continuous development when leading and managing adult care services. The unit considers learners' commitment to self-awareness, include exploring ways to identify and meet their own professional development needs and to manage all aspects of own work role.

Learning outcome

The learner will:

LO1 be able to demonstrate commitment to own development

Assessment criteria

The learner can:

AC1.1 evaluate own knowledge and performance using standards and benchmarks
AC1.2 prioritise own professional development needs and aspirations
AC1.3 implement plans to meet own professional development needs and aspirations
AC1.4 identify opportunities to support own professional development taking account of own learning style
AC1.5 create opportunities for others to provide feedback on own performance across all aspects of role
AC1.6 evaluate how own practice has been improved through:
a. implementation of a professional development plan
b. reflection on feedback from others
c. reflection on learning from achievements and adverse events

Learning outcome

The learner will:

LO2 be able to demonstrate commitment to self-awareness

Assessment criteria

The learner can:

AC2.1 use feedback from others to proactively increase own self-awareness
AC2.2 reflect on own skills, values and behaviours to increase:
- a. self-awareness
- b. professional development

AC2.3 analyse how own values, belief systems and experiences impact own work practices
AC2.4 analyse how own emotions:
- a. affect own behaviour
- b. impact on others

Learning outcome

The learner will:

LO3 be able to manage own workload

Assessment criteria

The learner can:

AC3.1 use strategies and tools to:
- a. plan and identify priorities for work
- b. revise plans when priorities change
- c. access support mechanisms when workload is difficult to manage

AC3.2 use digital technology to enhance own and others' efficiency
AC3.3 facilitate the development of team members to enable effective delegation
AC3.4 reflect on impact on own wellbeing when planning and responding to organisation priorities

Unit 719 Continuous development in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

LO1, LO2 and LO3 - are primarily skill based, and primary evidence throughout the qualification should include observation of direct practice in the workplace in actual person, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Endorsement of the learner's evidence could be from an EWT Assessor-created projects and assignments may be used to show how the learner has used skills to maintain continuous development.

Information disclosed is at the learners' discretion.

It is acknowledged that remote observations could be used in appropriate circumstances, as an approach to enrich, enhance and triangulate main direct observations which have been carried out. Remote observations should not be planned and used as the primary approach. Safe and reliable approaches to use of remote technologies in the assessment process must be agreed with the awarding organisation prior to use. This should include how the privacy, dignity and confidentiality of any individual will be protected and robust evidence recording protocols.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is the impact of own belief systems and experiences on continuous development?
- How easy is it to managing own work/life balance?
- Continuous development and opportunities for professional development – myth or reality?
- What are your own personal and professional barriers to continuous development?
- How useful are models of reflection for leaders and managers?

AC1.1 Standards may include Codes of Practice, regulations, minimum standards, national occupational standards, job description/role specification/work objectives

Benchmarks: may include but not limited to:

- regulatory standards
- organisational benchmarks
- sector and specialist specific frameworks
- own development plan

AC1.2 prioritising own professional development needs within timescales and available resources

AC1.4 Opportunities may include:

- formal or informal support
- supervision, appraisal, mentoring, peer support opportunities within and outside the organisation
- different types of learning and ways to achieve
- self-led and directed learning opportunities.

AC1.5 Feedback may include verbal, written, management tools, eg 360 supervision appraisal, compliments, comments and complaints

Others in this context might include:

- carers, loved ones, family, friends of those accessing care and support services
- colleagues and peers
- team members
- managers and supervisors
- professionals from other services
- volunteers

AC1.5, AC1.6 Learners might consider the provision and receipt of feedback that show an understanding of reflective practice models. Reviewing different models that support:

- own development as a reflective practitioner
- development of others

AC1.6c Adverse events - an incident or disruption which has associated risks which may lead to unexpected, unintended, and preventable harm to others

AC2.1 Self-awareness in relation to strengths and areas for further development within role

AC2.2 Learners should be encouraged to use an accepted model of reflection

AC3.1 This is practical application within the context managing the workload.

Standards: may include codes of practice, regulations, minimum standards, national occupational standards.

Benchmarks: may include but are not limited to:

- regulatory standards
- organisation benchmarks
- sector and specialist specific frameworks
- own development plan.

Others: in this context, others might include:

- carers, loved ones, family, friends of those accessing care and support
- services
- colleagues and peers
- team members
- managers and supervisors
- professionals from other services
- volunteers.

Range of opportunities: may include:

- formal or informal support
- supervision, appraisal, mentoring, peer support
- opportunities within and outside the organisation
- different types of learning and ways to achieve
- self-led and directed learning opportunities.

Adverse events: an incident or disruption with associated risks which could lead to unexpected, unintended and preventable harm to others

Suggested supporting resources

www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Leadership-programmes-and-CPD.aspx
www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/ILG-3.4-Leading-Improvement.pdf
Succeeding in postgraduate study: Session 2: 4 Models of reflection – core concepts for reflective thinking | OpenLearn - Open University

Unit 720 Personal wellbeing in adult care

Unit level:	5
Credit value:	3
GLH:	15
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand the importance of personal wellbeing when managing adult care services. Learners will recognise the relevance of maintaining and improving own wellbeing. Learners will understand the impact of this on self and others in the effective management of services. Recognising and managing stress and anxiety in self is considered essential to leadership of adult care services.

Learning outcome

The learner will:

LO1 understand own wellbeing

Assessment criteria

The learner can:

AC1.1 explain what is meant by:
- a. personal wellbeing
- b. self-care
- c. resilience

AC1.2 describe factors that positively and negatively influence own wellbeing
AC1.3 describe indicators of own wellbeing
AC1.4 describe indicators that own wellbeing may be deteriorating

Learning outcome

The learner will:

LO2 understand the importance of maintaining and improving own wellbeing

Assessment criteria

The learner can:

AC2.1 analyse how own wellbeing impacts on role and behaviour
AC2.2 explain how own wellbeing impacts others
AC2.3 describe challenges to own wellbeing

Learning outcome

The learner will:

LO3 know how to maintain, improve and prevent deterioration in own wellbeing

Assessment criteria

The learner can:

AC3.1 explain why it is important to maintain and improve own wellbeing
AC3.2 explain how to recognise when own wellbeing is deteriorating.
AC3.3 identify a range of wellbeing **support offers** available to self and how to access them
AC3.4 describe the prevention and monitoring strategies that maintain, improve and recognise deterioration in own wellbeing
AC3.5 describe how to access support if needing professional therapeutic help to maintain own wellbeing

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Range

AC3.2 **Support offers** should include offers available inside and outside the learner's workplace. Learners should consider offers they use as well as those they currently choose not to.

Learning outcome

The learner will:

LO4 know how to manage own stress and anxiety

Assessment criteria

The learner can:

AC4.1 define what is meant by 'stress' and 'anxiety'
AC4.2 identify indicators of stress and anxiety in oneself
AC4.3 describe factors that can trigger stress and anxiety in oneself
AC4.4 explain how stress and anxiety may affect own reactions and behaviours towards others
AC4.5 explain how stress and anxiety may affect own health
AC4.6 develop strategies for managing own stress and anxiety
AC4.7 describe how to access a range of support offers for managing own stress and anxiety

Unit 720 Personal wellbeing in adult care

Supporting Information

Evidence requirements

This unit must be assessed in accordance with Skills for Care & Development assessment principles guidance.

This is a knowledge-based unit.

Knowledge evidence may be generated outside of the work environment, but the final assessment and decision must show application of knowledge within the real work environment.

LO1, LO2, LO3 and LO4 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Reflective practice will be especially useful for learners, so direction on the use of appropriate reflective practice models will be beneficial. Learners may also have created some individualised improvement plans to address specific aspects of their personal wellbeing and stress management, these could be referenced to other units where applicable.

Learners may research some of the topics within this unit such as stress and anxiety and their impact on health. This evidence may be linked to 712 to show skills in reflection and also researching information.

Information disclosed is at the learner's discretion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is the impact on personal wellbeing of undertaking a leadership and management role?
- What are the responsibilities of self, and the effects of not managing own wellbeing on others?
- What is the relation of resilience to stress and anxiety?

AC1.2 Own wellbeing: in this context, wellbeing refers to that of learner. Wellbeing is a broad concept referring to a person's quality of life considering health, happiness and comfort. It may include aspects of social, emotional, cultural, spiritual, intellectual, economic, physical, and mental wellbeing.

Factors: these should be specific to the learner. The learner should show consideration of environmental, physical, social, and psychological factors inside and outside the workplace.

AC1.3 Indicators: these should be specific to the learner.

AC2.2 Others: may include team members, other colleagues, individuals accessing care and support services, families, carers and other professionals.

Learners may also wish to consider their personal relationships.

Impacts: includes both positive and negative impacts.

AC2.3 Needs to be personal to the learner and may include both positive and negative challenges.

AC3.3 Strategies: learners' strategies should be personal to them. Strategies should include those that enable the learner to maintain their wellbeing as well as strategies to implement if indicators of deterioration are recognised.

AC3.4 Professional therapeutic help: may include alternative therapies, talking therapies.

AC4.1 and AC4.4 Stress can have positive, as well as negative, effects on a person. In this context, we refer to the negative impacts of stress.

AC4.6 This should include effective and ineffective strategies.

AC4.7 Support offers may include offers available inside and outside the learners' workplace. Learners should consider offers they use as well as those they currently choose not to. For example:

- Internal: supervision, employee assistance scheme, coaching, mentor or buddying systems.
- External: self-help tools, apps and websites, local groups and networks.

Suggested supporting resources

Search for 'wellbeing'
www.nhs.gov.uk
www.mentalhealth.org.uk
whatworkswellbeing.org

Unit 450 Understanding Independent Advocacy in adult care

Level:	4
Credit value:	3
GLH:	15
Assessment type:	Portfolio of evidence
Aim:	This unit enable learners to develop knowledge and understanding of Independent Advocacy within adult care. Learners will understand the legal requirements associated with the use of Independent Advocacy and different roles and responsibilities. Learners will explore how the leader and manager in adult care can use Independent Advocates within the setting/service to support the service delivery.

Learning outcome

The learner will:

LO1 understand Independent Advocacy within adult care

Assessment criteria

The learner can:

AC1.1 explain the principles of advocacy
AC1.2 explain how statutory advocacy differs from other types of advocacy
AC1.3 explain the eligibility criteria for:
a. being an Independent Advocate
b. receiving Independent Advocacy support and services
AC1.4 explain the role of the Independent Advocate
AC1.5 evaluate the responsibilities of an Independent Advocate when supporting individuals

Learning outcome

The learner will:

LO2 understand legislation and regulatory requirements in relation to Independent Advocacy

Assessment criteria

The learner can:

AC2.1 describe the requirements of current, relevant legislation and regulations
AC2.2 evaluate the role and responsibilities of the following:
a. Independent Mental Capacity Advocate
b. Best Interests Assessor
c. Liberty Safeguards Assessor
d. Independent Mental Health Advocate
in relation to Independent Advocacy for individuals

Learning outcome

The learner will:

LO3 understand the responsibilities of a leader and manager in relation to independent, statutory advocacy

Assessment criteria

The learner can:

AC3.1 explain the responsibilities of a leader and manager in engaging the services of the following:
a. Independent Mental Capacity Advocate
b. Best Interests Assessor
c. Liberty Safeguards Assessor
d. Independent Mental Health Advocate
AC3.2 analyse considerations when using Independent Advocates in adult care to include:
a. service objectives
b. training
c. supporting others
d. resources
e. quality of provision
f. regulations
g. recording and reporting
AC3.3 explain the benefits and impact of Independency Advocacy services

Unit 450 Understanding Independent Advocacy in adult care

Supporting Information

Evidence requirements

LO1, LO2 and LO3 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How does my service use Independent Advocates?
- How does my service enable individuals to use Independent Advocates?
- What are the challenges in using Independent Advocates?
- Do I understand the legislation and regulation for Independent Advocacy?
- Does my team understand how to request the services of an independent advocate?

AC1.4 Learners are expected to explore the importance, relevance and impact of using an Independent Advocate for individuals including any identified challenges and positive outcomes

AC1.4 Learners should consider the following:

- Guardianship order
- Community treatment order
- Admission to medical facility

AC2.1 To include mental capacity and mental health legislation

AC2.2 If IMCA or other roles change titles because of changes in statutory legislation then the new titles/roles would apply

AC3.1 Learners must take into consideration adult case law only

Suggested supporting resources

www.mind.org.uk
www.mencap.org.uk
www.gov.uk
www.ageuk.org.uk

Unit 451 Study skills

Level:	4
Credit value:	3
GLH:	17
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to enable learners to gain confidence in the use of study skills in order to enhance their learning. It acknowledges the factors that can impact on the ability to study and seeks to encourage learners to develop their own ways of learning in order to support the achievement of their programme of study. Learners will be able to reflect on their strengths and areas for further development and explore a range of study techniques and tools including an introduction to research and use of information and data.

Learning outcome

The learner will:

LO1 be able to evaluate tools and techniques to develop study skills

Assessment criteria

The learner can:

AC1.1 evaluate own study skills in relation to the following:
- a. recognition of own learning style
- b. strategies for improving memory
- c. collating information
- d. interpreting information
- e. analysing information
- f. evaluating information
- g. planning and organising for study
- h. undertaking research

AC1.2 evaluate self against a range of study techniques, tools and their use including:
- a. experiential learning
- b. research methods in practice
- c. self-reflection
- d. reflective journaling
- e. completing a written assignment
- f. ways of avoiding plagiarism
- g. mind mapping/brainstorming

h. critical thinking skills
i. use of learning styles
j. technological aids for study
k. use of referencing
l. use of a bibliography

AC1.3 explain ways of **choosing and using information** from a range of sources

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Range

AC1.3 **Choosing and using information** to include:

- where to locate relevant and current information
- establishing relevance and currency of data
- referencing and cross referencing
- peer reviews
- organisational data
- when not to include current information and data

Learning outcome

The learner will:

LO2 be able to apply study skills and techniques

Assessment criteria

The learner can:

AC2.1 analyse factors that can impact on the ability to study
AC2.2 develop a personal study plan as part of an overall study strategy
AC2.3 apply suitable tools and techniques for personal study
AC2.4 evaluate study tools and techniques used to achieve a set outcome

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Learning outcome

The learner will:

LO3 understand how to use research skills

Assessment criteria

The learner can:

AC3.1 explain ethical considerations that apply to research
AC3.2 evaluate the impact of evidence-based research on own learning and practice
AC3.3 evaluate the range of methods that can be used to collect data
AC3.4 identify a range of tools that can be used to analyse data
AC3.5 identify the importance of validity and reliability of data used within evidence-based research
AC3.6 identify sources of support available to use in research

Unit 451 Study skills

Supporting Information

Evidence requirements

LO1, LO2 and LO3 - evidence can include assignment tasks, presentation, reflective accounts, questioning and professional discussion.

While this unit has LOs that are based on self, it is advised that the assessment follows the above.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

This unit is aimed at those learners who are not familiar with study skills at this level. Delivery teams should discourage learners from taking this unit if they are confident in their study skills at this level or above.

Learners should consider the following questions as a starting point:

- What is meant by the term 'study skills'?
- What are my personal and professional barriers to learning?
- What are my past experiences of learning and achievement?
- What assessment methods will I be exposed to on my programme of study?
- Who could support my learning?
- What is the impact of learning on my working practice?

AC1.1 This unit is recognising existing strengths and further areas of development for continued study. The learner will self-reflect on existing study skills areas and identify opportunities for development. The expectation is that this unit is undertaken within the early stages of the study period where required.

AC2.1 The analysis is to include but not limited to:

- Time constraints, time management
- Personal factors – motivation, interest, fatigue
- Professional factors
- Availability and use of support from others

AC2.2 The plan should include details relating to:

- Goal/s to be achieved
- Tracking progress
- Step by step plan for achieving goals
- Support/resources required
- Effective time management

Suggested supporting resources

The Study Skills Book - Kathleen McMillan
The Study Skills Handbook - Stella Cottrell
www.skillsyouneed.com

Unit 452 Managing transitions in adult care

Unit level:	4
Credit value:	3
GLH:	15
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills in leading and managing transitions within adult care. Learners will understand the different types of transitions and the relevance of change theory. Learners will demonstrate how to manage transitions and evaluate current practices in own setting/service.

Learning outcome

The learner will:

LO1 understand the leadership and management of transition in adult care

Assessment criteria

The learner can:

AC1.1 explain different types of change or transition that may affect individuals using adult care settings/services

AC1.2 summarise theories relevant to managing change and transition

AC1.3 explain the responsibilities of the leader and manager of adult care in managing change and transition for:

a. individuals
b. others
c. service objectives/planning
d. the service environment

AC1.4 analyse the potential impact of change and transition on:

a. individuals
b. others
c. service objectives/plans

Learning outcome

The learner will:

LO2 be able to manage provision that supports effective transitions

Assessment criteria

The learner can:

AC2.1 manage the implementation of the requirements of current, relevant local and national guidance on changes and transitions within own setting/service

AC2.2 manage a service that recognises the potential impact of **transition** on:

a. individuals
b. on others
c. the environment

AC2.3 manage a service that fosters a person-centred and strength-based approach during transitions by using:

a. an outcomes-based approach
b. positive risk management
c. co-production and co-design of services
d. anti-discriminatory practice
e. active participation

AC2.4 support team members to develop skills sets and understanding of transitions

AC2.5 evaluate own service to include:

a. assessment processes
b. implementation systems
c. review processes
d. quality improvement analysis
e. use of technologies
f. recording and reporting systems

Unit 452 Managing transitions in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point

- What changes or transitions do the individuals in my service experience?
- How are transitions and change managed at the moment?
- What are the effects of change and transition on individuals, family, friends and informal carers?
- How does change and transition affect staff and others?
- What environmental changes might be required?
- How are staff supported to manage transitions?

AC1.1 This may include changes and transitions affecting:

- life stages
- health or care needs of an individual
- the environment
- change of service type/provider
- employment

AC1.2 Theories may include:

- Kubler-Ross theory of loss and change
- Solution-focused practice
- Bridges' model of transition

AC1.4 Others: may include:

- team members
- other colleagues
- those who commission health or social care services
- families, carers and advocates

AC2.2 To include how adverse effects of transitions can be minimised

AC2.5 The learner must include the following for each area:

- practice that has improved
- practice that needs improving
- actions to improve practice
- ways to measure improvements

AC2.5 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. This AC may be linked to the business development unit.

Suggested supporting resources

www.nice.org

www.gov.uk

www.socialworkers.org

www.ripfa.org.uk - look for transitions

www.cqc.org.uk

Unit 521 Leading and managing end of life care in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	This unit aims to provide learners with opportunities to develop their knowledge and skills when leading and managing end of life care in a setting/service. Learners will understand the relevance of legislation, guidelines and regulation when managing end of life and the principles of advanced decision-making. Learners will demonstrate the skills needed to lead and manage advance care planning, partnership working and leading on the provision of support in end of life care.

Learning outcome

The learner will:

LO1 understand legislative requirements in respect of end of life care

Assessment criteria

The learner can:

AC1.1 summarise current relevant legislation, regulation and national and local guidelines which apply to end of life care in adult care settings/services

AC1.2 describe the following terms:
- a. end of life
- b. palliative care

AC1.3 describe own leadership and management role in respect of end of life care in adult care settings/services, to include:
- a. actions prior to death
- b. actions after immediate death
- c. notification of death
- d. cultural and religious observances
- e. care of the deceased body

AC1.4 evaluate own setting/service in adult care in relation to end of life care requirements

Learning outcome

The learner will:

LO2 understand advanced decision-making in end of life care

Assessment criteria

The learner can:

AC2.1 explain the term 'advanced decision-making' in relation to end of life
AC2.2 describe the impact of the following on advanced decision-making:
- a. individual control
- b. legal, cultural and ethical issues
- c. active participation
- d. positive risk taking
- e. review and evaluation
- f. others

AC2.3 analyse the impact of current frameworks used in advanced care planning

Learning outcome

The learner will:

LO3 be able to lead and manage advanced care planning in end of life care

Assessment criteria

The learner can:

AC3.1 lead communication strategies in advanced care planning.
AC3.2 work with others to establish mental capacity to ensure the following:
- a. active participation
- b. acknowledgement of limited/no capacity to consent
- c. valid legal consent/power of attorney
- d. engagement of others/those with legal responsibilities

AC3.3 provide training and support for team members involved in the advanced care planning process
AC3.4 lead on creating an advanced care plan using person-centred approaches
AC3.5 manage the implementation of the advanced care plan
AC3.6 evaluate the advanced care plan with individuals and others

Learning outcome

The learner will:

LO4 be able to lead and manage partnership working in end of life care

Assessment criteria

The learner can:

AC4.1 manage partnership working processes in end of life care in own setting/service
AC4.2 lead team(s) in own service to maximise partnership working in end of life care
AC4.3 facilitate partnership working with others outside of own service during end of life care

AC4.4 evaluate the impact of partnership working processes in end of life care in own setting/service

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Learning outcome

The learner will:

LO5 be able to lead on the provision of support for those in end of life care

Assessment criteria

The learner can:

AC5.1 identify the support and resources that may be required by individuals at end of life including:
- a. prescribed medication
- b. other approaches to relieve symptoms
- c. other medical interventions
- d. use of other professionals/services

AC5.2 provide training for staff on:
- a. recognising symptoms
- b. identifying support
- c. accessing resources available

AC5.3 lead the provision of support and resources in own setting/service

AC5.4 evaluate the impact of interventions to support those in end of life care

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Learning outcome

The learner will:

LO6 be able to lead and manage support systems required in managing grief, loss and bereavement.

Assessment criteria

The learner can:

AC6.1 evaluate the types of support that are provided in own setting/service for:
- a. training and development needs in respect of palliative and end of life care
- b. how those providing end of life care, support the choices and wishes of those receiving care and how this can be effectively managed
- c. religious, cultural and spiritual needs of those delivering end of life care
- d. services available to support team members engaged in end of life care

AC6.2 enable team members to support an individual's and others emotional wellbeing in end of life care

AC6.3 support team members' emotional wellbeing when working in end of life care

Unit 521 Unit 521 Leading and managing end of life care in adult care

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3, LO4. LO5 and LO6 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What knowledge and skills should managers possess when leading on and managing end of life care?
- What policies and procedure need to be in place in respect of achieving best practice and how is best practice monitored in respect of end of life care?
- What staff training and development is required by those caring for those who are dying?
- How are cultural differences recognised and respected in your area of care provision in respect of death and dying?

AC3.6 Others includes:

- Team members
- Other colleagues
- Specialist services
- Families, carers and advocates

AC4.4 If no improvement can be made the learner must explain why.

AC6.3 Emotional wellbeing could include aspects of grief loss and bereavement where relevant. Learners may find it useful to research any of the following:

- TEAR model of grief
- Ambiguous loss
- Disenfranchised grief
- Stages of grief

Suggested supporting resources

www.nice.org.uk/guidance/ng31?unlid=8299497420161285432
www.cqc.org.uk/content/priorities-care-part-new-approach-care-dying-people
www.skillsforcare.org
www.gov.uk
www.nhs.uk

Unit 522 Managing support for sexual behaviour and promotion of sexual health in adult care settings/services

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and understanding of sexuality, gender identity, sexual behaviour and sexual health in order to lead and manage the promotion of an environment that takes into account and respects an individual's needs and preferences. Learners will be able to support the knowledge and practise of team members in order to in order to promote a positive attitude towards sexuality and sexual behaviours.

Learning outcome

The learner will:

LO1 understand gender identity, sexuality and sexual health

Assessment criteria

The learner can:

AC1.1 define the following:
- a. sexuality
- b. capacity for sexual feelings
- c. sexual orientation
- d. gender identity
- e. gender binary
- f. sexual behaviour
- g. sexual consent
- h. sexual health

AC1.2 summarise the following in relation to sexual behaviour:
- a. current/relevant legislation
- b. national initiatives
- c. organisational policies and procedures in adult care

AC1.3 summarise the following in relation to sexual health:

a. national initiatives
b. organisational policies and procedures in adult care

Learning outcome

The learner will:

LO2 be able to lead and manage a setting/service that promotes a positive attitude towards sexuality and sexual behaviours

Assessment criteria

The learner can:

AC2.1 lead the promotion of a safe and lawful environment that supports the sexual needs and behaviours of individuals in adult care

AC2.2 lead an adult care service that works to promote:
a. a diverse and accepting culture in respect of sexuality and gender identity
b. an environment void of prejudice and discrimination in relation to sexual behaviours
c. an environment that promotes non-judgmental and honest conversations about sex, sexuality and gender identity

AC2.3 evaluate own procedures for managing prejudice, discrimination and unconscious bias relating to:
a. sexuality
b. gender identity
c. sexual needs

Learning outcome

The learner will:

LO3 understand the importance of the promotion of sexual health within adult care services

Assessment criteria

The learner can:

AC3.1 evaluate resources which enable individuals to access advice, guidance and services for sexual health

AC3.2 explain the potential impact of poor sexual health on individuals on the following:
a. physical health
b. psychological wellbeing
c. meaningful relationships
d. social activities

AC3.3 explain how the following health conditions:
a. physical
b. mental
c. sexual
may impact on sexual behaviours of individuals

Learning outcome

The learner will:

LO4 be able to manage a service that promotes sexual health through training

Assessment criteria

The learner can:

AC4.1 manage the evaluation of team members knowledge and understanding in relation to promoting the sexual health of individuals

AC4.2 support access to sexual health training for team members

AC4.3 evaluate the impact of team members training on the promotion of sexual health for:

a. self

b. team members/advocates

c. individuals

AC4.4 lead on reporting outcomes of training to relevant stakeholders

Unit 522 Managing support for sexual behaviour and promotion of sexual health in adult care settings/services

Supporting Information

Evidence requirements

LO1 and LO3 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO4 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- Do some people find it difficult to talk openly about sex and the sexual needs of individuals?
- Does my setting/service promote a positive approach to sex and sexual health?
- Do my own values and beliefs in respect of sex and gender identity impact on my leadership and management practice?
- Are team members comfortable with discussing what it means for individuals to have a healthy sex life?
- Could more be done to educate others about gender identity?

Learners must be aware that legislation and guidance may change, and it is expected that centres cover the most up-to-date and applicable national and local requirements.

AC1.1 Definitions must be current and respect current terminologies and language

AC2.1 Should include but not limited to reference to:

- age of consent
- valid consent
- mental capacity
- privacy
- dignity
- confidentiality
- respect

AC2.2 To include:

- individuals
- others
- external services

Learners should consider the use of care support plans to obtain/record information from individuals.

AC2.3 Learners must consider the following:

- between fellow users of adult care services
- from users of adult care services towards staff
- from staff towards users of adult care services
- between fellow staff members
- challenges experienced from external services

AC3.1 Learners are to include internal and external services

AC4.1 Learners may include:

- signs and symptoms of sexually transmitted infections (stis)
- protection from stis
- use of contraception
- application of treatments
- reporting and recording
- personal care
- duty of care/capacity and support for decision-making
- managing embarrassment and denial in self and others
- reasons why sexual health issues might affect people differently

AC4.4 To include stakeholders, individuals and others

Stakeholders: include anyone that feeds into the service or setting or receives service or outputs from the setting/service

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

Others may include:

- team members
- other colleagues
- specialist
- therapists
- families
- informal carers

Suggested supporting resources

www.rcn.org.uk
www.cqc.org.uk
www.nice.org.uk
www.nhs.uk
www.Alzheimers.co.uk
www.socialworkengland.org.uk
www.skilssforcare.org.uk
www.mencap.co.uk

Unit 523 Leading and managing clinical skills provision in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills when leading and managing clinical skill provision within adult care settings/services. Learners will understand how to analyse the impact of clinical skill competencies against organisational objectives. Learners will demonstrate how to plan, implement, and evaluate improvements to clinical skills activities within their own setting/service. Learners do not have to be proficient in clinical skills delivery themselves to lead and manage clinical skills provision.

Learning outcome

The learner will:

LO1 understand clinical competence within adult care services

Assessment criteria

The learner can:

AC1.1 explain what is meant by 'clinical competence'
AC1.2 summarise current, relevant legislation, guidelines and protocols for the provision of clinical skills in adult care
AC1.3 explain responsibilities and accountabilities of a leader and manager when leading and managing clinical skill provision when working in partnership with:
- a. other professionals/specialists
- b. team members
- c. individuals
- d. informal carers

AC1.4 analyse how developing clinical skills competencies of team members can impact on:
- a. organisational objectives
- b. individuals

AC1.5 explain tools used by managers to assess clinical competence

Learning outcome

The learner will:

LO2 be able to lead and manage development of a plan to improve clinical competence

Assessment criteria

The learner can:

AC2.1 lead on the analysis of the need for clinical competencies required within setting/service in relation to:
- a. clinical competencies required
- b. current skillsets within team
- c. areas of proficiency
- d. gaps in skills
- e. benefits of using own team versus acquiring external services cost

AC2.2 develop a workforce plan for clinical competence which:
- a. meets organisational objectives
- b. identifies clinical skills required for the setting/service
- c. aligns to current staff responsibilities
- d. sets a timeline for achieving plan
- e. provides suitable training initiatives
- f. is agreed by relevant stakeholders

Learning outcome

The learner will:

LO3 be able to lead and manage implementation of planned clinical activities

Assessment criteria

The learner can:

AC3.1 manage the provision of training for team members to improve clinical competence which:
- a. is cost effective
- b. meets legislative/industry standards
- c. is aligned to organisational objectives
- d. increases clinical competence
- e. focuses on a person-centred approach
- f. utilises the skillset of other health professionals

AC3.2 manage the supply of physical **resources** required for the delivery of clinical skills activities

AC3.3 lead the delivery of clinical skills activities as required by individuals which ensure team members:
- a. follow best practice guidelines
- b. ensure safe practice
- c. encourage active participation of the individual (where possible) and others
- e. follow reporting and recording processes
- f. identify improvements/deteriorations and concerns of individuals and/or others during the clinical activity

AC3.4 manage the evaluation of reporting and recording processes for clinical skills activities

Range

AC3.2 **Resources** to include equipment

Learning outcome

The learner will:

LO4 be able to manage ongoing clinical skills competency as part of the organisational strategic plan

Assessment criteria

The learner can:

AC4.1 manage the delivery of relevant CPD activities through supervision of team members to ensure ongoing development of clinical skill competencies

AC4.2 analyse the impact of the improvements to clinical skills competency on:

a. individuals

b. team members

c. service delivery

AC4.3 evaluate how clinical skills activities support the organisations strategic plan

Unit 523 Leading and managing clinical skills provision in adult care

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 and LO4 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What clinical skills are required in my setting/service?
- What are the current challenges in ensuring clinical skills competence within my staff teams?
- What are the benefits of increasing the level of clinical skills competence within the workforce?
- How can teams be supported to ensure their clinical skills are kept current?
- How do I evaluate the quality of delivery of clinical skills within my setting/service?

AC1.1 May include:

- tissue viability
- phlebotomy
- capillary blood testing
- catheter care
- undertaking physiological measurements
- undertaking electrocardiograph procedures
- stoma care
- wound care
- extended feeding techniques
- oxygen therapy

AC2.2 Stakeholder: include anyone that feeds into the service or setting or receives service or outputs from the setting/service

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

AC3.3 Reports may include:

- body maps
- incident and accident forms
- handover processes and procedures
- referral processes to specialists/other health professionals

AC.3.3 Others may include:

- team members
- other colleagues
- specialist
- therapists
- families
- informal carers

Suggested supporting resources

www.clinicalskills.net
www.nice.org.uk
www.skillsforhealth.org.uk
www.england.nhs.uk
www.cqc.co.uk
www.skillsforcare.co.uk

Unit 524 Managing business development plans in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills of business development. Learners will explore the needs of the local community and how these can best be met in the current climate. Learners will understand how national drivers, legislation and regulation can shape service provision within adult care. Learners will be able to consider factors influencing proposals for developing their own service.

Learning outcome

The learner will:

LO1 understand the wider market of service provision of adult care

Assessment criteria

The learner can:

AC1.1 analyse the relationship between the current market and service provision in adult care
AC1.2 analyse current drivers shaping service provision in adult care
AC1.3 evaluate current provision against market needs in adult care

Learning outcome

The learner will:

LO2 be able to develop a plan for business development

Assessment criteria

The learner can:

AC2.1 work with others to identify opportunities for business growth/diversification in adult care
AC2.2 summarise legislative or regulatory requirements influencing development of business in adult care

AC2.3 evaluate ways of increasing demand for services offered in own setting
AC2.4 analyse ways of marketing service provision
AC2.5 work with others to analyse changes needed to redesign the business to include:
    a. services offered
    b. human resources
    c. finances
    d. environment
AC2.6 communicate details of business development proposal to stakeholders
AC2.7 work with others to develop the plan for business development
AC2.8 evaluate the impact of proposed business development on others

Unit 524 Managing business development plans in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What are the adult care needs of my local area?
- Does my service need to diversify to meet those needs?
- What services in my local area compete with my business?
- Does my service meet the needs of the local area?

AC1.1 To include the local community and trends/demographics

AC1.2 Must include local as well as national drivers

AC1.2 Learners can be sector specific eg Learning Disabilities, Mental Health, Dementia Care, in this analysis. This may include:

Internal:

- management
- organisational culture
- products and processes
- resources
- location

External:

- political
- economic
- social
- technological
- legal
- environmental

AC1.3 This may include service provision in adult care

AC2.1 Others may include:

- investors
- local authority
- regulatory bodies

- individuals
- staff
- carers
- family and friends
- other professionals
- community

Business refers to service delivery

AC2.3 and AC2.4 Learners should consider social media and digital technologies

AC2.4 Learners should use business/marketing models eg 7Ps, R.A.C.E. framework etc.

AC2.5 Learners may include but not limited to:

- Ansoff Matrix
- Porter's Generic Strategies
- Collins' Hedgehog Model
- Five Forces Analysis
- Mendelow Stakeholder Analysis
- Segmentation, Targeting and Positioning (STP)

AC2.6 Stakeholders could include:

- individuals
- carers
- families
- workforce
- commissioners
- regulators
- investors

AC2.7 Others may include but not limited to:

- the individual
- team members
- other colleagues
- families
- informal carers
- stakeholders
- other financial/legal services

AC2.8 To include any risks including positive and negative effects

Suggested supporting resources

www.blog.hubspot.com
www.businessballs.com
www.smartnsights.com
www.gov.uk
www.cqc.co.uk
www.skillsforcare.co.uk

Unit 525 Managing recruitment and selection in adult care

Level:	5
Credit value:	3
GLH:	18
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge in recruitment and selection processes as leaders and managers within adult care setting/services. Learners will be able to explore the factors which underpin recruitment and selection systems and the challenges faced when recruiting to service roles. Learners will be able to demonstrate how they manage the evaluation of recruitment and selection strategies and the impact of these on service delivery, workforce planning and development. This unit is aimed at learners who have direct responsibility for recruitment and selection.

Learning outcome

The learner will:

LO1 understand the leadership and management of recruitment and selection

Assessment criteria

The learner can:

AC1.1 analyse how workforce development strategies influence recruitment in a range of adult care settings/services

AC1.2 explain factors affecting the leadership and management of recruitment including:

a. current regulatory and legislative requirements
b. budget
c. marketing and advertising
d. defining task profiles
e. strategic/operational challenges
f. interviewing and selection processes
g. ensuring recruitment and selection processes are inclusive

AC1.3 analyse **potential consequences** of selection and recruitment to an adult care setting/service which are:

a. successful
b. unsuccessful

Range

AC1.3 **Potential consequences** must include those relating to:

- individuals
- others
- service objectives; short and long term

Learning outcome

The learner will:

LO2 be able to manage recruitment and selection in an adult care setting/service

Assessment criteria

The learner can:

AC2.1 analyse current recruitment and selection processes in own setting/service against:

a. organisational objectives
b. service requirements
c. budget
d. ensuring safe staffing levels
e. individual needs

AC2.2 evaluate how developments to recruitment and selection processes in own setting/service may impact on:

a. future strategic objectives
b. attracting applicants/apprentices
c. skills sets required
d. changes to service provision
e. meeting individual/others needs for services
f. stakeholder influences

AC2.3 manage intelligence gained from evaluations to present recommendations for improvements to relevant stakeholders

Unit 525 Managing recruitment and selection in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How do legislation regulatory requirements recruitment and selection processes?
- How effective are my current procedures to recruit new staff?
- How may the recruitment of apprentices support workforce planning and career opportunities in my service?
- How can I encourage the return of those who have left the care sector?

LO1 This should be a broad spectrum analysis at what affects work force development strategies in general.

AC1.1 Considerations should be given to:

- governmental strategy changes
- strategies of a service
- objectives of a service
- skills gaps, staff retention
- challenges faced in the recruitment of staff at all levels/service roles
- apprenticeships in adult care
- role of volunteers
- role of credible work placement opportunities for learners from local schools/colleges

AC1.2 Legislative requirements to include current UK employment law, equality and inclusion

Marketing and advertising: considerations to include digital media considerations and competitor considerations

Approaches to inclusive recruitment may include considering the appropriateness of selection processes for supporting all individuals, including those who are neurodivergent, and the use and promotion of strengths-based recruitment and selection processes.

AC1.3 Others: may include:

- team members

- other colleagues
- those who commission health or social care services
- families, carers and advocates

AC2.3 Stakeholders: include anyone that feeds into the service or setting or receives service or outputs from the setting/service

Suggested supporting resources

www.equalityhumanrights.com
www.gov.uk
www.elas.uk.com
www.cqc.org.uk
www.acas.org.uk

Unit 526 Leading and managing dementia care services in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop the knowledge and skills for leading and managing dementia care services. Learners will understand the legal and organisational requirements and the importance of developing knowledge and skills of team members to ensure strength-based approaches. Learners will consider the impact of dementia on individuals and others, including potential risks to safety. Learners will demonstrate how they lead teams to deliver effective dementia care services.

Learning outcome

The learner will:

LO1 understand the leadership and management of dementia care services

Assessment criteria

The learner can:

AC1.1 explain the role of the leader and manager of dementia care services
AC1.2 explain the principles of an 'integrated health and care service' for dementia care
AC1.3 summarise current, relevant legislation, regulation and guidelines for dementia care services
AC1.4 evaluate the impact of current models of dementia care on dementia services

Learning outcome

The learner will:

LO2 be able to lead and manage team members to understand dementia and its impact on individuals and others

Assessment criteria

The learner can:

AC2.1 lead team members to develop their understanding and skills with regard to dementia, to include:
- a. increasing knowledge of dementia
- b. assessment and diagnosis methods
- c. guidelines for best practice for treatment, care and support
- d. challenges in providing care and support

AC2.2 lead team members to understand the impact of dementia on individuals to include:
- a. physical health
- b. mental health
- c. emotional wellbeing

AC2.3 lead team members to understand the impact of dementia on others, to include effects on:
- a. physical health
- b. mental health
- c. emotional wellbeing

Learning outcome

The learner will:

LO3 be able to lead and manage practice that promotes the wellbeing of individuals living with dementia

Assessment criteria

The learner can:

AC3.1 lead practice which ensures the promotion of:
- a. anti-discriminatory practice
- b. inclusive practice
- c. person-centred, values-based practice
- d. active participation
- e. safeguarding

AC3.2 manage the development of a strength-based approach which enhances the wellbeing of individuals with dementia and others

AC3.3 manage tools and digital technologies which promote independence for individuals and others living with dementia

AC3.4 manage recording and reporting systems on dementia care service delivered in own setting/service

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Learning outcome

The learner will:

LO4 be able to manage risk processes specific to dementia care services

Assessment criteria

The learner can:

AC4.1 manage processes which identify **risk concerns** for:
- a. individuals living with dementia
- b. others

AC4.2 manage processes which actively minimise identified risks for:

a. individuals living with dementia
b. others

AC4.3 manage referrals to outside agencies and services where additional support is required to maintain the safety of:
a. individuals living with dementia
b. others

AC4.4 collaborate with others on managing new referrals where additional support is required to maintain the safety of:
a. individuals living with dementia
b. others

AC4.5 support team(s) and others experiencing behaviours that challenge from an individual with dementia

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Range

AC4.1 **Risk concerns** to include:

- hazards
- personal safety
- health and wellbeing risks
- accidents and incidents
- safeguarding
- vulnerability

Learning outcome

The learner will:

LO5 be able to lead a quality review of services provided for individuals with dementia

Assessment criteria

The learner can:

AC5.1 lead on a quality review of provision for individuals in own setting/service to include views from:
a. individuals
b. team members
c. others

AC5.2 evaluate findings of the quality review to include:
a. strengths in service delivery
b. areas for further development
c. recommendations for operational planning
d. challenges in improving quality provision in service delivery

AC5.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 526 Leading and managing dementia care services in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO1, LO2 and LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How can I ensure my service supports people to live well with dementia?
- What opportunities are there to raise the profile of dementia care in my setting/service?
- What are the current challenges to dementia care?
- What does a' first-class service' look like in supporting people living with dementia?
- How does my service currently meet the 'first-class service'?

Others may include:

- other colleagues
- specialist
- therapists
- families
- informal carers

AC1.2 Community Mental Health teams:

- occupational therapy teams (including speech and language therapy.; memory clinics)
- NHS provision - GPs, community nursing, admiral nurses
- others - volunteers, friends, families
- specialist charities/media representation (dementia 2020 challenge/dementia friends)

AC2.1 May include training programmes on:

- types of dementia
- age ranges
- signs and symptoms
- assessment tools
- medical diagnosis/treatments
- care and support guidelines for best practice
- challenges in providing care and support

AC2.2 Changes in communication abilities:

- loss of independence/diminished responsibilities

- lack of decision-making skills
- behaviours changes
- loss of confidence/self esteem
- loss of sense of self
- altered sense of reality/changes to memory

AC2.3 Changes in relationship dynamics:

- loss of independence
- being the decision-maker
- understanding behaviour changes
- stigma
- altered sense of own self
- lifestyle changes
- managing prognosis

AC2.3, AC3.2 and AC3.3 Others may include:

- other colleagues
- those who use or commission health or social care services
- families and carers
- other specialist role/practitioners
- other service users

AC4.1 Others may include:

- team members
- other colleagues
- those who use or commission health or social care services
- families, carers and advocates
- visiting tradespeople
- other specialist role/practitioners
- other service users

AC4.2 To be considered:

- promoting appropriate positive risk taking to maintain independence
- identifying concerns affecting wellbeing of others
- working to achieve individuals' identified goals and outcomes

AC4.3 To include safeguarding agencies

AC4.4, AC5.1 Others may include:

- team members
- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC4.5 May include:

- teams/others understanding of possible behaviours that may challenge
- recognising an individual expressing behaviour(s) that may challenge
- acceptable and reasonable restriction is in line with current legislation and regulations
- de-escalation
- positive behaviour support
- SPECAL method
- validation
- butterfly approach
- dignity, respect and inclusion
- dementia mapping

This may include opportunities through team training, coaching and mentoring and individual supervision.

AC5.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC5.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.alzheimers.org.uk
www.dementia.org
www.dementiafriends.org.uk
www.nice.org
www.skillsforcare.org.uk
www.dementiacarematters.com
www.cqc.org.uk
www.gov.uk

Unit 527 Leading and managing support for individuals with physical disabilities and impairments

Level:	5
Credit value:	3
GLH:	18
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to understand and demonstrate how to lead and manage a service which supports individuals with physical disabilities or impairments. Learners will understand how to lead practice that promotes inclusion and independence and how to lead and manage a setting/service with promotes a strength bases approach. Learners will be able to lead and manage a setting/service which promotes independence for individuals with physical disabilities or impairments.

Learning outcome

The learner will:

LO1 understand how to lead and manage a service which supports individuals with physical disabilities or impairments

Assessment criteria

The learner can:

AC1.1 explain the following:
- a. physical impairment
- b. physical disability
- c. acquired disability/impairment
- d. congenital disability/impairment

AC1.2 analyse how physical disabilities or impairments may impact on the day to day life of
- a. individuals
- b. families
- c. informal carers

AC1.3 evaluate types of organisations offering support for physical disabilities or impairments to include:
- a. national and local services

b. nationally led initiatives

AC1.4 explain how to lead access to support services for physical disabilities and impairments

AC1.5 explain ways of working that lead and manage on:

a. person-centred care
b. strengths-based planning
c. active participation
d. positive risk taking
e. service delivery improvement

AC1.6 analyse the use of:

a. digital technology
b. aids
c. adaptations to the environment

in meeting identified needs of individuals with physical disabilities or impairments

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Learning outcome

The learner will:

LO2 understand the impact of legislation and models on services for individuals with physical disabilities or impairments

Assessment criteria

The learner can:

AC2.1 summarise current, relevant legislation and regulation which supports the management of independence and inclusion

AC2.2 evaluate the impact of the following models on care provision:

a. medical model
b. social model
c. bio psychosocial model
d. tragedy and/or charity model
e. identity model

AC2.3 evaluate how legislation and models of care aims to prevent **prejudice, discrimination and unconscious bias** in services for individuals with physical disabilities or impairments

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Range

AC2.3 **Prejudice, discrimination and unconscious bias:** to include misconceptions and stereotypes

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Learning outcome

The learner will:

LO3 be able to lead and manage a setting/service which promotes independence for individuals with physical disabilities or impairments

Assessment criteria

The learner can:

AC3.1 lead a setting/service which fosters a culture which focuses on:
- a. a strength-based approach
- b. person-centred planning
- c. inclusion
- d. co-production
- e. promoting independence

AC3.2 manage systems which support team members to promotes inclusion and independence for individuals with physical disabilities or impairments through:
- a. supervision
- b. training
- c. coaching and/or mentoring

Learning outcome

The learner will:

LO4 be able to lead a quality review of services provided for individuals with physical disabilities or impairments

Assessment criteria

The learner can:

AC4.1 lead on a quality review of provision for individuals in own setting/service to include views from:
- a. individuals
- b. team members
- c. others

AC4.2 evaluate findings of the quality review to include:
- a. strengths in service delivery
- b. areas for further development
- c. recommendations for operational planning
- d. challenges in improving quality provision in service delivery

AC4.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 527 Leading and managing support for individuals with physical disabilities and impairments

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What constitutes a physical disability or impairment?
- How does the language used to describe physical disabilities or impairments impact on perceptions?
- How do I promote and monitor independence and inclusion?
- How is disability portrayed through the media?

AC1.2 May include:

- emotional impact
- social impact
- physical impact
- relationship impact
- financial impact
- accommodation/housing
- independence
- access to cultural or social activities
- access to local services
- access to transport
- access to employment
- access to education

Learners should consider both positive and negative impact relative to individuals

AC1.3 This may include:

- practical support
- staff training or information
- self help
- advocacy
- use of voluntary support
- charities
- government led initiatives
- reablement programmes

AC4.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC4.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.thedtgroup.org
www.scope.org.uk
www.cqc.org.uk
bda.org.uk
rnid.org.uk
www.rnib.org.uk
www.skilsforcare.co.uk
www.gov.uk

Unit 528 Leading and managing services for individuals with learning disabilities and/or autism in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills when leading and managing services for individuals with learning disabilities and/or autism. Learners will understand the relevant legislation and national initiatives governing these services and ways to support a culture that benefits the individual. Learners will be able to lead practice that empowers individuals with learning disabilities and/or autism and review the quality of service provision.

Learning outcome

The learner will:

LO1 understand the context in which learning disability and/or autism services operates

Assessment criteria

The learner can:

AC1.1 summarise current, relevant legislation and national initiatives in relation to managing services for individuals with learning disabilities and/or autism

AC1.2 evaluate the following in relation to learning disability and/or autism services:

a. services available
b. support available from those services
c. access to services

AC1.3 evaluate ways to manage a service which promote the following:

a. an inclusive culture
b. co-production/co-design
c. person-centred/strength-based practice
d. active participation
e. positive behaviour support

Learning outcome

The learner will:

LO2 be able to lead and manage practice that empowers individuals with a learning disability and/or autism and supports their health and wellbeing

Assessment criteria

The learner can:

AC2.1 lead the implementation of a service which promotes:
- a. an inclusive culture
- b. co-production/co-design
- c. person-centred/strength-based practice
- d. active participation
- e. positive behaviour support
- f. health and wellbeing

AC2.2 promote care/support plans for individuals which:
- a. have considered an innovative approach to engagement
- b. are person-centred
- c. recognise and build on individual strengths
- d. embrace techniques to promote positive behaviour
- e. promote effective communication

AC2.3 review care/support plans for individuals with a learning disability and/or autism in a way which:
- a. enables active participation
- b. promotes empowerment
- c. values positive risk taking

AC2.4 evaluate training needs of team members and others

AC2.5 provide opportunities for knowledge and skills development for team members and others to include:
- a. formal training
- b. informal training

Learning outcome

The learner will:

LO3 be able to lead a quality review of services provided for individuals with a learning disability and/or autism

Assessment criteria

The learner can:

AC3.1 lead on a quality review of provision for individuals in own setting/service to include views from:
- a. individuals
- b. team members
- c. others

AC3.2 evaluate findings of the quality review to include:
- a. strengths in service delivery

b. areas for further development

c. recommendations for operational planning

d. challenges in improving quality provision in service delivery

AC3.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 528 Leading and managing services for individuals with learning disabilities and/or autism in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How effective is my current service provision in supporting individuals with learning disabilities and or autism and what improvements might I want to consider?
- Is person-centred practice truly empowering for people with learning disabilities and or autism?
- How can I make sure my setting/service is promoting wellbeing and independence?

AC2.2a and e to include use of digital technologies

AC2.2e communication to include use of aids, techniques and adaptations

AC2.4 and AC2.5 Others: may include:

- family members
- informal carers
- advocates
- other professionals
- non care staff/volunteers

AC3.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC3.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.gov.uk
www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Learning-disability/Learning-disability.aspx
www.autism.org.uk

www.bps.org.uk
www.disabilitymatters.org.uk
www.downs-syndrome.org.uk
www.learningdisabilities.org.uk
www.gmc-uk.org/learningdisabilities
www.hee.nhs.uk/our-work/learning-disability/oliver-mcgowan-mandatory-training-learning-disability-autism
www.mencap.org.uk
www.england.nhs.uk/learningdisabilities
www.bild.org.uk

Unit 529 Leading and managing services for mental health and wellbeing in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills for leading and managing mental health adult care services/setting. Learners will analyse factors affecting individuals' mental health, including signs and symptoms and relevant treatments and therapies. Learners will demonstrate leading and developing team members and others to ensure quality delivery in mental health adult care services. Learners will undertake a quality review of existing services to inform future operational planning.

Learning outcome

The learner will:

LO1 understand mental health conditions and the impact they have on wellbeing

Assessment criteria

The learner can:

AC1.1 analyse **factors** that can affect an individual's mental health and wellbeing
AC1.2 describe how a decline in mental health can impact on the wellbeing of:
- a. individuals
- b. others

AC1.3 analyse mental ill-health conditions
AC1.4 outline relevant, current treatments and therapies that may be recommended for mental ill-health conditions.
AC1.5 analyse the concept of 'recovery' in relation to mental ill health

Range

AC1.1 **Factors** must include but not limited to:

- biological factors eg infections, other physical illness or long-term chronic health conditions, genetic inheritance
- behavioural eg drugs, alcohol, self-harm/suicide

- social, situational factors eg loneliness, relationships, levels of support or isolation, discrimination
- psychological/emotional factors eg mood changes, impulsive actions, chronic stress/anxiety
- environmental factors eg housing, employment
- historical eg school context, academic attainment, life events, bereavement, other lifestyle choices
- cognitive eg thought patterns, levels of resilience, neurodiversity
- financial security
- cultural factors

AC1.3 Considerations must be made to both signs and symptoms and clinical and non-clinical conditions

AC1.5 To include:

- having no symptoms
- management of symptoms
- regaining control of life including work life
- new ways to live life/lifestyles

Learning outcome

The learner will:

LO2 understand legislation, regulatory requirements, national and local strategies relating to mental health and wellbeing

Assessment criteria

The learner can:

AC2.1 summarise the following in relation to mental health and wellbeing:

a. current, relevant legislation
b. regulatory requirements
c. national guidelines/initiatives
d. local requirements/initiatives

AC2.2 evaluate the following in relation to mental health and wellbeing:

a. services available
b. support available from those services
c. access to services

Learning outcome

The learner will:

LO3 be able to lead and manage a mental health setting/service that promotes mental health and wellbeing

Assessment criteria

The learner can:

AC3.1 lead on the promotion of positive mental health and wellbeing for individuals in own setting/service

AC3.2 manage the processes that give team members access to current work practice requirements

AC3.3 lead a mental health setting/service that promotes:

a. active participation
b. co-production
c. co-design of services
d. a person-centred and strengths-based approach
e. honest and open conversations about mental health and wellbeing

AC3.4 lead a mental health service that supports others to recognise and understand:
a. signs and symptoms of mental ill-health conditions
b. the needs of individuals with mental ill-health conditions, diagnosed/non-diagnosed
c. how to support individuals' wellbeing
d. strategies for self-care

Learning outcome

The learner will:

LO4 be able to lead a quality review of services provided for mental health and wellbeing

Assessment criteria

The learner can:

AC4.1 lead on a quality review of provision for individuals in own setting/service to include views from:
a. individuals
b. team members
c. others

AC4.2 evaluate findings of the quality review to include:
a. strengths in service delivery
b. areas for further development
c. recommendations for operational planning
d. challenges in improving quality provision in service delivery

AC4.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 529 Leading and managing services for mental health and wellbeing in adult care

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 and LO4 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How effective is my current service provision in supporting people with mental health conditions?
- What improvements can be made to my service?
- What steps do we take to promote the wellbeing of individuals, family members and team members?
- How can integrated services support recovery from mental illness?
- Why is suicide currently the biggest killer of men under the age of 45 years in the UK?
- What makes an effective mental health service?

AC1.2 Others may include:

- team members
- other colleagues
- specialist
- therapists
- families
- informal carers

To include:

- physical wellbeing
- individual relationships
- work/life balance
- family life
- social, cognitive and emotional abilities

AC1.3 To include but not limited to:

- personality disorders
- eating disorders
- obsessive compulsive disorder (OCD)
- schizophrenia
- post-traumatic stress disorder (PTSD)
- stress, anxiety and panic disorders

- depression
- post-natal depression
- substance use and misuse (legal and illegal)
- addictive behaviours

AC1.4 May include but not limited to:

- talking therapies (counselling, psychotherapy - individual, group, family, marital)
- alternative therapies (eg herbalism acupuncture, homeopathy, hypnotherapy)
- exercise
- support groups
- CBT behavioural therapy - relaxation
- prescribed medication - antidepressants, antipsychotics (major tranquilisers), anxiolytics and others eg mood stabilisers
- ECT or other brain stimulation therapy
- Eye Movement Desensitisation and Reprocessing (EMDR) therapy.
- acute inpatient treatment programmes
- community outreach programmes
- trauma-informed practice

AC2.1 May include:

- Legislation, guidance and requirements relating to:
  - mental capacity
  - mental health
  - well-being initiatives
  - Liberty Safeguards
  - trauma-informed practice

AC3.2 To include training, coaching and mentoring, supervisions, appraisals.

AC3.4 Others may include:

- partner/spouse
- family members
- friends
- employers
- social networks/organisations

AC4.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC4.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.gov.uk
www.cqc.co.uk
www.skillsforcare.co.uk
www.nhs.uk
www.skillsforhealth.co.uk
www.mind.co.uk
www.age.org.uk
http://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Unit 530 Leading and managing services for individuals with profound and complex needs in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their understanding of the leadership and management of services for individuals who have enduring profound and complex needs. Learners will consider the challenges that may be encountered when managing the delivery of services and the importance of assessment and review. Learners will demonstrate skills in leading and managing the implementation and review of assessments.

Learning outcome

The learner will:

LO1 understand leadership and management when providing services for those with complex and profound needs in adult care

Assessment criteria

The learner can:

AC1.1 explain the relationship between the following:
- a. complex needs
- b. profound needs

when encountered within adult care services

AC1.2 analyse the potential impacts on lives of individuals and others of enduring complex and profound needs

AC1.3 summarise current, relevant legislation and regulations for the provision of services for individuals with complex and profound needs

AC1.4 analyse the responsibilities of a leader and manager when designing and delivering services to individuals with complex and profound needs

AC1.5 analyse possible challenges for leaders and managers when providing services to individuals with complex and profound needs in relation to:
- a. individuals with complex and profound needs
- b. others
- c. team members

Learning outcome

The learner will:

LO2 be able to manage assessments of complex and profound needs

Assessment criteria

The learner can:

AC2.1 facilitate assessments of individuals with complex and profound needs which include:
- a. personal preferences
- b. active participation
- c. engagement with others
- d. co-production
- e. strengths-based

AC2.2 analyse assessment outcomes when establishing the care and support required by individuals with complex and profound needs

AC2.3 evaluate assessment processes that ensure team members involved in assessments and reviews:
- a. are monitored
- b. receive support and training
- c. are competent to carry out the assessment/review

AC2.4 evaluate digital technologies in supporting the assessment process

Learning outcome

The learner will:

LO3 be able to lead and manage the implementation and review of care/support services for individuals with complex and profound needs

Assessment criteria

The learner can:

AC3.1 manage integrated approaches when delivering services to individuals with complex and profound needs to include:
- a. partnerships within the service
- b. external partnerships

AC3.2 lead the implementation of services for individuals with complex and profound needs which:
- a. encourage self-autonomy of individuals
- b. ensure active participation in decision-making
- c. are strengths-based
- d. ensure co-production and co-design of the delivery of services
- e. ensure inclusivity and anti-discriminatory practice

Learning outcome

The learner will:

LO4 be able to lead a quality review of services provided for individuals with complex and profound needs

Assessment criteria

The learner can:

AC4.1 lead on a quality review in own setting/service to include views from:
- a. individuals
- b. team members
- c. others

AC4.2 evaluate findings of the quality review to include:
- a. strengths in service delivery
- b. areas for further development
- c. recommendations for operational planning
- d. challenges in improving quality provision in service delivery

AC4.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 530 Leading and managing services for individuals with profound and complex needs in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How does the service I manage assess the care and support needs of individuals with profound and complex needs?
- What are the special resource considerations needed for the care and support needs of individuals with profound and complex needs?
- Are our assessment and review processes fit for purpose?
- How can partnership working with other professionals and services improve care packages for individuals with complex needs?

AC1.2 May include but not limited to:

- socio-economic status
- housing and accommodation
- relationships
- employment/education
- mental health and wellbeing
- physical health

Others may include:

- team members
- other colleagues
- specialist
- therapists
- families
- informal carers

AC1.4 Designing and delivering including but not limited to:

- procurement of funding
- equipment resourcing
- staffing and training

AC1.5 Learners are asked to think about challenges outside of settings, financial, physical and interpersonal.

AC1.5 Others may include:

- other colleagues
- specialist
- therapists
- families
- informal carers

AC4.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC4.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.kingsfund.org.uk
www.complexneeds.org.uk
www.careengland.org.uk/sensory-loss-care-homes-diagnosis-awareness-response

Unit 531 Managing adult domiciliary care services

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop the skills required for managing a domiciliary service. Learners will understand the impact of legislation and statutory requirements on the management of domiciliary services. Learners will demonstrate how to manage the implementation of domiciliary services and evaluate current practices in own service.

Learning outcome

The learner will:

LO1 understand the impact of legislation and statutory requirements on the management of domiciliary services

Assessment criteria

The learner can:

AC1.1 summarise current, relevant legislation and regulatory requirements that inform the management of domiciliary services

AC1.2 analyse the impact on outcomes-based practice of:

a. legislation
b. regulatory requirements
c. commissioning requirements

AC1.3 explain how person-centre practice in domiciliary services support the following principles:

a. an outcomes-based approach
b. positive risk management
c. co-production and co-design of services
d. strengths-based approach
e. active participation
f. anti-discriminatory practice

Learning outcome

The learner will:

LO2 understand how to manage the delivery of care provision in domiciliary services

Assessment criteria

The learner can:

AC2.1 evaluate the responsibilities of a manager in domiciliary services to include:
- a. strategic and operational management
- b. financial management
- c. resource management
- d. staff recruitment/retainment
- e. quality management
- f. risk management
- g. safeguarding
- h. lone working
- i. integrated working

AC2.2 evaluate how digital technologies enhances the management of domiciliary services

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Learning outcome

The learner will:

LO3 be able to manage the delivery of care provision in domiciliary services

Assessment criteria

The learner can:

AC3.1 manage the implementation of agreed ways of working with team members and others that promote:
- a. an outcomes-based approach
- b. positive risk management
- c. co-production and co-design of services
- d. strengths-based approach
- e. active participation
- f. anti-discriminatory practice
- g. safeguarding systems
- h. effective recording and reporting

AC3.2 manage the safety and security of individuals and others in own service to include:
- a. risk assessments
- b. incident/accident reporting
- c. lone working
- d. safeguarding
- e. use of resources and equipment
- f. public health initiatives

AC3.3 manage team members to develop innovative and creative approaches which informs practice

Learning outcome

The learner will:

LO4 be able to lead a quality review of delivery of care provision in domiciliary services

Assessment criteria

The learner can:

AC4.1 lead on a quality review in own setting/service to include views from:
- a. individuals
- b. team members
- c. others

AC4.2 evaluate findings of the quality review to include:
- a. strengths in service delivery
- b. areas for further development
- c. recommendations for operational planning
- d. challenges in improving quality provision in service delivery

AC4.3 manage intelligence gained from evaluations to present recommendations to relevant stakeholders

Unit 531 Managing adult domiciliary care services

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What legislation and statutory requirements relate to my service?
- Do I understand why these are so important for my organisation and for all adult care?
- How do I make sure my setting/service is person-centred and promotes strength based approaches?
- Does my service promote positive risk assessment?
- Is there a place for digital technology within my service?

AC2.1 To include but not limited to:

- changes
- emergencies
- challenges
- unforeseen circumstances

AC3.1 Others may include:

- other colleagues
- specialist
- therapists
- families
- informal carers

AC3.1h Learners must show how they ensure confidential information protected.

AC3.2 The learner should have evidence of action taken and follow ups.

AC3.2f Eg vaccinations

AC3.2e Should include PPE

AC3.3 Learners should provide evidence that the team members are supported to do this through any of the following:

- internal/external training
- supervision
- team meetings
- coaching and mentoring

AC4.1 Others may include:

- those who commission health or social care services
- advocates
- other specialist role/practitioners

AC4.3 This may include an action plan that will inform future operational objectives in the delivery of a quality service in line with national standards. If no recommendations the learner should say why.

Suggested supporting resources

www.cqc.org.uk
www.skillsforcare.org.uk
www.hse.gov.uk
www.equalityhumanrights.com

Unit 532 Leading and managing groups in adult care

Level:	5
Credit value:	4
GLH:	20
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills when leading and managing groups in adult care settings/services. Learners will understand the range of groups in their service and the principles of group dynamics which can affects their effectiveness. Learners will consider potential reasons for conflict and how this can be minimised by inclusive practices. Learners will demonstrate skills of enabling and supporting groups within the service they manage. Learners will be able to lead the promotion of effective groups. The reference to groups in this unit is wide ranging and learners are encouraged to be creative in their thinking about how groups can support individuals and others in the care setting/service.

Learning outcome

The learner will:

LO1 understand how to lead and manage groups in adult care settings/services

Assessment criteria

The learner can:

AC1.1 describe the range of groups in own care setting/service:
- a. formal groups for individuals
- b. informal groups for individuals
- c. formal groups for others
- d. informal groups for others

AC1.2 explain the purpose of groups within own setting/service:
- a. formal
- b. informal

AC1.3 analyse theories which may affect group dynamics

AC1.4 evaluate how different management styles can affect the formation and maintenance of groups:
- a. positively
- b. negatively

AC1.5 evaluate the impact of own organisational ethos and culture on group experiences within own setting/service

AC1.6 explain how the following can impact on the establishment of a group within a setting/service:
- a. styles of facilitation
- b. setting realistic expectations
- c. supporting positive behaviours
- d. managing participation
- e. energising participants
- f. monitoring group effectiveness

Learning outcome

The learner will:

LO2 understand management approaches to resolve conflicts and tensions within groups

Assessment criteria

The learner can:

AC2.1 evaluate reasons why tensions and conflicts can arise in groups

AC2.2 evaluate different approaches to conflict resolution within groups

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Learning outcome

The learner will:

LO3 be able to lead and manage an organisational culture that facilitates effective groups in adult care

Assessment criteria

The learner can:

AC3.1 lead a team in a way which:
- a. supports diversity within a group
- b. enables others to use power and authority constructively
- c. fosters inclusive practice

AC3.2 manage the use of power and authority constructively when leading a group

AC3.3 identify barriers that are impeding a positive group experience

AC3.4 promote inclusive innovative approaches within the group

AC3.5 lead a culture that enables:
- a. active participation of group members
- b. co-design of group aims and objectives
- c. group participants to lead own group where possible
- d. acknowledgement of group outcomes
- e. integration of group outcomes into service design and delivery

Learning outcome

The learner will:

LO4 be able to manage changes to the environment to enhance group experience

Assessment criteria

The learner can:

AC4.1 manage environmental factors that may affect the experience of groups
AC4.2 manage compliance with current, relevant legislation and regulation impacting on a group's experiences
AC4.3 manage work systems and processes to support group experiences
AC4.4 lead the evaluation of the effectiveness of group experiences

Unit 532 Leading and managing groups in adult care

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 and LO4 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- How does the service I manage foster an organisational culture that actively promotes effective groups?
- What kind of training and support do my staff team need to ensure our service achieves positive outcomes for all members of the groups?
- What kinds of integrated services and partnerships with other professionals are currently provided to facilitate the achievement of positive outcomes of group?
- How can I improve services to ensure individuals within the groups feel valued and they have a meaningful part to play?
- How can the group feel engaged and empowered to make choices which foster wellbeing, whilst being safe and inclusive of the needs, wants, wishes and desires of all individuals?

AC1.1 Groups: can cover any type of group for individuals or others which has a specific theme or purpose. This may be for one occasion or run over a specific time period. This unit does not include team meetings.

AC1.1, AC3.1 Others: may include:

- team members forming a group with a specific purpose
- other colleagues forming a group with a specific purpose
- families/visitors
- informal carers
- advocates

AC1.3: Theories may include:

- Tuckman
- Belbin
- DISC

AC1.4 Should include:

- negotiation and persuasion skills
- decision-making and problem-solving skills

AC2.1 Should include:

- perception and assumption
- different values and objectives
- limited resources
- conflicting roles
- boundaries in relationships between staff and groups within groups

AC2.2 May include:

- resolution processes
- mediation processes
- the importance of dialogue and communication
- managing discrimination; power imbalances, threats
- processes for reporting concerns about conflict

AC3.1 Supporting diversity and inclusion, may include considerations of the neurodiverse nature of individuals

AC3.4 May include:

- use of digital technology
- co work with other organisations
- co-production with group participants
- thinking 'outside the box'

AC4.1 For example:

- personal space
- safe spaces
- shape and size of rooms
- formal and neutral areas
- use of colour, light and furnishings
- equal positions within a physical space
- online meetings security
- possible risks

AC4.3 For example:

- budget constraints
- staff development and training programs
- shift patterns
- continuity of work force
- skill mix
- specialist support
- informal carers

Suggested supporting resources

www.changingminds.org
www.skillsyouneed.com/ips/group-life-cycle.html
www.slideshare.net/knraja50/managing-groups-teams
www.mindtools.com/pages/article/improving-group-dynamics.htm
www.mindtools.com/pages/article/eight-causes-conflict.htm

Unit 533 Managing services to promote independence for individuals in adult care

Level:	5
Credit value:	3
GLH:	16
Assessment type:	Portfolio of evidence
Aim:	This unit aims to provide learners with the knowledge and skills to lead and manage the promotion of independence for individuals within own setting/service. Learners will explore drivers for change, the responsibilities of advocates and how digital technologies can impact on promoting independence. Learners will demonstrate how to lead and manage systems to support the promotion of independence for individuals.

Learning outcome

The learner will:

LO1 understand drivers for promoting independence and autonomy in care settings/services

Assessment criteria

The learner can:

AC1.1 analyse drivers which promote independence within care setting/services
AC1.2 explain how to manage changes to practice when promoting independence
AC1.3 explain the responsibilities of advocates when promoting autonomy and independence
AC1.4 describe ways of managing the expectations of others in the promotion of the independence of individuals

Learning outcome

The learner will:

LO2 be able to lead and manage systems for promoting independence

Assessment criteria

The learner can:

AC2.1 manage systems that promote independence for individuals

AC2.2 lead on training and support for team members to enable them to promote independence for individuals
AC2.3 lead a culture that values independence and active participation
AC2.4 obtain feedback from individuals and others regarding practices which promote independence
AC2.5 evaluate systems and practices which promote independence for individuals in own setting/service

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Learning outcome

The learner will:

LO3 understand the role digital technology has on promoting independence

Assessment criteria

The learner can:

AC3.1 summarise types of digital technologies used to promote independence for individuals
AC3.2 describe how the use of digital technologies supports the promotion of independence throughout adult care
AC3.3 evaluate the impact digital technologies have on promoting independence of individuals

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Range

AC3.2 must include both:

- positive factors
- negative factors

Unit 533 Managing services to promote independence for individuals in adult care

Supporting Information

Evidence requirements

LO1 and LO3 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What do I mean by 'independence'?
- How do I assess appropriate levels of independence within my service?
- How do I ensure I meet legislative and statutory frameworks for the promotion of independence?
- Do my team members enable positive risk taking and active participation?
- Do my current systems actively support the promotion of independence?
- How does digital technology support the promotion of independence?

AC1.1 May include but not limited to:

- legislation
- national and local initiatives
- changing demographics
- funding
- social trends
- changes to service delivery and design

AC1.2 Changes: may include but not limited to:

- legislation
- national and local initiatives
- changing demographics
- funding
- social trends
- changes to service delivery and design

AC1.3 Advocates: may include but not limited to:

- Independent Advocate
- Independent Mental Capacity Advocate (IMCA)
- Independent Mental Health Advocate (IMHA)

AC1.4 Others: may include but not limited to:

- carers, loved ones, family, friends of those accessing care and support
- services
- colleagues and peers
- team members
- managers and supervisors
- visitors/volunteers
- advocates

AC2.1 Systems: may include but not limited to those which support the following:

- adhering statutory and legislative requirements
- use of technology
- ensuring valid consent

AC2.3 May include but not limited to those which support the following:

- meeting individual specific needs
- person-centred and strength-based practice
- positive risk-taking
- promoting choice and control
- trauma-informed practice

Suggested supporting resources

www.ageuk.org.uk
autism.org.uk
www.mencap.org.uk
www.mind.org.uk
www.cqc.org.uk
www.skillsforcare.org
www.gov.uk
www.nhs.uk
www.open.edu

Unit 534 Leading operational management in adult care

Level:	5
Credit value:	3
GLH:	18
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their knowledge and skills of operational management. Learners will consider how operational plans are developed and objectives set which will meet regulatory and legislative requirements. Learners will be able to establish operational objectives within a plan taking account of risk and how to minimise these. Learners will lead on the evaluation of operational plans. Learners will identify risks associated with these plans, complete a risk assessment and evaluate the success of the operational plans. This unit is aimed at those learners that have direct responsibility for operational management within their care setting or service.

Learning outcome

The learner will:

LO1 understand operational management

Assessment criteria

The learner can:

AC1.1 explain the purpose of operational planning
AC1.2 explain the difference between strategic management and operational management
AC1.3 explain current, relevant legislation and regulation supporting operational management
AC1.4 describe how a manager would go about setting operational objectives
AC1.5 evaluate a manager's responsibilities in leading and managing operational objectives

Learning outcome

The learner will:

LO2 be able to lead and manage risk associated with operational management

Assessment criteria

The learner can:

AC2.1 lead on the identification of potential risks within an operational plan
AC2.2 manage the completion of risk assessments associated with an operational plan
AC2.3 lead on the implementation of plans to minimise risk

Range

AC2.1 contingency arrangements must be included

Learning outcome

The learner will:

LO3 be able to lead and manage the evaluation of operational plans

Assessment criteria

The learner can:

AC3.1 lead on monitoring the implementation of operational plans
AC3.2 manage the evaluation of the success of the operational plans
AC3.3 lead on recommendations arising from the evaluation of the operational plans with:
a. internal stakeholders
b. external stakeholders

Unit 534 Leading operational management in adult care

Supporting Information

Evidence requirements

LO1 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO2 and LO3 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is my responsibility for operational management?
- What is an operational objective?
- What is an operational plan?
- Are there any risks to be considered?
- Who are my stakeholders?

LO2 and LO3 Learners are expected to have already ensured that their operational plans meet strategic and organisational objectives.

AC3.2 May include but not limited to:

- success/achievement of operational objectives
- areas for review and further development
- impact on resources
- recommendations to inform future operational planning
- how the outcomes of operational plans inform future setting/service strategy

This may include, but is not limited to:

- vision
- purpose
- goals
- resource requirements including associated costs
- timescales for delivery
- delegated responsibilities
- information management
- monitoring procedures
- revisions in objectives

AC3.3 If no improvement can be made the learner must explain why.

Stakeholders include anyone that feeds into the service or setting or receives service or outputs from the setting/service

Suggested supporting resources

www.businessballs.com
www.linkedin.com

Unit 535 Coaching and mentoring when leading and managing in adult care

Level:	5
Credit value:	4
GLH:	25
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is for learners to develop their understanding and skills of coaching and mentoring when leading and managing an adult care setting/service. Learners will understand the principles of coaching and mentoring and the establishment of a contract. Learners will be able to demonstrate their skills in leading on the planning and implementation of coaching/mentoring within their setting/service. Learners will be able to demonstrate the importance of gaining feedback to measure the impact of a coaching/mentoring programme.

Learning outcome

The learner will:

LO1 understand coaching and mentoring when leading and managing in an adult care setting/service

Assessment criteria

The learner can:

AC1.1 analyse the similarities and differences between coaching and mentoring

AC1.2 describe communication skills which support effective 'coaching' and 'mentoring' approaches

AC1.3 explain managers role in managing relationships as:

a. 'coach'

b. 'mentor'

AC1.4 evaluate organisational factors affecting 'coaching' and 'mentoring' strategies:

a. positively

b. negatively

AC1.5 analyse ways to measure the impact of 'coaching' and 'mentoring' for:

a. **self**

b. participants

c. team members

d. organisation

AC1.6 evaluate ‘coaching’ and ‘mentoring’ models suitable for use in care settings/services

Range

AC1.5 **Self** to include:

- reflective practice
- self-evaluation

Learning outcome

The learner will:

LO2 understand the use of contracts when planning for ‘coaching’ and ‘mentoring’ in care settings/services

Assessment criteria

The learner can:

AC2.1 describe reasons for developing a contract when undertaking ‘coaching’ and ‘mentoring’
AC2.2 explain different characteristics of a contract which supports ‘coaching/mentoring’
AC2.3 describe factors which may influence a contract for ‘coaching’ and ‘mentoring’
AC2.4 describe the process for agreeing a contract for ‘coaching’ and ‘mentoring’

Learning outcome

The learner will:

LO3 be able to lead and manage the planning of coaching and mentoring programmes in adult care settings/services

Assessment criteria

The learner can:

AC3.1 evaluate the need for a coaching and mentoring programme for:
a. participants’ needs
b. service needs
AC3.2 select potential, relevant tools and techniques for:
a. measuring
b. monitoring
c. reviewing
d. the coaching and mentoring process
AC3.3 establish a coaching and mentoring contract
AC3.4 agree a plan for a coaching and mentoring programme with consideration of:
a. the participants
b. timescales
c. environment
d. goal identification
e. target setting
f. organisational/participant objectives
g. other stakeholders
AC3.5 record the plan using digital technologies

Learning outcome

The learner will:

LO4 be able to lead and manage the implementation of coaching and mentoring programmes in adult care settings/services

Assessment criteria

The learner can:

AC4.1 lead the implementation of the coaching and mentoring programme
AC4.2 lead on the use of communications skills to enhance delivery of coaching and mentoring
AC4.3 manage the monitoring of the progress of the plan against objectives and goals
AC4.4 evaluate the impact of coaching and mentoring programmes for:
- a. self
- b. participants
- c. organisation
- d. individuals
- e. others

AC4.5 manage the recording and reporting of outcomes of the programme to relevant stakeholders
AC4.6 manage feedback from participants on the performance of the coach and mentor

Unit 535 Coaching and mentoring when leading and managing in adult care

Supporting Information

Evidence requirements

LO1 and LO2 - evidence can include assignment tasks, reflective accounts, questioning and professional discussion.

LO3 and LO4 - evidence must include direct observation, which may be supported by witness testimony where applicable. Expert witness testimony may be permitted where observation by the assessor is inappropriate due to the work setting or a particular individual's situation, this will need to be agreed by the EQA.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What is my experience of coaching and mentoring?
- How can coaching and mentoring benefit my service/staff members?
- What types of coaching mentoring programmes would benefit my service?
- When does coaching and mentoring not work?

AC1.1 A clear definition of the following terms is expected to be included:

- coaching
- mentoring

AC1.4 Must include barriers and how to overcome them

AC3.3 This is to include co production and sign off by participants where required.

AC4.4 Participants could include staff members, individuals or others participating in the programme

Others may include:

- team members
- other colleagues
- families/visitors
- informal carers
- advocates

AC4.5 Stakeholders include anyone that feeds into the service or setting or receives service or outputs from the setting/service

Suggested supporting resources

www.ukcoaching.org/resources/topics/diagram-infographic/five-benefits-of-reflective-practice
www.get.mentoringcomplete.com/blog/kirkpatrick-model-to-evaluate-your-mentoring-program
www.mindtools.com/pages/article/newLDR_89.htm
www.cipd.co.uk/knowledge/fundamentals/people/development/coaching-mentoring-factsheet#gref
www.mindtools.com/pages/article/newLDR_86.htm

Unit 536 Undertaking a research project

Level:	5
Credit value:	5
GLH:	28
Assessment type:	Portfolio of evidence
Aim:	The aim of this unit is to develop learners' knowledge, understanding and skills in undertaking a research project. Learners will be required to justify a topic for research, design a research proposal and carry out the research project using identified research methods. Learners will be required to analyse their research findings and make recommendations related to their area of research, identifying potential uses for their research findings within their practice.

Learning outcome

The learner will:

LO1 be able to justify a topic for a research project

Assessment criteria

The learner can:

AC1.1 identify the area for the research project
AC1.2 develop the aims and objectives of the research project
AC1.3 explain ethical considerations that apply to the area of the research project
AC1.4 complete a literature review of chosen area of research

Learning outcome

The learner will:

LO2 understand how the components of research are used

Assessment criteria

The learner can:

AC2.1 compare different types of research
AC2.2 evaluate a range of methods that can be used to collect data
AC2.3 analyse a range of tools that can be used to analyse data
AC2.4 explain the importance of validity and reliability of data used within research

Learning outcome

The learner will:

LO3 be able to conduct a research project

Assessment criteria

The learner can:

AC3.1 identify sources of support whilst conducting a research project
AC3.2 create a detailed proposal for a research project
AC3.3 select research methods for the project
AC3.4 develop research questions to be used within the project
AC3.5 conduct the research using identified research methods
AC3.6 record and collate data

Learning outcome

The learner will:

LO4 be able to analyse research findings

Assessment criteria

The learner can:

AC4.1 use methods to analyse the data
AC4.2 draw conclusions from findings
AC4.3 reflect how own research findings substantiate initial literature review
AC4.4 make recommendations related to area of research
AC4.5 identify potential uses for the research findings within own practice

Unit 536 Undertaking a research project

Supporting Information

Evidence requirements

LO1, LO2. LO3, LO4 - evidence can include assignment tasks, presentation, reflective accounts, questioning and professional discussion.

LO3 (AC3.1 and 3.5), LO4 (AC4.4, 4.5) direct observation of practice may also be considered viable depending on:

- Sources of support for the chosen research project
- Research methods selected
- The methods in which research recommendations and use of research findings are communicated to those who may have been involved in supporting the research proposal/project.

Learners must choose projects in own work setting that are agreed by the line manager.

Learners should be discouraged from choosing projects that require ethics committee approval.

Please refer to the Assessment section of this Handbook for full details.

Unit guidance

Learners should consider the following questions as a starting point to this unit:

- What interests me in respect of a research project within my setting/service?
- Who can I include to support me in my chosen research?
- What research methods could be best suited for my working environment?
- Does a literature review mean I have to only read books?
- What problems might I encounter when undertaking a research project?

AC1.2 Aims and objectives: the reasons, understanding and methods for conducting the research project.

AC1.3 Ethical considerations: confidentiality, sensitivity of data, seeking agreements with research participants.

AC1.4 Literature review: should include:

- findings/outcomes of similar previous research (ideally uk based)
- information/statistics available
- introduction/reference to academic/practitioners, schools of thought/previous lines of enquiry in similar area of research
- supports learner's knowledge and understanding

AC3.2 Research proposal to include:

- title of project
- brief introduction – rationale for the research
- aim(s) and objectives
- study population research sample
- research method(s)
- data analysis methods
- timetable for completion of the research project

- participants in the study
- ethical considerations
- references/bibliography
- appendices (copy of a questionnaire, interview questions)

AC3.3 This must be more than one research method.

AC3.4 These are questions that will be asked directly of others.

AC3.5 This must be more than one research method.

Appendix 1 Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the ***Centre Document Library*** on ***www.cityandguilds.com*** or click on the links below:

Quality Assurance Standards: Centre Handbook
This document is for all approved centres and provides guidance to support their delivery of our qualifications. It includes information on

- Centre quality assurance criteria and monitoring activities
- Administration and assessment systems
- Centre-facing support teams at City & Guilds/ILM
- Centre quality assurance roles and responsibilities.

The Centre Handbook should be used to ensure compliance with the terms and conditions of the Centre Contract.

Quality Assurance Standards: Centre Assessment
This document sets out the minimum common quality assurance requirements for our regulated and non-regulated qualifications that feature centre assessed components. Specific guidance will also be included in relevant qualification handbooks and/or assessment documentation.

It incorporates our expectations for centre internal quality assurance and the external quality assurance methods we use to ensure that assessment standards are met and upheld. It also details the range of sanctions that may be put in place when centres do not comply with our requirements, or actions that will be taken to align centre marking/assessment to required standards. Additionally, it provides detailed guidance on the secure and valid administration of centre-assessments.

Access arrangements - When and how applications need to be made to City & Guilds
provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The ***Centre Document Library*** also contains useful information on such things as:

- Conducting examinations
- Registering learners
- Appeals and malpractice

Appendix 2 Skills for Care and Development Assessment Principles November 2025

1. Introduction

1.1 Skills for Care and Development (SfCD) is an alliance of key organisations from England, Northern Ireland, Ireland, Scotland and Wales with varied roles across social work, social care, children and young people, early years and childcare, with remits across workforce development and regulation.

1.2 This document sets out the minimum expected principles and approaches to assessment and internal quality assurance and should be read alongside qualification regulatory arrangements and any specific requirements set out for qualifications. Additional information and guidance regarding assessment can be obtained from SfCD partner organisations using the links in Appendix A of the SfCD guidance, see:
https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Qualifications/Awarding-organisations/Skills-for-Care-and-Development-Assessment-Principles.pdf

1.3 The information in this document is intended to support the quality assurance processes of AO/Bs and approved centres that offer qualifications in the sectors.

1.4. Where Skills for Care and Development qualifications are jointly supported with Skills for Health, Skills for Health assessment principles should also be considered.

1.5. Throughout this document the following terms are used:

- “Unit” is used for simplicity, but this can mean module or any other similar term.
- “Centre” is also used for simplicity; this means the training / learning provider who is approved to deliver qualifications by the AO/B.
- Individual and others: "individual" refers to the person or people receiving care or support. "Others" may include families, carers, other people in the setting, team members and other professionals.

1.6. In all work, we would expect assessors to observe and review learners upholding core values and standards, inclusive practices, professional behaviour, and attitudes required for quality practice and being assessed within the qualification.

1.7. All learners should follow appropriate standards for conduct. All parties involved in any form of assessment must know and embrace the values and standards of practice set out in these documents.

1.8. The voices of individuals who use services must be at the centre of all assessor and learners’ practice. This should be apparent throughout the evidence provided for a learner’s practice. Learners should also be provided an opportunity to provide feedback throughout the assessment and internal quality assurance process.

2. Assessment Principles

Good practice dictates the following:

2.1 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.

2.2 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.

2.3 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 AO/B. See 2.8 and 5.5

2.4 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.

2.5. 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.

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

2.7. 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.

2.8. 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.

2.9. Appropriate processes to identify and recruit, confirm, support, and standardise suitable expert witnesses should be applied by the centre and assured by the AO/B.

2.10. 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.

2.11. 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.

3 Assessment of knowledge-based learning outcomes

3.1. 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.

4 Recording and documentation

4.1 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.

5 Use of technology in the assessment process

5.1. 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 AO/B.
5.2. 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.

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

5.4. 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.

5.5. The remote observation approach in 5.4 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.

5.6. Centre practices in the use of technology are to be monitored and assured by the AO/B, and this should include centre consideration of the following:

- Use aligns to adherence to any additional guidance set by the AO/B, 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.

6 Internal quality assurance

6.1. 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.

6.2. 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.

6.3. 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).

6.4. 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 AO/B to confirm that those involved in external quality assurance are suitably qualified for this role.

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

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. AO/B will determine what will qualify those making assessment decisions according to the unit of skills under assessment.

Please see the SfCD guidance document for:

- additional guidance for qualifications in the relevant nation, where available (Appendix A)
- recognised assessor and internal quality assurance qualifications (Appendix B)

https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Qualifications/Awarding-organisations/Skills-for-Care-and-Development-Assessment-Principles.pdf

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.

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

4.6 **Witness testimony**: Witness testimony is an account of practice that has been witnessed or experienced by someone other than the assessor and the learner. Witness testimony has particular value in confirming reliability and authenticity, particularly in the assessment of practice in sensitive situations. Witness testimony provides supporting information for assessment decisions and should not be used as the only evidence of skills.

Appendix 3 Digital skills mapping

Digital Skills may be practiced, developed, and/or embedded in the following units, learning outcomes and assessment criteria.

Unit Number	Unit Title	Learning Outcome (LO) and Assessment Criteria (AC)
Mandatory Units		
Any activities requiring, research, recording, updating or storage of information or use of digital equipment, could provide opportunities for learners to further develop their digital skills.		
700	Leadership and management in adult care	Throughout if using electronic/web-based resources to research different leadership and management theories.
701	Governance and regulatory processes in adult care	Likely to use digital records in record-keeping associated with preparation for or in response to CQC inspections. CQC guidance and standards are also usually accessed via the CQC website
702	Decision making in adult care	LO1 AC 1.2 LO2 ACs 2.2, 2.5
703	Business and resource management in adult care	LO1 ACs 1.2,1.6 LO2 ACs 2.7, 2.9, 2.11
704	Team leadership in adult care	Any AC which involves the use of electronic records.
705	Leading team learning and professional development in adult care	LO1 ACs 1.4, 1.5, 1.8 LO2 ACs 2.8, 2.9
706	Supervising others in adult care	LO2 ACs 2.2, 2.8, 2.9
707	Safeguarding in adult care	LO1 ACs 1.4, 1.9 LO2 ACs 2.2, 2.9
708	Mental capacity in adult care	LO2 AC 2.4
709	Partnerships in adult care	LO3 ACs 3.1, 3.2 LO4 AC 4.6
710	Comments and complaints in adult care	LO1 AC 1.2 LO2 AC 2.3
711	Leading the vision in adult care	LO2 ACs 2.2, 2.3, 2.4, 2.5, 2.6
712	Continuous improvement in the adult care	LO2 ACs 2.1, 2.2, 2.3, 2.4, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13

713	Effective communication in adult care	Guidance to embed digital skills throughout
714	Handling information in adult care	LO1 All ACs
715	Leading person-centred practice	LO1 AC 1.3 LO3 ACs 3.1, 3.4, 3.5, 3.6 LO7 AC 7.3
716	Health and wellbeing in adult care	LO3 AC 3.4 Any activity which involves researching or using digital materials or record keeping
717	Equality, diversity, inclusion and human rights in adult care	LO1 AC 1.1 LO2 ACs 2.3,2.4, 2.5
718	Health and safety in adult care	LO2 AC 2.7 LO3 AC 3.4
719	Continuous development in adult care	LO3 ACs 3.1, 3.2
720	Personal wellbeing in adult care	LO4 AC 4.5
Optional Units		
Any activities requiring, research, recording, updating or storage of information or use of digital equipment, could provide opportunities for learners to further develop their digital skills.		
450	Understanding Independent Advocacy in adult care	LO3 AC 3.2
451	Study skills	LO1 ACs 1.1, 1.2 LO2 ACs 2.1, 2.2, 2.3, 2.4 LO3 AC 3.4
452	Managing transitions in adult care	LO2 AC 2.5
521	Leading and managing end of life care in adult care	LO1 ACs 1.1, 1.4 LO2 AC 2.3 LO3 AC 3.4 LO4 AC 4.4 LO5 AC 5.4
522	Managing support for sexual behaviour and promotion of sexual health in adult care settings/services	LO1 ACs 1.2, 1.3 LO3 AC 3.1 LO4 ACs 4.2, 4.4
523	Leading and managing clinical skills provision in adult care	LO2 ACs 2.1, 2.2 LO3 3.1, 3.3, 3.4
524	Managing business development plans in adult care	LO2 All ACs
525	Managing recruitment and selection in adult care	LO1 AC 1.2 LO2 ACs 2.1, 2.2, 2.3
526	Leading and managing dementia care services in adult care	LO1 ACs 1.3, 1.4 LO3 ACs 3.3, 3.4

527	Leading and managing support for individuals with physical disabilities and impairments in adult care	LO1 ACs 1.3, 1.6 LO2 ACs 2.1, 2.2
528	Leading and managing services for individuals with learning disabilities and/or autism in adult care	LO1 AC 1.1 LO2 AC 2.2 LO3 ACs 3.1, 3.2, 3.3
529	Leading and managing services for mental health and wellbeing of individuals in adult care	LO1 AC 1.2 LO2 AC 2.2 LO3 AC 3.2 LO4 ACs 4.1, 4.2, 4.3
530	Leading and managing services for individuals with profound and complex needs in adult care	LO1 AC 1.3 LO2 ACs 2.2, 2.3,2.4
531	Managing adult domiciliary care services	LO2 AC 2.2 LO3 ACs 3.1, 3.2, 3.4
532	Leading and managing groups in adult care	LO1 AC 1.3 LO3 AC 3.4 LO4 All ACs
533	Managing services to promote independence for individuals in adult care	LO2 ACs 2.4, 2.5 LO3 All ACs
534	Leading operational management in adult care	LO2 ACs 2.2, 2.3 LO3 All ACs
535	Coaching and mentoring when leading and managing in adult care	LO3 ACs 3.2, 3.5 LO4 ACs 4.4, 4.5, 4.6
536	Undertaking a research project	LO1 AC 1.4 LO2 ACs 2.2, 2.3 LO3 All ACs LO4 AC 4.1

Appendix 4 Assessment and Observation of Practice Guidance/Checklist

Assessment and Observation of Practice while Carrying out Supervision of Colleague

This guidance has been developed to support learners, assessors, learning, providers and Awarding Organisations and to facilitate the assessment and observation of practice for learners undertaking the Social Care diplomas, specifically for the supervision unit.

While it is the intent of this guidance to bring clarity, it must be noted that the workforce regulators for Social Care main purpose is the protection of the public, and therefore any guidance developed and issued will have this at its core.

The content of this guidance has been developed to cover the following areas of concern:

- Potential power imbalance between supervisor and supervisee
- Discussions during supervision that would raise concerns about the privacy of either other staff or people being supported/cared for
- Digital recording of supervision sessions.

The workforce regulators for Social Care do not agree to the digital recording of any observation/assessment of practice.

Before commencing assessment of the supervision process, assessors should use the attached checklist to protect against abuse of power and to ensure the dignity, respect and confidentiality of the supervisee.

Checklist

Name of Learner/Supervisor:	
Name of Supervisee:	
Area to be Considered	**Yes/No** (if **no** to any of the areas – please explain further)
Has the supervisee agreed to his/her supervision session being observed?	
Has the assessor carrying out the observation spoken to the supervisee about observing the session?	
Is the supervisee aware that s/he can refuse the assessor's attendance at the session if they feel uncomfortable for any reason, and there will be no adverse consequences as a result of this?	
Have both supervisor and supervisee been informed that they can ask the assessor to leave if/when there may be an issue with maintaining the privacy/confidentiality of an individual being supported/cared for?	
Have both supervisor and supervisee been informed that they can ask the assessor to leave if/when there may be an issue with the privacy of the supervisee or if the supervisee becomes upset/distressed?	
Have both the supervisor and supervisee been informed that the supervision session will not be digitally recorded but the assessor will make notes as they would for any other observation	
Assessors Name/ Signature:	**Date:**

Useful contacts

Please visit the Contact Us section of the City & Guilds website, ***Contact us***

City & Guilds

For over 140 years we have worked with people, organisations and economies to help them identify and develop the skills they need to thrive. We understand the life changing link between skills development, social mobility, prosperity and success. Everything we do is focused on developing and delivering high-quality training, qualifications, assessments and credentials that lead to jobs and meet the changing needs of industry.

We partner with our customers to deliver work-based learning programmes that build competency to support better prospects for people, organisations and wider society. We create flexible learning pathways that support lifelong employability, because we believe that people deserve the opportunity to (re)train and (re)learn again and again – gaining new skills at every stage of life, regardless of where they start.

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Published by City & Guilds

5 – 6 Giltspur Street
London
EC1A 9DE
customersupport@cityandguilds.com

www.cityandguilds.com

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