Level 3 Advanced Technical Diploma in Health and Care (540) (3625-30)

Version 5.1 (September 2024)

Qualification Handbook

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Meets Skills for Health qualification design criteria

Qualification at a glance

Industry area	Health and Care
City & Guilds qualification number	3625
Age group	16-19 (Key Stage 5), 19+
Entry requirements	Centres must ensure that any prerequisites stated in the *What is this qualification about?* section are met.
Assessment	To gain this qualification, candidates must successfully achieve the following assessments: • one synoptic assignment • one theory exam
Additional requirements to gain this qualification	Employer involvement in the delivery and/or assessment of this qualification is essential for all candidates and will be externally quality assured.
Grading	This qualification is graded Pass/Merit/Distinction/Distinction* For more information on grading, please see Section 7: Grading.
Approvals	These qualifications require full centre and qualification approval.
Support materials	Sample assessments Guidance for delivery Guidance on use of marking grids Centre handbook Work practice reflective workbook Exam guides Smartscreen-teaching and learning resources for qualification units
Registration and certification	Registration and certification of this qualification is through the Walled Garden, and is subject to end dates.
External quality assurance	This qualification is externally quality assured by City & Guilds, and its internally marked assignments are subject to external moderation. There is no direct claim status available for this qualification.

Title and level	Size (GLH)	TQT	City & Guilds qualification number	Ofqual accreditation number
Level 3 Advanced Technical Diploma in Health and Care (540)	540	900	3625-30	601/7207/1

Version and date	Change detail	Section
2.1 May 2016	Small typographical errors	Throughout
	TQT added for qualifications Assessment component titles amended	1. Introduction
	Employer involvement guidance updated throughout	4. Employer involvement
	Summary of assessment methods and conditions	5. Assessment
	Moderation and standardisation of assessment updated throughout	6. Moderation and standardisation of assessment
	Awarding individual assessments Awarding grades and reporting results	7. Grading
	Enquiries about results Re-sits and shelf-life of assessment results Malpractice Access arrangements and special consideration	8. Administration
June 2017 V2.2	Addition of the examination paper based module number	1. Introduction – Assessment requirements and employer involvement 5. Assessment 5. Assessment – exam Specification 7. Grading – Awarding grades and reporting results
	Removal of AO 6-8 from Synoptic Assignments	5. Assessment – Assessment Objectives
	Addition of Provisional Grade Boundaries for the Synoptic Assignment	7. Grading
	Revised Exam Specification and AO weightings	5. Assessment – Exam Specification
	Branding changes	Throughout
August 2017 V2.3	Addition of learning outcomes	5. Assessment – Exam Specification
September 2018 V3	Clarification added on age range of children	301 topic 1.3 308 topic 1.2

May 2019 V4	Wording changed regarding retakes	5. Assessment – Summary of assessment methods and conditions 8. Administration – Re-sits and shelf-life of assessment results
October 2019 V4.1	Wording changed regarding achievement of assessments	5. Assessment 031 Synoptic assignment
August 2020 V4.2	Update to legislation and reading material	Throughout
	Statement regarding work placement practice in 2020/2021	4. Employer Involvement
August 2021 V5.0	Removal of statement regarding work placement 2020/2021	4. Employer Involvement
August 2021 V5.0	Amendments to units and topics	Unit 301 – 1.1, 1.2, 1.3, 1.4, 2.1, 3.1 Unit 302 – 1.1, 1.2,2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, Unit 303 – 1.1, 1.3, 2.1, 2.2, 3.1, 4.1, 4.2, 5.1, 5.2 Unit 304 – 1.1, 1.4, 1.5, 2.1, 2.2, 2.3, 3.2 Unit 305 – 1.2, 2.1, 2.2, 2.3, 3.2, 4.1 Unit 306 – 1.1, 1.2, 1.4, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2 Unit 307 – 1.1, 1.3, 1.4, 2.1, 3.2 Unit 308 – 1.1, 1.2, 2.1, 2.2, 2.3, 3.2, 4.1 Unit 309 – 1.2, 1.3, 2.1, 2.2
August 2021 v5.0	Amendments to Legislations and regulations	Appendix 2
September 2024 v5.1	Removal of evolve onscreen exam option (030)	Assessment requirements and employer involvement

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1 Introduction

What is this qualification about?

The following purpose statement relates to the **Level 3 Advanced Technical Diploma in Health and Care (540)** (**601/7207/1).**

Area	Description
OVERVIEW	
Who is this qualification for?	This qualification is ideal for learners who want to enter work in the Health and Care sector in England.
What does this qualification cover?	This one year full time Level 3 Advanced Technical Diploma in Health and Care (540) will provide you with the knowledge and skills to work in the health and/or care sector in England, or to undertake further training in this area of work. It is designed to support you to develop a broad understanding of the health and care settings, the skills, behaviours and values you need to develop in health or care and allow you to explore further employment or apprenticeship opportunities. The 9 mandatory units cover the following topics: • Introduction to health and care • Personal and professional development in health and care • Equality and diversity in health and care • Effective communication in health and care settings • Safeguarding for all in health and care • Safe working in health and care • Understanding cognitive impairment • Understanding individual care needs • Quality service provision in health and care. You will also need to complete a work experience placement in a health or care setting, lasting between 200-370 hours. Your training provider or college will support you in finding a suitable placement opportunity.
WHAT COULD THIS QUALIFICATION LEAD TO?	
Will the qualification lead to employment, and if so, in which job role and at what level?	On completion you will be able to seek work or will be able to move onto an apprenticeship in Adult Health and Care. Within the Health Sector you will be able to seek jobs as a Clinical Health Care Assistant in a hospital environment or in community settings such as GP surgeries. Within the Adult Care sector you

	will be able to seek jobs in residential and community/domiciliary care services.
Why choose this qualification over similar qualifications?	This qualification is ideal for you if you already know that you want to enter employment in the health and care sector in England but need to undertake further exploration before you decide whether you want to work in health settings or with a care provider.
Will the qualification lead to further learning?	You will also be able to undertake further learning in this sector, such as the Advanced Technical Extended Diploma in Health and Care.
WHO SUPPORTS THIS QUALIFICATION?	
Employer/Higher Education Institutions	Airedale NHS Foundation Trust Ashford and St Peter's Hospitals Cornwall Care King's College Hospital Yeovil Hospital London South Bank University – School of Health & Social Care Northampton University – Department of Health & Social Care University of Manchester – School of Nursing Midwifery and Social Work University of Plymouth – School of Nursing & Midwifery UWE Bristol and UWE Gloucester/University of the West of England – Department of Nursing & Midwifery

Qualification structure

For the **Level 3 Advanced Technical Diploma in Health and Care (540)** the teaching programme must cover the content detailed in the structure below:

Unit number	Unit title	GLH
Mandatory		
301	Introduction to health and care	60
302	Personal and professional development in health and care	60
303	Equality and diversity in health and care	60
304	Effective communication in health and care settings	60
305	Safeguarding for all in health and care	60
306	Safe working in health and care	60
307	Understanding cognitive impairment	60
308	Understanding individual care needs	60
309	Quality service provision in health and care	60
	Total GLH	540

Total qualification time (TQT)

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a Learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and assessment.

Title and level	GLH	TQT
Level 3 Advanced Technical Diploma in Health and Care (540)	540	900

Assessment requirements and employer involvement

To achieve the **Level 3 Advanced Technical Diploma in Health and Care (540)** candidates must successfully complete **both** the mandatory assessment components.

Component number	Title
Mandatory	
530	Level 3 Health and Care - Theory exam (1)*
031	Level 3 Health and Care - Synoptic assignment (1)*

Note – from 1 September 2023, centres may only enter candidates for the Level 3 Health, Care and Childcare - Theory exam assessment through the paper-based component (530). There is no option to take this assessment as an onscreen (evolve) exam.

Where candidates have previously successfully achieved an onscreen exam - the result will continue to count towards the Rules of Combination for this qualification.

In addition, candidates **must** achieve the mandatory employer involvement requirement for this qualification **before** they can be awarded a qualification grade. For more information, please see guidance in *Section 4: Employer involvement*.

Employer involvement

Component number	Title
Mandatory	
830	Employer involvement

**Number of mandatory assessments per assessment type*

2 Centre requirements

Approval

New centres will need to gain centre approval. Existing centres who wish to offer this qualification must go through City & Guilds' **full** Qualification Approval Process. There is no fast track approval for this qualification. Please refer to the City & Guilds website for further information on the approval process: **www.cityandguilds.com**

Resource requirements

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

Centre staffing

Staff delivering this qualification must be able to demonstrate that they meet the following requirements:

- be technically knowledgeable in the areas in which they are delivering
- be able to deliver across the breadth and depth of the content of the qualification being taught
- have recent relevant teaching and assessment experience in the specific area they will be teaching, or be working towards this
- demonstrate continuing CPD.

Physical resources

Centres must be able to demonstrate that they have access to the equipment and technical resources required to deliver this qualification and its assessments.

Internal Quality Assurance

Internal quality assurance is key to ensuring accuracy and consistency of tutors and markers. Internal Quality Assurers (IQAs) monitor the work of all tutors involved with a qualification to ensure they are applying standards consistently throughout assessment activities. IQAs must have, and maintain, an appropriate level of technical knowledge and be qualified to make both marking and quality assurance decisions through a teaching qualification or recent, relevant experience.

Learner entry requirements

Centres must ensure that all learners have the opportunity to gain the qualification through appropriate study and training, and that any prerequisites stated in the *What is this qualification about?* section are met when registering on this qualification.

Age restrictions

This qualification is approved for learners aged 16 – 19, 19+.

3 Delivering technical qualifications

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 learning or training needs,
- support and guidance they may need when working towards their qualification,
- the appropriate type and level of qualification.

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

Employer involvement

Employer involvement is essential to maximise the value of each learner's experience. Centres are required to involve employers in the delivery of technical qualifications at Key Stage 5 and/or their assessment, for every learner. This must be in place or planned before delivery programmes begin in order to gain qualification approval. See *Section 4: Employer involvement* for more detail.

Support materials

The following resources are available for this qualification:

Description	How to access
Sample assessments Guidance for delivery Guidance on use of marking grids Centre handbook Work practice reflective workbook Exam guides Smartscreen-teaching and learning resources for qualification units	Available 2016 on the qualification pages on the City & Guilds Website: **www.cityandguilds.com**

4 Employer involvement

Employer involvement is a formal component of Key Stage 5 Technical qualifications. It does not contribute to the overall qualification grading, but is a mandatory requirement that all learners must meet. As such it is subject to external quality assurance by City & Guilds.

Department for Education (DfE) requirements state:

Employer involvement in the delivery and/or assessment of technical qualifications provides a clear 'line of sight' to work, enriches learning, raises the credibility of the qualification in the eyes of employers, parents and students and furthers collaboration between the learning and skills sector and industry.

[Technical qualifications] must:

- require all students to undertake meaningful activity involving employers during their study; and
- be governed by quality assurance procedures run by the awarding organisation to confirm that education providers have secured employer involvement for every student.

Extract from: ***Vocational qualifications for 16 to 19 year olds, 2017 and 2018 performance tables: technical guidance for awarding organisations, paragraphs 89-90***

City & Guilds will provide support, guidance and quality assurance of employer involvement.

Qualification approval

To be approved to offer City & Guilds technicals, centres must provide an Employer Involvement planner and tracker showing how every learner will be able to experience meaningful employer involvement, and from where sufficient and suitable employer representatives are expected to be sourced.

Centres must include in their planner a sufficient range of sufficient activities throughout the learning programme that provide a range of employer interactions for learners. Centres must also plan contingencies for learners who may be absent for employer involvement activities, so that they are not disadvantaged.

As part of the approval process, City & Guilds will review this planner and tracker. Centres which cannot show sufficient commitment from employers and/or a credible planner and tracker will be given an action for improvement with a realistic timescale for completion. **Approval will not be given** if employer involvement cannot be assured either at the start of the qualification, or through an appropriate plan of action to address this requirement before the learner is certificated.

Monitoring and reporting learner engagement

Employer involvement is a formal component of this qualification and is subject to quality assurance monitoring. Centres must record evidence that demonstrates that each learner has been involved in meaningful employer based activities against the content before claiming the employer involvement component for learners.

Centres must record the range and type of employer involvement each learner has experienced and submit confirmation that all learners have met the requirements to City & Guilds. If a centre cannot provide evidence that learners have met the requirements to achieve the component, then the learner will not be able to achieve the overall Technical Qualification.

Types of involvement

Centres should note that to be eligible, employer involvement activities **must** relate to one or more elements of the content of this qualification.

As the aim of employer involvement is to enrich learning and to give learners a taste of the expectations of employers in the industry area they are studying, centres are encouraged to work creatively with local employers.

Employers can identify the areas of skills and knowledge in their particular industry that they would wish to see emphasised for learners who may apply to work with them in the future. Centres and employers can then establish the type of input, and which employer representative might be able to best support these aims.

To be of most benefit this must add to, rather than replace the centre's programme of learning.

Some examples of meaningful employer involvement are listed below.

The DfE has provided the following examples of what does and does not count as meaningful employer involvement, as follows[1,2]:

The following activities meet the requirement for meaningful employer involvement:

In all cases participating industry practitioners and employers must be relevant to the industry sector or occupation/occupational group to which the qualification relates.

- students undertake structured work-experience or work-placements that develop skills and knowledge relevant to the qualification3;
- students undertake project(s), exercise(s) and/or assessments/examination(s) set with input from industry practitioner(s);
- students take one or more units delivered or co-delivered by an industry practitioner(s). This could take the form of master classes or guest lectures;
- industry practitioners operate as 'expert witnesses' that contribute to the assessment of a student's work or practice, operating within a specified assessment framework. This may be a specific project(s), exercise(s) or examination(s), or all assessments for a qualification.

In all cases participating industry practitioners and employers must be relevant to the industry sector or occupation/occupational group to which the qualification relates.

The following activities, whilst valuable, do not meet the requirement for meaningful employer involvement:

- employers' or industry practitioners' input to the initial design and content of a qualification;
- employers hosting visits, providing premises, facilities or equipment;
- employers or industry practitioners providing talks or contributing to delivery on employability, general careers advice, CV writing, interview training etc;

[1] As extracted from: Vocational qualifications for 16 to 19 year olds
2017 and 2018 performance tables: technical guidance for awarding organisations

[2]This list has been informed by a call for examples of good practice in employer involvement in the delivery and assessment of technical qualifications - **Employer involvement in the delivery and assessment of vocational qualifications**

[3] **DfE work experience guidance**

- student attendance at career fairs, events or other networking opportunities;
- simulated or provider-based working environments eg hairdressing salons, florists, restaurants, travel agents, small manufacturing units, car servicing facilities;
- employers providing students with job references.

Types of evidence

For each employer involvement activity, centres are required to provide evidence of which learners undertook it, e.g. a candidate attendance register. The types of additional evidence required to support a claim for this component will vary depending on the nature of the involvement. Eg for a guest lecture it is expected that a synopsis of the lecture and register would be taken which each learner and the guest speaker will have signed; expert witnesses will be identified and will have signed the relevant assessment paperwork for each learner they have been involved in assessing; evidence of contribution from employers to the development of locally set or adapted assignments.

Quality assurance process

As the employer involvement component is a requirement for achieving the KS5 Technical qualifications, it is subject to external quality assurance by City & Guilds at the approval stage and when centres wish to claim certification for learners.

Evidence will be validated by City & Guilds before learners can achieve the employer Involvement component. Where employer involvement is not judged to be sufficient, certificates cannot be claimed for learners.

Sufficiency of involvement for each learner

It is expected that the centre will plan a range of activities that provide sufficient opportunities for each learner to interact directly with a range of individuals employed in the related industry. Centres must also provide contingencies for learners who may be absent for part of their teaching, so they are not disadvantaged. Any absence that results in a learner missing arranged activities must be documented. Where learners are unable to undertake all employer involvement activities due to temporary illness, temporary injury or other indisposition, centres should contact City & Guilds for further guidance.

Live involvement

Learners will gain most benefit from direct interaction with employers and/or their staff; however the use of technology (eg the use of live webinars) is encouraged to maximise the range of interactions. Where learners are able to interact in real time with employers, including through the use of technology, this will be classed as ‘live involvement’.

It is considered good practice to record learning activities, where possible, to allow learners to revisit their experience and to provide a contingency for absent learners. This is not classed as live involvement however, and any involvement of this type for a learner must be identified as contingency.

Timing

A learner who has not met the minimum requirements cannot be awarded the component, and will therefore not achieve the qualification. It is therefore important that centres give consideration to scheduling employer involvement activities, and that enough time is allotted throughout delivery and assessment of the qualification to ensure that requirements are fully met.

Work placement

Work placement may include volunteering provided that the expectations of the employer are that the learner follows the same code of conduct and is treated equal to other employees and as an employee. In addition, work placement may be paid or unpaid which should not affect the expectations and constraints of the learner.

Centres must also complete a record of students placements which confirms a minimum of 200 – 370 work placement hours that have been completed. The process/format of recording is left to the centre to devise/manage. We leave centres to manage and take responsibility for all work placement requirements with their learners. Centres are reminded that the main focus of this qualification is adult health and care/children social care, and not for those learners who are pursuing careers in working in early years sector (0-7 years). For the latter, centres need to consider the City and Guilds KS5 level 3 Technical in Early Years and Childcare.

Work Placement Practice – Reflective Workbook

Learners are provided with a Work Placement Reflective Workbook. This can be downloaded/completed hard copy from the qualification webpage or saved and completed electronically.

One workbook would need to be used for each new placement that a learner undertakes. However, in total and irrespective of the number of work placements undertaken, learners are required to complete a total of 6 reflective learning logs drawn from their work practice experience for their year of study. (The latter is defined as work practice which is set up and managed/supervised directly by the training provider). The reflective learning logs can be drawn from any of their work placement(s), but no more than 6 are required in total. For example, one work practice placement could capture 2 reflective learning logs and a second placement using a second workbook could capture the remaining 4. Alternatively, all 6 could come from one placement.

The purpose of the workbook is to enable learners to demonstrate their skills in reflective learning and show how this informs their personal and professional development during their work placement(s).

Evidence produced therein must then be used to support the Professional Discussion component of the synoptic summative assessment requirement of the qualification.

Learners must complete a min of 200-370 hours work experience as part of this qualification.

5 Assessment

Summary of assessment methods and conditions

Component numbers	Assessment method	Description and conditions
530	Externally marked exam	The exam is **externally set and externally marked**, and is sat as a paper based test (530). The exam is designed to assess the candidate's depth and breadth of understanding across content in the qualification at the end of the period of learning, using a range of question types and will be sat under invigilated examination conditions. See JCQ requirements for details: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations** The exam specification shows the coverage of the exam across the qualification content. Candidates who fail the exam at the first sitting will have a maximum of two opportunities to retake. If the candidate fails the exam three times then they will fail the qualification. (Note: the third and final retake opportunity applies to Level 3 only.) For exam dates, please refer to the Assessment and Examination timetable.
031	Synoptic assignment	The synoptic assignment is **externally set, internally marked and externally moderated.** The assignment requires candidates to identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the content area. Candidates will be judged against the assessment objectives. Assignments will be released to centres as per dates indicated in the Assessment and Examination timetable published on our website. Centres will be required to maintain the security of all live assessment materials. Assignments will be password protected and released to centres through a secure method. There will be one opportunity within each academic year to sit the assignment. Candidates who fail the assignment will have one re-sit opportunity. The re-sit opportunity will be in the next academic year, and will be the assignment set for that academic year once released to centres. If the re-sit is failed, the candidate will fail the qualification. Please note that for externally set assignments City & Guilds provides guidance and support to centres on the marking and moderation process.

Students cannot progress onto year 2 of the qualification until they have successfully passed all the synoptic assignments for year 1 within the agreed assessment timescales.

What is synoptic assessment?

Technical qualifications are based around the development of a toolkit of knowledge, understanding and skills that an individual needs in order to have the capability to work in a particular industry or occupational area. Individuals in all technical areas are expected to be able to apply their knowledge, understanding and skills in decision making to solve problems and achieve given outcomes independently and confidently.

City & Guilds technical qualifications require candidates to draw together their learning from across the qualification to solve problems or achieve specific outcomes by explicitly assessing this through the synoptic assignment component.

In this externally set, internally marked and externally moderated assessment the focus is on bringing together, selecting and applying learning from across the qualification rather than demonstrating achievement against units or subsets of the qualification content. The candidate will be given an appropriately levelled, substantial, occupationally relevant problem to solve or outcome to achieve.

Candidates will be marked against assessment objectives (AOs) such as their breadth and accuracy of knowledge, understanding of concepts, and the quality of their technical skills as well as their ability to use what they have learned in an integrated way to achieve a considered and high quality outcome. These are detailed on pages 17-18.

How the assignment is synoptic for this qualification

The typical assignment brief could be to consider, via case studies, the specific needs of care receivers with different health and care requirements and assess how these needs could be met. This will require the candidate to draw on understanding from across the qualification content to assess and consider how health and care needs vary and the importance of quality in health and care delivery. Candidates will also need to reflect on practices taken part in or observed as part of their work placements. They will need to communicate their findings and thoughts when completing a professional discussion.

External exam for stretch, challenge and integration

The external assessment will draw from across the mandatory content of the qualification, using a range of shorter questions to confirm breadth of knowledge and understanding. Extended response questions are included, giving candidates the opportunity to demonstrate higher level understanding and integration through discussion, analysis and evaluation, and ensuring the assessment can differentiate between 'just able' and higher achieving candidates.

Assessment objectives

The assessments for this qualification are set against a set of assessment objectives (AOs) which are used across all City & Guilds Technicals to promote consistency among qualifications of a similar purpose. They are designed to allow judgement of the candidate to be made across a number of different categories of performance.

Each assessment for the qualification has been allocated a set number of marks against these AOs based on weightings recommended by stakeholders of the qualification. This mark allocation remains the same for all versions of the assessments, ensuring consistency across assessment versions and over time.

The following table explains all AOs in detail, including weightings for the synoptic assignments. In some cases, due to the nature of a qualification's content, it is not appropriate to award marks for some AOs. Where this is the case these have been marked as N/A. Weightings for exams (AOs 1, 2 and 4 only) can be found with the exam specification.

Assessment objective	Level 3 Advanced Technical Diploma in Health and Care (540) Typical expected evidence of knowledge, understanding and skills	Approximate weighting
AO1 Recalls knowledge from across the breadth of the qualification.	Legislation, regulations, roles and responsibilities, use of terminology, health and safety considerations, codes of conduct, core care behaviours, local services policy, challenging discriminatory practice, care services available, wider health and care landscape, types of abuse.	20%
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	Theories and models of reflective practice, concepts of care values and behaviours, principles of person centred care, risk, application of legislation and policy to situations (eg. safeguarding), signs and symptoms of abuse.	30%
AO3 Demonstrates technical skills from across the breadth of the qualification.	Verbal and non verbal communication, reflection, completing documentation.	20%
AO4 Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes.	Applying knowledge and understanding to a particular situation, justifying decisions/approaches taken, contingencies, reflection and evaluation in professional discussion and case studies.	20%
AO5 Demonstrates perseverance in achieving high standards and attention to detail while showing an understanding of wider impact of their actions.	Meeting specific requirements of the task, attention to detail in case study and discussion, professional discussion plans.	10%

Exam specification

AO weightings per exam

AO	Theory exam 530 weighting (approx. %)
AO1 Recalls knowledge from across the breadth of the qualification.	35
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	50
AO4 Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes.	15

The way the exam covers the content of the qualification is laid out in the table below:

Assessment type: Examiner marked, written exam, usually delivered online*
Assessment conditions: Invigilated examination conditions
Grading: X/P/M/D

530	Duration: 2 hours		
Unit	**Learning outcomes**	**Number of marks**	**%**
301	Understand health and care provision	5	8
303	Understand how legislation and standards support the promotion of equality, citizenship and inclusivity	14	23
	Understand anti-discriminatory practice		
	Know the effects of discrimination on individuals in receipt of health and care services		
	Understand how to challenge discriminatory practice		
	Know strategies to promote equality in a health and care setting		
304	Understand theories of interpersonal communication and interaction	16	27
	Understand the factors which influence interpersonal communication and interaction		
306	Understand how legislation, policies and procedures should keep everyone safe and healthy	16	27
	Understand how to move and handle people and objects safely		

	Understand how to apply security measures		
	Apply infection control measures in health and care environments		
N/A	Integration across the units	9	15
	Total	**60**	**100**

*These exams are sat under invigilated examination conditions, as defined by the JCQ: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations**.

Entry for exams can be made through the City & Guilds Walled Garden.

6 Moderation and standardisation of assessment

City & Guilds' externally set assignments for technical qualifications are designed to draw from across the qualifications' content, and to contribute a significant proportion towards the learner's final qualification grade. They are subject to a rigorous external quality assurance process known as external moderation. This process is outlined below. For more detailed information, please refer to 'Marking and moderation - Technicals centre guidance' available to download on the City & Guilds website.

It is vital that centres familiarise themselves with this process, and how it impacts on their delivery plan within the academic year.

Supervision and authentication of internally assessed work

The Head of Centre is responsible for ensuring that internally assessed work is conducted in accordance with City & Guilds' requirements.

City & Guilds requires both tutors and candidates to sign declarations of authenticity. If the tutor is unable to sign the authentication statement for a particular candidate, then the candidate's work cannot be accepted for assessment.

Internal standardisation

For internally marked work[4] the centre is required to conduct internal standardisation to ensure that all work at the centre has been marked to the same standard. It is the Internal Quality Assurer's (IQA's) responsibility to ensure that standardisation has taken place, and that the training includes the use of reference and archive materials such as work from previous years as appropriate.

Provision for reworking evidence after submission for marking by the tutor

It is expected that in many cases a candidate who is struggling with a specific piece of work may themselves choose to restart and rectify the situation during their normal allocated time, and before it gets to the stage of it being handed in for final marking by the tutor.

In exceptional circumstances however, where a candidate has completed the assignment in the required timescales, and has handed it in for marking by the tutor but is judged to have significantly underperformed, may be allowed to rework or supplement their original evidence for remarking prior to submission for moderation. For this to be allowed, the centre must be confident that the candidate will be able to improve their performance without additional feedback from their tutor and within the required timescales ie the candidate has shown they can perform sufficiently better previously in formative assessments.

The reworked and/or supplemented original evidence must be remarked by the tutor in advance of the original moderation deadline and the moderator informed of any candidates who have been allowed to resubmit evidence.

[4] For any internally assessed optional unit assignments, the same process must be followed where assessors must standardise their interpretation of the assessment and grading criteria.

The process must be managed through the IQA. The justification for allowing a resubmission should be recorded and made available on request. The use of this provision will be monitored by City & Guilds.

Internal appeal

Centres must have an internal process in place for candidates to appeal the marking of internally marked components, ie the synoptic assignment and any optional unit assignments. This must take place before the submission of marks for moderation. The internal process must include candidates being informed of the marks (or grades) the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

Centres cannot appeal the outcome of moderation for individual candidates, only the moderation process itself. A request for a review of the moderation process should be made to **appeals@cityandguilds.com**.

Moderation

Moderation is a process where external markers are standardised by City & Guilds to a national standard in order to review centre marking of internally marked assessments. These markers are referred to as 'moderators'. Moderators will mark a representative sample of candidates' work from every centre. Their marks act as a benchmark to inform City & Guilds whether centre marking is in line with City & Guilds' standard.

Where moderation shows that the centre is applying the marking criteria correctly, centre marks for the whole cohort will be accepted.

Where moderation shows that the centre is either consistently too lenient or consistently too harsh in comparison to the national standard, an appropriate adjustment will be made to the marks of the whole cohort, retaining the centre's rank ordering.

Where centre application of the marking criteria is inconsistent, an appropriate adjustment for the whole cohort may not be possible on the basis of the sample of candidate work. In these instances a complete remark of the candidate work may be necessary. This may be carried out by the centre based on feedback provided by the moderator, or carried out by the moderator directly.

Moderation applies to all internally marked synoptic assignments. Following standardisation and marking, the centre submits all marks and candidate work to City & Guilds via the moderation platform. The deadline for submission of evidence will be available on Walled Garden. See the *Marking and moderation - Technicals Centre Guidance* document for full details of the requirements and process.

In most cases candidate work will be submitted directly to the moderator for moderation. This includes written work, photographic and pictorial evidence, or video and audio evidence. For some qualifications there will be a requirement for moderators to visit centres to observe practical assessments being undertaken. This will be for qualifications where the assessment of essential learner skills can only be demonstrated through live observation. The purpose of these visits is to ensure that the centre is assessing the practical skills to the required standards, and to provide the moderators with additional evidence to be used during moderation. These visits will be planned in advance with the centre for all relevant qualifications.

Post-moderation procedures

Once the moderation process has been completed, the confirmed marks for the cohort are provided to the centre along with feedback from the moderator on the standard of marking at the centre, highlighting areas of good practice, and potential areas for improvement. This will inform future marking and internal standardisation activities.

City & Guilds will then carry out awarding, the process by which grade boundaries are set with reference to the candidate evidence available on the platform.

Centres retaining evidence

Centres must retain assessment records for each candidate for a minimum of three years. To help prevent plagiarism or unfair advantage in future versions, candidate work may **not** be returned to candidates. Samples may however be retained by the centre as examples for future standardisation of marking.

7 Grading

Awarding individual assessments

Individual assessments will be graded, by City & Guilds, as pass/merit/distinction where relevant. The grade boundaries for pass and distinction for each assessment will be set through a process of professional judgement by technical experts. Merit will usually be set at the midpoint between pass and distinction. The grade descriptors for pass and distinction, and other relevant information (eg archived samples of candidate work and statistical evidence) will be used to determine the mark at which candidate performance in the assessment best aligns with the grade descriptor in the context of the qualification's purpose. Boundaries will be set for each version of each assessment to take into account relative difficulty.

Please note that as the Merit grade will usually be set at the arithmetical midpoint between pass and distinction, there are no descriptors for the Merit grade for the qualification overall.

Grade descriptors

To achieve a pass, a candidate will be able to

- Demonstrate the knowledge and understanding required to work in the occupational area, its principles, practices and legislation.
- Describe some of the main factors impacting on the occupation to show good understanding of how work tasks are shaped by the broader social, environmental and business environment it operates within.
- Use the technical industry specific terminology used in the industry accurately.
- Demonstrate the application of relevant theory and understanding to solve non-routine problems.
- Interpret a brief for complex work related tasks, identifying the key aspects, and showing a secure understanding of the application of concepts to specific work related tasks.
- Carry out planning which shows an ability to identify and analyse the relevant information in the brief and use knowledge and understanding from across the qualification (including complex technical information) to interpret what a fit for purpose outcome would be and develop a plausible plan to achieve it.
- Achieve an outcome which successfully meets the key requirements of the brief.
- Identify and reflect on the most obvious measures of success for the task and evaluate how successful they have been in meeting the intentions of the plan.
- Work safely throughout, independently carrying out tasks and procedures, and having some confidence in attempting the more complex tasks.

To achieve a distinction, a candidate will be able to

- Demonstrate the excellent knowledge and understanding required to work to a high level in the occupational area, its principles, practices and legislation.
- Analyse the impact of different factors on the occupation to show deep understanding of how work tasks are shaped by the broader social, environmental, and business environment it operates within.
- Demonstrate the application of relevant theory and understanding to provide efficient and effective solutions to complex and non-routine problems.
- Analyse the brief in detail, showing confident understanding of concepts and themes from across the qualification content, bringing these together to develop a clear and stretching plan, that would credibly achieve an outcome that is highly fit for purpose.

- Achieve an outcome which shows an attention to detail in its planning, development and completion, so that it completely meets or exceeds the expectations of the brief to a high standard.
- Carry out an evaluation in a systematic way, focussing on relevant quality points, identifying areas of development/ improvement as well as assessing the fitness for purpose of the outcome.

Awarding grades and reporting results

The overall qualification grade will be calculated based on aggregation of the candidate's achievement in each of the assessments for the mandatory units, taking into account the assessments' weighting. The **Level 3 Advanced Technical Diploma in Health and Care** will be reported on a four grade scale: Pass, Merit, Distinction, Distinction*.

All assessments **must** be achieved at a minimum of Pass for the qualification to be awarded. Candidates who fail to reach the minimum standard for grade Pass for an assessment(s) will not have a qualification grade awarded and will not receive a qualification certificate.

The approximate pass grade boundary(ies) for the synoptic assignment(s) in this qualification are:

Syonptic Assignment	Pass Mark (%)
031	45

Please note that each synoptic assignment is subject to an awarding process before final grade boundaries are confirmed.

The contribution of assessments towards the overall qualification grade is as follows:

Assessment method	Grade scale	% contribution
Synoptic assignment (031)	X/P/M/D	60%
Theory exam (530)	X/P/M/D	40%

Both synoptic assignments and exams are awarded (see 'Awarding individual assessments', at the start of Section 7, above), and candidates' grades converted to points. The minimum points available for each assessment grade is listed in the table below. A range of points between the Pass, Merit and Distinction boundaries will be accessible to candidates. For example a candidate that achieves a middle to high Pass in an assessment will receive between 8 and 10 points, a candidate that achieves a low to middle Merit in an assessment will receive between 12 and 14 points. The points above the minimum for the grade for each assessment are calculated based on the candidate's score in that assessment.

	Pass	Merit	Distinction
Assignment (031): 60%	6	12	18
Exam (530): 40%	6	12	18

The candidate's points for each assessment are multiplied by the % contribution of the assessment and then aggregated. The minimum points required for each qualification grade are as follows:

Qualification Grade	Minimum points
Distinction*	20.5
Distinction	17
Merit	11
Pass	6

Candidates achieving Distinction* will be the highest achieving of the Distinction candidates.

8 Administration

Approved centres must have effective quality assurance systems to ensure valid and reliable delivery and assessment of qualifications. Quality assurance includes initial centre registration by City & Guilds and the centre's own internal procedures for monitoring quality assurance procedures.

Consistent quality assurance requires City & Guilds and its associated centres to work together closely; our Quality Assurance Model encompasses both internal quality assurance (activities and processes undertaken within centres) and external quality assurance (activities and processes undertaken by City & Guilds).

For this qualification, standards and rigorous quality assurance are maintained by the use of:

- internal quality assurance
- City & Guilds external moderation.

In order to carry out the quality assurance role, Internal Quality Assurers (IQAs) must have and maintain an appropriate level of technical competence and have recent relevant assessment experience. For more information on the requirements, refer to *Section 2: Centre requirements* in this handbook.

To meet the quality assurance criteria for this qualification, the centre must ensure that the following procedures are followed:

- suitable training of staff involved in the assessment of the qualification to ensure they understand the process of marking and standardisation
- completion by the IQA responsible for internal standardisation of the Centre Declaration Sheet to confirm that internal standardisation has taken place
- the completion by candidates and supervisors/tutors of the record form for each candidate's work.

External quality assurance

City & Guilds will undertake external quality assurance activities to ensure that the quality assurance criteria for this qualification are being met. Centres must ensure that they co-operate with City & Guilds staff and representatives when undertaking these activities.

City & Guilds requires the Head of Centre to:

- facilitate any inspection of the centre which is undertaken on behalf of City & Guilds
- make secure arrangements to receive, check and keep assessment material secure at all times, maintain the security of City & Guilds confidential material from receipt to the time when it is no longer confidential and keep completed assignment work and examination scripts secure from the time they are collected from the candidates to their dispatch to City & Guilds.

Enquiries about results

The services available for enquiries about results include a review of marking for exam results and review of moderation for internally marked assessments.

For further details on enquiries and appeals process and for copies of the application forms, please visit the **appeals page** of the City & Guilds website at **www.cityandguilds.com.**

Re-sits and shelf-life of assessment results

Re-sits and shelf-life of assessment results Candidates who have failed an exam or wish to re-take it in an attempt to improve their grade, can do so **twice**. The best result will count towards the final qualification. See guidance on individual assessment types in Section 5.

Factors affecting individual learners

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the Joint Council for Qualifications (JCQ) form 'JCQ/LCW' to inform City & Guilds Customer Services of the circumstances. Copies of this form can be found on the JCQ website: http://www.jcq.org.uk

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by candidates and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of candidate and centre malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of candidate malpractice are detailed below (please note that this is not an exhaustive list):

- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another candidate (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (eg disqualification from the assessment) will be applied.

Where suspected malpractice is identified by a centre after the candidate has signed the declaration of authentication, the Head of Centre must submit full details of the case to City & Guilds at the earliest opportunity. Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*. Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

Access arrangements and special consideration

Access arrangements are adjustments that allow candidates with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the *JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments**

Special consideration
We can give special consideration to candidates who have had a temporary illness, injury or indisposition at the time of the examination. Where we do this, it is given after the examination.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer at the centre. For more information please consult the current version of the JCQ document, *A guide to the special consideration process*. This document is available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments**

Unit 301 Introduction to health and care

UAN:	R/507/3179
Level:	3
GLH:	60

What is this unit about?

Most of us will access differing health and/or care services at various times in our lives. From before birth to the end of life. Health and care services are developed and designed to support individuals according to their needs. People have growing expectations regarding their health and care support and these are met by a variety of professional care providers in services for children, young people and adults.

The purpose of this unit is for learners to develop their initial knowledge and understanding of careers in health and care, the relationships and differences between health provision and care provision, and the current practices associated with each within the UK. The unit acts as the basis for the qualification and allows learners to explore related sectors and roles of health and care professionals.

Within this unit learners will also acquire introductory knowledge of the development of and the provision of health and care services from an historical perspective up to the present day.

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

- What do we mean by health and care provision?
- When and why was the NHS developed?
- What employment opportunities are there in the health and care sectors?
- What organisations and standards support the UK health and care sectors?

Learning outcomes

In this unit, learners will:

1. understand health and care provision
2. understand professional roles and career pathways within health and care
3. understand sector specific organisations in health and care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand health and care provision

- **Topic 1.1:** Health service provision
- **Topic 1.2:** Care service provision
- **Topic 1.3:** Why different groups of people require health and care support
- **Topic 1.4:** Health and care settings and roles

Topic 1.1:

Learners will explore how and why health services have been developed in the UK to include:

- public health services – e.g. Department of Health and Social Care, Public Health England – aims, objectives, size
- NHS – size and structures, aims, objectives
- private medical health and care – aims, objectives, size
- third sector healthcare services – e.g. Age UK, British Red Cross, Disability Rights UK – aims, objectives.

Learners will describe the range of health services referring to structures at different levels including:

- primary care/primary healthcare
- national structures
- regional structures
- local – e.g. primary and community health services.

Learners will describe the purposes of different models of services for example:

- acute services
- services for long-term conditions
- community/non-acute health services – e.g. dental services, chiropody, opticians, alternative therapies, community nurses
- hospices and specialist hospitals.

Topic 1.2:

Learners review key relevant stages of development of the welfare state from 1834 to the present day including as a minimum:

- The Poor Law (1834)
- Liberal reforms in early 1900s
- The Beveridge Report (1942)
- The NHS and Community Care Act (1990)
- The Care Act (2014)
- The Children and Families Act (2014)
- Children and Social Work Act (2017).

Learners will define what is meant by adult care and related services.

Learners will describe the range of care services referring to structures at different levels including:

- national – services to support adult social care
- regional – services to support adult social care
- local – e.g. community care services, local authority/social services, private/voluntary, direct care.

Topic 1.3:

Learners will assess why different groups may require health and care support with reference to the following:

- children and young people (0-18 years)
- individuals with learning differences/disabilities
- individuals with mental ill-health
- individuals with substance dependencies
- older adults, frail elders; people requiring respite care short term
- individuals with cognitive impairment – e.g. dementia - Alzheimers; Huntington's disease
- individuals with complex needs – e.g. Long-term health conditions; stroke, cancer, rheumatoid arthritis, Parkinson's disease.

Learners will recognise the impact of changing demographics and complex health needs in respect of the above.

Topic 1.4:

Learners will describe the role and purpose of settings in which health and/or care is delivered for example:

- health settings – e.g. GP practices, hospitals and related services
- residential settings – e.g. nursing homes, residential care homes
- day-care services – e.g. day centres, home care
- rehabilitation/reablement services
- hospices – for children, young people and adults
- hostels – e.g. young people, homeless
- supported accommodation for young people and the elderly
- residential special schools
- nurseries/pre-schools
- domiciliary care
- personal assistants.

Learners will explain types of carers for example:

- formal – e.g. professional and support roles
- informal – e.g. family/friends
- voluntary support roles.

Learning outcome 2: Understand professional roles and career pathways within health and care

- **Topic 2.1:** Job roles in health and care
- **Topic 2.2:** Career pathways in health and care

Topic 2.1:

Learners will describe job roles in health and care, and associated skills and professional competencies in:

- health – e.g. Healthcare Assistant (clinical, residential and community), Nursing, Paramedics, Physiotherapy, Radiography, Occupational Therapy, GP
- care – e.g. Support Worker, Social Worker, Domiciliary Worker, Activities Co-ordinator, Residential Care Manager

- children's (0-19) and Early Years Services – e.g. Early Years Practitioner/Educator, Nursery Manager, Speech Therapist, Play Worker, Play Therapist, Social Care Support Worker, Early Help, Transitions worker.

Topic 2.2:

Learners will investigate potential career pathways for a chosen role in health and care with consideration of:

- degrees in health and care and professional training
- entry qualifications – skills and knowledge required for higher education and/or further professional training
- training and education requirements – e.g. apprenticeships
- opportunities for employment and progression once qualified
- salary expectations and potential earnings.

This topic links to unit 302 – topic 5.1

Learning outcome 3: Understand sector specific organisations in health and care

- **Topic 3.1:** Sector specific organisations in health and care

Topic 3.1:

Learners will explain how sector specific organisations and standards support the health and care sector, including:

- regulatory bodies and inspection organisations – e.g. Care Quality Commission, Ofsted, Nursing and Midwifery Council, National Institute for Health and Care Excellence (NICE), Health Care Professions Council (HCPC); Social Work England (SWE)
- sector skills councils – e.g. Skills for Health, Skills for Care, EYFS framework (only in relation to Healthcare)
- national occupational standards for employment in health and care.

Guidance for delivery

Topic 1.3 demographic changes in the population are leading to an ongoing need for changes in service provision for both health and care. Alongside this, innovative development of practices and procedures within these sectors is guiding us towards constant changes in service provision. Policy development is central to meeting the expanding care needs in our society and development of legislation governing changes in policies and procedures is an ongoing process that aims to improve and develop services within these sectors.

Suggested learning resources

Journals and magazines

- www.kingsfund.org.uk
- www.nursingtimes.net (subscription)
- www.communitycare.co.uk

Websites

- **www.nhs.co.uk**
- **www.skillsforhealth.org.uk**
- **www.skillsforcare.org.uk**
- **www.ukqcs.co.uk/cqc/care-quality-commission**
- **www.gov.uk/government/organisations/public-health-england**
- **www.gov.uk/government/organisations/ofsted**
- **www.foundationyears.org.uk**
- Nursing Midwifery Council **http://www.nmc-uk.org**
- NMC Code of Practice - Professional Standards of Practice and Behaviour for Nurses and Midwives 2015 **http://www.nmc-uk.org/The-revised-Code/The-revised-Code-in-full/**
- **http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf**

Unit 302 Personal and professional development in health and care

UAN:	J/507/3180
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to understand the key principles, values and behaviours that need to be applied and demonstrated in health and care work. This unit will highlight the legislation and standards which will inform performance requirements and provide the opportunity to demonstrate these through work placement practice.

This unit will be supported by work placement(s) which will provide learners with the opportunity to develop themselves through working alongside other care and or health workers. This unit also requires learners to recognise the importance of reflective practice and how this informs personal and professional development.

It is recommended that this unit is offered before learners start their work placement practice. This will enable them to be aware of and make reflections on what constitutes good care practice. This unit is supported by a work placement workbook.

Tutors may need to support learners to identify and secure appropriate work placements. It is expected that each learner will be supported in their work placement by a named person.

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

- How do values and ethics affect work in health and care?
- What factors influence personal development?
- Where are there opportunities for work placement in health and care?
- Which codes of practice influence how we work in health and care?

Learning Outcomes

In this unit, learners will:

1. understand current legislative requirements in health and care practice
2. understand values, principles and behaviours in health and care practice
3. prepare for work practice placement
4. reflect on and review practice
5. plan and review for personal and professional development.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand current legislative requirements in health and care practice

- **Topic 1.1:** Legislation impacting on care practice
- **Topic 1.2:** Implications of organisational policies and procedures

It is important that the learner is aware of the key principles and implications set out in legislation and the impact of these on organisational policies and related practices.

Topic 1.1:
Learners will describe how relevant current legislations impact on care practice for example:

- The Care Act (2014)
- The Children and Families Act (2014)
- Health and Social Care (Safety and Quality) Act 2015
- The Health and Safety at Work Act (1974) – COSHH, RIDDOR, PUWHER
- The Equality Act (2010)
- The Human Rights Act (1998)
- Mental Capacity (Amendment) Act 2019
- The Education Act (2011)– OFSTED
- The Nurses Act (2011) – NMC registration
- Mental Health Act (2007)
- General Data Protection Regulation (EU) (2016)
- The Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018).

The above may be subject to change.

Topic 1.2:
Learners will explain why they must comply with organisational policies, procedures and/or codes of practice. These could include:

- health, safety, security and emergency procedures
- confidentiality
- communication strategies
- safeguarding
- Valuing People (2001)
- recording and reporting – including use of digital technologies/complying with GDPR
- Care Certificate
- Code of Conduct for Health Care Support Workers/Adult Social Care Workers in England (2013)

- Nursing and Midwifery Council (NMC)
- Ofsted
- Care Quality Commission requirements (CQC).

The above may be subject to change.

Learning outcome 2: Understand values, principles and behaviours in health and care practice

- **Topic 2.1:** Values and ethics underpinning excellence in health and care practice
- **Topic 2.2:** Principles and Behaviors which constitute compassion in practice

Topic 2.1:
Learners will define the following:

- care values
- ethics and morals – e.g. dignity, rights, fairness, respect, empowerment, choice, inclusion – ethical and unethical practice in health and care
- the constituents of professional behaviour
- principles of good care practice
- value conflicts – e.g. personal values conflicting with professional values
- confidentiality.

Topic 2.2:
Learners will explain the following and how they will apply them to health and care practice:

- **Care** – is caring consistently and enough about individuals to make a positive difference to their lives
- **Compassion** – is delivering care and support with kindness, consideration, upholding dignity and showing respect
- **Courage** – is doing the right thing for people and speaking up if the individual is at risk
- **Communication** – effective communication is central to successful caring relationships and team working
- **Competence** – applying knowledge and skills to provide high quality care and support
- **Commitment** – improving the experience of people who need care and support ensuring it is holistic and person centred.

Learners should have a basic awareness of the principles of good care practice as they apply to their work placement. This could include:

- Overarching values and principles
- NHS / Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013)
- Principles of Residential Social Care
- The Care Certificate (England) 2015
- Skills for Care and Health values framework.

The above may be subject to change.

Learning outcome 3: Prepare for work practice placement

- **Topic 3.1:** Opportunities for work practice placement
- **Topic 3.2:** Preparing for work practice placement
- **Topic 3.3:** Starting work practice placement

Topic 3.1

The learner will describe different care settings and the types of services provided to inform their choice of work placement(s):

- Types of settings – e.g. community, residential, voluntary, private, NHS, domiciliary
- support and services provided by each
- personal experiences and interests relevant to choice of work placement
- career interests – e.g. in employment, further professional training or higher education.

Topic 3.2:

Having secured work placement, the learner will undertake the following before starting a work practice placement:

- contact the work placement
- arrange an initial visit
- meet the placement supervisor/manager
- confirm placement duration with workplace supervisor/manager
- discuss and confirm aims and objectives of work placement to include induction with the workplace supervisor (cross reference and include in work placement workbook)
- discuss individual support needs required to complete work placement with the workplace supervisor (cross reference and include in work placement workbook).

The learner will be expected to comply with the following:

- confidentiality
- legal requirements of the employer and the employment setting
- local policies and procedures in the employment setting
- dress codes - personal presentation, health and safety issues
- shift patterns, timekeeping and punctuality as it applies to their work placement.

Topic 3.3:

With the employer, the learner will be expected to complete a workplace induction, to include:

- induction processes into work placement and awareness of organisational policies and procedures – e.g. absence, health and safety, fire drills, security, timesheets/security logs
- staffing structures and their roles and responsibilities
- working as a team
- role of the placement supervisor and colleagues.

Learning outcome 4: Reflect on and review practice

- **Topic 4.1:** Understanding reflective practice
- **Topic 4.2:** Identifying where improvements can be made

Topic 4.1:
Learners will research at least three current models of reflective practice, prior to their work placement activity. Learners will explain:

- what is meant by 'reflection in care practice'
- what is meant by a 'reflective practitioner'
- what is meant by a 'reflection and review'
- what is meant by 'evidence based practice'.

Topic 4.2:
Using a learner reflective workbook the learner must engage in reflection and review to summarise the main learning from completing their work placement(s).

The learner will identify where improvements can be made by:

- objectively evaluating own findings and others comments on their own individual work placement performance – e.g. employer/supervisor/work peers/tutor
- evidence with examples where professional values and behaviours have been demonstrated in practice.

Learning outcome 5: Plan and review for personal and professional development

- **Topic 5.1:** Personal development plan

Topic 5.1:
With the support of their tutor, through discussion and/or tutorials, learners must consider and agree an ongoing personal development plan to develop further their knowledge, skills and competencies. This could include:

- continuing to the second year of the extended diploma in health and care to include the next work placement(s)
- moving into higher education and/or further professional training
- CV writing and interview skills
- securing full or part time employment in health or care
- applying for an apprenticeship
- studying for an alternative career.

The above can be supported and cross-referenced to the learner's work practice reflective workbook(s) for each year of study.

Guidance for delivery

It is important this unit is started early on in the programme delivery as it links closely with all other units and provides the basis of knowledge required to undertake an effective work placement.

Work practice/reflective workbook

The reflective workbook provides several templates to capture/include personal and professional development planning, learning logs, reflection and review. There is also a template to provide the employer/work supervisor with the opportunity to record their observations of the learner. These could be extremely useful at a later date when applying for apprenticeships or employment in health and care roles.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Tutors may wish to refer to the Department for Education's work placement guidance documentation - Post-16 work experience as a part of 16 to 19 study programmes and traineeships referenced in suggested learning resources. The reflective workbook is a mandatory requirement for the completion of this qualification. Please refer to section 4 of this qualification handbook for further guidance.

Suggested learning resources

The Care Certificate (England) 2015

http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Code of Conduct for healthcare support workers and adult social care workers

http://www.skillsforhealth.org.uk/services/item/148-code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers

Apprenticeship standard for an Adult Care worker (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384256/ADULT_SOCIAL_CARE_-_Adult_Care_Worker_L2_standard_-_FINAL.pdf

Department for Education - Post-16 work experience as a part of 16 to 19 study programmes and traineeships (2015)

https://www.gov.uk/government/publications/post-16-work-experience-as-a-part-of-16-to-19-study-programmes

Nursing & Midwifery Council – The Code: Professional standards of practice and behaviour for nurses and midwives (2015)

http://www.nmc-uk.org/Documents/NMC-Publications/revised-new-NMC-Code.pdf

Skills for Care – A practical guide to learning and development for personal assistants (2015)

http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/6.3-Training,-learning-and-development/A-practical-guide-to-learning-and-development-for-personal-assistants.pdf

Skills for Care – Being a personal assistant (2015) **http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/1.1-What-is-a-PA/Being-a-personal-assistant.pdf**

Books

Social Care & the Law, 13th Edition
Maclean and Maclean 2012
Published by Kirwin Maclean Associates Ltd
ISBN 978-1-903575-79-6

From Birth to Eighteen Years – Children and the Law 7th Edition
Maclean and Maclean 2012
Published by Kirwin Maclean Associates Ltd
ISBN 978-1-903575-86-4

The powerful pocket book of Interview Skills, 1st Edition
Graham C Sykes 2012
Published by Graham C Sykes Publishing
ISBN-13: 978-0957341951

You're Hired! CV How to write a brilliant CV, 1st Edition
Corinne Mills 2013
Published by Trotman Publishing
ISBN-13: 9781844551774

The City & Guilds Pocket Guide to: Reflection and Reflective Practice in Health and Social Care Siobhan Maclean
City & Guilds; 1st edition 2012
ISBN-13: 978-0851932316

Learning by Doing: A Guide to Teaching and Learning Methods
Gibbs, G. 1988.
Oxford: Oxford Further Education Unit

Becoming a Reflective Practitioner: a Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision
Johns, C. 2000.
Oxford Blackwell Science

Experiential Learning as the Science of Learning and Development
Kolb, D. 1984.
New Jersey: Prentice Hall

Critical Reflection in Nursing and the Helping Professions: a User's Guide
Rolfe, G., Freshwater, D. and Jasper, M. 2001.
Basingstoke: Palgrave Macmillan.

The Reflective Practitioner: How professionals think in action
Schon, D. 1983.
London: Temple Smith.

Reflective Practice: Writing and Professional Development
Bolton G (2014) – 4th edition
Sage

The Reflective Practitioner in Professional Eduction
Wilkes. L (2014)
Palgrave Macmillan

Critical Reflection in Practice: Generating Knowledge for Care – second edition
Rolfe G, Jasper M., Freshwater D (2010)
Palgrave Macmillan

City & Guilds text book
L3 Diploma in Adult Care
Maria Ferreiro Peteiro
Hodder Education ISBN: 9781510429093

Websites

- **www.skillsforcare.org.uk**
- **www.cqc.org.uk**
- **www.skillsforhealth.org.uk**
- **www.gov.uk/government/organisations/department-for-education**
- **www.nmc-uk.org**
- NHS Careers **www.nhscareers.nhs.uk**
- NHS Jobs **www.jobs.nhs.uk/cgi-bin/advsearch**
- Health Education England **http://hee.nhs.uk**

Unit 303 Equality and diversity in health and care

UAN:	L/507/3181
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to understand and recognise the importance of equality, diversity and inclusion when working in health and care settings.

Equality, diversity and inclusion are key components of professional standards within health and care. Learners will explore these terms to include forms of discrimination and discriminatory practice. They will also understand the negative impact discrimination has on individuals in receipt of health and care services.

This unit examines the legislation which supports the promotion of equality, inclusion and the concepts of citizenship and 'Britishness'.

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

- What different types of discrimination are there?
- How can legislation support equality and diversity in society?
- What are the potential consequences of inequality and discrimination?
- How can inequality in health and care be highlighted and challenged?

Learning outcomes

In this unit, learners will:

1. understand how legislation and standards support the promotion of equality, citizenship and inclusivity
2. understand discrimination and anti-discriminatory practice
3. know the effects of discrimination on individuals in receipt of health and care services
4. understand how to challenge discriminatory practice
5. understand strategies to promote equality in a health and/or care setting.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand how legislation and standards support the promotion of equality, citizenship and inclusivity

- **Topic 1.1:** Legislation which supports the promotion of equality, citizenship and inclusion
- **Topic 1.2:** Categories of discrimination
- **Topic 1.3:** Care worker's responsibilities in relation to promotion of equality, citizenship and inclusion

Topic 1.1:

Learners will identify and describe examples of current relevant legislation impacting on equality, diversity, citizenship and inclusion and have an overall understanding as to how these apply to care practice:

- The Equality Act (2010) – Equality and Human Rights Commission (EHRC) established by the Equality Act (2006)
- The Data Protection Act (2004) /GDPR
- The Human Rights Act (1998)
- The Care Act (2014) – Wellbeing principle
- The Children and Families Act (2014)
- Mental Capacity (Amendment) Act 2019
- The Health and Social Care Act (2012)
- Safeguarding Vulnerable Adults Group (2006)
- Mental Health Act (2007).

The above may be subject to change.

Topic 1.2:

Learners should explain the protected characteristics as set out in the current Equality Act:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation.

Topic 1.3:

Learners will explain how current standards and codes of practice embeds equality and inclusion in care practice, these will include:

- Care Quality Commission (CQC) requirements
- Nursing and Midwifery Council (NMC) registration requirements
- The Care Certificate (England) 2015
- Special Educational and Disability Needs (SEND) Code of practice
- Ofsted and related standards in children and young people's social care services.

The above may be subject to change.

Learning outcome 2: Understand discrimination and anti-discriminatory practice

- **Topic 2.1:** Prejudice, discrimination and stereotyping
- **Topic 2.2:** Key terms related to anti-discriminatory practice

Topic 2.1:

Learners will explain the concept of prejudice including consideration of:

- the meaning of prejudice
- how prejudice is learned
- consideration of own prejudices
- the difference between prejudice and discrimination
- the meaning of oppression
- the meaning of stereotyping.

Learners will explain the relationship between prejudice, discrimination and stereotyping and how it applies to different cultures/background and examine cultural differences linked to discrimination.

Learners will explain discrimination and mechanisms of oppression including:

- direct
- positive/tokenism
- institutional/structural
- discrimination by association
- perception based discrimination
- harassment/harassment by a third party
- labelling
- stereotyping
- media representation – historical and contemporary
- double discrimination – i.e. oppression based on two characteristics
- triple jeopardy – i.e. oppression based on three characteristics
- language
- individual discrimination
- covert and overt discrimination
- victimisation.

Topic 2.2:

Learners will define the term ‘anti-discriminatory practice’ and its application in health and care services and practice.

Learners will define the meaning and importance of key terms related to anti-discriminatory practice. Key terms including:

- equality
- inequality
- equity
- social Justice

- citizenship/britishness
- diversity
- culture and cultural competence
- inclusion.

Learning outcome 3: Know the effects of discrimination on individuals in receipt of health and care services

- **Topic 3.1:** Effects and impact of discrimination on individuals and groups

Topic 3.1:

Learners will describe the potential consequences and effects of discrimination for individuals and groups, to include:

- groups – e.g. groups defined by religion, race, ethnicity, gender, travelling communities, young people:
  - disempowerment
  - disenfranchisement
  - lack of access to services
  - limited life chances
  - marginalisation.
- individuals – e.g. those with mental ill-health, disabilities, frail and elderly, long-term health conditions:
  - lack of self-worth
  - stress
  - depression
  - lack of development of a positive identity
  - loss of rights
  - isolation and loneliness
  - fear.

Learning outcome 4: Understand how to challenge discriminatory practice

- **Topic 4.1:** Challenging discrimination within the care setting to encourage positive change
- **Topic 4.2:** The importance of challenging discrimination

Topic 4.1:

Learners will explain ways in which they can challenge discrimination in a range of contexts in a care setting. To include:

- colleagues – e.g. challenging colleagues, colleagues challenging as a group
- care receiver to care receiver
- care receiver to care worker
- care worker to care receiver
- discrimination by the organisation directed towards those in receipt of care
- discrimination by the organisation directed towards staff.

Topic 4.2

Learners will explain the importance of challenging discrimination, considering the following:

- the importance of the following workplace procedures:
  - reporting incidences of discrimination
  - effective recording of evidence of discrimination
  - Taking immediate action.
- the significance of:

- professional and personal accountability
- acknowledging own personal feelings in relation to challenging discriminatory practice
- sources of support, information and advice about diversity, equality and inclusion available to the individual
- whistleblowing policies within the workplace
- seeking advice from external agencies if required.

Learning outcome 5: Understand strategies to promote equality in a health and/or care setting

- **Topic 5.1:** Exploration of equality
- **Topic 5.2:** Barriers to equal opportunities
- **Topic 5.3:** Strategies to promote equality in care.

Topic 5.1:

Learners will explore types of equality including:

- political – e.g. the right to have your political views heard and respected
- equality of outcome – e.g. the right to develop to own full potential
- equality of opportunity – e.g. having equal chances
- equality of treatment – e.g. access to full range of services
- equality of membership in society
- equality in employment.

Topic 5.2:

Learners will describe potential barriers to equal opportunities including consideration of:

- barriers:
  - organisational barriers – e.g. barriers to career progression
  - physical environments – e.g. access to buildings, services and reasonable adjustments
  - financial – e.g. inequalities in employment and remuneration
  - geographical location – e.g. transportation and rurality/urban living
  - unconscious bias
- the concept of institutionalisation – the features and the impact on the individual.

Topic 5.3:

Learners will explain strategies to promote equality in care including:

- personal strategies
- professional strategies
- group – teams/staff
- policies and procedures
- workplace strategies – to include involvement of individuals in receipt of education/learning and care.

Guidance for delivery

Elements of this unit may have been touched upon in unit 301 'Introduction to health and care'. When delivering this unit it is important that the classroom environment supports the learner to reflect and examine their own attitudes and behaviour and also allows views to be challenged in a supportive but constructive way. Learners should be encouraged to use their own experience should they wish to do so. It is also important that learners who might fall into the category of a marginalised group eg. disabled, gay, single parent are not ascribed the role of the expert when it comes to discrimination.

Learners should be encouraged to reflect on their work experience within the health and/or care industry to further enhance application of their learning. The values, attitudes and beliefs of some learners may have to be challenged and care should be taken not to alienate these learners within the group. A range of legislation and policy has been suggested, however, over time these will be changed so any legislation or policy must be current.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students' learning and development.

Centres may also want to consider introducing forthcoming changes proposed in the GDPR regulations – see reference below.

Suggested learning resources

Books

Anti-Discriminatory Practice: Equality, Diversity and Social Justice (Practical Social Work Series) Paperback – 30 Mar 2012. Professor Neil Thompson. ISBN-13: 978-0230250130

Websites

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - Contains information relating to promotion of equality within the NHS

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ -Information about the rights individuals have to equality within a care setting

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - how to promote equality in nursing

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ - Skills for Care Principles of equality and diversity

http://www.hsj.co.uk/topics/nhs-equality-and-diversity/ -Information on the Equalities Act 2010

http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx The Care Certificate

https://www.gov.uk/government/consultations/prevent-duty The Prevent Duty

Unit 304 Effective communication in health and care settings

UAN:	R/507/3182
Level:	3
GLH:	60

What is this unit about?

The aim of this unit is to extend learners' awareness of different forms of communication used in health and care settings with children, young people and adults and to appreciate and value its importance for successful service delivery.

Effective communication is crucial to all interpersonal interaction and is increasingly identified in professional standards of health and care. The quality of interpersonal communication may affect the outcomes of care provided and is known to make a difference to the experience and feelings of those in receipt of care.

Learners will examine the communication processes in health and care settings, considering the different types of communication which may occur and they will also examine ways to overcome communication difficulties.

Learners need to understand that different people and cultures will have distinct beliefs and customs involved with their communication that should be understood and respected. Learners should also have the knowledge and understanding to communicate confidently and effectively, underpinned by an awareness of professional values and behaviours in care practice.

Successful practice will depend upon learners building on and developing their interpersonal skills and an ability to develop effective working relationships with significant others. In care practice, interpersonal and communication skills often rank among the most vital for work related success.

Communication is part of everyday life and the majority of our communication messages are non-verbal. Sometimes messages are sent unintentionally through body language, gestures and facial expressions. People read signals and make decisions based on this communication.

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

- How many times do people communicate in a day and how many forms of communication do they use?
- How can interpersonal messages of others be interpreted correctly?
- What knowledge is required to understand interpersonal relationships?
- How does the awareness of the needs of others inform effective interpersonal communication?

Learning outcomes

In this unit, learners will:

1. understand interpersonal communication and interaction
2. understand factors that influence interpersonal communication and interaction

3. apply communication skills and strategies to interpersonal care in work practice.

Scope of content

Learners will explore theories of interpersonal communication and interaction and become familiar with the skills and knowledge which supports this successfully. They will study a range of factors which influence communication in health and care delivery and identify specific communication needs which some individuals have and ways in which they may be supported to overcome difficulties.

Learners will consider how interpersonal skills contribute to good quality care practice and person centred support. Knowledge of external factors which impact on communication and service delivery should be current and relevant. Learners should be encouraged to negotiate opportunities to practise and demonstrate their use of communication skills for work practice in placement, maintaining confidentiality or in a simulated learning environment.

Learning outcome 1: Understand interpersonal communication and interaction

- **Topic 1.1:** Written communication
- **Topic 1.2:** Theories relating to interpersonal communication
- **Topic 1.3:** Non-verbal and verbal interpersonal communication components
- **Topic 1.4:** Misinterpreting communication
- **Topic 1.5:** Technologies supporting communication

Topic 1.1:

Learners will describe factors for consideration with written communication within health and care practice:

- legislation – current data protection requirements
- recording and reporting processes and procedures
- reasons for written communication
- use of sector specific terminology
- importance of knowing intended recipient of written communication
- use of technologies – e.g. social media, email, texts
- different types of written communication – e.g. charts, menus.

Topic 1.2:

Learners will explain how different theories have contributed to current understanding of interpersonal communication with consideration of:

- psychoanalytical – personal experience of communication – e.g. Sigmund Freud
- humanistic - person centred approach, self-concept, congruence, self-actualisation (eg. Carl Rogers. Gerard Egan, Abraham Maslow)
- behaviourist – environmental influences and response to stimuli – e.g. Ivan Pavlov, B.F Skinner, R. M Gagné
- cognitive – development of thought and mental processes – e.g. Leon Festinger, Jean Piaget, Lev Vygotsky.

Topic 1.3:

Learners will explain how and why non-verbal and verbal communication impacts on effective interpersonal interaction with others:

- non-verbal – for example:
  - body movements, gestures, touch
  - posture/positioning
  - facial expressions and eye contact

    - specialist methods of communication – e.g. Braille, Makaton
    - digital and written communication.
- verbal – for example:
    - speech
    - dialect, accent
    - jargon
    - paraphrasing
    - paralinguistics, pitch tone and volume.

Topic 1.4:

Learners will explain with examples how verbal and non-verbal communication may be misinterpreted, for example:

- through culturally specific behaviours
- age differences between speaker and listener
- age related deafness
- different language and developing vocabularies – e.g. the use of slang
- use of inflections e.g. tone, pitch, pace
- as a result of cognitive impairment – e.g. autistic spectrum disorders, depression, stroke, dementia, substance misuse
- the use of terminology and acronyms which are not understood by those in receipt of care.

Topic 1.5:

Learners will describe factors for consideration with communication and the use of emerging communication technologies in providing health and care support, for example:

- accessibility of technology when providing service for online diagnosis and monitoring by health and care professionals
- confidentiality issues when providing face-to-face communications for appointments
- challenges of relying on technologies if internet service speeds are not fast
- equipment – lack of, required updating of systems; space for equipment; security against hacking
- training of user and receivers
- needs to show that it is - cost effective, increases speed of services, increased number of appointment slots available
- services can be tailored to fit specific situations - e.g. contact tracing.

Learning outcome 2: Understand factors that influence interpersonal communication and interaction

- **Topic 2.1:** Positive and negative factors influencing communication
- **Topic 2.2:** External influences on effective communication
- **Topic 2.3:** Dealing with potential barriers to communication

Topic 2.1:

Learners will explain factors which influence interpersonal communication including:

- importance of trust
- influence of Prejudicial and stereotypical attitudes
- how making assumptions can change understanding
- importing values and beliefs – e.g. institutional
- effect of language differences
- effect of cultural differences
- physical environment e.g. appropriateness of location for communication

- self-concept/self-esteem e.g. low self-esteem may affect interpretation of messages
- elements of power and/or empowerment in health and care delivery
- communication which model specific behaviours – e.g. between teacher and pupil
- effects of illness on communication – e.g. people with dementia, people with systematic drug or alcohol misuse, people in pain
- level of understanding – e.g. communicating with a child vs. adult.

Learners will consider these from the viewpoint of being both aware and unaware of the factors in any interpersonal interaction.

Topic 2.2:

Learners will explain how factors from 2.1 have an impact on interpersonal communication and interaction. Learners will describe how effective communication strategies are linked to professional standards and expected working practices:

- legislation – e.g. The Freedom of Information Act (2000), The Data Protection Act (2004)/ GDPR, Caldicott principles (1997/2002)
- Code of Conduct for Health Care Support Workers/Adult Social Care Workers in England (2013)
- systems and procedures – e.g. workplace communication policy and guidance
- structures – e.g. hierarchy of communication
- storage and sharing of information – e.g. workplace policy and practice.

Topic 2.3:

Learners will describe potential barriers to effective communication including those affected by:

- attitude and behaviours
- emotions
- stereotyping
- not enough time
- limited technology and skills to utilise it effectively
- language
- culture
- physical and cognitive impairment – e.g. states of consciousness.

Learners will explain strategies for overcoming barriers and meeting communication needs for example:

- using Braille to support reading and writing
- communicating through signing
- picture/story cards/symbols
- object referencing
- use of assistive technology.

Learners will explore ways in which individuals may be supported to communicate their needs and wishes through the intervention of a third party:

- independent advocate
- personal assistant/direct carer
- interpreter/translator
- partner and/or family.

Learners will identify different types of current specialist support, equipment and technologies which may assist individuals with specific communication needs. This could include:

- Audio Frequency Induction Loops (AFILs)

- glasses
- hearing aids
- text to speech software
- assistive listening devices
- animals – e.g. guide/hearing dogs
- phones, PCs/tablets.

Learning outcome 3: Apply communication skills and strategies to interpersonal care in work practice

- **Topic 3.1:** Interpersonal communication and person centered care
- **Topic 3.2:** Demonstrating good work practice

Topic 3.1:

Learners will explain how the following contributes to effective interpersonal communication when working with those in receipt of care:

- choice, control and respecting individual needs
- setting goals/planning
- effective professional relationships/partnerships with others
- negotiation
- active listening
- information gathering – e.g. effective questioning techniques
- maintaining up-to-date knowledge and skills in respect of care practices
- importance of recording and reporting accurate and legible information.

Topic 3.2:

Learners should demonstrate the use of relevant interpersonal communication in a health or care setting. Learners should be encouraged to reflect on all aspects of their learning this could include:

- application of communication theories to working practice
- the impact of verbal and non-verbal communication and what constitutes effective practice
- personal factors influencing interactions with others
- knowledge of communication skills influencing interactions with others
- external factors influencing interactions with others
- specific communication needs and how they are met
- demonstration of effective communication and its contribution to person centered support.

Topic 3.2 links to the learner's reflective workbook completed during their first work placement activity.

Guidance for delivery

This unit is closely linked to 302 'Personal and professional development in health and care'. Learners should be encouraged to identify and apply knowledge to their own experience and practice throughout the unit delivery. It may also be useful for learners to share their experiences of practice throughout the delivery of the unit to widen their understanding of the use and importance of interpersonal communication. Learners should gain experience in appropriate health and care settings but where this is not possible case study, video or role play activities could be used.

Knowledge and skills gained throughout this unit are linked to current professional standards in health and care.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books

Interpersonal Communication: Relating to Others 7th Edition — Beebe, A. Beebe, J. & Redmond, M.
Published by Pearson 2013
ISBN 13 978 0 205 86273 3

Human Communication Disorders 8th Edition — Anderson, N. & Shames, G.
Published by Pearson 2014
ISBN 13 978 1 282 04208 4

The Interpersonal Communication Book 13th Edition — DeVito J.
Published by Pearson 2012
ISBN 13 978 0 205 25198 8

Communication Skills in Health and Social Care 2nd Edition — Moss, B.
Published by Sage 2012
ISBN 13 978 1 446 20819 9

A Practical guide to Delivering Personalisation: Person-Centred Practice for Health and Social Care — Sanderson, H. & Lewis, J.
Published by Jessica Kingsley 2012
ISBN 13 978 1 849 05194 1
Sanderson, H. & Lewis, J.

The City and Guilds Pocket Guide to Personalisation and Person Centred Care in Health and Social Care — McClean, S.
1st Edition
Published by City & Guilds 2011
ISBN 13 978 0 851 93229 3

Interpersonal Communication & Human Relationships 7th Edition Knapp, N.L. (Author), Vangelisti A. L. (Author), Caughlin. J.P. (Author)
Published by Pearson 2012
ISBN-13: 979-0205006082

The Skilled Helper 10th edition Egan, G.
Published by Brooks/Cole; 2013
ISBN-13: 978-1285065786

Level 3 Diploma in Health and Social Care Textbook S. Maclean
Published by City Guilds 2013
ISBN-13: 978-0851932750

The City & Guilds Pocket Guide to: Power and Empowerment in Health and Social Care
S. Maclean
Published by City & Guilds; 1st edition (2012)
ISBN-13: 978-0851932309

The Care Certificate (England) 2015
http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Journals and magazines

- **http://www.communitycare.co.uk/** Community Care Journal

Websites

- **http://www.bda.org.uk** – British Deaf Association
- **http://www.british-sign.co.uk/bsl-british-sign-language/** – British Sign language
- **www.hpc-uk.org** – Health and Care Professions Council
- **http://www.hsj.co.uk/** – Health Service Journal
- **http://www.rnib.org.uk/** – Royal National Institute for the Blind
- **http://www.sense.org.uk/** – Charity for Deaf blind People
- **http://www.skillsforcare.org.uk/** – Skills for Care
- **http://www.scie.org.uk/** – Social Care Institute for Excellence

Equipment

http://www.vinesimspecs.com/ – Visual impairment spectacles for experiential learning

Unit 305 Safeguarding for all in health and care

UAN:	Y/507/3183
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of safeguarding of children, young people and adults.

The unit aims to ensure that everyone working in health and care has an up-to-date knowledge and understanding on what good practice is in respect of duty of care and safeguarding for those in receipt of care. This unit will cover topics such as identifying types of abuse, signs, symptoms and behaviours that might indicate abuse has occurred, is occurring or may occur and the legalisation, policies and reporting procedures in respect of expected good care practice which aims to protect everyone.

This unit aims to allow the learners to understand the importance of acting promptly and keeping accurate records in relation to safeguarding practice.

It is important that all carers in a range of workplace settings understand the importance of safeguarding. It is the duty of all health and care practitioners to promote safe working practices and be vigilant in their protection of, children, young people, adults and themselves.

This unit will also explore the support available to all those involved in incidents of safeguarding.

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

- What does 'duty of care' mean to you?
- What does 'safeguarding' mean to you?
- What would be expected of you in your future career role with regard to keeping children, young people and adults safe?
- Would you know how, and what action to take if a child, young person or adult disclosed abuse to you?

Learning outcomes

In this unit, learners will:

1. understand the context of safeguarding and protection of children, young people and adults
2. understand signs, symptoms and behaviours of abuse
3. understand how to report and record abuse
4. investigate a serious case review

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand the context of safeguarding and protection of children, young people and adults

- **Topic 1.1:** Defining terms associated with safeguarding and abuse
- **Topic 1.2:** Legislation, policies, guidance, codes of practices relating to safeguarding children, young people and adults
- **Topic 1.3:** Working in a safe manner
- **Topic 1.4:** Policies and practices that impact on roles and responsibilities.

Topic 1.1:

Learners will define terms associated with safeguarding and abuse including the following:

- professional responsibility
- duty of care
- safeguarding – including the six principles of safeguarding as identified in the Care Act 2014 (empowerment, prevention, proportionality, protection, partnerships, accountability)
- disclosure - self and others
- potential abuse
- suspected abuse
- harm
- restrictive practices - lawful vs unlawful
- confidentiality
- whistleblowing.

Topic 1.2:

Learners will have an awareness of current legislation, national policies, guidelines and codes of practices relating to safeguarding children, young people and adults, to be able to explain how legislation impacts/influences working practices in health and care:

- government – including the prevent strategy
- local authority – including safeguarding adult boards and adult reviews
- NHS
- Ofsted
- Care Quality Commission (CQC).

Examples could include recent legislation for equality, child protection, early years curriculum, mental capacity and local safeguarding reporting procedures.

Legislation, national policies, guidelines and codes of practices relating to safeguarding children, young people and adults may be subject to change.

Topic 1.3:

Learners will explain the following in respect of safe practice:

- risk assessments, managing risk, informed choices and health and safety
- prevention
- security requirements for visitors
- lone working
- current police checks – e.g. disclosure and barring checks
- safer recruitment – e.g. interviewing process and related checks.

Topic 1.4:

Learners will evaluate how policies and codes of practice impact on roles and responsibilities for:

- managers
- care workers/health care support workers
- those in receipt of care
- other professionals – e.g. social workers, nurses
- family, friends and advocates.

Learning outcome 2: Understand signs, symptoms and behaviours of abuse

- **Topic 2.1:** Types of abuse associated with children, young people and adults
- **Topic 2.2:** Signs and symptoms of abuse
- **Topic 2.3:** Known characteristics of perpetrators and associated behaviours
- **Topic 2.4:** Causes of abuse
- **Topic 2.5:** Why abuse and neglect may be missed or overlooked

Topic 2.1:

Learners will describe all types of abuse and associated and behaviours/indicators:

- sexual – including rape, sexual assault or sexual acts to which a person has not consented, or could not consent or was pressured into consenting
- psychological – including emotional abuse, threats of harm or abandonment, humiliation, bullying
- neglect and acts of omission including ignoring medical or physical care needs, failing to provide access to appropriate health, social care or educational services
- physical – including hitting, slapping, misuse of medication, restraint, breast ironing
- institutional/organisational – regimented routines, staff collusion, stereotyping
- exploitation by gangs and groups - enforced initiation activities, threats of violence, shared sexual partners/prostitution, bribery, use of drugs, modern slavery
- e-abuse – including cyber bullying, sexting and grooming
- financial or material abuse – including theft, fraud, pressure in connection with wills, property
- discriminatory abuse – including racist, sexist, homophobia, transphobia that based on a person's disability, slurs
- self-harm /self-neglect/ attempted suicide / suicide
- domestic abuse.

Topic 2.2

Learners will describe the signs and symptoms of abuse including:

- sexual abuse – for example repeated urinary and genital infections, injuries to genital areas or breasts that do not tally with explanations given, low self-esteem, sexually explicit drawings/artwork
- physical abuse – for example anxiety, agitation, injuries such as cigarette burns, fingertip /unexplained bruising, bite marks, changes in appetite and weight
- psychological abuse – for example sleeplessness, withdrawal and self-isolation, anger, fears and phobias
- financial abuse – for example lack of finances to pay bills, possessions going missing or being sold, unusual interest by another in an individual's finances

- institutional abuse – for example uniform treatment of all those in receipt of care, individuals being forced to follow routines such as set bedtimes, expectations that staff can impose punishments, sanctions or 'withhold privileges'.

Topic 2.3:

Learners will describe potential perpetrators of abuse and associated behaviours:

- people in positions of power, externally and internally
- professionals and other stakeholders including care workers
- family – e.g. immediate, distant
- threats, bribes and rewards
- grooming and targeting
- radicalisation
- ignoring, intentional rejection and belittling.

Topic 2.4:

Learners will explain potential causes of abuse including:

- poverty
- loss of employment
- physical and/or family environment/background
- religious/cultural influences
- mental health and health status – e.g. depression, capacity, dementia, dying
- relationship breakdown
- alcoholism or drug dependency.

Topic 2.5:

Learners will explain why cases of abuse or neglect may be missed including:

- why warning signs may be misinterpreted or ignored or overlooked (intentional or otherwise)
- why individuals may not recognise they have been abused or exploited
- failure to record instances of abuse or neglect.

Learning outcome 3: Understand how to report and record abuse

- **Topic 3.1:** Reporting and recording abuse
- **Topic 3.2:** Support networks for those involved in safeguarding

Topic 3.1:

Learners will describe the following:

- correct procedure for the reporting of potential abuse, suspected abuse and disclosure (this should include references to both current legislation, guidance and whistleblowing policy and practice)
- requirements for the recording of potential abuse, suspected abuse and disclosure (including the use of body maps)
- the importance of information sharing with colleagues, senior managers and others where appropriate.

Topic 3.2

Learners will identify and evaluate internal and external support networks available for those involved in matters of safeguarding including:

- colleagues

- supervisors
- senior managers
- inspectors and regulators
- national support groups
- charities and voluntary organisations
- counselling services
- police
- trade unions
- professional bodies.

Learning outcome 4: Investigate a serious case review

- **Topic 4.1:** Investigating a serious case review

Topic 4.1:

Learners will investigate a national or local serious case review referencing a specific example carrying out the following:

- consideration of relevant recent Safeguarding Reviews (child/adult)
- review recommendations
- impact on care/or care practice.

Topic 4.1 relates to the year one synoptic summative assessment case study requirement.

Guidance for delivery

The "Duty of Care" of adults, children and young people is a core principle, and underpins the work of professionals in the caring sector. The learners need to understand the importance of their role in ensuring the safeguarding of those in their care.

The learner needs to have a fundamental understanding of not only current global, national and local legislation, but also the background to it, and how that informs current policies, procedures and practice in the health and care sector.

Learners need to understand about the wellbeing of adults, children and young people, which includes Maslow's Hierarchy of needs. It is paramount that learners understand the term "holistic care" and embed their practice with safe working practices. In order to understand the complexities of safeguarding, learners must be aware of different religions, cultures, and family units etc. and that every adult, child, and young person is an individual, and must be treated with dignity and respect.

Learners need to have knowledge and understanding of categories of abuse and the behaviours associated with them. It is essential that learners understand how vital it is to adhere to the reporting and recording procedures for all concerned.

Learners should have an understanding of the lessons that can be learnt from serious cases reviews and how this can impact changes to improve working practices.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/Reports

Department for Education: Missed opportunities: indicators of neglect- what is ignored, why and what can be done? (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

Department of Education: Working Together to Safeguard Children (2013)

Reference: DCSF-00305-2010

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf

Department of Education: Keeping children safe in education (2014)

Ref: DFE-00341-2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372753/Keeping_children_safe_in_education.pdf

Skills for Care Briefing: Care Act implications for safeguarding adults (reference learning outcome 1, topic 1.1, six principles of safeguarding)

http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf

Prevention in Adult Safeguarding (2014)
First Published May 2011
By The Social Care Institute for Excellence
http://www.scie.org.uk/publications/reports/report41/

Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work (2005)
http://www.adass.org.uk/AdassMedia/stories/Publications/Guidance/safeguarding.pdf

Transforming Care: A National response to Winterbourne View Hospital
Department of Health and Social Care Review (2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Information: To Share or not to Share? The information Governance Review (2013)
Part of: Making the NHS more efficient and less bureaucratic
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Department for Education: Statutory Framework for the Early Years Foundation Stage (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335504/EYFS_framework_from_1_September_2014__with_clarification_note.pdf

No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)
https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS (2015), Sir Robert Francis QC
http://freedomtospeakup.org.uk/the-report/

Department of Health and Social Care: No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409816/Document.pdf

Local Government Association: Adult safeguarding and domestic abuse - A guide to support practitioners and managers (2013) S Lewis and C Williams
http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

The Criminal Justice and Courts Act 2015 - specific offence in relation to ill-treatment or wilful neglect
http://www.legislation.gov.uk/ukpga/2015/2/pdfs/ukpga_20150002_en.pdf

- Section 20 (ill-treatment or willful neglect: care worker offence).Section 21 (ill-treatment or willful neglect: care provider offence).

- Section 22 (care provider offence: excluded care providers).Section 23 (care provider offence: penalties).
- Section 24 (care provider offence: application to unincorporated associations).Section 25 (care provider offence: liability for ancillary and other offences).

The City & Guilds Pocket Guide to: Power and Empowerment in Health and Social Care
Siobhan Maclean
City & Guilds; 1st edition (May 2012)
ISBN 13: 978-0851932309

Websites

- **www.Doh.gov.uk**
- **www.victoria-climbie-inquiry.org**
- **www.nspcc.org.uk**
- **www.dfes.gov.uk/everychildmatters**
- **www.cqc.org.uk**
- **www.carecommission.com**
- **www.ofsted.gov.uk**
- **www.gov.uk/.../No_secrets**
- **www.isa-gov.org.uk**
- **www.ageuk.org.uk**
- **www.wbhelpline.org.uk/resources/raising-concerns-at-work**
- **www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/**

Unit 306 Safe working in health and care

UAN:	D/507/3184
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of health and safety and to ensure that those who work with children, young people and adults have up-to-date awareness of best practice. This unit will cover topics which include health and safety legalisation which provides the basis of policies and procedures in employment practices.

Learners will also need to understand risk assessment, accuracy in record keeping and the promotion of safe working practices. Learners will understand the importance of keeping care receivers, visitors and themselves safe.

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

- What does “Health and Safety” mean to you?
- What is a risk assessment?
- What is expected of you in your job role in regards to vigilance and keeping everybody safe?
- What action should be taken in the event of an accident or emergency?

Learning outcomes

In this unit, learners will:

1. understand how legislation, policies and procedures should keep everyone safe and healthy
2. understand how to move and handle people and objects safely
3. understand how to apply security measures
4. understand how to apply infection control measures in health and care environments

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand how legislation, policies and procedures should keep everyone safe and healthy

- **Topic 1.1:** Health and safety legislation
- **Topic 1.2:** Policies and procedures
- **Topic 1.3:** Risk assessments
- **Topic 1.4:** Assessing hazards and risks

Topic 1.1:

Learners will describe how legislations and associated regulations impact on health and care provision and why they are in place, including reference to all of the following:

- The Health and Safety at Work Act (1974)
- The Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- The Provision and Use of Work Equipment Regulations (1998)
- The Management of Health and Safety at Work Regulations (1999)
- The Personal Protective Equipment Regulations (1992)
- The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)
- The Manual Handling Operation Regulations (1992)
- The Food Hygiene Regulations (2006)
- Fire Safety Regulations.

Legislation, national policies, guidelines and codes of practices may be subject to change.

With reference to legislation learners will describe the responsibilities under legislations for:

- themselves
- the workplace/employer
- care receivers.

Topic 1.2:

Learners will explain the following:

- the difference between policies and procedures
- how health and safety legislation links to policies and procedures
- what is meant by legal compliance, consistent practice, managerial accountability
- organisational policies and procedures covering health and care – e.g:
    - safe medication administration policies
    - confidentiality and information disclosure
    - record keeping and access to files
    - moving and handling
    - prevention of fire
    - dealing with accidents, emergencies and incidents
    - communicable diseases/infection control
    - safe storage and disposal of waste
    - safety and security of individuals and staff.

Topic 1.3:

Learners will explain the following:

- the difference between a hazard and a risk
- the purpose of a risk assessment - five steps to risk assessments

- hazards and risks/types of risk – e.g. lone working, violence, trips and falls, stress, smoking

Topic 1.4:

Learners will explain considerations when working with hazardous substances for example:

- cleaning products
- medication
- body fluids
- soiled clothes and linen
- clinical waste
- infected waste.

Learners will describe COSHH requirements and safe practices in health and care environments for:

- storing hazardous substances and other materials
- using hazardous substances and other materials
- disposing of hazardous substances and other materials
- proper use of PPE.

Learners will describe those who could be harmed in the workplace and the steps to be taken to reduce or eliminate the risks of accidents, including consideration of:

- types of people at risk
- common hazards
- poor hygiene
- access and egress issues
- ensuring proper supplies of PPE.

Learners will describe requirements for completing a health and safety checklist

Learners will describe actions to be taken in the event of a risk or hazard being identified – e.g. accident and incident forms.

Learning outcome 2: Understand how to move and handle people and objects safely

- **Topic 2.1:** Principles of safe moving and handling
- **Topic 2.2:** Potential risks when transferring care receivers
- **Topic 2.2:** Dignity and respect when moving care receivers
- **Topic 2.4:** Moving and handling equipment and aids

Topic 2.1:

Learners will describe requirements for safe moving and handling as specified under current safe moving and handling legislation/regulations in respect of:

- moving objects in work settings
- supporting people to move - to include relevant anatomy and physiology – e.g. spine care
- use of mobility equipment and aids
- safety and health of staff carrying out the moving and handling.

Topic 2.2:

Learners will describe potential risks when working with people who need care:

- children and young people with physical disability
- those with long-term conditions

- those with cognitive impairment
- people with weight loss or gain
- people with missing limbs
- the elderly
- those in receipt of end of life care
- those with infections.

Topic 2.3:

Learners must explain the importance of, and considerations for, respecting privacy and dignity when working with those in receipt of care and the environment where care can be delivered.

Topic 2.4:

Learners will describe moving and handling equipment required for those in receipt of care identified in topic 2.2. (e.g. walking, into/out of bed, wheelchair/chair, use of bath/shower/wet room and toilet).

Learning outcome 3: Understand how to apply security measures

- **Topic 3.1:** Security measures in health and care environments
- **Topic 3.2:** Fire prevention
- **Topic 3.3:** Reporting accidents

Topic 3.1:

Learners will describe the application of access and security measures in health and care environments including:

- security procedures in closed settings – e.g. signing in books, identification badges
- security procedures in care receivers' properties – e.g. keypads, padlock coding, key safes, video cameras/ intercom
- access issues – e.g. night access
- personal safety – e.g. defensive behaviours of animals, night shifts, lone working, personal alarms.

Topic 3.2:

Learners will describe how fires can start and what can be done to prevent them from spreading.

How they can start including:

- smoking
- candles
- cooking
- electrical faults.

How they can be prevented from spreading:

- electrical checks
- regular fire drills
- fire alarm testing
- use of fire wardens
- fire extinguishers
- fire blankets.

Learners will describe procedures to be followed and their responsibilities in the event of fire:

- how to raise the alarm
- fire exits
- persons responsible for fire safety
- telephone points
- risk assessment for fire
- fire assembly points
- accessing emergency services.

Learners will explain how this applies in different health and care environments including:

- hospital facilities
- care receiver's own home
- hostels
- residential care homes
- nursery/school.

Topic 3.3:

Learners will explain procedures for reporting accidents, including consideration of:

- employee duties (recording and reporting)
- prevention of reoccurrence by ensuring safe working area/training
- RIDDOR
- Health and Safety Executive (HSE) and regulatory bodies – e.g. Care Quality Commission.

Learning outcome 4: Understand how to apply infection control measures in health and care environments

- **Topic 4.1:** Infection routes
- **Topic 4.2:** Preventing the spread of infection
- **Topic 4.3:** Cleaning procedures

Topic 4.1:

Learners will describe routes and types of infection which can enter the body, including all of the following:

- routes:
  - inhalation/respiratory – e.g. Tuberculosis, MRSA, Influenza, Norovirus, SARS-CoV-2 virus
  - ingestion/digestive tract – e.g. Salmonella, Listeria
  - breaks in skin – e.g. Hepatitis A, Hepatitis B
  - contact with the skin – e.g. Scabies.
- types:
  - bacteria
  - viruses
  - fungal
  - protozoal
  - parasites.

Learners will outline reporting procedures in relation to local policies, RIDDOR, HSE and CQC notification.

Topic 4.2:
Learners will explain the recommended method for hand washing – e.g. "wet, soap, wash, rinse, dry" and how this prevents the spread of infection.
Learners will explain when they should wash and/or gel their hands in all of the following:

- when going into and out of health and care environments
- before and after any personal care task
- after handling clinical waste
- before handling food
- after using the toilet
- after removal of protective gloves and aprons
- after blowing their nose
- after contact with animals.

Learners will describe methods of reducing health and hygiene risks to themselves and others with consideration of all of the following:

- Personal Protective Equipment (PPE) – e.g. plastic gloves, plastic aprons, masks, foot coverings
- wearing uniforms
- not wearing jewellery
- ensuring own clothing is clean and appropriate
- using appropriate hair protectors in certain settings or for specific tasks – e.g. beards, head hair
- taking time off work if they are not well and if there is a risk they could spread infection to those being cared for
- use of nail varnish, nail extensions, nail length
- appropriate footwear to the setting
- special considerations in use for Pandemics such as SARS-CoV-2 virus.

Topic 4.3:
Learners will describe the aspects that should be covered in regular cleaning procedures/rotas in health and care environments by themselves and/or others. – e.g. within clinical and social care living environments by specific cleaning teams/individuals.

Guidance for delivery

Examples of health and care environments can be care homes, hospitals, residential settings, peoples own homes etc.

Learners should have access to the completed health and safety checklist/assessment and restrictions when in placement settings.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Websites

Health and safety regulation: A short guide Leaflet HSC13 (rev1) HSE Books 2003 **www.hse.gov.uk/pubns/hsc13.htm**

The health and safety toolbox: How to control risks at work HSG268 HSE Books 2013 ISBN 978 0 7176 6447 4 www.hse.gov.uk/pubns/books/hsg268.htm Microsite: **www.hse.gov.uk/toolbox**

Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice and guidance L24 (Second edition) HSE Books 2013 ISBN 978 0 7176 6583 9 **www.hse.gov.uk/pubns/books/l24.htm**

Fire safety: **www.hse.gov.uk/toolbox/fire.htm**

Prevention and control of infection in care homes: An information resource Department of Health and Social Care/Public Health England **www.gov.uk/government/publications**

Control of substances hazardous to health (COSHH). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Sixth edition) HSE Books 2013 ISBN 978 0 7176 6582 2 **www.hse.gov.uk/pubns/books/l5.htm**

Fire safety risk assessment for residential care premises Department for Communities and Local Government **www.communities.gov.uk/publications/fire/firesafetyrisk5**

Slips and trips in health and care: **www.hse.gov.uk/healthservices/slips**

Safe use of lifting equipment. Lifting Operations and Lifting Equipment Regulations 1998. Approved Code of Practice and guidance L113 HSE Books 1998 ISBN 978 0 7176 1628 2 **www.hse.gov.uk/pubns/books/l113.htm**

Moving and handling in health and social care **www.hse.gov.uk/healthservices/moving-handling.htm**

Reporting injuries, diseases and dangerous occurrences in health and care: Guidance for employers HSIS1 (rev1) HSE 2013 **www.hse.gov.uk/pubns/hsis1.htm**

HSE's risk management site: **www.hse.gov.uk/risk**

The health and safety toolbox: How to control risks at work HSG268 HSE Books ISBN 978 0 7176 6587 7 www.hse.gov.uk/pubns/books/hsg268.htm Microsite: **www.hse.gov.uk/toolbox**

Health and Safety at Work Act **www.hse.gov.uk/legislation/hswa.htm**

Department for Health, The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance July 2015 **www.gov.uk/government/publications**

Unit 307 Understanding cognitive impairment

UAN:	H/507/3185
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to develop an understanding and awareness of cognitive impairments. Having an understanding of these conditions will enable them to feel more knowledgeable in their practice when working with children, young people and adults in independent, residential and community provision. This includes mental health, dementia and learning disabilities.

This unit will also encourage the learner to reflect on their own values behaviours and attitudes towards individuals who are living with cognitive impairments.

This unit will explore care support for individuals in the context of current legislation and integrated care practice.

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

- What is a cognitive disorder and what is cognitive impairment?
- What is meant by 'learning disabilities'?
- What support networks are available to those with cognitive impairment and long-term conditions?
- How old can you be when you get dementia?

Learning outcomes

In this unit, learners will:

1. understand cognitive impairment and associated conditions
2. know the implications for care when working with individuals with cognitive impairment and their care networks
3. understand services involved in supporting individuals with long-term conditions and cognitive impairments

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand cognitive impairment and associated conditions

- **Topic 1.1:** Function of the brain
- **Topic 1.2:** Defining cognitive disorders, impairment and learning disabilities
- **Topic 1.3**: Signs and symptoms of cognitive disorders and impairment
- **Topic 1.4**: Assessing cognitive impairment
- **Topic 1.5:** Learning disabilities and difficulties

Topic 1.1:

The learner will describe key functions of the different parts of the brain which will include:

- the parts of the brain which process and store information
- the parts of the brain which regulate learning
- the parts of the brain which regulate behaviour.

Topic 1.2:

Learners will define the meaning of the terms:

- cognitive disorder
- cognitive impairment
- learning disability.

Topic 1.3:

The learner will explain the following types and causes of cognitive disorders and impairments to include signs and symptoms.

Types may include:

- delirium
- anxiety
- depression
- types of dementia – Alzheimer's, Vascular, Lewy body
- links to other conditions – i.e. Parkinson's disease, Diabetes
- brain injury – from birth or accidental trauma
- substance misuse and addiction
- transient ischemic attacks/Strokes (Cerebral Vascular Episodes - CVE)
- Autistic spectrum disorders
- psychosis
- schizophrenia
- bipolar disorder
- other chemical imbalances (hormone imbalance, some medication).

Signs and symptoms including:

- remembering/memory loss
- concentration/attention span
- difficulty in rational decision making
- difficulty in learning new things
- behavioural changes – in self and with others
- emotional changes – in self and for others
- signs of brain tissue changes/ loss on diagnostic testing.

Topic 1.4:
The learner will explain ways capacity is assessed using current assessment methods and tools for example:

- '6 item cognitive impairment test' (Cognitive Impairment Test Kingshill version 2000).
- MRI scans
- Diagnostic and Statistical Manual of Mental Disorders (DSM) testing scale
- other assessment methods.

Topic 1.5:
The learner will explain learning disabilities with consideration of:

- causes – e.g. genetic and birth injuries
- signs and symptoms
- diagnosis and assessment – e.g. intelligence as a diagnostic tool (IQ test)
- associated behaviours
- potential challenges in transition from childhood to adolescence to adulthood – e.g. behavioural and emotional changes.

Learning outcome 2: Know the implications for care when working with individuals with cognitive impairment and their care networks

- **Topic 2.1:** Types of cognitive impairment
- **Topic 2.2:** Implications of cognitive impairment

Topic 2.1:
Learners will describe different categories and types of cognitive impairment including:

- Mental ill-health – e.g. bipolar, schizophrenia, depression
- congenital – e.g. Down syndrome
- acquired – e.g. addictive substances, trauma, brain damage, stroke
- genetic – e.g. Huntington's disease
- degenerative cognitive conditions – e.g. tumors, motor neuron disease, congenital syphilis, dementia and Alzheimers disease
- life defining medical conditions – e.g. epilepsy, hydrocephaly.

Topic 2.2:
The learner will describe the implications and impact of cognitive impairment on the provision of care services:

- for the individual
- for the care and support they receive
- for partners and family

- the services and provision available.

Learning outcome 3: Understand services involved in supporting individuals with long-term conditions and cognitive impairments

- **Topic 3.1:** Roles of professionals in support
- **Topic 3.2:** Role of charities in support

Topic 3.1:

Learners will explain how health and care professionals may support individuals with cognitive impairments, including:

- social worker
- community psychiatric nurse
- occupational therapist
- paediatric consultant
- independent advocate
- physiotherapist
- GP
- domiciliary care worker
- psychiatrist
- educational psychologist/ psychologist.

Topic 3.2:

Learners will investigate a national charity service available for people with cognitive impairments with reference to their roles and purpose. Charities could include:

- Alzheimer's Association
- Age UK
- Young carers association
- Scope UK
- Mencap
- Parkinson's UK
- Alcoholics Anonymous
- Huntington's disease association (England and Wales)
- The Children's Trust
- Admiral Nurses
- other recognised charities.

Guidance for delivery

Learners should be encouraged to look at expert websites so they can develop methods/resources to help their understanding of cognitive impairment and the current ways people are supported with these conditions. Part of this exercise will enable the learners to understand which websites are trusted and factual.

Many expert groups have excellent videos and materials that are of a standard that can be integrated into the qualification.

Learners need to be reminded continually of the values and principles of respect that are part of working in this sector, as part of this qualification tutors need to continually challenge stereotypes, perceptions and discrimination. They could promote positive role models with cognitive impairment using media reports.

Under topic 3.2 learners could be encouraged to research a charity's role and purpose and to present findings to their peers either individually or in groups.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/reports

City & Guilds textbook L3 Diploma In Care (2018)
Maria Ferreiro Peteiro
ISBN 9781510429093

Excellence in dementia care: research into practice 2010 2nd edition
Murna Downs and Barbara Bowers
Published by Oxford University Press
ISBN 13978033524533

Learning disabilities care: A care workers handbook 2012
Tina Marshall and Layla Baker
Published by Bookpoints Ltd
ISBN 9781444163261

Cognitive impairment causes, diagnosis and treatment 2010
Melanie L Landow
Published by Nova sciences publications
ISBN 9781608762057

Cognitive Psychology2001 3rd edition
Robert J Steinberg
Published by Better World Books ltd
ISBN 9780030379457

Health matters: public health issues- Midlife approaches to reduce dementia risk 2016

Public Health England
https://www.gov.uk/government/collections/health-matters-public-health-issues

Mental Capacity (Amendment) Act 2019
https://nhsproviders.org/media/644128/updated-nhs-providers-briefing-mental-capacity-amendment-act-2019.pdf

Websites

- **www.bild.org.uk**
- **www.learningdisabilitiestoday.co.uk** (online journal)
- **www.alzheimers.org.uk**
- **www.skillsforcare.org.uk**

Unit 308 Understanding individual care needs

UAN:	K/507/3186
Level:	3
GLH:	60

What is this unit about?

People receive care services for a variety of reasons and from a wide variety of professionals and other individuals. The reasons people receive care is growing as is the complexity of their needs. Supporting individual care needs is becoming an increasing part of the role carers regularly undertake, both in community and residential provision.

The purpose of this unit is for learners to develop knowledge and understanding of the care required to support children, young people and adults to be as independent as possible with meeting their own individual care needs. The unit also focuses on the need for care workers to maintain their own wellbeing when caring for others.

Health and care workers are required to work with individuals with a range of differing needs. A range of assessment tools are available to gather and understand information about these needs. This information informs a person centred plan/care plan using a combination of resources and services to meet assessed needs.

In order for health and care workers to be able to meet the needs of care receivers they themselves need to maintain their own health and wellbeing. This unit covers considerations for how this is maintained to ensure a high level of quality care is provided.

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

- What are personal care needs?
- What factors influence the differing needs care receivers have?
- How are care needs assessed and addressed?
- Which values are core to person-centred care?

Learning outcomes

In this unit, learners will:

1. understand what constitutes a holistic approach to meeting individual care needs
2. know ways to meet individual care needs
3. know ways in which care practitioners promote the needs of individuals in respect of their care
4. reflect on what constitutes good practice in delivering personal care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning outcome 1: Understand what constitutes individual care needs

- **Topic 1.1:** Defining individual care needs
- **Topic 1.2:** Individual care needs

Topic 1.1:

The learner will define the meaning of:

- individual care needs
- a holistic approach in meeting individual care needs.

Topic 1.2:

The learner will describe individual care needs associated with the following:

- age/ageing and presenting needs – to include children aged 7-18 years
- gender/transgender
- cognitive and physical impairments
- supporting health and wellbeing of those in receipt of care including their wishes, feelings, hopes and aspirations
- cultural diversities
- environment – access to resources
- lifespan changes
- social needs
- activity needs
- sexuality and sexual needs
- physical needs – including intimate care, use of toilet, bathing, movement
- eating and drinking
- spiritual needs
- the impact of ageing and illness on an individual's care needs.

Learning outcome 2: Know ways to meet individual care needs

- **Topic 2.1:** Packages of care and/or care plans
- **Topic 2.2:** Implementing packages of care and care plans
- **Topic 2.3:** Contributing to packages of care and care plans
- **Topic 2.4:** Reviewing and evaluating packages of care and care plans

Topic 2.1:
The learner will describe concepts, processes and the purpose of accessing initial assessment. This will include types of care packages available and how they link into plans being produced.

The learner will explain the terminology associated with care packages and plans including:

- assessment of need – e.g. theories and models of holistic assessment and concepts of need
- care plan
- care package
- care pathways
- daily plan
- weekly plan
- support plan
- advanced care planning
- end of life plan
- integrated care packages
- triggers for accessing initial assessment, how this links to getting a plan produced
- costing – direct payments or private payments.

Topic 2.2:
The learner will explain the roles of all professionals and others within the care planning and delivery process with consideration of financial and resource, for example:

- care provider
- care worker
- family members and other informal carers
- voluntary organisations
- other professionals – e.g. GPs, social workers, community/MacMillan nurses, advocacy services.

Topic 2.3:
The learner will explain how to contribute to the monitoring of packages of care and care plans including consideration of:

- ongoing triggers for risk assessment
- review of plans and any adjustments
- related documentation – e.g. daily notes and how these are used
- terminology and legal considerations – e.g. accuracy, dates, signatures, legibility
- entry failures and inaccuracies – e.g. alteration of care plans
- falsification checks
- informal reviews
- reporting concerns
- how outcomes are measured and/or achieved and how this is audited.

Topic 2.4:
The learner will explain how to review and evaluate packages of care and care plans including consideration of:

- facilitating a review
- the purpose of review meetings and timings
- involvement of care receiver
- professionals involved
- others – e.g. family and friends.

Learning outcome 3: Know ways in which care practitioners promote the needs of individuals in respect of their care

- **Topic 3.1:** Principles and values of person-centered care
- **Topic 3.2:** Challenges to meeting individual care needs

Topic 3.1:

The learner will explain the meaning of person-centered care approaches, care values and principles, for example:

- commitment to promoting human rights
- seeing people as unique individuals
- promoting choice and self determination
- putting people in control
- individuality/individual empowerment, self-management, self-control and independence of those in receipt of care
- dignity, privacy and respect
- understanding advocacy, capacity, consent and role of independent advocates.

Topic 3.2:

The learner will describe challenges to meeting the needs of individuals including consideration of:

- understanding and implementing relevant codes of practice which apply to children and adult care services
- professional partnerships to ensure an holistic approach
- maintaining dignity and self-esteem of those receiving care
- language and effective communication skills – e.g. tone and inflection
- adjustments for cognitive and physical impairments
- demands and expectation of others – e.g. partners, family members and significant others
- establishing consent
- preventing the abuse of “power”
- co-operation vs non co-operation.

Learning outcome 4: Reflect on what constitutes good practice in delivering personal care

- **Topic 4.1:** Reflecting on good practice in delivering personal care
- **Topic 4.2:** Developing practice through reflection and learning

Topic 4.1:

In the context of the classroom environment, the learner will reflect on practices in delivering personal care with reference to case study examples in respect of providing personal care, good vs bad practice. This might include:

- fluids, nutrition and hydration

- shaving – men and women
- bathing/washing
- mouth care – e.g. teeth, dentures
- use of hearing aids
- use of toilet including support during menstruation
- prosthetics
- feeding
- dressing
- hair care
- skin care – including applications of emollients
- make-up – application and removal
- barrier nursing during infection outbreaks.

Respecting confidentiality, the above might be drawn from learner's individual work practice experience **and/or** other case studies provided by the unit tutor/supervisor.

Topic 4.2:

The learner will develop their knowledge and understanding through their learning and reflection with reference to:

- identifying their own areas of further skill and knowledge development in respect of supporting personal care needs of others, including any anxieties and fears
- consideration of soft skills/behaviours – e.g. rapport, empathy, confidence and humour when working with those in receipt of care
- identifying where and how to access support for further development.

Guidance for delivery

Reflection on work based practice is essential for the delivery of this unit. Learners should be encouraged to reflect on work placement and their and others' practice when meeting personal care needs. Models of good practice should be reflected upon and the promotion of care values should underpin this unit.

Learners should make use of legislation which is current at the time of delivery and the recognition that the law frequently changes. The use of case studies and discussion will be essential for the delivery of this unit in addition to use of video/digital materials.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested learning resources

Books/reports

Level 3 Diploma in Health and Social Care Textbook S. Maclean
City Guilds (2013)
ISBN-13: 978-0851932750

Person-centred dementia care – making service better D. Brooker
Jessica Kingsley Publishers Ltd; 1 edition (2006)
ISBN-13: 978-1843103370

Health matters: public health issues- Midlife approaches to reduce dementia risk 2016
Public Health England
https://www.gov.uk/government/collections/health-matters-public-health-issues

Websites

- Nutrition and hydration **http://www.rcn.org.uk/__data/assets/pdf_file/0004/33898/Nutrition_now_Pamphlet_V7.pdf**
- Care that is culturally appropriate **http://www.nhs.uk/CarersDirect/guide/rights/Pages/cultural-care.aspx**
- Code of Practice on Protecting the Confidentiality of Service User Information **http://www.dhsspsni.gov.uk/confidentiality-code-of-practice0109.pdf**
- People in control of their own health and care **http://www.kingsfund.org.uk/publications/people-control-their-own-health-and-care**
- Domiciliary care provided in people's own homes **http://www.hse.gov.uk/healthservices/domiciliary-care.htm**
- Moving and handling in health and care **http://www.hse.gov.uk/healthservices/moving-handling.htm**
- Social Care Institute for Excellence **http://www.scie.org.uk/**
- National Institute for Health and Care Excellence **http://www.nice.org.uk/**
- Department of Health and Social Care, Social Services and Public Safety (2011) Promoting Good Nutrition: A Strategy for the Good Nutritional Care of Adults in all Care Settings in Northern Ireland 2011-2016 **http://www.dhsspsni.gov.uk/promoting_good_nutrition-2.pdf**
- Care plans **http://www.nhs.uk/Planners/Yourhealth/Pages/Careplan.aspx**
- Skills for Care **http://www.skillsforcare.org.uk**

- **Skills for health/skills for care/health education England**
  July 2017
  www.skillsforhealth.org.uk

Unit 309 Quality service provision in health and care

UAN:	M/507/3187
Level:	3
GLH:	60

What is this unit about?

The purpose of this unit is for learners to gain knowledge and understanding of what constitutes an outstanding care service.

Learners will be required to understand the term 'Quality', how this is defined in respect of regulation and inspection, health and care practice and the experiences of those in receipt of care. Learners will also be expected to understand how quality can be improved and their role in achieving this.

This unit will cover topics such as how legislation and regulation helps to ensure the provision of quality services in health and care is developed and maintained, how quality is measured and the procedures to follow where quality of services and service delivery is compromised.

Learners are encouraged to explore what they would expect if they were in receipt of care services and ways in which they could contribute to achieving improvements where identified in either a professional or personal capacity.

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

- What does 'Quality' mean to you?
- What are your experiences of a good care service?
- What is expected of you in your job role in regards to ensuring a quality service?
- Would you know what action to take if you identified poor care practice?

Learning Outcomes

In this unit, learners will:

1. understand what quality health and care service is or should be
2. investigate quality measures in health and care.

Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

Learning Outcome 1: Understand what quality health and care service is or should be

- **Topic 1.1:** Defining "Quality" and "Compliance"
- **Topic 1.2:** How legislation provides for quality service
- **Topic 1.3:** Measuring quality

Topic 1.1:

Learners will define the meaning of the term "Quality" and "Compliance" in relation to health and care practice from the following perspectives:

- individuals receiving care
- family, friends and advocates
- care practitioners and other professionals
- managers
- inspectors/regulators
- subcontractors of care services
- own personal perspective and/or experiences.

Topic 1.2:

Learners will explain how legislation provides the foundation for policies and procedures which aim to ensure quality services in health and care with consideration of all of the following:

- The Health and Social Care Act (2012) and Care Quality Commission (CQC) regulation and inspection requirements
- The Care Act (2014)
- Health and Social Care (Safety and Quality) Act (2015)
- The Health and Safety at Work Act (1974)
- National Institute for Health and Care Excellence (NICE) standards (2012)
- Ofsted.

The above may be subject to changes within the sector.

Topic 1.3:

Learners will describe types of tools used for measuring quality which could include:

- Care Quality Commission (CQC) inspection grading system, reports and organisations' action plans
- Ofsted inspection grading system, reports and organisations' action plans
- Health and Safety Executive inspections
- case management reviews/audits
- health and safety risk assessments and reviews
- NHS Safety Thermometer – the 'temperature check' on harm for those receiving care
- individual risk assessments and reviews – employer and those receiving support
- support plans and reviews
- complaint records and feedback
- resident meetings and feedback
- staff induction and CPD training records
- staff supervision records
- staff sickness and retention
- internal audits.

Learning Outcome 2: Investigate quality measures in health and care

- **Topic 2.1:** Current quality measures in health and care.
- **Topic 2.2:** Reporting poor quality measures.

Topic 2.1:

- Inspection reports (CQC/Ofsted/internal)
- aspects identified as best practice
- any recommendations for improvement
  how the outcomes of the reports might impact on the quality of care provided.

Topic 2.2:

Learners will explain the procedures that should be followed in the event they identify poor quality service either as a care practitioner or from someone in receipt of care, with consideration of:

- reporting and recording procedures
- channels of escalation – internally and externally
- management responsibilities in maintaining a quality service
- their own responsibilities as care practitioners for maintaining a quality service
- formal complaints
- expressions of concern
- whistleblowing procedures.

Guidance for delivery

Examples of health and care environments can be Care Homes, Hospitals, Residential settings, GP practices etc.

Learners should have guidance to access completed inspection reports and audits related to the work setting and their work placement. It may prove useful for learners to complete this unit following work placements, in order to reflect on experiences to be included in any set project work.

Research under topic 2.1 may be set as a piece of written project work and could be presented as part of a group or in individual format.

In support of this unit tutors are encouraged to incorporate the use of employers and/or other health/care professionals as external speakers to build on the students learning and development.

Suggested Learning Resources

Books/Reports

Department of Health and Social Care Review: Final Report
Transforming care: A national response to Winterbourne View Hospital (2012)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Websites

- **www.cqc.org.uk/**
- **www.skillsforcare.org.uk/Standards/.../National-Occupational-Standards**
- **www.nice.org.uk/standards-and-indicators**
- **www.gov.uk/whistleblowing/overview**
- **www.hse.gov.uk/legislation/hswa.htm**
- **www.gov.uk/.../care-act-2014-statutory-guidance-for-implementat**
- **www.gov.uk/government/organisations/ofsted**

Appendix 1 Abbreviations

The following is a list of abbreviations and explanations used throughout the qualification;

Abbreviation	Explanation
AFILs	Audio frequency induction loops
BAOT	British Association of Occupational Therapists
CQC	Care Quality Commission
COSHH	Control of Substances Hazardous to Health
EYFS	Early Years Foundation Stage
EHRC	Equality and Human Rights Commission
GP	General Practitioner
HSE	Health and Safety Executive
IQ	Intelligence Quotient
MRI	Magnetic Resonance Imaging
MRSA	Meticillin-resistant Staphylococcus Aureusis
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
OFSTED	Office for Standards in Education
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
RCN	Royal College of Nursing
SCIE	Social Care Institute for Excellence
SEN	Special Educational Needs

Appendix 2 Legislations and regulations

The following is a list of legislations and regulations referred to throughout the qualification;

- Care Act (2014)
- Care Certificate (2015)
- Children Act 1989/2004
- Children and Families Act (2014)
- Children and Social Work Act 2017
- Community Care Act (1990)
- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Data Protection Act (2004)
- Education Act (2011)
- Equality Act (2010)
- Food Hygiene Regulations (2006)
- Freedom of Information Act (2000)
- Health and Safety at Work Act (1974)
- Health and Social Care Act (2012)
- Health and Social Care (Safety and Quality) Act 2015
- Human Rights Act (1998)
- Management of Health and Safety at Work Regulations (1999)
- Manual Handling Operation Regulations (1992)
- Mental Capacity (Amendment) Act 2019
- Mental Health Act (2007)
- Nurses Act (2011)
- Personal Protective Equipment Regulations (1992)
- Provision and Use of Work Equipment Regulations (1998)
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013)

Appendix 3 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 **Centres and Training Providers homepage** on **www.cityandguilds.com**.

City & Guilds Centre Manual

This document provides guidance for organisations wishing to become City & Guilds approved centres, as well as information for approved centres delivering City & Guilds qualifications. It covers the centre and qualification approval process as well as providing guidance on delivery, assessment and quality assurance for approved centres.

It also details the City & Guilds requirements for ongoing centre and qualification approval, and provides examples of best practice for centres. Specifically, the document includes sections on:

- the centre and qualification approval process
- assessment, internal quality assurance and examination roles at the centre
- registration and certification of candidates
- non-compliance and malpractice
- complaints and appeals
- equal opportunities
- data protection
- management systems
- maintaining records
- internal quality assurance
- external quality assurance.

Our Quality Assurance Requirements

This document explains the requirements for the delivery, assessment and awarding of our qualifications. All centres working with City & Guilds must adopt and implement these requirements across all of their qualification provision. Specifically, this document:

- specifies the quality assurance and control requirements that apply to all centres
- sets out the basis for securing high standards, for all our qualifications and/or assessments
- details the impact on centres of non-compliance

The **centre homepage** section of the City & Guilds website also contains useful information on

- Walled Garden: how to register and certificate candidates on line
- Events: dates and information on the latest Centre events
- Online assessment: how to register for e-assessments.

Useful contacts

UK learners General qualification information	**E: learnersupport@cityandguilds.com**
International learners General qualification information	**E: intcg@cityandguilds.com**
Centres Exam entries, Certificates, Registrations/enrolment, Invoices, Missing or late exam materials, Nominal roll reports, Results	**E: centresupport@cityandguilds.com**
Single subject qualifications Exam entries, Results, Certification, Missing or late exam materials, Incorrect exam papers, Forms request (BB, results entry), Exam date and time change	**E: singlesubjects@cityandguilds.com**
International awards Results, Entries, Enrolments, Invoices, Missing or late exam materials, Nominal roll reports	**E: intops@cityandguilds.com**
Walled Garden Re-issue of password or username, Technical problems, Entries, Results, e-assessment, Navigation, User/menu option, Problems	**E: walledgarden@cityandguilds.com**
Employer Employer solutions, Mapping, Accreditation, Development Skills, Consultancy	**E: business@cityandguilds.com**

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