

# QUALIFICATION SPECIFICATION

 gateway  
qualifications



## Diploma in Healthcare Support (Level 3)

Access to HE

Apprenticeships

Digital

Employability &  
Enterprise

English & Maths

ESOL

Personal & Social  
Development

Professional  
Development

Vocational



This qualification specification covers the following qualification:

Qualification Number	Qualification Title
603/2504/5	Gateway Qualifications Level 3 Diploma in Healthcare Support

Version and date	Change detail	Section/Page Reference
1.4 (Dec 2022)	Changed back cover, removed address and funding section updated.	Page 10 & 26

## About this qualification specification

This qualification specification is intended for tutors, assessors, internal quality assurers, centre quality managers and other staff within Gateway Qualifications recognised centres and/or prospective centres.

It sets out what is required of the learner in order to achieve the qualification. It also contains information specific to managing and delivering the qualification(s) including specific quality assurance requirements.

The specification should be read in conjunction with the Gateway Qualifications Centre Handbook and other publications available on the website which contain more detailed guidance on assessment and verification practice.

In order to offer this qualification, you must be a Gateway Qualifications recognised centre.

If your centre is not yet recognised, please contact our Development Team to discuss becoming a Gateway Qualifications Recognised Centre:

Telephone: 01206 911211

Email: [enquiries@gatewayqualifications.org.uk](mailto:enquiries@gatewayqualifications.org.uk)

Website: [www.gatewayqualifications.org.uk/recognition](http://www.gatewayqualifications.org.uk/recognition)

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## 1. Qualification Information

### 1.1. About the qualification

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The qualification has been approved by the Office of Qualifications and Examinations Regulation (Ofqual) that regulates qualifications, examinations and assessments in England.

The purpose of the qualification is to confirm the competence of the learner to enable them to work in a healthcare environment and to give employers confidence that the learner has acquired the required skills to work competently in a range of roles.

The qualification has been developed in response to the new Senior Healthcare Support Worker standard as part of the new apprenticeships. These standards were developed by a group of employers to ensure that they best fit the needs of the current and future workforce.

At Level 3 there are separate Diploma qualifications in health and in adult care. These have, at their heart, shared core competences with optional specialisms to meet the requirements of health and adult care services.

The content links with knowledge and skills required for the Apprenticeship Standard Senior Healthcare Support Worker and links with requirements for the National Occupational Standards (NOS) for Health and Social Care. Gateway Qualifications has included content which is applicable to a variety of roles, examples of which are included below:

- Adult Nursing Support
- Mental Health Support
- Allied Health Profession - Therapy Support.

In line with Skills for Health and Skills for Care's agreed position on sharing content, the Level 3 Diploma in Healthcare Support will also use these core competencies. Skills for Health has facilitated the work undertaken collaboratively by those AOs offering the Diploma in Healthcare Support. As part of the development, input has been sought from a number of key stakeholders across the health sector including employers and training providers and the units have been developed and reviewed based on this input. A number of awarding organisations have worked together on the development of the qualification to ensure consistency across the diplomas on offer.

The health sector comprises of over 2 million people who are working in the NHS (public sector) as well as with voluntary and private healthcare providers and employers. The range of roles within the sector is very varied and the NHS careers site lists in the region of 300 different jobs. Individuals are likely to stay within the health sector for the majority of their working lives although they are also likely to change between different job roles and different employers as their career progresses.

There is a range of challenges for the health sector as a whole: an ageing population creates higher demand for services and ongoing care; patients have a greater choice of which services and treatments they access; and the current economic climate means that budgets are tight.

Apprenticeships are one of the many ways in which employers within the health sector are seeking to address some of these increasing pressures. A qualified and competent support workforce is vital to the patient experience and to the smooth running of services. Clinical healthcare support workers tend to have delegated responsibility for a range of tasks which enables the Health Professionals (e.g. nurses, doctors, allied health professionals) to fulfil their own roles more effectively.

Staff working in the health or social care sectors can move between the two, by using the appropriate award for continuing professional development and by obtaining a qualification or units relevant to the new role. Career progression within the health and social care sectors will not always be vertical, it may also be horizontal. New ways of working and new roles are constantly evolving to meet the health and social care needs of the population. These new roles provide staff with opportunities to develop new competencies often described as 'expanded' roles.

## 1.2. Objective

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The objective of the Gateway Qualifications Level 3 Diploma in Healthcare Support is to confirm occupational competence in an occupational role to the standards specified within the Apprenticeship Standard for Senior Healthcare Support.

## 1.3. Key facts

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Qualification Title	Total Qualification Time	Guided Learning	Credit Value
Gateway Qualifications Level 3 Diploma in Healthcare Support	650	382	65

**Total Qualification Time** is the number of notional hours which represents an estimate of the total amount of time that could be reasonably expected to be required for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification.

Total Qualification Time is comprised of the following two elements:

- the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and

an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.



## 1.4. Achievement methodology

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The qualification will be awarded to learners who successfully achieve an approved combination of units through a Portfolio of Evidence that has been successfully verified and monitored through Gateway Qualifications' Quality Assurance process. Achievement is therefore determined by successful completion of unit assessment with no further requirement for additional/summative assessment.

Guidance is provided in Appendix 2 for Employers/Learners/Providers with examples of possible combinations of qualification units that are available for Senior Healthcare Support Worker apprentices which might reasonably fit for different service areas and options in the apprenticeship.

## 1.5. Geographical coverage

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This qualification has been approved by Ofqual to be offered in England.

## 1.6. Progression opportunities

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The qualification is suitable for employment within the health sector as a Senior Healthcare Support Worker, which includes roles as general nursing support, mental health support or allied health profession support.

After a period of working and gaining experience, learners may be able to work towards an Assistant Practitioner or Nursing Associate post or, providing they meet the entry requirements, apply to university to become a registered healthcare practitioner.

## 1.7. Funding

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For information on potential sources of funding in England please visit the Education and Skills Funding Agency:

<https://www.gov.uk/government/organisations/education-and-skills-funding-agency>

<https://www.gov.uk/government/collections/qualifications-approved-for-public-funding>

<https://hub.fasst.org.uk/Pages/default.aspx>

## 1.8. Equality, diversity and inclusion

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It is Gateway Qualifications' aim that there shall be equal opportunities within this organisation and in all the services it provides and within its recognised centres and via the services they provide and so meet the organisation's legal responsibilities to prevent discrimination.

In particular it is the organisation's intention that there should be no discrimination on the grounds of a protected characteristic including age, disability, gender assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. It is acknowledged that this is not an exhaustive list.

## 2. Learner Entry Requirements

### 2.1 Age

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The approved age range for these qualifications is 16-18 and 19+ learners.

### 2.2 Prior qualifications

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There is no requirement for learners to have achieved prior qualifications or units prior to undertaking this/these qualifications. If the qualification is being offered as part of an apprenticeship, apprentices without level 2 English and maths will need to achieve this level prior to taking the end-point assessment.

Industry specific requirement: The apprentice must meet the 15 standards as set out in the Care Certificate.

### 2.3 Prior skills/knowledge/understanding

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There is no requirement for learners to have prior skills, knowledge or understanding. When recruiting as part of an apprenticeship, employers may select apprentices with prior experience as a support worker.

### 2.4 Restrictions

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There are no restrictions to entry, however anyone working within the health sector must hold a DBS certificate.

### 2.5 Access to qualifications for learners with disabilities or specific needs

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Gateway Qualifications and recognised centres have a responsibility to ensure that the process of assessment is robust and fair and allows the learner to show what they know and can do without compromising the assessment criteria.

Gateway Qualification has a duty to permit a reasonable adjustment where an assessment arrangement would put a disabled person at a substantial disadvantage in comparison to someone who is not disabled.

The following adaptations are examples of what may be considered for the purposes of facilitating access, as long as they do not impact on any competence standards being tested:

- adapting assessment materials;
- adaptation of the physical environment for access purposes;
- adaptation to equipment;
- assessment material in an enlarged format or Braille;
- assessment material on coloured paper or in audio format;
- British Sign Language (BSL);

- changing or adapting the assessment method;
- changing usual assessment arrangements;
- extra time, e.g. assignment extensions;
- language modified assessment material;
- practical assistant;
- prompter;
- providing assistance during assessment;
- reader;
- scribe;
- transcript;
- use of assistive software;
- using assistive technology;
- use of CCTV, coloured overlays, low vision aids;
- use of a different assessment location;
- use of ICT/responses using electronic devices.

It is important to note that not all of the adjustments (as above) will be reasonable, permissible or practical in particular situations. The learner may not need, nor be allowed the same adjustment for all assessments.

Learners should be fully involved in any decisions about adjustments/adaptations. This will ensure that individual needs can be met, whilst still bearing in mind the specified assessment criteria for a particular qualification.

A reasonable adjustment for a particular learner may be unique to that individual and may not be included in the list of available access arrangements specified above.

### **Special Considerations**

Requests for special consideration should be submitted as soon as possible. Please refer to the [Reasonable Adjustments and Special Consideration Policy](#).

## **2.6 Additional requirements/guidance**

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There are no additional rules or guidance regarding learner entry requirements.

## **2.7 Recruiting learners with integrity**

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It is vital that centres recruit with integrity with regard to qualifications. Centres must ensure that learners have the correct information and advice on their selected qualification(s) and that the qualification(s) will meet their needs.

The recruitment process must include the centre assessing each potential learner and making justifiable and professional judgements about the learner's potential to successfully complete the assessment and achieve the qualification. Such an assessment must identify, where appropriate, the support that will be made available to the learner to facilitate access to the qualification(s).

## 3. Achieving the Qualification

### 3.1 Achievement methodology

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The qualification will be awarded to learners who successfully achieve an approved combination of units.

**Study Skills for Senior Healthcare Workers (J/616/3584).** Centres must use the externally set assessment provided in Appendix 3 for this mandatory unit. This unit will be internally assessed and subject to external quality assurance.

Remaining units can be achieved through a Portfolio of Evidence that has been successfully verified and monitored through Gateway Qualifications' Quality Assurance process. Achievement is therefore determined by successful completion of unit assessment with no further requirement for additional/summative assessment.

Skills for Health has produced guidance (see Appendix 2) for employers and Senior Healthcare Support Worker apprentices. It illustrates possible combinations of qualification units that are available for Senior Healthcare Support Worker apprentices which might reasonably fit for different service areas and options in the apprenticeship.

The actual combination on units selected remains the responsibility of the employer.

### 3.2 Qualification structure

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The knowledge, skills and understanding that will be assessed as part of the qualification are set out within the unit specifications. These include the learning outcomes and associated assessment criteria.

For information on Recognition of Prior Learning/ please see section **3.2 Recognition of Prior Learning (RPL)**

## Gateway Qualifications Level 3 Diploma in Healthcare Support

Learners must achieve a minimum of 65 credits with at least 37 credits at level 3 or above. All units must be achieved from the mandatory group which includes 12 credits at Level 2 and 33 credits at Level 3, a total of 45 credits. The remaining credits must be taken from the optional group with a maximum of 16 credits taken at level 2 from this group.

### Mandatory

Learners must achieve all units from this group.

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
J/616/3052	SFH052	Causes and spread of infection	2	2	20	20
R/501/6738	SFH136	Cleaning, decontamination and waste management	2	2	20	20
K/616/3061	SFH140	Duty of care in care settings	3	1	8	10
L/616/3053	SFH069	Promote communication in care settings	3	3	25	30
D/616/3056	SFH078	Promote effective handling of information in care settings	3	2	16	19
M/616/3062	SFH175	Promote equality and inclusion in care settings	3	2	18	20
A/616/3050	SFH043	Promote health, safety and wellbeing in care settings	3	6	45	55
R/616/3040	SFH004	Promote personal development in care settings	3	3	10	30
T/616/3063	SFH178	Promote person-centred approaches in care settings	3	6	39	57
R/616/3054	SFH075	Responsibilities of a care worker	2	2	16	20
K/616/3044	SFH008	Safeguarding and protection in care settings	2	3	26	33
J/616/3584	SFH201	Study Skills for Senior Healthcare Workers	3	4	15	40
K/616/3058	SFH100	The principles of infection prevention and control	2	3	30	30
H/616/3057	SFH079	Understand mental health problems	3	3	16	28
A/616/3047	SFH044	Understand mental well-being and mental health promotion	3	3	20	28

## Optional

Learners must achieve at least 20 credits from this group. No more than 16 credits can be at Level 2.

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/616/3146	SFH001	Understand Advance Care Planning	3	3	25	30
R/616/3149	SFH005	Support individuals who are bereaved	3	4	30	40
L/616/3151	SFH006	Support individuals to access and use information about services and facilities	2	3	20	30
Y/616/3153	SFH009	Prepare for and carry out extended feeding techniques	3	4	27	40
H/616/3155	SFH010	Provide support to individuals to continue recommended therapies	3	3	20	30
F/616/3163	SFH011	Assist in the administration of medication	2	4	25	40
H/616/3169	SFH012	Insert and secure nasogastric tubes	3	4	30	40
Y/616/3170	SFH013	Coordinate the progress of individuals through care pathways	3	4	10	40
D/616/3171	SFH014	Undertake personal hygiene activities with individuals	2	3	24	32
H/616/3172	SFH015	Support individuals with speech and language disorders to develop their communication skills	3	4	28	40
K/616/3173	SFH019	Facilitate and monitor housing and accommodation services to support individuals with mental health needs	3	5	32	50
M/616/3174	SFH020	Collaborate in the assessment of environmental and social support in the community	3	4	23	40
T/616/3175	SFH022	Support individuals to manage their finances	3	3	20	30
A/616/3176	SFH023	Support individuals to carry out their own health care procedures	2	2	15	20
F/616/3177	SFH024	Obtain venous blood samples	3	3	24	30
J/616/3360	SFH025	Implement therapeutic group activities	3	4	25	40
L/616/3361	SFH026	Collate and communicate health information to individuals	3	2	10	20
Y/616/3363	SFH027	Provide information and advice to individuals on eating to maintain optimum nutritional status	3	5	38	50

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
K/616/3366	SFH028	Assist in the implementation of programmes to increase mobility, movement and functional independence	3	4	28	40
A/616/3372	SFH031	Make recommendations for the use of physical resources in a health setting	3	4	15	35
F/616/3373	SFH032	Contribute to the discharge of individuals to carers	2	1	11	16
L/616/3375	SFH033	Communicate with individuals about promoting their health and wellbeing	3	3	15	30
D/616/3378	SFH034	Maintaining quality standards in the health sector	2	2	13	20
H/616/3379	SFH035	Support individuals during the last days of life	4	5	40	50
Y/616/3380	SFH036	Assist individuals who have mental health problems when they are transferring between agencies and services	3	2	6	17
D/616/3381	SFH038	Promote positive behaviour	3	6	44	60
H/616/3382	SFH040	Support individuals to access and use services and facilities	3	4	25	37
K/616/3383	SFH041	Provide support for leisure activities	2	3	20	30
T/616/3385	SFH042	Support individuals to meet personal care needs	2	2	16	20
M/616/3434	SFH045	Carry out vision screening	3	4	34	41
T/616/3435	SFH046	Assist professionals to support individuals from diverse linguistic and cultural backgrounds to access speech and language therapy services	3	5	35	52
A/616/3436	SFH047	Implement hydrotherapy programmes for individuals and groups	3	5	35	50
F/616/3437	SFH048	Deliver exercise sessions to improve individuals' health and wellbeing	3	5	32	50
J/616/3438	SFH051	Conduct hearing assessments	3	4	15	38
L/616/3439	SFH053	Support individuals to access education, training or employment	4	4	31	40
F/616/3440	SFH055	Support individuals to access and manage direct payments	4	4	20	35
J/616/3441	SFH056	Work in partnership with families to support individuals	3	3	27	30
L/616/3442	SFH057	Provide support for mobility	2	2	14	20



Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
R/616/3443	SFH058	Support individuals to develop and run support groups	3	3	24	30
Y/616/3444	SFH059	Perform first line calibration on clinical equipment to ensure it is fit for use	3	3	20	25
H/616/3446	SFH060	Monitor and review individuals progress in relation to maintaining optimum nutritional status	3	3	26	30
D/616/3445	SFH061	Give presentations to groups	3	3	26	28
K/616/3447	SFH062	Support individuals in undertaking their chosen activities	3	4	24	35
M/616/3448	SFH063	Conduct external ear examinations	3	4	28	35
T/616/3449	SFH064	Control the use of physical resources in a health setting	3	3	25	32
K/616/3450	SFH065	Assist others to plan presentations	2	2	16	17
H/616/3477	SFH067	Service improvement in the health sector	3	3	20	30
K/616/3481	SFH068	Support individuals to manage their own recovery from mental health problems	3	3	10	25
R/616/3605	SFH071	Understand the process of dementia	3	3	22	30
L/616/3487	SFH072	Move and position individuals in accordance with their care plan	2	4	26	40
R/616/3488	SFH073	Support individuals to manage continence	2	3	19	30
Y/616/3489	SFH076	Obtain and test specimens from individuals	2	2	15	24
L/616/3490	SFH077	Undertake urethral catheterisation processes	3	4	28	40
R/616/3491	SFH080	Understand the legal, policy and service framework in mental health	3	5	16	50
Y/616/3492	SFH081	Perform routine Electrocardiograph (ECG) Procedures	3	4	30	40
D/616/3493	SFH082	Prepare individuals for healthcare activities	2	2	9	17
H/616/3494	SFH083	Undertake treatments and dressings of lesions and wounds	3	4	23	39
K/616/3495	SFH084	Assist in planning and evaluating learning activities	2	3	22	30
M/616/3496	SFH085	Adapt and fit healthcare equipment, medical devices, assistive technology, or products, to meet individuals' needs	3	6	37	60
T/616/3497	SFH086	Assist the practitioner to carry out health care activities	2	2	13	18
A/616/3498	SFH087	Administer oral nutritional products to individuals	3	4	23	41

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/616/3499	SFH088	Inform an individual of discharge arrangements	2	2	10	16
K/616/3500	SFH089	Supporting individuals with loss and grief before death	3	2	5	22
M/616/3501	SFH090	Support individuals to access housing and accommodation services	3	4	31	40
T/616/3502	SFH091	Provide support to manage pain and discomfort	2	2	15	18
A/616/3503	SFH092	Select and wear appropriate personal protective equipment for work in healthcare settings	2	2	15	20
J/616/3505	SFH093	Develop and prepare speech and language therapy resources for alternative and augmentative communication (AAC) use	3	4	25	37
L/616/3506	SFH094	Carry out wound drainage care	3	4	23	38
R/616/3507	SFH095	Monitor and maintain the environment and resources during and after health care activities	2	3	20	26
D/616/3509	SFH098	Care for individuals with naso-gastric tubes	3	3	19	31
R/616/3510	SFH101	Understanding Suicide Interventions	4	6	43	60
Y/616/3511	SFH102	Awareness of the Mental Capacity Act 2005	3	3	28	30
D/616/3512	SFH106	Provide support to maintain and develop skills for everyday life	3	4	28	40
H/616/3513	SFH107	Support individuals who are distressed	2	3	21	30
K/616/3514	SFH108	Facilitate learning and development activities to meet individual needs and preferences	3	5	35	46
M/616/3515	SFH109	Support individuals undergoing healthcare activities	2	3	22	30
T/616/3516	SFH110	Enable individuals to develop strategies to manage their behaviour	3	8	41	80
A/616/3517	SFH111	Support positive risk taking for individuals	3	4	32	35
J/616/3519	SFH112	Carry out intravenous infusion	3	4	22	37
A/616/3520	SFH113	Reprocess endoscopy equipment	3	4	30	40
F/616/3521	SFH114	Support individuals with cognition or learning difficulties	3	5	34	50
L/616/3523	SFH115	Assist in testing individuals' abilities prior to planning physical activities	3	5	38	50

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
R/616/3524	SFH118	Support individuals to manage dysphagia	4	5	35	45
Y/616/3525	SFH119	Provide advice on foot care for individuals with diabetes	4	4	31	37
D/616/3526	SFH121	Support the spiritual wellbeing of individuals	3	3	26	30
K/616/3528	SFH122	Managing symptoms in end of life care	3	4	30	38
M/616/3529	SFH123	Recognise indications of substance misuse and refer individuals to specialists	3	4	24	40
K/616/3531	SFH124	Support individuals during a period of change	3	4	29	39
M/616/3532	SFH125	Support individuals to eat and drink	2	2	15	20
T/616/3533	SFH126	Contribute to monitoring the health of individuals affected by health conditions	2	2	18	20
A/616/3534	SFH127	Perform intravenous cannulation	4	5	36	46
F/616/3535	SFH128	Care for individuals with urethral catheters	3	4	30	40
J/616/3536	SFH129	Conduct routine maintenance on clinical equipment	3	4	30	40
R/616/3538	SFH130	Assist and support individuals to use alternative and augmentative communication systems (AAC)	3	5	35	50
Y/616/3539	SFH134	Deliver training through demonstration and instruction	3	3	21	29
L/616/3540	SFH135	Support individuals during emergency situations	3	3	27	30
R/616/3541	SFH137	Principles of Health Promotion	2	2	13	20
Y/616/3542	SFH138	Promotion of general health and wellbeing	2	2	12	20
D/616/3543	SFH139	Enable individuals with mental health problems to develop alternative coping strategies	4	4	16	40
H/616/3544	SFH143	Provide agreed support for foot care	2	3	23	30
M/616/3546	SFH144	Contribute to the care of a deceased person	2	3	24	30
A/616/3548	SFH145	Undertake physiological measurements	3	3	23	30
F/616/3549	SFH147	Understand mental health interventions	3	4	14	40
A/616/3551	SFH148	Understand care and support planning and risk management in mental health	3	4	14	40
J/616/3553	SFH149	Effective communication and building relationships in mental health work	3	5	17	50

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
Y/616/3556	SFH150	Carry out blood collection from fixed or central lines	3	4	30	40
H/616/3558	SFH151	Undertake stoma care	3	4	30	40
D/616/3560	SFH153	Advise and inform individuals on managing their condition	3	5	36	46
K/616/3562	SFH154	Assist others to monitor individuals' progress in managing dysphagia	3	5	38	50
T/616/3564	SFH155	Support carers to meet the care needs of individuals	3	4	30	40
J/616/3603	SFH157	End of life and dementia care	3	2	10	20
A/616/3145	SFH160	Support individuals to prepare for and settle in to new home environments	3	3	23	30
T/616/3144	SFH161	Support individuals with specific communication needs	3	5	35	50
M/616/3143	SFH162	Support independence in the tasks of daily living	2	5	37	47
K/616/3142	SFH163	Undertake agreed pressure area care	2	4	30	40
H/616/3141	SFH164	Obtain and test capillary blood samples	3	4	30	40
D/616/3140	SFH165	Support individuals at the end of life	3	6	50	60
K/616/3139	SFH166	Remove wound drains	3	4	34	41
H/616/3138	SFH167	Develop activities and materials to enable individuals to reach specific communication goals	3	5	38	50
Y/616/3136	SFH172	Obtain a client history	3	3	22	32
L/616/3134	SFH173	Manage the availability of physical resources to meet service delivery needs in a health setting	3	5	33	50
F/616/3129	SFH174	Administer medication to individuals and monitor the effects	3	5	30	50
J/616/3133	SFH177	Support individuals to live at home	3	4	29	37
A/616/3128	SFH179	Undertake tissue viability risk assessments	3	3	16	27
T/616/3127	SFH180	Provide support for sleep	2	2	13	20
M/616/3126	SFH181	Enable mental health service users and carers to manage change	3	3	11	28
K/616/3125	SFH182	Manufacture equipment or medical devices for individuals within healthcare	3	4	30	
H/616/3124	SFH183	Carry out arterial puncture and collect arterial blood	3	4	30	40

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
D/616/3123	SFH184	Provide support for individuals with communication and interaction difficulties	3	5	39	50
Y/616/3122	SFH185	Monitor individuals' progress in relation to managing their body weight and nutrition	3	3	26	30
R/616/3121	SFH186	Assist in implementing treatment programmes for individuals with severely reduced movement/mobility	3	5	29	50
L/616/3120	SFH188	Remove wound closure materials	2	3	24	34
R/616/3118	SFH190	Examine the feet of people with diabetes	3	3	18	29
L/616/3117	SFH191	Understand end of life care for individuals with specific health needs	3	4	21	42
F/616/3115	SFH192	Understand long term conditions and frailty	3	3	20	30
M/616/3112	SFH193	Human structure and functionality	2	8	20	80
K/616/3111	SFH195	Understand the administration of medication	3	3	24	30
K/616/3075	SFH197	Assist in the administration of oxygen	3	5	40	50
Y/616/3069	SFH198	Understand the context of supporting individuals with learning disabilities	3	4	35	40
J/616/3066	SFH199	Care for the elderly	2	2	10	15
A/616/3064	SFH200	Interact and support individuals using telecommunications	3	5	36	50

### 3.3 Recognition of prior learning

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Recognition of Prior Learning (RPL) provides learners and Centres with an alternative assessment method by which a learner's previous achievements can meet the assessment requirements for a unit/qualification through the knowledge, understanding or skills that they already possess and so, do not need to develop these through a course of learning.

It enables the recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable to contribute to a unit, units or a whole qualification according to the RPL criteria for a given qualification.

The recognition of prior learning is permitted for this qualification and includes the prior attainment of units on a qualification offered by Gateway Qualifications, e.g. where a learner progresses from a smaller qualification to a larger qualification and where the qualifications have shared content such as an Award, Certificate and/or Diploma.

### 3.4 Links to other qualifications

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This qualification contains shared mandatory content with the Level 3 Diploma in Adult Care. Some of the mandatory units are included within the Level 2 Diploma in Care which contains content relevant to working either in the health or adult care sectors. It forms part of the on programme assessment for the Senior Healthcare Support Worker apprenticeship standard.

## 4. Assessment and Quality Assurance

The following are in addition to the standard assessment and quality assurance requirements set out in the Gateway Qualifications Centre Handbook.

### 4.1 Method of assessment

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The method of assessment for the qualification is through a portfolio of evidence.

An assessment task and guidance is provided in Appendix 3 for the mandatory unit, **Study Skills for Senior Healthcare Support Workers**.

### 4.2 Assessment materials

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The **Study Skills for Senior Healthcare Support Workers** is a mandatory unit within the Level 3 Diploma in Healthcare Support. The Study Skills unit should be assessed via an extended piece of writing or a project which can also be used as evidence towards the assessment of other units within the qualification. Centres must refer to the assessment guidance in Appendix 3 and use the assessment task provided.

Centres may design their own assessment tasks for all other units but all assessment must be in line with Skills for Health's Assessment Principles (see Appendix 4).

### 4.3 Assessment guidance

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Please refer to Appendix 3 on guidance for the Study Skills for Senior Healthcare Support mandatory unit.

### 4.4 Qualification-specific centre requirements

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Centres must ensure that they have the appropriate resources in place when delivering performance units from vocational areas. Learners must be registered with the Awarding Organisation before formal assessment commences.

Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learners' normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

Competence based units must include direct observation in the workplace as the primary source of evidence. Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

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

Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

#### **4.5 Qualification-specific tutor/assessor requirements**

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Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. The assessor should hold, or be working toward, a formal assessor qualification, e.g. Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify.

#### **4.6 Qualification-specific quality assurance requirements**

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

Those responsible for internal quality assurance should hold formal internal quality assurance qualifications e.g. Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify.

#### **4.7 Additional requirements/guidance**

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There are no additional requirements that Learners must satisfy in order for assessment to be undertaken and the unit/qualification to be awarded.



## 5. What to do next

For existing centres please contact your named Development Manager or Development Officer.

For organisations, not yet registered as Gateway Qualifications centre please contact:

Tel: 01206 911211

Email: [enquiries@gatewayqualifications.org.uk](mailto:enquiries@gatewayqualifications.org.uk)

## 6. Gateway Qualifications

Gateway Qualifications, a not for profit registered charity, is an Awarding Organisation based in Colchester.

We work with learning providers and industry experts to design and develop qualifications that benefit the learner and the employer.

We support flexible, responsive and quality assured learning opportunities whether it's in the classroom, at work, in the community or through distance learning.

We are recognised by Ofqual, to design, develop and submit qualifications to the Regulated Qualifications Framework (RQF).

## 7. Appendices

### Appendix 1 – Mandatory Unit Details

#### Causes and spread of infection

<b>Unit Number:</b>	J/616/3052
<b>Standard Identifier</b>	SFH052
<b>Level:</b>	2
<b>Credit Value:</b>	2
<b>GLH:</b>	20
<b>TQT:</b>	20
<b>Unit Aim:</b>	SFH052- This unit is to enable the learner to understand the causes of infection and common illnesses that may result as a consequence. To understand the difference between both infection and colonisation and pathogenic and non-pathogenic organisms, the areas of infection and the types caused by different organisms. In addition, the learner will understand the methods of transmission, the conditions needed for organisms to grow, the ways infection enters the body and key factors that may lead to infection occurring.

This unit has 2 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1 Understand the causes of infection.	1.1 Identify the differences between bacteria, viruses, fungi and parasites. 1.2 Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites. 1.3 Describe what is meant by infection and colonisation. 1.4 Explain what is meant by systemic infection and localised infection. 1.5 Identify <b>poor practices</b> that may lead to the spread of infection. 1.6 Identify how an understanding of poor practices, can be applied to own professional practice.

<b>Learning Outcomes</b>	<b>Assessment Criteria</b>
<b>The learner will:</b>	<b>The learner can:</b>
2 Understand the transmission of infection.	2.1 Explain the conditions needed for the growth of micro-organisms. 2.2 Explain the ways an infective agent might enter the body. 2.3 Identify common sources of infection. 2.4 Explain how infective agents can be transmitted to a person. 2.5 Identify the key factors that will make it more likely that infection will occur. 2.6 Discuss the role of a national public health body in communicable disease outbreaks.

**Indicative Content: Causes and spread of infection****Learning Outcome 1:**

Learners must be able to define the causes of infection and identify the differences between them including:

- Bacterial
- Viral
- Fungal and
- Parasitical infection

They must identify a range of illnesses and infections caused by these types of infection for example:

- Bacteria – pneumonia, meningitis, food poisoning
- Virus – common cold, chicken pox, shingles, human immunodeficiency virus (HIV)
- Fungi – ringworm, fungal eye infection, athlete's foot
- Parasites – malaria, scabies, head lice

They should know what the following terms mean:

- Infection – an invasion and multiplication of micro-organisms such as bacteria, viruses and parasites that are not normally present in the body.
- Colonisation – the development of a bacterial infection without causing a disease inside the person
- Systemic infection – affects the entire body rather than one single organ or body part
- Localised infection – only affects one body part or organ rather than the whole body.

**Poor practices:** soiled linen and clinical waste should be covered for 1.5 and 1.6.

Learners should be able to give examples of how they can avoid poor practices in their own professional practice, for example:

- changing linen when it is soiled
- disposing of clinical waste appropriately
- ensuring good handwashing techniques
- ensuring clean work areas when changing dressings
- wearing the appropriate personal protective equipment (PPE) provided.

**Learning Outcome 2:**

Learners must be able to explain what the conditions are needed for the growth of micro-organisms, for example:

- warm temperature
- moisture
- environmental PH
- environmental oxygen.

### Indicative Content: Causes and spread of infection

They should be able to explain the ways an infective agent might enter the body, for example through:

- eyes
- nose
- mouth
- open wounds and bites

The learner should be able to identify common sources of infections such as:

- food
- water
- poor hygiene
- animals
- sick people.

They should be able to explain how infective agents can be transmitted to a person, for example through:

- droplet contact
- direct contact
- sexual contact
- indirect contact

They should be able to identify the key factors that will make it more likely that infection will occur for example:

- an individual's immune system being low
- an individual not being immunized
- the misuse of PPE
- contaminated areas and equipment.

## Understand mental well-being and mental health promotion

**Unit Number:** A/616/3047

**Standard Identifier:** SFH044

**Level:** Level 3

**GLH:** 20

**TQT:** 28

**Unit Aim:** SFH044- This unit aims to provide the learner with an understanding of the key concepts of mental wellbeing, mental health and mental health promotion. It focuses on the range of factors that can influence mental wellbeing and how to effectively promote mental wellbeing and mental health with individuals and groups in a variety of contexts, not just specialist mental health services.

The unit has 2 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>1. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both across the life span.</p>	<p>1.1 Evaluate two different views on the nature of mental well-being and mental health.</p> <p>1.2 Explain the range of factors that may influence mental well-being and mental health problems across the <b>life span</b>, including:</p> <ul style="list-style-type: none"> <li>• biological factors</li> <li>• social factors</li> <li>• psychological factors</li> <li>• emotional factors</li> </ul> <p><b>Life span</b> – learners are expected to demonstrate their understanding of how factors arising from individuals' early lives may influence their well-being as adults and the potential impact of levels of well-being in later life. This is in order to promote a holistic and whole-person approach to understanding well-being and mental health.</p> <p>1.3 Explain how <b>risk factors</b> and <b>protective factors</b> influence levels of resilience in <b>individuals</b> and groups in relation to mental well-being and mental health.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p><b>Risk factors:</b> including inequalities, poor quality social relationships</p> <p><b>Protective factors:</b> including socially valued roles, social support and contact</p> <p><b>Individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learner.</p>
<p>2. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups.</p>	<p>2.1 Explain the steps that an individual may take to promote their mental well-being and mental health.</p> <p>2.2 Explain how to support an individual in promoting their mental well-being and mental health.</p> <p>2.3 Evaluate a strategy for supporting an individual in promoting their mental well-being and mental health.</p> <p>2.4 Describe key aspects of a local, national or international strategy to promote mental well-being and mental health within a group or community.</p> <p>2.5 Evaluate a local, national or international strategy to promote mental well-being and mental health within a group or community.</p>

**Indicative Content: Understand mental well-being and mental health promotion****Learning Outcome 1:**

Learners are required to 'explain the range of factors that may influence mental well-being and mental health problems across the life span'.

The qualification is aimed at those working with people aged over the age of 18, but learners are expected to demonstrate their understanding of how factors arising from individuals' early lives may influence their well-being as adults and the potential impact of levels of well-being in adulthood on their well-being in later life.

This is in order to promote a holistic and whole person approach to understanding well-being and mental health.

Learners are not expected to have a detailed understanding of mental health issues for children and young people or older people.

**Biological factors** - These are the physical causes that can affect a person's mental health. They can include genetic and hereditary dispositions that could lead to an increased risk of mental health issues, physical injuries (such as head wounds), trauma suffered during pregnancy, problems with diet or vitamin deficiencies, certain infection or diseases that have symptoms which manifest as mental illnesses as well as substance abuse by the patient.

**Social and emotional factors** - These are the factors caused by a person's surroundings or events which happen to them. Stress caused by work, neighbours, financial trouble or the loss of a loved one can all contribute to mental health problems as well as trauma suffered as a child.

Unlike physical factors, environmental factors are more psychologically based and are usually treated through psychotherapy and counselling.

Psychological factors include:

- severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- an important early loss, such as the loss of a parent
- neglect
- poor ability to relate to others.

**Learning Outcome 2:**

Learners should be able to explain the steps that an individual may take to promote their mental well-being and mental health such as:

- connecting with people around them
- being active
- eating healthy foods
- learning new things



**Indicative Content: Understand mental well-being and mental health promotion**

- giving to others
- being mindful.

They should be able to explain how to help an individual to promote their mental well-being such as by:

- listening to them
- respecting them
- encouraging them.

They should be able to evaluate local, national and international strategies designed to help the individual by, for example:

- planning activities
- giving them confidence
- communication - listening and talking to them.

This could include strategies developed by national charities such as Mind or government initiatives such as the 'No health without mental health' implementation framework.

## Understand mental health problems

**Unit Number:** H/616/3057

**Standard Identifier:** SFH079

**Level:** Level 3

**Credit Value:** 3

**GLH:** 16

**TQT:** 28

**Unit Aim:** SFH079- This unit aims to provide the learner with knowledge of the main forms of mental ill health according to the psychiatric classification system. Learners also consider the strengths and limitations of this model and look at alternative frameworks for understanding mental distress. The focus of the unit is on understanding the different ways in which mental ill health may affect the individual and others in their social network. It also considers the benefits of early intervention in promoting mental health and well-being.

The unit has 2 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand the types of mental ill health.	1.1 Describe the following types of mental ill health according to the psychiatric (DSM/ICD) classification system: <ul style="list-style-type: none"> <li>• mood disorders,</li> <li>• personality disorders,</li> <li>• anxiety disorders,</li> <li>• psychotic disorders,</li> <li>• substance-related disorders,</li> <li>• eating disorders,</li> <li>• cognitive disorders</li> </ul> 1.2 Explain the key strengths and limitations of the psychiatric classification system. 1.3 Explain alternative frameworks for understanding mental distress. 1.4 Explain indicators of mental ill health.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>2. Understand the impact of mental ill health on individuals and others in their social network.</p>	<p>2.1 Explain how <b>individuals</b> experience discrimination.</p> <p><b>Individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learners.</p> <p>2.2 Explain the <b>effects</b> mental ill health may have on an individual.</p> <p>2.3 Explain the effects mental ill health may have on those in the individual's familial, social or work network.</p> <p>2.4 Explain how to intervene to promote an individual's mental health and well-being.</p>

**Indicative Content: Understand mental health problems****Learning Outcome 1:**

Learners should be able to demonstrate knowledge of how types of mental health are categorised, by their main signs and symptoms using the two main categorisation techniques - the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). They should be able to describe the strengths and limitations of the two systems.

They should be able to demonstrate knowledge of how the system attempts to draw a line between mental health and mental disorders.

Learners DO NOT need to demonstrate detailed knowledge of each disorder within each category.

They should be able to identify alternative frameworks used to identify mental distress, for example, the biological, medical or behavioural frameworks.

They should be able to identify key indicators of mental ill health, for example:

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Alcohol or drug abuse
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Suicidal thinking

Sometimes symptoms of a mental health disorder appear as physical problems, such as stomach pain, back pain, headache, or other unexplained aches and pains.

**Learning Outcome 2:**

Assessment criteria 2.2 and 2.3 should cover:

**Effects:**

- psychological and emotional impacts
- behaviour
- physical health
- practical and financial impacts
- the impact of using services
- social exclusion
- positive impacts

**Indicative Content: Understand mental health problems**

Learners should be able to explain what effects mental ill disorders have on the individual and the people around them and how they would intervene to help promote their well-being.

This should include:

- psychological and emotional impacts
- behaviour
- physical health
- practical and financial impacts
- the impact of using services
- social exclusion
- positive impacts.

## The principles of infection prevention and control

**Unit Number:** K/616/3058

**Standard Identifier:** SFH100

**Level:** Level 2

**Credit Value:** 3

**GLH:** 30

**TQT:** 30

**Unit Aim:** SFH100- To introduce the learner to national and local policies in relation to infection control; to explain employer and employee responsibilities in this area; to understand how procedures and risk assessment can help minimise the risk of an outbreak of infection. Learners will also gain an understanding of how to use PPE correctly and the importance of good personal hygiene.

The unit has 6 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand own and other's roles and responsibilities in the prevention and control of infections.	1.1 Explain employees' roles and responsibilities in relation to the prevention and control of infection. 1.2 Explain employers' responsibilities in relation to the prevention and control of infection.
2. Understand legislation and policies relating to prevention and control of infections.	2.1 Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection. 2.2 Identify local and organisational policies relevant to the prevention and control of infection.
3. Understand systems and procedures relating to the prevention and control of infections.	3.1 Describe procedures and systems relevant to the prevention and control of infection. 3.2 Explain the potential impact of an outbreak of infection on the <b>individual</b> and the organisation.  <b>Individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learner.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
4. Understand the importance of risk assessment in relation to the prevention and control of infections.	4.1 Define the term risk. 4.2 Outline potential risks of infection within the workplace. 4.3 Describe the process of carrying out a risk assessment. 4.4 Explain the importance of carrying out a risk assessment.
5. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections.	5.1 Demonstrate correct use of PPE. 5.2 Identify different types of PPE. 5.3 Explain the reasons for use of PPE. 5.4 State current relevant regulations and legislation relating to PPE. 5.5 Describe employees' responsibilities regarding the use of PPE. 5.6 Describe employers' responsibilities regarding the use of PPE. 5.7 Describe the correct practice in the application and removal of PPE. 5.8 Describe the correct procedure for disposal of used PPE.
6. Understand the importance of good personal hygiene in the prevention and control of infections.	6.1 Describe the key principles of good personal hygiene. 6.2 Demonstrate good hand washing technique. 6.3 Identify the correct sequence for hand washing. 6.4 Explain when and why hand washing should be carried out. 6.5 Describe the types of products that should be used for hand washing. 6.6 Describe correct procedures that relate to skincare.

**Indicative Content: Principles of infection prevention and control****Learning Outcome 1:**

Learners should be able to explain the roles and responsibilities of employees, for example:

- following cleaning schedules
- completing records
- reporting infection control issues
- using the appropriate personal protective equipment (PPE).

They should also be able to explain the employer's roles and responsibilities such as:

- standard infection control precautions (SICP)
- assessing risk of exposure to infections
- providing employees with PPE
- providing appropriate training
- appointing infection control link nurse/carer.

**Learning Outcome 2:**

Learners should be able to outline current legislations and regulatory body standards such as:

- Health and Safety at Work Act (HASAWA) 1974
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
- Environmental Protection Act 1990
- Personal Protective Equipment Work Regulations (2005)
- Safe Disposal of Clinical Waste 1992
- Hazardous Waste Regulations 2005
- Safe Management of Health Care Waste 2006
- Health Act 2006
- Health and Social Care Act 2008

Regulatory Body Standards for example:

- Healthcare-associated infections: prevention and control in primary and community care 2012, last updated 2017
- Infection prevention and control Quality standard [QS61] April 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Learners should be able to refer to organisational policies related to preventing and controlling infection:

- Use of PPE
- Management of occupational exposure
- Staff induction and training guidelines
- Infection control policies
- Risk assessments



**Indicative Content: Principles of infection prevention and control**

- Monitoring and audits
- Standard infection control precautions (SCIP).

**Learning Outcome 3:**

Learner should be able to describe procedures and systems for example:

- hand hygiene following the Ayliffe technique
- cleaning schedules
- waste disposal
- decontamination of equipment
- management of linen.

Learners should also be able to explain the potential impact of an outbreak on the:

- organisation
- employees
- individual.

**Learning Outcome 4:**

Learners should be able to:

- define the term risk (likelihood to cause harm)
- describe the process (identifying hazard, determine who could be harmed and how, evaluate the risk, record the findings, implement the actions, review the impact of the actions)
- explain the importance of carrying out a risk assessment (to reduce risk and to prevent reoccurrence of infection, to improve practice and patient safety).

**Learning Outcome 5:**

Learners need to be able describe the different types of personal protective equipment (PPE), for example:

- gloves
- aprons
- gowns
- masks
- goggles
- face shields
- visors.

They should also explain the reason for the use of the PPE, for example, to prevent or control the spread of infection.

State current legislation and regulations such as:

- Personal Protective Equipment Regulations 1992
- Health and Safety at Work Act 1974
- COSHH

**Indicative Content: Principles of infection prevention and control**

- SICP.

Learners should be able to explain the employees' and employers' responsibility for PPE:

Employees:

- Use appropriate PPE for task following correct procedures.

Employers:

- Provision of appropriate PPE
- Provision of appropriate training on use of the PPE.

Learners should describe the correct practice regarding the use of PPE, for example:

- hands to be washed prior to application and removal of gloves
- safe disposal and use of a new pair per activity/individual
- correct procedure for disposal
- following organisational policies and procedures.

**Learning Outcome 6:**

Learners should be able to describe the importance of personal hygiene in the prevention and control of infections:

- Key principles - Remove hand or wrist jewellery, move or remove plain rings, keep nails short and clean, no nail varnish or false fingernails.
- Correct sequence - For hand washing cover all areas of the hand using liquid soap and following the Ayliffe technique.
- When and Why - Before and after any procedures, personal care, toileting, eating, food preparation, assisting individuals to eat, blowing your nose and smoking. To reduce bacteria/germs found on hands in order to prevent spread of infection.
- Types of products - Antiseptic hand wash, liquid soap, soap type products, alcohol gels (70% alcohol) paper towels.
- Correct procedure: Assess hand for cuts, cracks and breaks in the skin, cover cuts or abrasions, report skin problems to Occupational Health or GP.

## Study Skills for Senior Healthcare Support Workers

<b>Unit Number:</b>	J/616/3584
<b>Standard Identifier:</b>	SFH201
<b>Level:</b>	Level 3
<b>Credit Value:</b>	4
<b>GLH:</b>	15
<b>TQT:</b>	40
<b>Unit Aim:</b>	SFH201 - This unit intends to provide the learner with the skills and knowledge required to produce an extended piece of work using investigatory techniques.

The unit has 6 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand what is meant by study skills within the context of the role of Senior Healthcare Support Worker.	1.1 Give examples of the different types of study skills that may be utilised when undertaking an extended piece of work. 1.2 Explain the benefits of applying study skills within context of own role.
2. Understand how to use investigatory techniques.	2.1 Explain the difference between: <ul style="list-style-type: none"> <li>• Primary research</li> <li>• Secondary research.</li> </ul> 2.2 Explain the use of the following within the health sector: <ul style="list-style-type: none"> <li>• Primary research</li> <li>• Secondary research.</li> </ul> 2.3 Explain the impact of factors on research  <b>Factors</b> may include: <ul style="list-style-type: none"> <li>• Ethics</li> <li>• Data protection</li> <li>• Confidentiality</li> <li>• Equality and diversity.</li> </ul> 2.4 Describe the <b>strategies</b> for gathering information critically and effectively to inform research.  <b>Strategies</b> may include: <ul style="list-style-type: none"> <li>• Reading techniques</li> <li>• Questioning techniques</li> <li>• Qualitative techniques</li> <li>• Quantitative techniques.</li> </ul>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
3. Be able to plan an extended piece of work.	3.1 Create a plan 3.2 Monitor own progress against the plan.
4. Be able to carry out research to inform an extended piece of work.	4.1 Conduct primary and/or secondary research to inform an extended piece of work.
5. Be able to present an extended piece of work.	5.1 Create an extended piece of work that includes: <ul style="list-style-type: none"> <li>• Use of standard English</li> <li>• Consideration of audience</li> <li>• Appropriate citation/referencing</li> <li>• Appropriate presentation format for chosen medium.</li> </ul> Explain the importance of including: <ul style="list-style-type: none"> <li>• Methodology</li> <li>• Analysis</li> <li>• Findings</li> <li>• Conclusions</li> <li>• Recommendations.</li> </ul>
6. Be able to review an extended piece of own work.	6.1 Explain the importance of seeking feedback on an extended piece of work. 6.2 Seek feedback on an extended piece of work. 6.1 Evaluate the methodology and the outcomes to inform future approach.

**Indicative Content: Study Skills for Senior Healthcare Support Workers****Learning Outcome 1:****Plans may include:**

- Topic
- Aims/Terms of Reference
- Audience
- Justification/Methodology
- Timescales
- Sources
- Ethical considerations

Study skills are generic and not specific to any particular type of study. The skills used as part of this qualification are the same as are used for your job role. They include:

- organising yourself for study: when, where, how long, who can help
- finding time to study: what is productive time, time management, producing a study timetable
- sources of information for study: online, books, other people
- styles of writing: formal, informal, layout
- reading skills: what is effective reading, thinking about what has been read, developing your previous thoughts and opinions, reading strategies such as critical reading, reading for information, skimming and scanning, reading for detail
- note taking – styles and effectiveness
- planning work – mindmaps, bullet points, notes.

Learners should be able to identify the benefits of study skills within their own role. This may include:

- being able to explore topics relevant to their job role
- knowing where to source information or who to ask for help
- having improved written or reading skills
- being able to plan actions
- being able to problem solve
- being able to critically analyse a situation
- learning how to evaluate actions or activities.

**Learning Outcome 2:**

Learners should know the difference between primary and secondary research methods and give examples of each.

Primary research (field research) involves gathering new data that has not been collected before. This may include surveys using questionnaires or interviews with groups of people in a focus group.

Secondary research (desk research) involves gathering existing data that has already been produced. This may be reading reports, books, articles or analysing statistical data.

**Indicative Content: Study Skills for Senior Healthcare Support Workers**

Factors which may impact on the research would include:

- ethics
- data protection
- equality and diversity.

Ethical guidelines seek to work towards protecting the individuals, communities and environments involved in the studies against any form of harm, manipulation or malpractice.

Learners should understand how each of these may influence whether they would use primary or secondary research methods and consider how the data contained within secondary research has been acquired.

Learners should understand that although primary research gives control over the type of questions asked and information gathered, and that results can be extremely valuable, they can also be much more time-consuming and costly to gather than secondary research.

Learners may choose to use primary research methods once they have conducted secondary research to determine what information already exists.

Disadvantages of secondary research may be that:

- the data may be out-of-date
- it may have been collected for a different purpose or sector than that of the current activity
- it is not a reputable source/cannot be trusted
- it may be interpreted incorrectly.

Strategies for gathering information should include:

- reading techniques – skimming, scanning, reading for detail, critically reading
- questioning techniques – open, closed, funnel, probing
- qualitative techniques - individual interviews, focus groups, observations, action research
- quantitative techniques – based on analysis of data, aims to measure and assess, used to find out how much, how many, how often, to what extent, objective and scientific in approach.

**Learning Outcome 3:**

Planning writing covers a number of steps. It is often useful to complete the first few steps soon after receiving the task:

- Study the task intently.
- Write the task out in full.
- Spend some time brainstorming the subject area.
- Write down thoughts on the subject, its scope and various aspects.
- List words or phrases that may need to be included.
- Note the main points to include to complete the task.

**Indicative Content: Study Skills for Senior Healthcare Support Workers**

- Talk to someone to clarify progress.
- Expand initial thoughts and build a more in-depth outline.
- Skim through any course material or handouts and start to build up a more detailed outline. Scan through notes, provide a link on the detailed outline
- Indicate on the outline where some further research is necessary.
- Note down sources of further information, books, journals, webpages and media sources as appropriate.
- Take into account ethical considerations when identifying source materials.
- Consider allocation of words across the task with the greatest number of words allocated to the 'main body'.
- Consider the audience for the task – this will influence language and formality.
- Think about the structure of the task – an extended piece of work needs to be structured effectively.

**Learning Outcome 4:**

The learner should use primary and/or secondary research to inform an extended piece of work. This should be negotiated with the tutor and employer to support achievement of one of the other units in the qualification. Additional guidance is provided within the assessment guidance for this unit.

**Learning Outcome 5:**

Presentation of written work should include:

- use of standard English with accurate spelling, punctuation and grammar
- consideration of audience so that the correct level of formality, vocabulary and writing style is used
- appropriate citation/referencing, using a specific referencing style, e.g. Harvard
- appropriate presentation format for chosen medium.

Use of a suitable report structure including:

- methodology
- analysis
- findings
- conclusion
- recommendations.

**Learning Outcome 6:**

Feedback principles:

- Engagement with feedback is promoted
- Feedback is for learning
- Feedback is clearly communicated to others
- Feedback is timely
- Feedback is consistently delivered
- Feedback quality is maintained

### Indicative Content: Study Skills for Senior Healthcare Support Workers

The range of feedback includes:

- one-to-one individual feedback
- generic feedback
- peer feedback
- informal feedback
- self-evaluation to submit along with the written task

Employers, tutors and peers can use a variety of methods to deliver these types of feedback:

- written feedback (e.g. typed comments sheet for an extended piece of writing)
- annotation of a text (i.e. Grademark on Turnitin)
- oral feedback (either in discussion or as a recorded audio podcast)
- professional discussion
- conversation with research supervisor or employer

Evaluation is an important element of the task. It helps to:

- identify what went well
- identify what could be improved
- explore the effectiveness of the methodology used to reach the required outcomes
- identify further research needed.



## Safeguarding and protection in care settings

**Unit Number:** K/616/3044

**Standard Identifier:** SFH008

**Level:** Level 2

**Credit Value:** 3

**GLH:** 26

**TQT:** 33

**Unit Aim:**

SFH008- This unit is aimed at those working in a wide range of care settings. This unit covers the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

The unit has 7 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand principles of safeguarding adults.	1.1 Explain the term safeguarding 1.2 Explain own role and responsibilities in safeguarding individuals. 1.3 Define the following terms: <ul style="list-style-type: none"> <li>• Physical abuse</li> <li>• Domestic abuse</li> <li>• Sexual abuse</li> <li>• Emotional/psychological abuse</li> <li>• Financial/material abuse</li> <li>• Modern slavery</li> <li>• Discriminatory abuse</li> <li>• Institutional/organisational abuse</li> <li>• Self-neglect</li> <li>• Neglect by others.</li> </ul> <p><b>Domestic abuse</b> should include acts of control and coercion.</p> 1.4 Describe harm. 1.5 Describe restrictive practices.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>2. Know how to recognise signs of abuse.</p>	<p>2.1 Identify the signs and/or symptoms associated with each of the following types of abuse:</p> <ul style="list-style-type: none"> <li>• Physical abuse</li> <li>• Domestic abuse</li> <li>• Sexual abuse</li> <li>• Emotional/psychological abuse</li> <li>• Financial/material abuse</li> <li>• Modern slavery</li> <li>• Discriminatory abuse</li> <li>• Institutional/organisational abuse</li> <li>• Self-neglect</li> <li>• Neglect by others.</li> </ul> <p>2.2 Describe factors that may contribute to an individual being more vulnerable to abuse.</p> <p><b>Factors</b> may include:</p> <ul style="list-style-type: none"> <li>• a setting or situation</li> <li>• the individual</li> </ul> <p>An <b>individual</b> will usually mean the person supported by the learner but may include those for whom there is no formal duty of care.</p>
<p>3. Know how to respond to suspected or alleged abuse.</p>	<p>3.1 Explain the actions to take if there are suspicions that an individual is being abused.</p> <p>The <b>actions to take</b> constitute the learner's responsibilities in responding to allegations or suspicions of abuse. They include actions to take if the allegation or suspicion implicates:</p> <ul style="list-style-type: none"> <li>• A colleague</li> <li>• Someone in the individual's personal network</li> <li>• The learner</li> <li>• The learner's line manager</li> </ul> <p>• Others.</p> <p>3.1 Explain the actions to take if an individual alleges that they are being abused.</p> <p>3.1 Identify ways to ensure that evidence of abuse is preserved.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>4. Understand the national and local context of safeguarding and protection from abuse.</p>	<p>4.1 Identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse.</p> <p>Local systems may include:</p> <ul style="list-style-type: none"> <li>• employer/organisational policies and procedures</li> <li>• multi-agency adult protection arrangements for a locality.</li> </ul> <p>4.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse.</p> <p>4.3 Identify factors which have featured in reports into serious cases of abuse and neglect.</p> <p>4.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse, including <b>whistle blowing</b>.</p> <p><b>Whistle blowing</b></p> <p>A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct.</p> <p>4.5 Identify when to seek support in situations beyond your experience and expertise.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>5. Understand ways to reduce the likelihood of abuse.</p>	<p>5.1 Explain how the likelihood of abuse may be reduced by:</p> <ul style="list-style-type: none"> <li>• working with <b>person centred values</b></li> <li>• encouraging <b>active participation</b></li> <li>• promoting choice and rights</li> <li>• supporting individuals with awareness of personal safety.</li> </ul> <p>Person centred values include:</p> <ul style="list-style-type: none"> <li>• Individuality</li> <li>• Rights</li> <li>• Choice</li> <li>• Privacy</li> <li>• Independence</li> <li>• Dignity</li> <li>• Respect</li> <li>• Individuality</li> <li>• Rights</li> <li>• Choice</li> <li>• Privacy</li> <li>• Independence</li> <li>• Dignity</li> <li>• Respect</li> <li>• Partnership</li> <li>• Care</li> <li>• Compassion</li> <li>• Courage</li> <li>• Communication</li> <li>• Competence.</li> </ul> <p><b>Active participation</b> is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.</p> <p>5.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse.</p> <p>5.3 Outline how the likelihood of abuse can be reduced by managing risk and focusing on prevention.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>6. Know how to recognise and report unsafe practices.</p>	<p>6.1 Describe <b>unsafe practices</b> that may affect the <b>well-being</b> of individuals.</p> <p><b>Unsafe practices</b> may include:</p> <ul style="list-style-type: none"> <li>• poor working practices</li> <li>• resource difficulties</li> <li>• operational difficulties.</li> </ul> <p><b>Well-being</b> may include aspects that are:</p> <ul style="list-style-type: none"> <li>• Social</li> <li>• Emotional</li> <li>• Cultural</li> <li>• Spiritual</li> <li>• Intellectual</li> <li>• Economic</li> <li>• Physical</li> <li>• Mental.</li> </ul> <p>6.2 Explain the actions to take if unsafe practices have been identified.</p> <p>6.3 Describe the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response.</p>
<p>7. Understand principles for online safety.</p>	<p>7.1 Describe the potential risks presented by:</p> <ul style="list-style-type: none"> <li>• the use of electronic communication devices</li> <li>• the use of the internet</li> <li>• the use of social networking sites</li> <li>• carrying out financial transactions online.</li> </ul> <p>7.2 Explain ways of reducing the risks presented by each of these types of activity.</p> <p>7.3 Explain the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices.</p>

**Indicative Content: Safeguarding and protection in care settings**

**Learning Outcome 1:**

Types of abuse:

Physical abuse:

- hitting
- shaking
- biting
- throwing
- burning or scalding
- suffocating
- force-feeding

or otherwise causing physical harm to an individual

Sexual abuse:

- forcing an individual to take part in sexual activities or behave in sexually inappropriate ways
- penetrative acts including rape or buggery

Emotional abuse:

- bullying
- invoking threats or fear
- devaluing individual self-esteem
- verbal abuse and swearing
- imposing inappropriate expectations
- conveying feelings of worthlessness
- exploitation

Financial abuse:

- theft of money or property
- misappropriation or mismanagement of individuals' finances
- denying individuals access to their own finances, particularly with the elderly or individuals with learning difficulties.

Institutional abuse:

- misuse of authority, information or power over vulnerable individuals by staff in health and social care settings
- failure to maintain professional boundaries
- inappropriate use of medication
- physical restraint
- humiliation or bullying
- denying privacy

Self-neglect:

**Indicative Content: Safeguarding and protection in care settings**

- individuals engaging in neglectful or self-harming behaviours including refusing to eat or drink
- neglecting personal hygiene or toilet needs
- causing actual bodily harm to self, including cutting

## Neglect by others:

- not caring for the basic needs of individuals including neglectful practice in washing, toileting, feeding or personal care.

**Learning Outcome 2:**

Learners should be able to identify signs of abuse:

## Physical abuse:

- bruising
- bite marks
- burn marks
- changes in behaviour, can lead to death in extreme cases.

## Sexual abuse:

- disturbed behaviour including self-harm
- inappropriate sexualised behaviour
- repeated urinary infections
- depression
- loss of self-esteem
- impaired ability to form relationships.

## Emotional abuse:

- loss of self-esteem and self-confidence,
- being withdrawn from others.

## Financial abuse:

- loss of trust
- insecurity
- fearful
- withdrawn
- conforming or submissive behaviour
- disappearance of possessions
- Power of Attorney obtained when individual is unable to comprehend.

## Institutional abuse:

- loss of self-esteem and confidence
- submissive behaviour

**Indicative Content: Safeguarding and protection in care settings**

- loss of control.

Self-neglect or neglect by others:

- unkempt appearance
- weight loss
- dehydration
- signs of actual self-harm including cuts
- withdrawn or submissive behaviour

**Learning Outcome 3:**

Actions to take regarding suspicions or allegations of abuse, including actions to take if the allegation or suspicion implicates any individual e.g.

- someone in the individual's personal network
- the learner
- the learner's line manager
- a colleague,

Learners should have an understanding of roles and responsibilities, the importance of following legislation, policies, procedures and agreed ways of working.

The basic information a learner should be aware of includes:

- who the alleged victim is
- who the alleged abuser is
- categories of abuse which could be happening
- when abuse has happened
- where abuse has happened
- importance of treating all allegations or suspicions seriously
- reporting suspicions or allegations to appropriate/named person
- the importance of clear verbal and accurate written reports
- importance of not asking leading questions with individuals concerned
- importance of respectful listening
- confidentiality and agreed procedures for sharing information on disclosure
- importance of actual evidence and avoiding hearsay

Ensure evidence is preserved:

- use of written reports including details of alleged/suspected abuse, signed, dated and witnessed.
- use of witness statements (signed and dated)
- photographic evidence e.g. of physical injuries
- agreed procedures for using electronic records e.g. password protected systems
- confidential systems for manual records e.g. security systems, access to evidence records.



### Indicative Content: Safeguarding and protection in care settings

Learners should be aware of the importance of timescales to ensure reliability and validity of evidence and the need for secure storage of any actual evidence e.g. financial records.

#### Learning Outcome 4:

National policies and local systems:

National policies including:

- the scope of responsibility of the Independent Safeguarding Authority (ISA)
- the national Disclosure and Barring Scheme (DBS)
- 'No Secrets' national framework and codes of practice for health and social care (2000)
- 'Safeguarding Adults' national policy review (2009)
- work of the Care Quality Commission
- 'Working Together to Safeguard Children' (2006)
- 'Every Child Matters' (2003); Common Assessment Framework (CAF)
- local systems including employer/organisational policies and procedures and multi-agency adult protection arrangements for a locality
- the scope of responsibility of Local Safeguarding Children's Boards (LSCBs)
- Local Safeguarding Adults Boards (LSABs).

Role of different agencies: importance of multi-agency and interagency working;

- social services
- social workers
- care assistants
- charities
- the police.

Responsibilities for allocating a named person usually from statutory agencies in health or social care; responsibilities for overseeing the Safeguarding Assessment and its outcome; consulting the police regarding all safeguarding incidents; convening or chairing strategy meetings, including the agreement of responsibilities, (lead professional); actions and timescales; coordinating and monitoring investigations; overseeing the convening of Safeguarding Case Conferences; providing information about activities and outcomes to the Safeguarding Coordinator

Raising concerns is called 'whistleblowing'. Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who legitimately relies on you, constitutes abuse.

When a child dies, or is seriously harmed, as a result of abuse or neglect, a case review is conducted to identify ways that local professionals and organisations can improve the way they work together to safeguard children.

Common factors that have been identified in serious case reviews include:

- Disagreement about use of early help assessment
- Confusion about 'referrals' and 'contacts' in children's social care (CSC)
- Not making a referral after bruising to non-mobile babies

**Indicative Content: Safeguarding and protection in care settings**

- Not making a referral when young people disclose sexual activity
- Unresolved disagreement about the need for children's social care involvement
- Not convening strategy discussions
- Confusion about interpretation of medical information on cause of injury
- Incomplete information sharing by schools in child protection
- Misinterpretation of Police decisions not to pursue a prosecution
- Unequal weight given to views of different agencies in Child Protection Conferences
- Unfocused discussion in Child Protection Conferences
- Reluctance to share all information in presence of families at child protection conferences
- Euphemistic language in reports and written records
- Lack of communication between children's and adults' social care

<https://www.scie.org.uk/children/safeguarding/case-reviews/learning-from-case-reviews/>

**Learning Outcome 5:**

Working with person-centred values involves:

- decreasing the likelihood of abuse by working in a person-centred way
- being aware of the key values of privacy, dignity, independence, choice, rights and fulfilment
- decreasing vulnerability by increasing confidence
- importance of empowerment, independence and autonomy
- involving individuals in making their own decisions and choices
- respectful communication
- active listening.

The learner should be aware of the main principles that all adults have the right to live their lives free from violence, fear and abuse, the right to be protected from harm and exploitation, the right to independence and the right to justice.

**Learning Outcome 6:**

Unsafe practices: poor working practices such as:

- neglect in duty of personal care e.g. in relation to inappropriate
  - feeding
  - washing
  - bathing
  - dressing
  - toileting
- inappropriate physical contact e.g. in relation to moving and handling
- unsafe administration of medication e.g. failure to check dosage
- unreliable systems for dealing with individual's money or personal property e.g. failure to witness or record accurately
- misuse of authority e.g. using physical restraint
- failure to maintain professional boundaries e.g. in relationships

**Indicative Content: Safeguarding and protection in care settings**

- failure to ensure supervision e.g. for lone working situations
- inappropriate communication or sharing of information e.g. breaching confidentiality
- failure to update knowledge on safeguarding issues
- unsafe recruitment practices e.g. failure to check workers through Disclosure and Barring Service
- resource difficulties e.g. staff shortages
- operational difficulties.

Actions to take:

Importance of reporting unsafe practices that have been identified; reporting concerns to a manager or supervisor immediately, verbally and in writing; policies on 'whistleblowing'; if suspected abuse or unsafe practices have been reported, but no action has been taken, workers have the right to report concerns directly to social services or the police; anyone can report a suspicion or allegation of abuse; workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures; importance of raising genuine concerns and questioning these; reassurance of protection from possible reprisals or victimisation following reporting.

**Learning Outcome 7:**

Risks from the use of:

- electronic communication devices – theft, bullying, sexting
- internet – access to inappropriate materials, grooming
- social networking sites – not being aware of what to put online, privacy settings not being set high enough, arranging to meet people who they do not know, grooming
- carrying out transactions online – fraudulent activity, phishing, identity fraud, hacking into account.

Ways of reducing risk:

- use of secure passwords
- check privacy settings
- not sharing passwords
- not accepting people you do not know as friends on social networks
- being aware of what should not be disclosed on the internet
- looking for https to show secure website
- looking for padlock to show secure website
- not opening attachments from people you do not know
- not giving out personal details e.g. contact details.

## Responsibilities of a care worker

**Unit Number:** R/616/3054

**Standard Identifier:** SFH075

**Level:** 2

**Credit Value:** 2

**GLH:** 16

**TQT:** 20

**Unit Aim:** SFH075 - This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to understand the nature of working relationships, work in ways that are agreed with the employer and work in partnership with others.

The unit has 3 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand working relationships in care settings.	1.1 Explain how a working relationship is different from a personal relationship. 1.2 Describe different working relationships in <b>care settings</b> .  <b>Care settings</b> e.g. Adult, children and young people's health settings and adult care settings.
2. Be able to work in ways that are agreed with the employer.	2.1 Describe why it is important to adhere to the agreed scope of the job role. 2.2 Access full and up-to-date details of <b>agreed ways of working</b> .  <b>Agreed ways of working</b> include policies and procedures where these exist; they may be less formally documented with micro-employers.  2.3 Work in line with agreed ways of working. 2.4 Contribute to quality assurance processes to promote positive experiences for <b>individuals</b> receiving care.  <b>Individual</b> refers to someone requiring care or support; it will usually mean the

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p>person or people supported by the learner.</p>
<p>3. Be able to work in partnership with others.</p>	<p>3.1 Explain why it is important to work in partnership with <b>others</b>.</p> <p><b>Others</b> may include:</p> <ul style="list-style-type: none"> <li>• Team members and colleagues</li> <li>• Other professionals</li> <li>• Individual people who require care or support</li> <li>• Families, friends, advocates or others who are important to individual people</li> </ul> <p>3.2 Demonstrate ways of working that can help improve partnership working.</p> <p>3.3 Identify skills and approaches needed for resolving conflicts.</p> <p>3.4 Access support and advice about:</p> <ul style="list-style-type: none"> <li>• partnership working</li> <li>• resolving conflicts.</li> </ul>

**Indicative Content: Responsibilities of a care worker****Learning Outcome 1:**

A working relationship means a relationship with a work colleague; the nature of a professional relationship includes:

- concept of teamwork
- working within agreed guidelines
- working towards common goals with a shared purpose.

A personal relationship: a relationship with a friend, family member or within a social group.

This can be a one based on love, liking, family bond or social commitment.

Different working relationships in health and social care settings:

- relationships between co-workers e.g. colleagues
- between worker and manager e.g. supervisory
- relationships within teams e.g. multidisciplinary team, care planning team
- between different health and social care workers e.g. nurse and care assistant
- relationships between different professionals e.g. health and social care worker and legal advocate
- professional relationships with others e.g. families of individuals.

**Learning Outcome 2:**

Learners must understand that employees adhere to the scope of the job role and that their job description forms part of a contract of employment.

Workers in adult care must:

- understand their legal responsibility to the employer and individuals
- have defined roles and responsibilities
- display professional commitment
- demonstrate an understanding of the expectations of the job
- understand professional boundaries and working within professional limitations
- be accountable for their actions.

These requirements may be used as a means of assessing performance within the job e.g. for appraisal purposes.

Agreed ways of working include accessing full and up-to-date policies and procedures that relate to the responsibilities of the specific job role, e.g. health and safety, safeguarding, equal opportunities and inclusive working, security etc.

Agreed ways of working may be less formally documented with a micro-employer.

**Indicative Content: Responsibilities of a care worker**

Implementing agreed ways of working, e.g. knowing and demonstrating the requirements of own role in relation to infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling etc.

**Learning Outcome 3:****Partnership working:**

Learners should understand the importance of professional relationships with team members, colleagues, other professionals, individuals who require care or support and their families, friends, advocates or others important to individuals.

They should be aware of the importance of communication; agreed ways of sharing information; confidentiality and the boundaries to sharing information e.g. on a 'need to know' basis; knowing how to empower individuals.

They should understand the nature of professional respect: understanding different roles and responsibilities; multi-agency working; improving partnership working through effective communication and information sharing; collaboration and team-working; being involved in or knowing the purpose of multi-agency team meetings and conferences.

**Resolving conflicts:**

Learners should have an understanding of the skills and approaches needed for resolving conflicts, e.g. managing stress, remaining calm, being aware of both verbal and non-verbal communication, controlling emotions and behaviour, avoiding threatening others, paying attention to the feelings being expressed non-verbally as well as the spoken words of others, being respectful of differences, compromising, actively seeking resolution, communicating clearly, trying not to exaggerate or over-generalise, avoiding accusations and not prescribing to a blame culture, importance of active listening.

**Accessing support and advice:**

Learners should know how and when to access support and advice about partnership working, e.g. in relation to sharing information, issues about confidentiality, confusion about roles and responsibilities, understanding and working to professional limitations or expectations and boundaries; following agreed ways of working for seeking out support.

They should know how to access support, e.g. by speaking to a colleague, through their manager or supervisor, contacting a professional organisation or independent advisory organisations, including charities where relevant.

They should know how and when to access support and advice about resolving conflicts, e.g. in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers.

They should also be aware of how to access other types of support, e.g. through mentoring support, employment counselling, independent advisory organisations or trade unions.

## Promote personal development in care settings

**Unit Number:** R/616/3040

**Standard Identifier:** SFH004

**Level:** Level 3

**Credit Value:** 3

**GLH:** 10

**TQT:** 30

**Unit Aim:** SFH004-This unit covers promoting personal development in care settings. This includes being able to reflect on own practice and use learning opportunities in relation to developing own practice.

The unit has 5 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>1. Understand what is required for competence in own work role.</p>	<p>1.1 Describe the duties and responsibilities of own work role.</p> <p>1.2 Explain expectations about own work role as expressed in relevant <b>standards</b>.</p> <p><b>Standards</b> may include:</p> <ul style="list-style-type: none"> <li>• Codes of practice</li> <li>• Regulations</li> <li>• Minimum standards</li> <li>• National occupational standards.</li> </ul> <p>1.3 Describe how to work effectively with <b>others</b>.</p> <p><b>Others</b> may include:</p> <ul style="list-style-type: none"> <li>• Team members</li> <li>• Other colleagues</li> <li>• Those who use or commission their own health or social care services</li> <li>• Families, carers and advocates.</li> </ul>



Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
2. Be able to reflect on practice.	2.1 Explain the importance of reflective practice in continuously improving the quality of service provided. 2.2 Reflect on practice to improve the quality of the service provided. 2.3 Describe how own values, belief systems and experiences may affect working practice.
3. Be able to evaluate own performance.	3.1 Evaluate own knowledge, performance and understanding against relevant standards. 3.2 Use feedback to evaluate own performance and inform development.
4. Be able to agree a <b>personal development plan</b> .	4.1 Identify <b>sources of support</b> for planning and reviewing own development.  <b>Sources of support</b> may include: <ul style="list-style-type: none"> <li>• Formal support</li> <li>• Informal support</li> <li>• Supervision</li> <li>• Appraisal</li> <li>• Within the organisation</li> <li>• Beyond the organisation.</li> </ul> 4.2 Work with others to review and prioritise own learning needs, professional interests and development opportunities. 4.3 Work with others to agree own personal development plan.  A <b>personal development plan</b> may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>5. Be able to use learning opportunities and reflective practice to contribute to personal development.</p>	<p>5.1 Evaluate how learning activities have affected practice.</p> <p>5.2 Explain how reflective practice has led to improved ways of working.</p> <p>5.3 Explain why <b>continuing professional development</b> is important.</p> <p><b>Continuing Professional Development (CPD)</b>            Refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training. It is a record of what you experience, learn and then apply.</p> <p>5.4 Record progress in relation to personal development.</p>

**Indicative Content: Promote personal development in care settings****Learning Outcome 1:**

Learners should be encouraged to identify and describe the duties and responsibilities of own role. If not currently working within the sector this could be done by using either a relevant job description, speaking to someone in the role or by undertaking a work placement.

They should be able to explain how their work role links to relevant standards which may include:

- Codes of practice
- Regulations
- Minimum standards
- National occupational standards

Learners should be aware of how to work effectively with others:

- influencing others
- respecting others and their differences, opinions and feelings
- looking out for others
- recognising other's abilities
- ensuring fair and equitable treatment
- supporting others
- communicating effectively.

**Learning Outcome 2:**

Learners should understand what reflective practice is and methods of reflection, e.g.

- Atkins, S. and Murphy, K. (1994). Reflective Practice. Nursing Standard, 8(39) 49-56.
- Gibbs, G. (1988). Learning by Doing: A guide to teaching and learning methods. London: Further Education Unit. (Gibbs Reflective Cycle)
- Johns, C. (1994). Nuances of reflection. Journal of Clinical Nursing 3 71-75 (Johns' Structured reflection 2000 was designed specifically for nursing)
- Pfeiffer, J. W. & Ballou, A. C. (1988). Using structured experiences in human resource development. (UATT Series, vol. 1). San Diego, CA: University Associates.

<https://latrobe.libguides.com/reflectivepractice/models>

They could also explore Kolb's Learning Cycle or Bains' 5Rs Framework (1999)

<http://skillsforlearning.leedsbeckett.ac.uk/preview/content/models/index.shtml>

Learners should be able to consider what their own values and belief systems are and how they and their experience impact on their practice. They should be aware of the difference between values and belief systems e.g.

**Indicative Content: Promote personal development in care settings**

Values are stable long-lasting beliefs about what is important to a person. They become standards by which people order their lives and make their choices. A belief will develop into a value when the person's commitment to it grows and they see it as being important.

They could explore how values based decision making could influence their practice.

**Learning Outcome 3:**

The learner should be able to evaluate their performance against relevant standards e.g.

- Codes of practice
- Regulations
- Minimum standards
- National occupational standards

They should use feedback to evaluate own performance and to inform development.

Feedback could come from the assessor, employer, person receiving care, the family or friends of the individual. Evidence could include:

- emails
- letters
- memos
- thank you notes/cards
- surveys/questionnaires.

**Learning Outcome 4:**

The learner should be able to identify relevant sources of support to plan and review own development e.g.

- Formal support
- Informal support
- Supervision
- Appraisal
- Within the organisation
- Beyond the organisation.

If employed, they could undertake a performance review with their employer to evaluate own performance and plan development using a personal development plan format. If they are not employed, the learner could undertake a work placement and have a review at the end of this with input from both the assessor and the employer. A personal development plan may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc. Objectives and targets set must be SMART (Specific, Measurable, Achievable, Relevant (or Realistic), Timebound).

**Learning Outcome 5:**

### Indicative Content: Promote personal development in care settings

Learners should understand the importance of continuous professional development in improving practice. It:

- ensures your capabilities keep pace with the current standards of others in the same field.
- ensures that you maintain and enhance the knowledge and skills you need to deliver a professional service.
- ensures that you and your knowledge stay relevant and up to date. You are more aware of the changing trends and directions in your profession. The pace of change is probably faster than it's ever been – and this is a feature of the new normal that we live and work in. If you stand still you will get left behind, as the currency of your knowledge and skills becomes out-dated.
- helps you continue to make a meaningful contribution to your team. You become more effective in the workplace. This assists you to advance in your career and move into new positions where you can lead, manage, influence, coach and mentor others.
- helps you to stay interested and interesting. Experience is a great teacher, but it does mean that we tend to do what we have done before. Focused CPD opens you up to new possibilities, new knowledge and new skill areas.
- can deliver a deeper understanding of what it means to be a professional, along with a greater appreciation of the implications and impacts of your work.
- helps advance the body of knowledge and technology within your profession
- can lead to increased public confidence in individual professionals and their profession as a whole.

Learners should record their progress in relation to personal development. This could be on the personal development plan or through reflective statements.

## Promote person-centred approaches in care-settings

**Unit Number:** T/616/3063

**Standard Identifier:** SFH178

**Level:** Level 3

**Credit Value:** 6

**GLH:** 39

**TQT:** 57

**Unit Aim:** SFH178-This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to implement and promote person-centred approaches.

The unit has 7 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>1. Understand how to promote the application of person-centred approaches in care settings.</p>	<p>1.1 Explain how and why <b>person-centred values</b> must influence all aspects of health and adult care work.</p> <p><b>Person-centred values</b> include:</p> <ul style="list-style-type: none"> <li>• Individuality</li> <li>• Rights</li> <li>• Choice</li> <li>• Privacy</li> <li>• Independence</li> <li>• Dignity</li> <li>• Respect</li> <li>• Partnership</li> <li>• Care</li> <li>• Compassion</li> <li>• Courage</li> <li>• Communication</li> </ul> <p>1.2 Evaluate the use of <b>care plans</b> in applying person-centred values.</p> <p>A <b>care plan</b> may be known by other names e.g. support plan, individual plan. It is the document where day-to-day requirements and preferences for care and support are detailed.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p>1.3 Explain how to collate and analyse feedback to support the delivery of person centred care in line with roles and responsibilities.</p>
<p>2. Be able to work in a person-centred way.</p>	<p>2.1 Work with an <b>individual</b> and <b>others</b> to find out the individual's history, <b>preferences</b>, wishes and needs.</p> <p>An <b>individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learner.</p> <p><b>Others</b> may include:</p> <ul style="list-style-type: none"> <li>• Team members and colleagues</li> <li>• Other professionals</li> <li>• Individuals who require care or support</li> <li>• Families, friends, advocates or others who are important to individuals.</li> </ul> <p>Preferences may be based on:</p> <ul style="list-style-type: none"> <li>• beliefs</li> <li>• values</li> <li>• culture.</li> </ul> <p>2.2 Demonstrate ways to put person centred values into practice in a <b>complex or sensitive</b> situation.</p> <p>Complex or sensitive situations may include those that are:</p> <ul style="list-style-type: none"> <li>• distressing or traumatic</li> <li>• threatening or frightening</li> <li>• likely to have serious implications or consequences</li> <li>• of a personal nature</li> <li>• Involving complex communication or cognitive needs.</li> </ul>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p>2.3 Adapt actions and approaches in response to an individual's changing needs or preferences.</p>
<p>3. Be able to establish consent when providing care or support.</p>	<p>3.1 Analyse factors that influence the capacity of an individual to express <b>consent</b>.</p> <p><b>Consent</b> means informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.</p> <p>3.2 Establish consent for an activity or action.</p> <p>3.3 Explain what steps to take if consent cannot be readily established.</p>
<p>4. Be able to implement and promote active participation.</p>	<p>4.1 Describe different ways of applying active participation to meet individual needs.</p> <p>4.2 Work with an individual and others to agree how active participation will be implemented.</p> <p>4.3 Demonstrate how <b>active participation</b> can address the holistic needs of an individual.</p> <p><b>Active participation</b> is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; individual is regarded as an active partner in their own care or support, rather than a passive recipient.</p> <p>4.4 Demonstrate ways to promote understanding and use of active participation.</p>



Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
5. Be able to support the individual's right to make choices.	5.1 Support an individual to make informed choices. 5.2 Use own role and authority to support the individual's right to make choices. 5.3 Manage risk in a way that maintains the individual's right to make choices. 5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others.
6. Be able to promote individuals' well-being.	6.1 Explain the links between identity, self-image and self-esteem. 6.2 Analyse factors that contribute to the <b>well-being</b> of individuals.  <b>Well-being</b> may include aspects that are: <ul style="list-style-type: none"> <li>• social</li> <li>• emotional</li> <li>• cultural</li> <li>• spiritual</li> <li>• intellectual</li> <li>• economic</li> <li>• physical</li> <li>• mental.</li> </ul> 6.3 Support an individual in a way that promotes their sense of identity, self-image and self-esteem. 6.4 Demonstrate ways to contribute to an environment that promotes well-being.
7. Understand the role of risk-assessment in enabling a person-centred approach.	7.1 Compare different uses of risk-assessment in care settings. 7.2 Explain how risk-taking and risk-assessment relate to rights and responsibilities. 7.3 Explain why risk-assessments need to be regularly revised.

**Indicative Content: Promote person-centred approach in care-settings.****Learning Outcome 1:**

Person-centred approaches include:

- treating the person as an individual, with dignity and respect
- looking at the individual as a whole person, not just meeting one aspect of their needs
- listening and helping the individual to make informed choices
- working in partnership with the individual.

Influences of person-centred values on care work include:

- meeting the needs of the individual
- providing the best possible quality care service
- ensuring a good quality of life of the individual
- treating the individual as you (or they) would want to be treated.

Learners should understand the person-centred values and how they must be used in all aspects of care, saying why this is important in ensuring high quality standards of work. They could give examples of how each of the values is displayed in practice.

- Individuality
- Rights
- Choice
- Privacy
- Independence
- Dignity
- Respect
- Partnership
- Care
- Compassion
- Courage
- Communication

Use of care plans:

A care plan sets out the daily care and support that has been agreed should be provided to an individual by the adult care worker. It acts as a guide in terms of what sorts of activities are expected. It will be reviewed regularly, and the individual and the adult care worker should be involved in discussion about how it is working and whether parts need changing. The learner should be able to see how the care plan can help the adult care worker to apply the values.

Key features of person-centred planning are:

- The person is at the centre. They have genuine choice and involvement in the process, and in deciding who is involved, where, when and how the planning takes place.

**Indicative Content: Promote person-centred approach in care-settings.**

- Family members and friends are full partners. People will come together to work flexibly and creatively to ensure that the person is getting the support they need.
- It reflects the person's capacities, what is important to the person (now and for the future) and specifies the support they require to make a valued contribution to their community. It should identify choices about how the person wants to live
- It builds a shared commitment to action that will uphold the person's rights and encourages their participation in community life.
- It leads to continual listening, learning and action, and helps the person to work towards getting what they want/need out of life. The plan is not focused only on services provided, but on what might be possible in the future.

How to gain feedback to support the delivery of person-centred care:

Feedback cannot always be providing verbally by the individual. It is important to be aware of different forms of feedback that could indicate that the individual is content or not with the services provided. This could be through non-verbal communication or cooperating with what you want them to do.

Feedback can also be collected from others including family or other specialists who are involved in the care of the individual.

**Learning Outcome 2:**

An Individual is someone requiring care or support.

The care plan should give information to others on the individual and their preferences, needs and wishes. The care plan must be completed accurately and reflect the individual and their preferences, needs and wishes. Preferences may be based on beliefs, values or culture.

Complex or sensitive situations may include those that are:

- distressing or traumatic
- threatening or frightening
- likely to have serious implications or consequences
- of a personal nature
- involving complex communication or cognitive needs.

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

Changing needs or preferences can relate to:

- health needs or preferences i.e. health, abilities, mobility, diet, personal hygiene
- social needs or preferences i.e. activities, relationships

**Indicative Content: Promote person-centred approach in care-settings.**

- environmental needs or preferences i.e. aids and adaptations, accommodation changes in family and relationships.

**Learning Outcome 3:**

Forms of consent:

A person may demonstrate their consent in a number of ways:

- verbally
- in writing
- by implying (by co-operating) that they agree.

Equally they may withdraw or refuse consent in the same way.

Verbal consent, or consent by implication, will be enough evidence in most cases. Written consent should be obtained if the treatment or care is risky, lengthy or complex. This written consent stands as a record that discussions have taken place and of the person's choice. If a person refuses treatment, making a written record of this is just as important. A record of the discussions and decisions should be made. Consent may be through a representative or advocate.

Factors influencing consent can include:

- mental conditions e.g. mental capacity
- physical conditions e.g.
  - communication abilities
  - availability, or lack of options
  - awareness of choices
  - age
  - participation
  - engagement.

Steps to take when consent cannot be established:

- not continuing with the task
- reporting to supervisor or manager
- recording the information.

**Learning Outcome 4:**

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

Holistic – covers all aspects of an individual's well-being.

**Indicative Content: Promote person-centred approach in care-settings.**

Ways of implementing active participation include:

- discussion and encouragement with the individual
- providing useful information and choice
- using friends and family to encourage
- ensuring appropriate activities
- peer-group encouragement
- persuasion techniques
- highlighting the benefits of the activity
- recording the outcome.

**Learning Outcome 5:**

Others may include:

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

Different approaches to support an individual to make informed choices include:

- discussion
- providing relevant information
- guidance from friends or family
- using an advocate or support service.

Support an individual to question or challenge decisions includes:

- encouraging the individual to ask questions and comment on the decisions made
- being prepared to listen
- assisting the individual to ask for a second opinion
- speaking to/referring the individual to a senior member of staff
- using the complaints procedure.

Risk

**Indicative Content: Promote person-centred approach in care-settings.**

Risk is the management of uncertainty, and risk decisions are made without having all the knowledge available on which an accurate prediction could otherwise be made. Risk is usually seen as the possibility that an event will occur, with harmful outcomes for an individual or for others.

Such an event may be more likely because of risks associated with:

- disability or impairment
- health conditions or mental health problems
- activities while out in the community, or in a social care setting
- everyday activities, which may be increased by a disability
- delivery of care and support
- use of medication
- misuse of drugs or alcohol
- behaviours resulting in injury, neglect, abuse or exploitation by self or others
- self-harm, neglect or thoughts of suicide
- aggression or violence to self or others.

A health and safety approach to risk identifies 5 key steps:

- Identify the hazard
- Identify the risk (who may be harmed and how)
- Evaluate the risks and decide on precautions
- Record findings and implement them
- Review the risk assessment and update if necessary.

It is important that risk is managed effectively and that the individual is protected where necessary, e.g. in a safeguarding situation.

**Learning Outcome 6:**

Well-being may include aspects that are:

- spiritual
- emotional
- cultural
- religious
- social
- political
- sexual
- physical
- mental.

Factors that contribute to the well-being of an individual include:

- being treated as an individual
- being treated with dignity and respect

**Indicative Content: Promote person-centred approach in care-settings.**

- being given choices
- communicating effectively with them.

The environment may include both the physical environment and social environment

The physical environment could be:

- bedroom
- handbag
- personal belongings.

The social environment includes personal boundaries, subjective feelings etc.

**Learning Outcome 7**

The use of risk assessments includes:

- mobility
- personal hygiene
- outings.

The use of risk assessments includes:

- accident prevention
- prevention of injury to individuals
- prevention of injury to workers and others
- description of procedure or steps to meet legal requirements.

Risk assessment relates to rights and responsibilities in the following ways:

- it is a legal requirement
- it can be used in prevention from danger and harm
- it provides clear guidance or instruction to minimise harm

Risk-taking relates to rights and responsibilities in the following ways:

- providing individuals with the freedom of choice
- allowing the individual to maintain independence.

## Promote health, safety and well-being in care settings

**Unit Number:** A/616/3050

**Standard Identifier:** SFH043

**Level:** Level 3

**Credit Value:** 6

**GLH:** 45

**TQT:**

**Unit Aim:** SFH043- This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to promote and implement health, safety and wellbeing in their work setting.

The unit has 9 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>1. Understand own responsibilities, and the responsibilities of others, relating to health and safety.</p>	<p>1.1 Identify legislation relating to health and safety in a <b>care setting</b>. <b>Care settings</b> may include health, adult care or children and young people's settings.</p> <p>1.2 Explain the main points of health and safety <b>policies and procedures</b> agreed with the employer.</p> <p><b>Policies and procedures</b> may include other agreed ways of working as well as formal policies and procedures.</p> <p>1.3 Analyse the main health and safety responsibilities of:</p> <ul style="list-style-type: none"> <li>• self</li> <li>• the employer or manager</li> <li>• others in the work setting</li> </ul> <p><b>Others</b> may include:</p> <ul style="list-style-type: none"> <li>• Team members</li> <li>• Other colleagues</li> <li>• Those who use or commission their own</li> <li>• health or social care services</li> </ul>



Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<ul style="list-style-type: none"> <li>• Families, carers and advocates</li> </ul> <p><b>Work setting</b> may include one specific location or a range of locations, depending on the context of a particular work role.</p> <p>1.4 Identify specific tasks in the work setting that should not be carried out without special training.</p> <p>Tasks that the learner should not carry out without special training may include those relating to:</p> <ul style="list-style-type: none"> <li>• Use of equipment</li> <li>• First aid</li> <li>• Medication</li> <li>• Health care procedures</li> <li>• Food handling and preparation.</li> </ul>
<p>2. Be able to carry out own responsibilities for health and safety.</p>	<p>2.1 Use policies and procedures or other agreed ways of working that relate to health and safety.</p> <p>2.2 Support others' understanding of health and safety and follow agreed safe practices.</p> <p>2.3 Monitor potential health and safety risks.</p> <p>2.4 Use risk assessment in relation to health and safety.</p> <p>2.5 Minimise potential risks and hazards.</p> <p>2.6 Access additional support or information relating to health and safety.</p>
<p>3. Understand procedures for responding to accidents and sudden illness.</p>	<p>3.1 Describe different types of accidents and sudden illness that may occur in own work setting.</p> <p>3.2 Explain procedures to be followed if an accident or sudden illness should occur.</p>
<p>4. Be able to reduce the spread of infection.</p>	

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p>4.1 Explain own role in supporting others to follow practices that reduce the spread of infection.</p> <p>4.2 Describe the causes and spread of infection.</p> <p>4.3 Demonstrate the use of <b>Personal Protective Equipment (PPE)</b>.</p> <p><b>Use of Personal Protective Equipment (PPE)</b></p> <p>The learner must know the different types of PPE and how to use PPE correctly and appropriately in their work environment. Appropriate use may, in some cases, mean after consideration PPE is not required.</p> <p>4.4 Wash hands using the recommended method.</p> <p>4.5 Demonstrate ways to ensure that own health and hygiene do not pose a risk to an individual or to others at work.</p>
5. Be able to move and handle equipment and other objects safely.	<p>5.1 Explain the main points of legislation that relate to moving and handling.</p> <p>5.2 Explain the principles for safe moving and handling.</p> <p>5.3 Move and handle equipment and other objects safely.</p>
6. Be able to handle hazardous substances and materials.	<p>6.1 Describe types of hazardous substances that may be found in the work setting</p> <p>6.2 Use safe practices when:</p> <ul style="list-style-type: none"> <li>• Storing hazardous substances</li> <li>• Using hazardous substance</li> <li>• Disposing of hazardous substances and materials.</li> </ul>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
7. Be able to promote fire safety in the work setting.	7.1 Describe practices that prevent fires from: <ul style="list-style-type: none"> <li>• Starting</li> <li>• Spreading.</li> </ul> 7.2 Demonstrate measures that prevent fires from starting.           7.3 Explain emergency procedures to be followed in the event of a fire in the work setting.           7.4 Ensure clear evacuation routes are maintained at all times.
8. Be able to implement security measures in the work setting.	8.1 Follow agreed procedures for checking the identity of anyone requesting access to: <ul style="list-style-type: none"> <li>• Premises</li> <li>• Information</li> </ul> 8.2 Use measures to protect own security and the security of others in the work setting.           8.3 Explain the importance of ensuring that others are aware of own whereabouts.
9. Know how to manage <b>stress</b> .	9.1 Describe common signs and indicators of <b>stress</b> in self and others. <b>Stress</b> can have positive as well as negative effects, but in this unit the word is used to refer to negative stress.           9.2 Analyse factors that can trigger stress.           9.3 Compare strategies for managing stress in self and others.           9.4 Explain how to access <b>sources of support</b> .  Sources of support may include: <ul style="list-style-type: none"> <li>• Formal support</li> <li>• Informal support</li> <li>• Supervision</li> <li>• Appraisal</li> <li>• Within the organisation</li> <li>• Beyond the organisation.</li> </ul>

**Indicative Content: Promote health, safety and well-being in care -settings****Learning Outcome 1:**

Learners should be able to identify legislations relating to the health and safety in an adult care setting this may include one specific location or a range of locations, depending on the context of a particular work role.

Relevant legislation includes:

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and others who may be affected by their undertaking.
- The Management of Health and Safety at Work Regulations 1999 Employers must consider the risks to employees and others (including the risk of reasonably foreseeable violence); identify hazards; assess risks posed; decide how to prevent or control the risks; and develop a clear management plan.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for three or more days. This includes any act of non-consensual physical violence done to a person at work.
- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 (b) Employers must inform, and consult with, employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

Learners should also be able to explain the main policies and procedures in use in an organisation; this may include other agreed ways of working as well as formal policies and procedures.

The learner should not carry out tasks without special training. They should give specific examples of these tasks, for example, this may include those relating to:

- use of equipment
- first aid
- giving medication
- providing health care procedures
- food handling and preparation.

**Learning Outcome 2:**

Learners should be able to use health and safety policies and procedures: understanding how specific policies and procedures or agreed ways of working apply to own practice by understanding own responsibilities in relation to:

- how to deal with accidents, injuries and emergency situations,

**Indicative Content: Promote health, safety and well-being in care -settings**

- specific working conditions and the working environment
- the use of equipment,
- procedures relating to personal care
- procedures that relate to security and personal safety.

The use of risk assessments includes:

- accident prevention
- prevention of injury to individuals
- prevention of injury to workers and others
- description of procedure or steps to meet legal requirements.

Risk assessment relates to rights and responsibilities in the following ways:

- it is a legal requirement
- it can be used in prevention from danger and harm
- it provides clear guidance or instruction to minimise harm

Risk-taking relates to rights and responsibilities in the following ways:

- providing individuals with the freedom of choice
- allowing the individual to maintain independence.

Learners should know how to identify risks and be able to minimise potential risks and hazards to both themselves and the individual or others around them.

They should know who to refer to in their organisation for support with health and safety and to know how to access other information outside the organisation, for example, the Health and Safety Executive website, trade unions or technical manuals for the safe use of equipment.

**Learning Outcome 3:**

Learners should be able to understand the types of accidents and sudden illness, for example:

Accident:

- slips and trips
- falls
- needle stick injuries
- burns and scalds
- injuries from operating machinery or specialised equipment
- electrocution
- accidental poisoning.

Sudden illness such as

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- heart attack
- diabetic coma
- stroke
- epileptic convulsion

The learner should understand what procedures must be followed if an accident or sudden illness should occur:

- knowing how to ensure and maintain safety for individuals concerned and others
- clearing the area
- safely moving equipment if possible
- remaining calm
- knowing how to send for help
- knowing how to assess individuals for injuries.

**Learning Outcome 4:**

Learners should have an understanding how infection can be spread, for example:

- airborne
- direct contact
- indirect contact.

They should be able to understand measures which can minimise the spread of

Infection, for example:

- hand-washing
- food hygiene procedures
- disposal of waste.

They should know the importance of communicating these procedures to others and the use of communication aids, for example

- posters and notices;
- through regular staff training and updating
- encouraging and ensuring that others are familiar with policies, procedures and agreed ways of working in order to reduce the spread of infection.

**Learning Outcome 5:**

Learners should be able to explain legislation relating to moving and handling and understand the main points of key legislation, for example:

- The Health and Safety at Work Act 1974;
- The Manual Handling Operations Regulations 1992 (as amended in 2002)

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- regulations from the HSC/E covering manual handling risk factors and how injuries can occur.

Learners should be show and explain safe moving and handling. The key principles of this are to avoid the need for hazardous manual handling, to assess the risk of injury from any hazardous manual handling, to reduce the risk of injury from hazardous manual handling.

Learners should be aware of the importance of correct posture and technique when moving and handling individuals including:

- working in teams
- the importance of a co-ordinated approach and good communication
- using mechanical aids where necessary e.g. a hoist
- adapting the task or approach where necessary
- the importance of following appropriate systems and agreed ways of working
- making proper use of equipment provided for safe practice
- taking care to ensure that activities do not put others at risk
- reporting any potentially hazardous handling activities or damaged equipment.

**Learning Outcome 6:**

Learners should be able to describe hazardous substances and materials identified in the COSHH regulations (2002) which include substances that are corrosive, for example:

- acid
- irritants
- cleaning fluids
- toxic medicines
- highly flammable solvents.

Dangerous to the environment includes:

- chemicals
- clinical waste
- germs that cause diseases e.g. legionnaires' disease
- materials that are harmful e.g. used needles.

Items which are potentially infectious include used dressings and body fluids e.g. blood, faeces, vomit.

Learners should know how to store, use and dispose of hazardous substances following organisational and manufacturers' guidance.

**Learning Outcome 7:**

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Learners should be able to identify potential fire hazards in the health and social-care workplace and to understand how fires start and spread e.g. being aware of the fire triangle of ignition, fuel and oxygen.

Learners should be able to prevent fires from starting by recognising the danger from lit cigarettes, naked flames, hot surfaces and faulty electrical equipment. the importance of regular checks on electrical equipment e.g. PAT testing;

They should be aware of the importance of staff training and vigilance in the workplace.

Learners should understand the measures that prevent fires from starting and the importance of taking care with electrical appliances and equipment, for example,

- not overloading power sockets
- checking for worn or faulty wiring
- unplugging appliances when not in use
- keeping electrical equipment away from water
- not putting anything metal in microwaves.

Learners should be able to explain emergency procedures to be followed and have an understanding of how to raise the alarm if a fire is discovered, for example:

- operating a fire alarm system
- following agreed procedures for alerting all personnel in the work setting
- knowledge of basic firefighting procedures, for example, the use of different fire extinguishers, fire blankets or other fire safety equipment.

**Learning Outcome 8:**

Learners should be able to demonstrate procedures for checking identity and understanding agreed ways of working for checking the identity of anyone requesting access to work setting premises, for example

- checking official ID
- signing in procedures
- allocating visitor badges
- the use of biometric security systems like fingerprint scanners.

They should also demonstrate understanding of protecting security by using agreed ways of working for protecting own security and the security of others in the work setting for example:

- knowledge of security systems, alarms, CCTV, gaining access to buildings



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- understanding special procedures for shift or night time working and the importance of procedures for lone working and ensuring that others are aware of own whereabouts.

**Learning Outcome 9:**

Learners should be able to describe the common signs of stress such as:

- aches and pains
- nausea
- dizziness
- chest pain
- rapid heartbeat.

They should be able to describe the emotional signs and symptoms:

- moodiness
- irritability or short temper
- agitation
- inability to relax
- feeling overwhelmed
- sense of loneliness and isolation
- depression or general unhappiness.

Learners should be able to describe signs that indicate own stress which may include:

- work factors - changes in routine, dealing with difficult situations, pressure to meet targets, interpersonal relationships with individuals and others, expectations from managers, demands of working unsocial hours, taking on special projects.
- personal factors - financial problems, relationship or family problems, major life changes, bereavement, injury or illness.

The learner should be able to compare strategies for managing stress, for example:

- internally or externally focused
- emotional or solution focused
- relaxation techniques - massage, yoga, aromatherapy, listening to music
- physical activity and exercise e.g. going for a run,
- social strategies e.g. meeting up with friends and family,
- logical strategies e.g. making lists, prioritising
- creative strategies e.g. music, painting.
- faith strategies e.g. religion or other beliefs.

## Promote equality and inclusion in care settings

**Unit Number:** M/616/3062

**Standard Identifier:** SFH175

**Level:** Level 3

**Credit Value:** 2

**GLH:** 18

**TQT:** 20

**Unit Aim:** SFH175-This unit is aimed at those who work in in a wide range of care settings. The unit covers the concepts of equality, diversity and inclusion which are fundamental to such roles.

The unit has 3 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand the importance of diversity, equality and inclusion.	1.1 Explain what is meant by: <ul style="list-style-type: none"> <li>• diversity</li> <li>• equality</li> <li>• inclusion</li> <li>• discrimination.</li> </ul> 1.2 Describe the <b>effects</b> of discrimination.  Effects may include effects on: <ul style="list-style-type: none"> <li>• The individual</li> <li>• Families or friends of the individual</li> <li>• Those who inflict discrimination</li> <li>• Wider society.</li> </ul> 1.3 Explain how inclusive practice promotes equality and supports diversity.
2. Be able to work in an inclusive way.	2.1 Explain how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to own work role.  2.2 Work with <b>individuals</b> in a way that respects their beliefs, culture, values and <b>preferences</b> .  <b>Individual</b> refers to someone requiring care or support; it will usually mean the

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
	<p>person or people supported by the learner.</p> <p><b>Preferences</b> may be based on:</p> <ul style="list-style-type: none"> <li>• Beliefs</li> <li>• Values</li> <li>• Culture.</li> </ul>
<p>3. Be able to promote diversity, equality and inclusion.</p>	<p>3.1 Model inclusive practice.</p> <p>3.2 Support <b>others</b> to promote equality and rights.</p> <p>Others may include:</p> <ul style="list-style-type: none"> <li>• Team members</li> <li>• Other colleagues</li> <li>• Those who use or commission their own health or social care services</li> <li>• Families, carers and advocates.</li> </ul> <p>3.3 Describe how to challenge discrimination in a way that promotes change.</p>

**Indicative Content: Promote equality and inclusion in care-settings****Learning Outcome 1:**

The learner should be able to explain what the following mean:

- Diversity - the differences between individuals
- Equality - individuals' rights, for example, choices, opportunity
- Inclusion - individuals at the centre of planning and support
- Discrimination - the unjust or prejudicial treatment of different categories of people, especially on the grounds of their characteristics e.g. age, sex, race.

The learner should also be able to describe the potential effects of discrimination on the individual, their family and friends and wider society. This could, for example, include:

- Physical impacts
- Social and educational impacts
- Society and work-related impacts.

They should also consider the effects that the discrimination has on the person who inflicts discrimination, for example:

- social impact
- emotional impact.

Promoting equality:

Learners should be able to explain the policies and procedures in workplace setting related to equality and diversity and use inclusive practices and procedures. They should be aware of how to challenge discrimination or the correct methods of reporting. They should understand barriers to participation and look at how to remove barriers e.g. to physical access, to effective communication or to promote independence.

**Learning Outcome 2:**

Learners should be able to explain relevant legislation and codes of practices for example:

- Human Rights Act 1998
- Special Educational Needs and Disability Regulations 2014
- SEND code of practice: 0 to 25 years 2014 (updated 2015)
- Equality Act 2010.

Learners should be able to show how they act in a way which respects individuals' diversity and shows an awareness of equality when interacting with:

- colleagues
- individuals using services
- family and friends of others
- other professionals.

**Indicative Content: Promote equality and inclusion in care-settings**

This may include:

- demonstrating active listening skills
- knowledge of individuals beliefs, cultures and values
- maintaining confidentiality as appropriate by using preferred methods of communication.

**Learning Outcome 3:**

Learners must demonstrate:

- inclusive practice - by observing the social model of disability engaging in reflective practice by encouraging choice, empowering individuals, encouraging independence removing barriers to access, promoting equality and rights.
- supporting others to promote equality and rights, by understanding and sharing information about the needs of individuals, demonstrating ways to value differences and recognising similarities.
- challenging discrimination by identifying and challenging discriminatory behaviour recognising stereotypes in attitudes or written materials, understanding and adapting own beliefs and attitudes and knowing how to report concerns.

## Promote effective handling of information in care-settings

**Unit Number:** D/616/3056

**Standard Identifier:** SFH078

**Level:** Level 3

**Credit Value:** 2

**GLH:** 16

**TQT:** 19

**Unit Aim:** SFH078- This unit is aimed at those working in a wide range of settings. It covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

The unit has 3 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1. Understand requirements for handling information in care settings	1.1 Identify legislation and codes of practice that relate to handling information in <b>care settings</b> .  <b>Care settings</b> e.g. Adult, children and young people's health settings and adult care settings.  1.2 Summarise the main points of legal requirements and codes of practice for handling information in care settings.
2. Be able to implement good practice in handling information.	2.1 Describe features of manual and electronic information storage systems that help ensure security. 2.2 Demonstrate practices that ensure security when storing and accessing information. 2.3 Maintain records that are up to date, complete, accurate and legible. 2.4 Support audit processes in line with own role and responsibilities.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
3. Be able to support others to handle information.	3.1 Support <b>others</b> to understand the need for secure handling of information. Others may include: <ul style="list-style-type: none"><li>• Team members</li><li>• Colleagues</li><li>• Individuals accessing or commissioning care or support</li><li>• Families, carers or advocates.</li></ul> 3.2 Support others to understand and contribute to records.

**Indicative Content: Promote effective handling of information in care-settings****Learning Outcome 1:**

Learners should be aware of relevant legislation and codes of practice relating to handling data, including General Data Protection Regulation, Freedom of Information Act, Equality Act. They should be able to summarise the main principles of this legislation and relate to their own job role or to practice in care settings.

They should also know:

- relevant legislation relating to the duty of confidentiality, human rights and safeguarding vulnerable adults
- relevant codes of practice relating to the handling of information e.g. relating to the accuracy, retention, availability and disposal of information
- the importance of having secure information systems, ensuring necessary safeguards and appropriate uses of personal information.

In each case, they should be able to relate this to a care setting and how information is dealt with.

**Learning Outcome 2:**

Learners should be aware of the features of both manual and electronic information storage systems to ensure security. This may include:

- encrypting data
- the use of secure passwords and changing them regularly
- the importance of electronic audit trails and why they are used
- knowing what a secured IT network is and how the network protects the user and the data contained within it
- the importance of identity checks and the use of security passes
- understanding how to ensure security when storing and accessing information, e.g.
  - following organisational policies and procedures
  - ensuring confidential information is not disclosed without consent and minimising the information shared on a 'need to know' basis
  - preventing accidental disclosure of information
  - practising strict security measures, e.g. shredding paper-based information, logging out of electronic data systems when not working on the systems
  - following incident-reporting processes.

Learners should understand the importance of keeping legible, accurate, complete and up-to-date records e.g. signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs.

**Learning Outcome 3:**

Learners should be able to demonstrate how to support others when handling information. This could include explaining organisational procedures, following up on mandatory training



**Indicative Content: Promote effective handling of information in care-settings**

or demonstrating the collection or storage of data. The support could be provided to a whole range of people including:

- Team members
- Colleagues
- Individuals accessing or commissioning care or support
- Families, carers or advocates.

## Promote communication in care-settings

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**Unit Number:** L/616/3053

**Standard Identifier:** SFH069

**Level:** Level 3

**Credit Value:** 3

**GLH:** 25

**TQT:** 30

**Unit Aim:** SFH069- This unit is aimed at those who work in care settings or with children or young people in a wide range of settings. The unit is about the central importance of communication in such settings, and ways to overcome barriers to meet individual needs and preferences in communication.

The unit has 4 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>1. Understand why effective communication is important in the work setting.</p>	<p>1.1 Identify the different reasons people communicate.</p> <p>1.2 Explain how communication affects relationships in the <b>work setting</b>.</p> <p><b>Work setting</b> may include one specific location or a range of locations, depending on the context of a particular work role.</p> <p>1.3 Explain ways to manage challenging situations.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>2. Be able to meet the communication and language needs, wishes and preferences of individuals.</p>	<p>2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of <b>individuals</b> in order to maximise the quality of the interaction.</p> <p><b>Individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learner.</p> <p>2.2 Describe the factors to consider when promoting effective communication.</p> <p>2.3 Demonstrate a range of <b>communication methods</b> and styles to meet individual needs.</p> <p><b>Communication methods</b> may include:</p> <ul style="list-style-type: none"> <li>• non-verbal communication</li> <li>• eye contact</li> <li>• touch</li> <li>• physical gestures</li> <li>• body language</li> <li>• behaviour</li> <li>• sign language</li> <li>• braille</li> <li>• pictorial information</li> <li>• verbal communication</li> <li>• vocabulary</li> <li>• linguistic tone</li> <li>• pitch</li> <li>• technological aids</li> </ul> <p>2.4 Demonstrate how to respond to an individual's reactions when communicating.</p>

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
<p>3. Be able to overcome barriers to communication.</p>	<p>3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways.</p> <p>3.2 Identify barriers to effective communication.</p> <p>3.3 Demonstrate ways to overcome barriers to communication.</p> <p>3.4 Demonstrate how to use strategies that can be used to clarify misunderstandings.</p> <p>3.5 Explain how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours.</p> <p>3.6 Explain how to access extra support or <b>services</b> to enable individuals to communicate effectively. Services may include:</p> <ul style="list-style-type: none"> <li>• translation services</li> <li>• interpreting services</li> <li>• speech and language services</li> <li>• advocacy services</li> </ul> <p>3.7 Explain the purposes and principles of independent advocacy.</p> <p>3.8 Explain when to involve an advocate and how to access advocacy services.</p>
<p>4. Be able to apply principles and practices relating to confidentiality.</p>	<p>4.1 Explain the meaning of the term confidentiality.</p> <p>4.2 Demonstrate ways to maintain and promote confidentiality in day-to-day communication.</p> <p>4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns.</p>

**Indicative Content: Promote communication in care-settings****Learning Outcome 1:**

Learners should be able to identify the different reasons people communicate, for example:

- to express needs
- to give and receive instructions
- to share ideas
- to ask questions
- establish and maintain a relationship.

They should be able to explain how communication effects relationships at work, both positively and negatively and consider how it can impact on the effectiveness of a team, for example, considering Tuckman's group development theory.

Learners should be able to identify ways of using effective verbal and non-verbal communication to manage challenging situations. For example, being able to identify:

- different behaviour types
- where conflict at work comes from
- own approach to handling conflict
- emotional triggers and handling them better
- key skills needed to resolve the situation
- strategies and practices for handling these types of situation.

**Learning Outcome 2:**

Learners should be able to demonstrate a range of communication methods such as:

- non-verbal communication
  - eye contact
  - touch
  - physical gestures
  - body language
  - behaviour
- verbal communication
  - vocabulary
  - linguistic tone
  - pitch.

Learners should be able to understand individuals' preferences:

Preferences may be based on:

- beliefs
- values

**Indicative Content: Promote communication in care-settings**

- culture

Learners should be able to demonstrate a wide range of communication methods and active listening skills in interactions including:

- non-verbal communication
- eye contact
- appropriate touch
- physical gestures
- body language
- behaviour
- sign language
- braille
- pictorial information
- verbal communication
- vocabulary
- linguistic tone
- pitch
- use of technological aids.

Factors to consider when promoting effective communication may include:

- how the information is presented
- the method by which you communicate – is it accessible to the individual?
- how concisely you present the information
- the methods you use to collect information
- the best medium to use – written, verbal etc
- the environment in which you are trying to communicate
- the attitude of the recipient
- the time of day.

**Learning Outcome 3:**

Misinterpretation of communication methods can be because of age, gender, culture, socio-economic status. Individuals may have differences in verbal communication e.g. language, vocabulary, dialect, intonations or non-verbal e.g. facial expressions, use of body language, eye contact, gestures.

Barriers to effective communication can include linguistic barriers such as the use of dialect, jargon, sector specific or technical vocabulary.

The environment can have a major impact on the effectiveness of the communication e.g.

- noise
- poor lighting
- too many distractions

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An individual's emotional and behavioural state of mind can be a barrier, for example:

- attitude
- anxiety
- lack of confidence
- aggression.

Other barriers can include sensory impairment, health problems or medical conditions, learning disabilities, effects of alcohol or drugs.

Learners should be aware of methods of overcoming barriers, for example:

- use of technological aids e.g. hearing aids, induction loop, telephone relay services
- human aids e.g. interpreters, signers, translators, advocates
- use of age-appropriate vocabulary
- staff training
- improving environment
- reducing distractions.

Learners should be aware of how to access support, for example:

- translation services
- interpreting services
- speech and language services
- advocacy services.

An advocacy service is provided by an advocate who is independent of the individual and the services being accessed. An advocate's role includes arguing the individual's case when needed, and making sure the correct procedures are followed by the organisations providing the individual's care.

Advocacy is a process of supporting and enabling individuals to:

- Express their views and concerns.
- Access information and services.
- Defend and promote their rights and responsibilities.
- Explore choices and options.

The Mental Capacity Act 2005 introduced Independent Mental Capacity Advocates (IMCAs). An IMCA supports people who can't make or understand decisions by stating their views and wishes or securing their rights. This is a statutory advocacy service, which means in certain situations people who lack capacity must be referred to an advocate.

An IMCA must be instructed, and then consulted, for people who lack capacity and have nobody else to support them (other than paid staff) whenever:

- an NHS body is proposing serious medical treatment

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- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home and (a) the person will stay in hospital longer than 28 days or (b) they will stay in the care home for more than eight weeks.

An IMCA may be instructed to support someone who lacks capacity to make decisions concerning:

- care reviews, when nobody else is available to be consulted
- adult protection cases, whether or not family, friends or others are involved.

**Learning Outcome 4:**

Learners should be able to understand what confidentiality means, for example:

- When an individual shares information with yourself and doesn't wish for it to be given to anyone else, this is classed as confidential.
- Some confidential information can only be shared on a need to know basis to specific individuals.

Confidentiality should be treated very professionally and information should not be exposed to just anybody, unless the person is felt to be at harm, has harmed themselves or others or where a crime has been committed or may be committed. This would fall under the safeguarding policy.

Learners should be aware of policies and procedures related to confidentiality and data protection.



## Duty of care in cre-settings

**Unit Number:** K/616/3061

**Standard Identifier:** SFH140

**Level:** 3

**Credit Value:** 1

**GLH:** 8

**TQT:** 10

**Unit Aim:** SFH140- This unit is aimed at those who work in a wide range of settings. It introduces ways to address the dilemmas, conflicts or complaints that may arise where there is a duty of care.

The unit has 3 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will	The learner can:
1. Understand how duty of care contributes to safe practice.	1.1 Explain what it means to have a duty of care in own work role. 1.2 Explain how duty of care relates to duty of candour. 1.3 Explain how duty of care contributes to the safeguarding or protection of <b>individuals</b> .  <b>Individual</b> refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
2. Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care.	2.1 Describe conflicts or dilemmas that may arise between the duty of care and an individual's rights. 2.2 Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care. 2.3 Explain where to get additional support and advice about conflicts and dilemmas.

Learning Outcomes	Assessment Criteria
The learner will	The learner can:
3. Know how to respond to complaints.	3.1 Describe how to respond to complaints. 3.2 Explain <b>policies and procedures</b> relating to the handling of complaints. <b>Policies and procedures</b> may include other agreed ways of working as well as formal policies and procedures.

**Indicative Content: Duty of care in care-settings****Learning Outcome 1:**

Learners should understand the meaning of the following terms, be clear about how they relate to each other and identify the links between them and safeguarding or protecting individuals:

- Duty of care:
  - accountability for e.g. exercising authority, managing risk, working safely, safeguarding vulnerable adults
  - monitoring own behaviour and conduct
  - maintaining confidentiality and protecting sensitive data
  - reporting concerns
  - maintaining professional boundaries
  - maintaining high standards of conduct outside the professional role
- Duty of Candour:
  - the 'professional duty of candour' guidance sets out the standards expected of healthcare professionals, including "saying sorry".
  - workers in the caring professions must:
    - speak to a patient, or those close to them, as soon as possible after they realise something has gone wrong with their care.
    - apologise to the patient – explain what happened, what can be done if they have suffered harm and what will be done to prevent someone else being harmed in the future.
    - use their professional judgement about whether to inform patients about near misses – incidents which have the potential to result in harm but do not.
    - report errors at an early stage so that lessons can be learned quickly, and patients are protected from harm in the future.
    - not try to prevent colleagues or former colleagues from raising concerns about patient safety. Managers must make sure that if people do raise concerns they are protected from unfair criticism, detriment or dismissal.

**Learning Outcome 2:**

Learners should be able to describe potential conflicts or dilemmas they may face between their duty of care and individual's rights. This may include:

- attitudes of individuals towards the person providing care or towards others
- unsafe behaviour such as drug/alcohol abuse
- aggression and violence, bullying and intimidation, vandalism.

Learners must know that individual's rights include:

- respecting others' points of view and actions
- being safe and secure
- being loved and feeling that they belong within the community or their personal network

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- having a right to education
- being treated fairly and equitably.

Learners should be aware of sources of support and advice about conflicts and dilemmas: e.g. from their line manager, through accessing training and professional development opportunities, by speaking to other health professionals, school/college services, counselling services, mediation and advocacy services.

**Learning Outcome 3:**

Learners should be aware of their organisational policies around handling complaints. They should be able to explain the process for raising a complaint and who to contact. Policies and procedures may include other agreed ways of working as well as formal policies and procedures.

## Cleaning, decontamination and waste management

**Unit Number:** R/501/6738

**Standard Identifier** SFH136

**Level:** Level 2

**Credit Value:** 2

**GLH:** 20

**TQT:**

**Unit Aim:** SFH136-This unit aims to explain to the learner the correct way of maintaining a clean environment in accordance with national policies; to understand the procedures to follow to decontaminate an area from infection; and to explain good practice when dealing with waste materials. This unit does not cover the decontamination of surgical instruments.

This unit has 3 learning outcomes.

Learning Outcomes	Assessment Criteria
The learner will:	The learner can:
1 Understand how to maintain a clean environment.	1.1 State the general principles for environmental cleaning. 1.2 Explain the purpose of cleaning schedules. 1.3 Describe how the correct management of the environment minimises the spread of infection. 1.4 Explain the reason for the national policy for colour coding of cleaning equipment.
2 Understand the principles and steps of the decontamination process.	2.1 Describe the three steps of the decontamination process. 2.2 Describe how and when cleaning agents are used. 2.3 Describe how and when disinfecting agents are used. 2.4 Explain the role of personal protective equipment (PPE) during the decontamination process. 2.5 Explain the concept of risk in dealing with specific types of contamination. 2.6 Explain how the level of risk determines the type of agent that may be used to decontaminate. 2.7 Describe how equipment should be cleaned and stored.

<b>Learning Outcomes</b>	<b>Assessment Criteria</b>
<b>The learner will:</b>	<b>The learner can:</b>
3 Understand the importance of good waste management practice.	3.1 Identify the different categories of waste and the associated risks. 3.2 Explain how to dispose of the different types of waste safely and without risk to others. 3.3 Explain how waste should be stored prior to collection. 3.4 Identify the legal responsibilities in relation to waste management. 3.5 State how to reduce the risk of sharps injury.

**Indicative Content: Cleaning, decontamination and waste management****Learning Outcome 1:**

Learners should understand the meaning of environmental cleaning and the general principles surrounding this.

Environmental cleaning is a fundamental principle of infection prevention in healthcare settings. The outcome-based cleanliness standards have been developed using current best practice within the NHS. The outcome based standards offer:

- patient and customer focus;
- clarity for housekeeping staff and service providers
- an effective aid to management
- consistency with infection control standards and requirements; and
- clear outcome statements, which can be used as benchmarks and output indicators.

**General Principles of Cleaning**

In general, the following applies for all areas that provide care to individuals:

- Wash hands before and after all procedures and after removing gloves
- Cleaning where possible, should take place in a dedicated area away from patient care. Use a designated sink (not a hand wash basin)
- Equipment should be dismantled where necessary in line with the manufacturers' instructions before cleaning
- A clean, disposable cloth should be used and discarded immediately after use
- Use neutral detergent and warm water (maximum 42-43°C) for general cleaning  
Rinse thoroughly to remove detergent residue
- Dry thoroughly after cleaning using disposable towels or paper roll (where appropriate)
- If item visibly soiled with blood or body fluids clean first and then disinfect with a chlorine releasing agent (see section below on blood spillages)
- Wear protective clothing as appropriate
- Decontaminate any cleaning equipment after use e.g. bowl/bucket/sink
- A written cleaning schedule should be devised specifying the persons responsible for cleaning, the frequency of cleaning, and the expected outcomes. These schedules should be publicly displayed and followed
- Keep mops and buckets clean, dry and store inverted. Mop heads should be removable for laundering daily or disposable/single use
- Ensure colour coding, in line with the National Cleaning guidelines, is used for equipment used to clean, toilets, kitchens, general areas and isolation rooms
- Store cleaning equipment clean and dry between uses.

Colour coding of hospital cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross-infection. These are:

Red: Toilets, Bathrooms, Shower rooms, Sluice Rooms

Blue: General Ward including ward and office areas

Green: Catering departments and Kitchen / Food preparation areas in the clinical environment

**Indicative Content: Cleaning, decontamination and waste management**

Yellow: Isolation areas

**Learning Outcome 2:**

The learner should be aware of the three stages of the decontamination process: cleaning, disinfection and sterilisation and be able to describe each.

**Cleaning:** Cleaning is the process that physically removes contamination but does not necessarily destroy micro-organisms.

- It is essential used equipment is cleaned before disinfection in order for these processes to be effective.
- Equipment must be dried thoroughly after cleaning.

**Disinfection:** Disinfection is a process that destroys or reduces the numbers of harmful micro-organisms. This does not destroy bacterial spores.

- Chemical disinfectants may not work properly when they are:
  - Used on dirty objects
  - Not freshly made up
  - Made up to the wrong concentration

Learners should be able to identify when cleaning agents should be used and how.

Chemical disinfectants must never be mixed with other cleaning products as this may produce toxic and other harmful gases.

All chemical agents used for cleaning and disinfection must have a suitable risk assessment under COSHH regulations. They must be stored, reconstituted and used in accordance with the manufacturer's instructions.

Learners must be able to identify the role of personal protective equipment, for example to prevent or control the spread of infection, and why it is important to use it, including:

- gloves
- aprons
- gowns
- masks
- goggles
- face shields
- visors.

Learners should understand risk in relation to dealing with different types of contamination. The choice of decontamination method should be related to the infection risk associated with the intended use of the equipment. Other factors to be taken into consideration when choosing a method of decontamination include the nature of the contamination, the time required for processing, the heat, pressure, moisture and chemical tolerance of the object, the availability of the processing equipment and the quality and risks associated with the decontamination method.



**Indicative Content: Cleaning, decontamination and waste management**

Learners should be able to describe how equipment should be cleaned and stored. This should follow Standard Operating Procedures and manufacturers' guidelines.

**Learning Outcome 3:**

Learners should be able to identify the different types of waste and the risks associated with these. Clinical waste is defined as:

- a) "... any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
- b) any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it."

Clinical waste can be divided into three broad groups of materials:

- a) any healthcare waste which poses a risk of infection
- b) certain healthcare wastes which pose a chemical hazard
- c) medicines and medicinally-contaminated waste containing a pharmaceutically-active agent.

The term offensive waste is defined within the Controlled Waste Regulations as waste that:

- c) is not clinical waste
- d) contains body fluids, secretions or excretions
- e) is classified under specific codes in the List of Wastes Regulations as follows:
- f) waste whose collection and disposal is not subject to special requirements in order to prevent infection
- g) other municipal (household or similar) separately collected fractions not otherwise specified (in this case used for offensive waste)

The waste will be classified as hazardous (with reference to the definition in the Hazardous Waste Regulations) if it contains or is contaminated with a dangerous substance at sufficient concentration to generate a hazardous property.

Learners should be aware of the importance of colour coding waste in line with the colour coding key to segregation system. This is to avoid any cross-contamination and infection.

Sharps found in the health care setting include hypodermic syringe needles, suture needles and scalpels. All sharps must be disposed of in suitable sharps receptacles and require assessment for the presence of medicines, such as cytotoxic or non-cytotoxic medicines. In practice, many health care organisations use a purple lidded sharps receptacle for cytotoxic/cytostatic sharps and yellow lidded sharps receptacles for all other sharps.

Health care staff working in the community are responsible for waste produced as a result of their activities. This means everyone who manages waste or has responsibility for waste (including the health care organisation) is required to fully comply with their duty of care. In summary, the community health care worker must first assess and classify the waste correctly - whether a used wound dressing is infectious or offensive waste, for example –

**Indicative Content: Cleaning, decontamination and waste management**

and then ensure it is placed in the correct colour coded container, which is closed and labelled appropriately ready for removal or collection.

The safe management of health care waste manual suggests there are two main options for removing health care waste from a patient's home. It can be stored safe and secure at the home owner's premises in a place not accessible by children or animals (the householder must consent to the storage of the waste) until collected by a pre-arranged designated authority such as a waste management contractor. Alternatively, the health care worker can remove the items and transport back to their work base where there are consolidation facilities for collection and treatment/ disposal.

When transporting waste in their own vehicles, health care workers should ensure that they are transporting the waste in suitable United Nations (UN) approved rigid packaging that is fit for purpose and capable of safely and securely containing the goods (in other words, is leak proof).

## Appendix 2: Skills for Health Guidance - Level 3 Diploma in Healthcare Support

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### Guidance

Level 3 Diploma in Healthcare Support (RQF)

***This document is intended to be helpful guidance for employers and Senior Healthcare Support Worker apprentices. It illustrates possible combinations of qualification units that are available for Senior Healthcare Support Worker apprentices which might reasonably fit for different service areas and options in the apprenticeship.***

***The actual combination on units selected remains the responsibility of the employer. How does the Level 3 Diploma in Healthcare Support fit with the Apprenticeship?***

The Level 3 Diploma in Healthcare Support is the mandatory qualification requirement that must be completed by all Senior Healthcare Support Worker apprentices before they can go through the gateway to end point assessment. This qualification sits on the Regulated Qualifications Framework (RQF) and is regulated by Ofqual. The size of the qualification is illustrated by the number of credits required to achieve the qualification. The Level 3 Diploma in Healthcare Support has a minimum of 65 credits (650 hours total qualification time).

The qualification has 15 mandatory units that equate to 45 credits; the mandatory units align with the core in the Apprenticeship Standard. All apprentices must complete the mandatory units regardless of which Apprenticeship option they are taking. Apprentices and their employer must additionally choose from the optional selection of units to align with the context of the apprentices' workplace. There is a mixture of competence and knowledge-only units to select from. The optional units must enable the apprentice to achieve the minimum credit value for the qualification and should take optional units which cumulatively equate to at least 20 credits. 37 credits of the units taken across the whole qualification must be at or above Level 3.

The apprentice is measured against learning outcomes and assessment criteria described in each unit of the qualification. The apprentice must meet all the learning outcomes within the chosen units to be able to be awarded the qualification.

The competence units in the qualification will be assessed in the workplace. Assessors will observe apprentices in their workplace, provide support and guidance by collecting evidence, assessing the learner's knowledge and skills and enabling them to achieve their qualification. Assessors will be expected to make an informed judgement about the range of

evidence an apprentice may produce to demonstrate their competence to meet the assessment criteria. The assessor role can be as part of a wider role within an organisation's training department.

The qualification will be assessed by a portfolio of evidence, which must include a piece of extended writing or a project which provides evidence towards the mandatory unit, '*Study Skills for Senior Healthcare Support Workers*'.

The Awarding Organisation will set out the competence, qualification and experience requirements for assessors. Your chosen Awarding Organisation will guide you through the process. The competence requirements for the end-point assessment of the Senior Healthcare Support Worker Apprenticeship Standard is set out separately in the Apprenticeship Assessment Plan.

It is up to employers (with their employees) to select which optional units are clustered together to meet the minimum credit value for the qualification. The end-point assessment organisation for the Apprenticeship will test the knowledge, skills and behaviours of the apprentice in line with the Apprenticeship Assessment Plan; the end point assessment organisation will not need to check which units have been completed from the on-programme qualification.

### **Guidance on selecting optional units in the Level 3 Diploma in Healthcare Support (RQF)**

The Level 3 Diploma in Healthcare Support is a large qualification with a wide range of optional units. This gives the apprentice and their employer maximum freedom to be innovative in which units best fit local needs and workplace contexts.

To help apprentices and employers make sense of **possible routes** through the qualification, the following **indicative** list shows some of the units that are available and how they may align with the options in the Apprenticeship Standard.

***Please note that these are for illustration only. Apprentices and employers are free to select the optional units that best fit the needs of the service and the apprentice's job role.***

#### **Option 1 Senior Healthcare Support Worker - Adult Nursing Support. *Optional units might include:***

##### **a. Clinical care units**

- Undertake physiological measurements
- Undertake tissue viability risk assessments
- Undertake treatments and dressings of lesions and wounds
- Care for individuals with urethral catheters
- Undertake personal hygiene activities with individuals
- Undertake stoma care
- Perform intravenous cannulation
- Care for individuals with naso-gastric tubes
- Obtain and test capillary blood samples

- Obtain venous blood samples
- Carry out blood collection from fixed or central lines

As well as the units above, apprentices and employers may wish to select alternative units from areas such as those listed below. All units selected must meet the minimum credit value to achieve the qualification:

**b. Health navigation units**

- Obtain a client history
- Coordinate the progress of individuals through care pathways
- Support individuals to access and use services and facilities

**c. Elderly care units**

- Care for the elderly
- Understand the process and experience of dementia
- Support individuals during a period of change
- Support individuals at the end of life
- Support individuals who are bereaved

**d. Learning disability support units**

- Understand the context of supporting individuals with learning disabilities
- Awareness of the Mental Capacity Act 2005
- Support independence in the tasks of daily living

**e. Community support units**

- Support independence in the tasks of daily living
- Advise and inform individuals on managing their condition
- Support individuals to live at home
- Work in partnership with families to support individuals
- Implement therapeutic group activities
- Support individuals to develop and run support groups

**Option 2 Senior Healthcare Support Worker - Maternity Support. *Optional units might include:***

- Support parents/carers to interact with and care for their new-born baby
- Anatomy and Physiology for Maternity Support Workers
- Care for the physical and nutritional needs of babies and young children
- Provide advice and information to enable parents to promote the health and well-being of their new-born babies
- Care for a new-born baby
- Develop and agree individualised care plans for babies and families
- Support individuals with feeding babies

**Option 3 Senior Healthcare Support Worker - Theatre Support. *Optional units might include:***

- Transport, transfer and position individuals and equipment within the perioperative environment
- Contribute to the safe use of medical devices in the perioperative environment
- Assist in the delivery of perioperative care and support to individuals
- Measure and record individuals' body fluid balance in a perioperative environment
- Assist in receiving, handling and dispatching clinical specimens
- Provide support to the surgical team when preparing individuals for operative and invasive procedures
- Perform the non-scrubbed circulating role for perioperative procedures
- Prepare anaesthetic environment and provide support for pre-and post-operative anaesthesia and recovery

**Option 4 Senior Healthcare Support Worker - Mental Healthcare Support. *Optional units might include:***

- Understand mental health interventions
- Effective communication and building relationships in mental health work
- Enable individuals with mental health problems to develop alternative coping strategies
- Support individuals to manage their own recovery from mental health problems
- Support positive risk taking for individuals
- Understanding suicide interventions
- Enable mental health service users and carers to manage change

**Option 5 Senior Healthcare Support Worker - Children and Young People. *Optional units might include:***

- Understand how to safeguard the well-being of children and young people
- Communicate with children and young people in care settings
- Understand child and young person development
- Develop positive relationships with children and young people
- Enable children and young people to understand their health and well-being
- Work with babies and young children to support their development and learning
- Care for the physical and nutritional needs of babies and young children
- Support children and young people experiencing transitions

**Option 6 Senior Healthcare Support Worker - Allied Health Profession Therapy Support. *Optional units might include:***

**a. Dietetics support units**

- Contribute to monitoring the health of individuals affected by health conditions
- Undertake physiological measurements
- Assist the practitioner to carry out health care activities

- Monitor individuals' progress in relation to managing their body weight and nutrition
  - Provide information and advice to individuals on eating to maintain optimum nutritional status
  - Principles of Health Promotion
  - Monitor and review individuals progress in relation to maintaining optimum nutritional status
  - Deliver training through demonstration and instruction
- b. Physiotherapy support units. *Optional units might include:***
- Assist the practitioner to carry out health care activities
  - Assist in testing individuals' abilities prior to planning physical activities
  - Deliver exercise sessions to improve individuals' health and wellbeing
  - Assist in implementing treatment programmes for individuals with severely reduced movement/mobility
  - Assist in the implementation of programmes to increase mobility, movement and functional independence
  - Implement hydrotherapy programmes for individuals and groups
- c. Occupational Therapy units. *Optional units might include:***
- Support individuals with cognition or learning difficulties
  - Support independence in the tasks of daily living
  - Collaborate in the assessment of environmental and social support in the community
  - Provide support to maintain and develop skills for everyday life
  - Support individuals to live at home
  - Implement therapeutic group activities
  - Assist in planning and evaluating learning activities
- d. Speech and Language Therapy support units. *Optional units might include:***
- Assist the practitioner to carry out health care activities
  - Develop and prepare speech and language therapy resources for alternative and augmentative communication use
  - Assist and support individuals to use alternative and augmentative communication systems
  - Develop activities and materials to enable individuals to reach specific communication goals
  - Support individuals with speech and language disorders to develop their communication skills
  - Assist professionals to support individuals from diverse linguistic and cultural backgrounds to access speech and language therapy services
  - Provide support for individuals with communication and interaction difficulties
- e. Podiatry support units. *Optional units might include:***
- Assist the practitioner to carry out health care activities
  - Provide support for mobility
  - Adapt and fit healthcare equipment, medical devices, assistive technology, or products, to meet individuals' needs

- Assist in implementing treatment programmes for individuals with severely reduced movement/mobility
- Provide agreed support for foot care
- Examine the feet of individuals with diabetes
- Provide advice on foot care for individuals with diabetes
- Support individuals undergoing healthcare activities

**f. Prosthetic/Orthotic support units. *Optional units might include:***

- Assist the practitioner to carry out health care activities
- Adapt and fit healthcare equipment, medical devices, assistive technology, or products, to meet individuals' needs
- Provide support to continue recommended therapies
- Coordinate the progress of individuals through care pathways
- Advise and inform individuals on managing their condition
- Examine the feet of individuals with diabetes
- Provide advice on foot care for individuals with diabetes.



## Appendix 3: Assessment Guidance: Study Skills for Senior Healthcare Support Workers

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### Guidance for centres

The Study Skills for Senior Healthcare Support Workers is a mandatory unit within the Level 3 Diploma in Healthcare Support.

The Study Skills unit should be assessed via an extended piece of writing or a project which can also be used as evidence towards the assessment of other units within the qualification.

The production of this piece of work will not automatically assess the Study Skills unit in its entirety as there are knowledge criteria that also need to be evidenced, for example through using evidence from planning or monitoring meetings with tutors.

Centres will need to liaise with employers on suitability of the piece of work/project. Centres may set a range of projects/titles suitable for cohorts or it may be appropriate to agree individual titles with learners.

Timeframes for the production of the piece of work/project are to be agreed between the centre and the learner, however it is expected that the piece of work/project will be produced towards the end of the qualification in order for the learner to be able to apply the knowledge and skills acquired during the programme of study.

It is important that any piece of work/project provides scope for investigation and exploration.

Examples include:

- evolution of a job role/clinical area
- service improvement
- impact of policy on your practice
- new technology or innovation
- application of theories

Centres and employer involvement should be as follows:

- initial planning stage including ethical considerations
- regular reviews with the learner which would include further guidance/areas to be improved
- reviews should be recorded

Special considerations will be taken into account when completing this piece of work/project.

For your information, example wording on guidance for learners and an assessment grid have been provided.

**Assessment Guidance Grid for Study Skills for Senior Healthcare Support Workers unit (Level 3 Diploma in Healthcare Support)**

	Requirement	Assessor Comments
1.	Purpose and aims of extended piece of work/project are clearly stated and relevant to the work produced.	
2.	Learner has conducted primary and/or secondary research which is clearly referenced and relevant to the work produced.	
3.	<p>Learner has created a project plan which considers:</p> <ul style="list-style-type: none"> <li>• Topic</li> <li>• Aims/Terms of Reference</li> <li>• Audience</li> <li>• Justification/Methodology</li> <li>• Timescales</li> <li>• Sources</li> <li>• Ethical considerations</li> </ul> <p><i>The project plan should be included in the appendix for the work produced</i></p>	
4.	<p>Language and style is appropriate for audience is considered throughout work produced.</p> <p><i>Does not have to be 100% accurate but it is clear that the learner is aware of how to write for a particular audience</i></p>	
5.	Summary/Abstract has been included and is appropriate.	
6.	Methodology is clear, reflects approach and is and relevant to the purpose of the work produced.	
7.	<p>Findings are displayed in a clear and concise way.</p> <p><i>Findings can be navigated easily</i></p>	
8.	Analysis has been conducted and evidenced by synthesis of information and discussion.	
9.	Conclusion reflects the analysis.	

10.	<p>Recommendations have been identified (if appropriate).</p> <p><i>If recommendations are not appropriate then please ignore this</i></p>	
11.	<p>References are correctly formatted in the agreed style.</p> <p><i>There are different referencing styles that can be used:</i></p> <ul style="list-style-type: none"> <li>• <i>Footnote Style - Reference information is kept in footnotes and not placed in the body of the text. Depending on the style, a bibliography or reference list is included</i></li> <li>• <i>Numbered Style - Creates a numerical list of references in the list of works cited, based on the order in which the works appear in the text</i></li> <li>• <i>Author-date Style - References are placed in the text not in footnotes, and there is an alphabetical list of references (by author name) in the list of works cited, at the end of the work.</i></li> </ul>	
12.	<p>Work produced has been written in standard English, including correct use of grammar, punctuation and spelling.</p> <p><i>Does not have to be 100% correct throughout the work, but you can see from what has been produced that the learner is able to create extended pieces of work/projects using standard English</i></p>	
13.	<p>Agreed milestones achieved in line with project plan.</p> <p><i>Taking into consideration any amendments to the project plan and any issues that may have occurred</i></p>	

## **Study Skills for Senior Healthcare Support Workers unit (Level 3 Diploma in Healthcare Support)**

### **Guidance for learners**

1. You are required to undertake an extended piece of work/project based on research relating to your area of work
2. This is an opportunity to investigate, explore or solve a problem related to an area of interest to you or that could be of value to your employer. This will involve undertaking primary and/or secondary research and compiling your findings in a report of 1500 words (plus or minus 10%)
3. You will need to agree the idea, scope and methodology for your project in discussion with your tutor and employer

These are things you must include in your report:

- Title
- Purpose and aims
- Summary/abstract
- Methodology
- Findings
- Discussion & Analysis
- Conclusion
- Any recommendations (if appropriate)
- References
- Appendices – project plan to be included in any appendix.

## Appendix 4: Skills for Health Assessment Principles

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# Assessment Principles for Qualifications that Assess Occupational Competence

Version 4

November 2017

### 1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out principles and approaches to the assessment of regulated qualifications not already described by the qualifications regulators in England, Wales and Northern Ireland. This information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

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

1.4 These principles apply to qualifications and the units therein that assess occupational competence.<sup>1</sup>

1.5 Throughout this document the term *unit* is used for simplicity but this can mean module or any other similar term.

### 2. Assessment Principles

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

**2.2 Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learners normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.**

2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal assessor

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<sup>1</sup> These are qualifications which confirm competence in an occupational role to the standards required and/or confirm the ability to meet 'licence to practice' or other legal requirements made by the relevant sector, professional or industry body

qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

2.4 Competence based units must include direct observation<sup>2</sup> in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

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

2.7 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

### **3. Internal Quality Assurance**

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

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal internal quality assurance qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect those responsible for internal quality assurance to hold or be working toward a formal internal quality assurance qualification we would expect that Awarding Organisation to ensure that those responsible for internal quality assurance meet the standard of practice set out in the Learning and Development National Occupational Standard 11 Internally monitor and maintain the quality of assessment.

### **4. Definitions**

#### **4.1 Occupationally competent:**

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence

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<sup>2</sup> Direct observation is face to face observation and must take place in the learner's workplace

should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

#### 4.2 Occupationally knowledgeable:

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

#### 4.3 Qualified to make assessment decisions:

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

#### 4.4 Qualified to make quality assurance decisions:

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

#### 4.5 Expert witness:

An expert witness must:

- have a working knowledge of the qualification units on which their expertise is based;
- be occupationally competent in their area of expertise;
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.



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