OTHM LEVEL 3 FOUNDATION DIPLOMA IN HEALTH AND SOCIAL CARE

Qualification Number: 603/6776/3

Specification | October 2020 |

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QUALIFICATION OBJECTIVES

The objective of the OTHM Level 3 Foundation Diploma in Health and Social Care is to equip learners with the underpinning knowledge, understanding and skills required for a career in the health and social care sector at a support worker, senior support worker or care assistant level.

The programme enables learners to demonstrate their skills by producing evidence from their work activities, to meet national occupational standards.

Learners will acquire skills to support a role in the Health and Social Care sector or progress to further study.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit register of Regulated Qualifications.

OTHM has progression arrangements with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and Master's/top-up programmes.

REGULATORY INFORMATION

Qualification Title	OTHM Level 3 Foundation Diploma in Health and Social Care
Ofqual Reference Number	603/6776/3
Regulation Start Date	21/10/2020
Operational Start Date	23/10/2020
Duration	1 Year
Total Credit Value	60
Total Qualification Time (TQT)	600
Guided Leaning Hours (GLH)	120
Sector Subject Area (SSA)	1.3 Health and Social Care
Overall Grading Type	Pass / Fail
Assessment Methods	Coursework
Language of Assessment	English

EQUIVALENCES

OTHM qualifications at Level 3 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to GCE AS/A Levels.

QUALIFICATION STRUCTURE

The OTHM Level 3 Foundation Diploma in Health and Social Care qualification consists of 6 mandatory units, for a combined total of 60 credits, 600 hours Total Qualification Time (TQT) and 120 Guided Learning Hours (GLH) for the completed qualification.

Unit Ref. No.	Mandatory Units	Credit	GLH	TQT
H/618/5284	Responsibilities of a Health and Social Care worker	10	20	100
T/618/5287	Personal and Professional Development in Health and Social Care	10	20	100
F/618/5289	Effective Communication and Ethical Practice in Health and Social Care	10	20	100
F/618/5292	Health, Safety and Wellbeing in Health and Social Care Settings	10	20	100
J/618/5293	Person-centred Approaches in Health and Social Care Settings	10	20	100
L/618/5294	Effective Handling of Information in Health and Social Care Settings	10	20	100

DEFINITIONS

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

Total Qualification Time is comprised of the following two elements –
   a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
   b) *an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.*

(Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) are defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a student working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to al learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

OTHM Level 3 qualifications can be offered to learners from age 18. OTHM does not specify entry requirements for these qualifications. OTHM ensures that learners admitted to the programme have sufficient capability at the right level to undertake the learning and assessment criteria.

OTHM Centre must ensure learners are recruited with integrity onto appropriate qualifications that will meet their needs, enable and facilitate learning and achievement enable progression. The qualification is offered in English.

English requirements: If a learner is not from a majority English-speaking country must

provide evidence of English language competency. For more information visit <u>English Language Expectations</u> page

PROGRESSION

Achieving the OTHM Level 3 Foundation Diploma in Health and Social Care qualification enables learners to progress into or within employment and/or continue their further study.

DELIVERY OF OTHM QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM Centres are free to deliver this qualification using any mode of delivery that meets the needs of their learners. However, OTHM Centres should consider the learners' complete learning experience when designing the delivery of programmes.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives the Centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

ASSESSMENT AND VERIFICATION

All units within this qualification are internally assessed by the centre and externally verified by OTHM. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' for a unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria. Judgement that the learners have successfully fulfilled the assessment criteria is made by the assessor.

The assessor should provide an audit trail showing how the judgement of the learners' overall achievement has been arrived at.

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

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

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:
- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the learning outcome(s) for the whole unit. This may include a combination of units where applicable.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

UNIT SPECIFICATIONS

Responsibilities of a Health and Social Care worker

Unit Reference Number	H/618/5284
Unit Title	Responsibilities of a Health and Social Care worker.
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

This aim of this unit is to provide learners with an understanding of the roles and responsibilities involved in working in a wide range of health and social care settings. The unit also provides learners with the knowledge required to understand working relationships, and how to work in partnership with others in health and social care settings.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand working relationships in health and social care settings.	1.1 Explain roles and responsibilities in health and social care settings. 1.2 Explain ways in which a working relationship is different from a personal relationship. 1.3 Explain the role of regulators and advisors within health and social care.	• Roles in health and social care: e.g. adult social worker, nurses, GPs, paramedic, registered care manager, occupational therapist, physiotherapist. support workers, seniors. • Different working relationships in health and social care settings: relationships between colleagues, between worker and manager, supervisory, relationships within teams, multidisciplinary team, care planning team, between different health and social care

		- workers-nurse and care assistant, relationships between different professionals, health and social care worker and legal advocate, professional relationships with others, families of individuals. - Working relationship: a relationship with a work colleague, the nature of a professional relationship, teamwork, working within agreed guidelines, working towards common goals with a shared purpose, a business relationship - Personal relationship: relationship with a friend, family member or within a social group, interpersonal relationship, romantic relationship, based on love, liking, family bond, social commitment - Regulators e.g. Care Quality Commission, NHS Improvement, General Medical Council, Nursing and Midwifery Council, General Dental Council, Health and Care Professional Council - Advisors e.g. Health Watch England, National Institute for Health and Care Excellence - Other regulators relevant to the sector
2. Understand the importance of adhering to the agreed scope of the job role.	2.1 Explain why it is important to follow agreed ways of working. 2.2 Describe how to access details of agreed ways of working. 2.3 Explain how to contribute to quality assurance processes to promote positive experiences for individuals receiving care.	- Adhere to the scope of the job role: job description as part of a contract of employment, legal responsibility, defined roles and responsibilities, professional commitment, understanding expectations of the job, understanding professional boundaries, accountability, duty of care, means of assessing performance within the job, appraisal, supervision. - Agreed ways of working: full, current policies and procedures, responsibilities of the specific job role, health and safety, safeguarding, equal opportunities and inclusive working, security;

		implementing agreed ways of working, infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling.
3. Understand the importance of partnership working in health and social care.	3.1 Explain the benefits of working in partnership with others in the health and social care sector. 3.2 Describe examples of best practice of health and social care services working together. 3.3 Describe ways of working that can help improve partnership working.	• Importance of professional relationships with team, members, colleagues, other professionals, individuals and their families, friends, advocates or others important to individuals. • Importance of communication; agreed ways of sharing information, boundaries to sharing information on a 'need to know' basis, concept of power, sharing and empowerment; nature of professional respect; understanding different roles and responsibilities. • Professional expectations multi-agency and integrated working, improving partnership working through effective communication and information, sharing, collaboration, team-working, multi-agency team meetings and conferences, main principles of 'No Secrets' Code of Practice (2000) and subsequent legislation e.g. Care and Support Statutory Guidance 2014 in April 2015 alongside the Care Act 2014 for multi-agency working in health and social care • Improving partnership working, non-verbal communication, controlling emotions and behaviour, empathy, trust, understanding, the ability to seek compromise, seeking resolution, being specific and clear with communication, avoiding accusations, active listening, accessing support and advice about partnership working, professional boundaries, organisations.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 3	All AC under LO1 to LO3	Portfolio of evidence	2500

Indicative Reading list

Barnard, A. (2010) *Key Themes in Health and Social Care Paperback*, Routledge

Johnson, J. and De Souza, C. (2008) *Understanding Health and Social Care: An Introductory Reader*, Sage Publications

Peate, Professor Ian, (2017) *Fundamentals of Care: A Textbook for Health and Social Care Assistants*, Wiley-Blackwell

Smith, S. (2018) *Human Rights and Social Care: Putting Rights into Practice,* Dunedin Academic Press

Personal and Professional Development in Health and Social Care

Unit Reference Number	T/618/5287
Unit Title	Personal and Professional Development in Health and Social Care
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

This aim of this unit is to provide learners with an understanding of personal development and reflective practice, both fundamental aspects to roles in health and social care. Health and social care workers have a professional duty to maintain the currency of their knowledge and skills and they do this by continuing to learn and reflecting on what they do. The unit also enables learners to explore the use of reflective practice when improving their performance and informing their development.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand what is required for competence in own work role.	1.1 Explain the duties and responsibilities of own work role. 1.2 Explain how relevant standards can promote best practice in the health and social care sector. 1.3 Explain how own values, belief systems and experiences may affect working practice.	• Specific roles and responsibilities, compliance with policies and procedures of the work setting, health and safety, safeguarding, manual handling, behaviour management, personal care, care plannnig and review, reporting and recording, keeping up to date with changes in work practice, lines of accountability.

		• Standards: provides framework for workers, skills and knowledge required to do the job, sets standards to work to, used for entry and progression within job. • Influence of others, impact on interaction, empathy, understanding of needs and preferences, person centred approaches, supervision.
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 Demonstrate the ability to reflect on practice. 2.3 Explain how reflective practice can lead to improved ways of working.	• Benefits of reflective practice, appropriate identification of needs, currency of practice provision of care, benefits to worker/individuals, improved practice, develop new skills, learn new knowledge, improved employability, safe practice, identification of learning needs. • Agreed ways of working, improved quality of life for individuals, formal and informal evaluation, self-assessment, assessment by others, supervisors, peer evaluation, evaluation against personal development plan, establishing cycle of continuous improvement.
3. Understand how to evaluate own performance in the workplace.	3.1 Explain why evaluation of own performance is important 3.2 Evaluate own knowledge, competence and understanding against relevant standards. 3.3 Justify the role of feedback to evaluate own performance and inform development.	• Insight, personal development and professional growth, feedback from self and others • Benchmark current practice, professional standards, codes of practice, regulations, minimum and National Occupational Standards (NOS), identifying personal goals, prioritising targets, meeting standards, gaps in own knowledge, skills and practice, personal goals, personal development. • Sources of feedback, line manager, supervisor, mentor, colleagues, individuals supported, identifying areas for improvement, awareness of strengths and weaknesses. • positive criticism to facilitate change; improve focus and results.

4. Understand personal development plans.	4.1 Identify sources of support for planning and reviewing own development. 4.2 Review and prioritise own learning needs and development opportunities. 4.3 Devise own personal development plan.	• Learning needs, for training, personalisation of care, development opportunities, shadowing, coaching, mentoring, monitoring of practice, setting of learning objectives, setting of SMART (specific, measurable, achievable, realistic, time-bound) targets, identify personal learning styles, review goals/actions.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 4	All AC under LO1 to LO4	Portfolio of evidence	2500

Indicative Reading list

Bolton G; (2018) *Reflective Practice: Writing and Professional Development* SAGE Publications Ltd; Fifth Edition. London

Mills, C. (2017*) Career Coach: How to plan your career and land your perfect job* Trotman

Peate, Professor Ian, (2017) *Fundamentals of Care: A Textbook for Health and Social Care Assistants*, Wiley-Blackwell

Chartered Management Institute, *Personal development planning*, https://www.managers.org.uk/wp-content/uploads/2020/04/CHK-092-Personal_Development_Planning.pdf

Effective Communication in Health and Social Care Practice

Unit Reference Number	F/618/5289
Unit Title	Effective Communication in Health and Social Care Practice
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

The aim of this unit is to explore the importance of communication in health and social care settings, and how to ensure individual needs and preferences for communication are met at all times. The unt also enables the learner to develop their understanding of good practice in respect of equality, diversity and rights in a health and social care setting.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand why effective communication is important in health and social care work settings.	1.1 Identify reasons why people communicate. 1.2 Explain the impact of communication on relationships in the work setting. 1.3 Explain approaches used to manage challenging situations.	• To express needs, to share ideas and information, to reassure, to express feelings and/or concerns, to build relationships, socialise, to ask questions, to share experiences, to indicate pain/needs. • Communication in the work environment, with colleagues, people using services, children and their families, builds trust, supports understanding of individuals' needs, how communication is used to negotiate, to prevent or resolve conflict and prevent

		- misunderstanding. - Checking understanding, avoiding misinterpretation of body language, use of active listening, repeating, rephrasing.
2. Be able to meet the communication wishes and preferences of individuals.	2.1 Establish the communication and language wishes and preferences of individuals to communicate effectively. 2.2 Describe the factors to consider when promoting effective communication. 2.3 Utilise a range of communication methods and styles to meet individual needs. 2.4 Explain how to respond to an individual's reactions when communicating.	- Recognising individual needs, age, own language, preferred method, additional learning needs, physical disabilities, cognitive abilities, sensory abilities, mental well-being. - Type of communication, complex, sensitive, formal, non-formal, context of communication, one-to-one, group, with people using services, professionals/colleagues, purpose of communication, cultural factors, need to adapt communication, environment, time, resources available. - Methods of communication, language, British Sign Language, Makaton, Braille, symbols, pictures, writing, objects of reference, finger spelling, communication passports, human/technological aids to communication, alternative and augmentative communication. - Verbal responses, tone, pitch, silence, non-verbal responses, body language, facial expressions, eye contact, gestures, touch, emotional state, signs that information has been understood, when/how to adjust communication method.
3. Understand possible barriers to communication.	3.1 Describe barriers to effective communication. 3.2 Analyse ways to overcome barriers to communication. 3.3 Explain how to access extra support or services to enable individuals to communicate effectively.	- Language, dialect, use of jargon, sector-specific terms, environmental, noise, poor lighting, emotional/behavioural, attitudes, anxiety, lack of confidence, aggression, sensory impairment, health problems, medical conditions, learning disabilities, effects of alcohol or drugs. - Use of technological aids, hearing aids, induction loop, telephone relay services,

		interpreters, signers, translators, advocates, use of age-appropriate vocabulary, staff training, improving environment, reducing distractions. • Checking understanding, avoiding misinterpretation of body language, use of active listening, repeating, rephrasing, use of visual cues. • Interpreting service, translation service, speech and language services, advocacy services, third sector organisations, for example Stroke Association, Royal National Institute for Deaf People (RNID), Royal National Institute of Blind People (RNIB). Any other relevant organisations
4. Understand equality, diversity and inclusion within health and social care.	4.1 Explain the terms: • equality • diversity • inclusion. 4.2 Explain the impact of barriers to inclusion. 4.3 Explain the legislation relating to equality, diversity and inclusion in service provision. 4.4 Explain how to promote equality, diversity and inclusion in work practice.	• Valuing differences, treating people fairly, ensuring a positive working culture, equal opportunities approaches, • Structural, institutional, physical barriers, prejudice, values beliefs, attitudes. • Effects of discrimination, impact of inclusion, exclusion, isolation, lack of choice, lowering of self-esteem. • The Equality Act (2010), Mental Capacity Act (2005). Any other relevant legislation and regulation • Anti-discriminatory/non-judgemental attitudes, role modelling, training, supervision, challenging discrimination.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 4	All AC under LO1 to LO4	Portfolio of evidence	3000

Indicative Reading list

Argyle. M (1978) *The Psychology of Interpersonal Behaviour* (3rd Ed) Harmondsworth; Penguin

Department of Health (2000*) No Secrets: Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse*. London. The Stationary Office

Dignity in care - Guide home. (2018) =Dignity in care - Guide home. [ONLINE] Available at: https://www.scie.org.uk/publications/guides/guide15/. [Accessed 13 May 2018].

Thompson, N, (2011) *Promoting Equality; Working with Diversity and difference* (3rd Ed). Basingstoke. Palgrave Macmillan.

Tilmouth, T., Davies-Ward, E, and Williams, B. (2011) *Foundation Studies in Health and Social Care*. London: Hodder Education

Health, Safety and Wellbeing in Health and Social Care Settings

Unit Reference Number	F/618/5292
Unit Title	Health, Safety and Wellbeing in Health and Social Care Settings
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

The aim of this unit is to provide the learner with the knowledge and skills required to promote and implement health and safety in their work setting. The unit also addresses the important area of safeguarding individuals from abuse, identifying different types of abuse and the signs and symptoms that might indicate abuse is occurring.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand responsibilities relating to health and safety in health and social care.	1.1 Identify legislation relating to health and safety in a health and social care work setting. 1.2 Explain how health and safety policies and procedures and other agreed ways of working underpin practice. 1.3 Explain the main health and safety responsibilities of: • Self • The employer or manager • Others in the work setting. 1.4 Identify tasks in the work setting that should not	• Health & Safety at Work etc Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1992, Health and Safety (First Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), Control of Substances Hazardous to Health Regulations 2002 (COSHH). Any other relevant legislation and regulations. • Details of agreed ways of working and approved codes of practice relating to health and safety, how to deal with accidents, injuries and emergency

	be carried out without training. 1.5 Explain principles for safe moving and handling. 1.6 Describe safe practices for handling hazardous substances.	situations, action to take, reporting and recording procedures. • The responsibility to take care of own health and safety, understanding and applying relevant legislation, agreed ways of working; relevant training and updating as required, cooperating with others on health and safety, importance of the correct use of anything provided for individual health, safety or welfare, protective clothing, specialised equipment, advantages and disadvantages of undertaking own responsibility in health and safety issues. • Use of equipment, first aid, administering medication, healthcare procedures, food handling and preparation. • Avoid the need for hazardous manual handling assess, the risk of injury from any hazardous manual handling, reduce the risk of injury, assessment, the task, load, working environment and individual capability, avoiding hazardous manual handling, correct posture and technique, working in teams, a co-ordinated approach and good communication, using mechanical aids where necessary, a hoist, changing the approach where necessary, the importance of following appropriate systems and agreed ways of working, use of equipment provided for safe practice, ensure that activities do not put others at risk, reporting any potentially hazardous handling activities. • Acid, irritant, cleaning fluids, medicines, solvents, chemicals, clinical waste, used needles, used dressings, body fluids, blood, faeces, vomit. • Training, understanding of COSHH regulations, follow instructions for agreed ways of working, safe storage of hazardous substances and materials, follow agreed ways of working, policies and procedures, safe storage of drugs and medicines, stored out of reach, storing materials in containers recommended by the

		manufacturer, clear labelling, containers securely sealed, storing substances separately, safe usage of hazardous substances/materials, follow agreed ways of working, policies and procedures, avoid exposure to hazardous substances, inhaling, contact with the skin or eyes, swallowing or skin puncture, use control measures, universal precautions for dealing with blood and other body fluids, use of protective clothing where necessary, checking with colleagues and completing appropriate records and documentation, safe disposal of hazardous substances and materials: follow agreed ways of working, policies and procedures, use of clinical waste bags, using a sharps box for used needles, disposal of dangerous chemicals, minimise the spread of infection, disposal of used dressings.
2. Understand how to minimise the spread of infection.	2.1 Understand the principles of Chain of Infection 2.2 Understand the impact of breaking the chain of infection at any point 2.3 Explain own role in reducing the spread of infection. 2.4 Describe the recommended method for hand-washing. 2.5 Explain how to ensure that own health and hygiene do not pose a risk to an individual or to others at work.	• Chain of infection - 6 links: The cause of pathogen/ reservoir/portal of exit/mode of transmission/portal of entry/susceptible host opportunities to break or disrupt the chain at any link: e.g. the rapid and accurate diagnosis of an infectious disease; the prompt treatment of infected patients; the safe disposal of waste; the sterilisation and disinfection of medical equipment; the implementation of an environmental decontamination strategy. • How infection can be spread, measures to minimise the spread of infection, hand-washing, food hygiene procedures, disposal of waste, communicating procedures to others, staff training and updating, following policies, procedures and agreed ways of working. • World Health Organisation recommended handwashing procedure- https://www.who.int/gpsc/clean_hands_protection/en/ • Personal hygiene measures, hand-washing, covering

		the mouth when sneezing or coughing, using disposable tissues, covering any cuts or abrasions, staying away from work when affected by illness or infection, getting treatment for illness or infections.
3. Know how to recognise signs of abuse.	3.1 Define the following types of abuse: • Physical abuse • Domestic violence or abuse • Sexual abuse • Psychological or emotional abuse • Financial or material abuse • Modern slavery • Discriminatory abuse • Organisational or institutional abuse • Neglect or acts of omission • Self-neglect 3.2 Explain the action to take if there are suspicions that an individual is being abused. 3.3 Describe factors that may contribute to an individual being more vulnerable to abuse. 3.4 Explain the roles of different agencies in safeguarding and protecting individuals from abuse.	• Signs and symptoms associated with each type of abuse listed. • Understanding roles and responsibilities, importance of following legislation, policies, procedures and agreed ways of working, basic information includes who the alleged victim is, who the alleged abuser is, when abuse has happened, where abuse has happened, importance of treating all allegations or suspicions seriously, lines of communication and reporting, reporting suspicions or allegations to appropriate person, importance of clear verbal and accurate written reports, not asking leading questions with individuals concerned, respectful listening; confidentiality, agreed procedures for sharing information on disclosure, evidence, avoiding hearsay. • Elderly, children and young people, physical ability, physical disability, sensory impairment; cognitive ability, maturity, level of education, intellectual understanding, learning difficulties, mental ill health, depression, impact of stressful life events, bereavement, divorce, illness, injury, culture or religion, as a result of prejudice or discrimination, refugees and asylum-seekers, financial situation, a setting or situation. • Multi-agency and interagency working, responsibilities for allocating a named person, overseeing the Safeguarding Assessment and outcome, consulting the police regarding all safeguarding incidents, chairing strategy meetings, reporting and recording, offering guidance and support, the agreement of responsibilities, actions and

		timescales, coordinating and monitoring investigations, liaison with the Safeguarding Coordinator.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 3	All AC under LO1 to LO3	Portfolio of evidence	3000

Indicative Reading list

Blyth, M. (2012) Effective Safeguarding for Children and Young People: What Next After Munro? *Policy Press.*

After Munro? London: Policy Press. Naidoo, J. and Wills, J. 2016. Foundations for Health Promotion*, 4e (Public Health and Health Promotion). Elsevier.*

Koubel, G. and Bungay, H. (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Palgrave MacMillan.

Person-centred Approaches in Health and Social Care Settings

Unit Reference Number	J/618/5293
Unit Title	Person-centred Approaches in Health and Social Care Settings
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

The aim of this unit is to provide learners with the knowledge and understanding required to implement and promote person centred approaches. A person centred approach is where the person is placed at the centre of the service and treated as a person first. The unit explores how the focus is on the person and what they can do, not their condition or disability.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand person centred approaches utilised in health and social care.	1.1 Define Person centred values 1.2 Explain how person centred values underpin health and social care practice. 1.3 Explain how care plans are central when applying person centred values. 1.4 Describe factors that contribute to the wellbeing of individuals.	• Guiding principles to put the interests of the individual receiving care or support at the centre of everything we do. E.g. individuality, independence, privacy, partnership, choice, dignity, respect and rights. • Applying person centred approaches to all aspects of health and social care provision, vulnerable individuals, individuals with learning disabilities, physical disabilities, mental ill health, person centred thinking skills, communication, lifestyle planning, person

		centred reviews, principles of rights, independence, choice and inclusion, person centred values, individuality, individual rights; enabling individuals to make decisions and choices, privacy, empowering individuals to maintain independence/dignity, respect, respecting individuals' diversity/culture/values. • Individual plans documenting preferences for care and support, support plan, individual plan; applying a person centred approach, negotiation/consultation, empowering individuals to make decisions/choices about to care and support. using plans to record needs, evaluating plans, effectiveness of meeting needs; holistic approach, working with others. • Importance of individual identity and self-esteem, individuals' feelings, importance of privacy, maintaining dignity, providing support and encouragement for individuals, respecting the spiritual, religious and cultural beliefs of individuals.
2. Understand ways of working in a person centred way.	2.1 Describe ways to understand individual preferences, wishes and needs. 2.2 Explain ways to put person centred values into practice. 2.3 Review practice in response to an individual's changing needs or preferences.	• Person centred outcomes, involvement with care, feeling of wellbeing, therapeutic culture, level of support required, working with the individual's beliefs and values, physical needs, sharing decision-making, person centred planning, person centred values; find out individual's history, preferences, wishes, communicate with others, work in ways that recognise individual beliefs and preferences, working in a non-judgemental way, not discriminating, equality and inclusive practice, promoting independence/autonomy, empowering individuals. • Changes in physical condition, changes in

		• treatment needs, abilities, response to individual choices/preferences/wishes. • Feedback from individuals and own response
3. Understand the importance of establishing consent when providing support.	3.1 Explain when an individual might be required to give consent. 3.2 Describe factors that influence the capability of an individual to give consent. 3.3 Establish consent for an activity or action. 3.4 Explain what steps to take if consent cannot be readily established.	• Establishing informed agreement to an action or decision with individuals. • Mental ill health, cognitive impairment, physical illness, learning disabilities, language barriers. • Adapting working approaches, using physical/communication aids, guidance/help, ensuring individuals have access to the appropriate information, communication skills – verbal, non-verbal, written, active listening, consultation, inclusive communication, respect individuals' choices. • Responding to any questions and concerns, resolve conflicts if consent cannot be established, seeking extra support and advice where necessary.
4. Understand the importance of promoting active participation.	4.1 Explain the principle of active participation 4.2 Describe ways of ensuring active participation to meet individual's needs. 4.3 Explain how to support an individual to agree how active participation will be implemented.	• Way of working that supports an individual's right to **participate** in the activities and relationships of everyday life as independently as possible. The individual is an **active** partner in their own care or support rather than being passive. • Working with individuals and others, address the holistic needs of an individual, motivation, behaviour change, using incentives, highlighting advantages/benefits of active participation. • Empowering individuals to participate in activities of everyday life as independently as possible, importance of the individual as an active partner in their own care/support, empowering individuals to participate in their own care, benefits for individuals of active participation, physical benefits, increased independence, autonomy, wellbeing, barriers to

| | | active participation, reducing barriers to active participation. |
| | | • Individual empowerment, independence , autonomy, impartiality, being aware of own attitudes, values and beliefs, awareness of legislation/agreed ways of working, equality and human rights, disability discrimination. |

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 4	All AC under LO1 to LO4	Portfolio of evidence	2500

Indicative Reading list

Bartley, M (2016) *Health Inequality: An Introduction to Concepts, Theories and Methods*. Polity.

Koubel, G. and Bungay, H. (eds.) (2008) *The Challenge of Person-centred Care: An Interprofessional Perspective*. Basingstoke: Palgrave Macmillan.

Koubel, G. and Bungay, H. (eds.) (2012) *Rights, Risks and Responsibilities: Interprofessional Working in Health and Social Care*. Basingstoke, Hampshire: Palgrave Macmillan.

Roberts, G. (2015) *Appreciative Healthcare Practice: A Guide to Compassionate, Person-Centred Care.* United Kingdom: M and K Publishing.

Sanderson, H. and Lewis, J. (2011) *A Practical Guide to Delivering Personalisation: Person-centred Practice in Health and Social Care.* Philadelphia: Jessica Kingsley Publishers.

Effective Handling of Information in Health and Social Care Settings

Unit Reference Number	L/618/5294
Unit Title	Effective Handling of Information in Health and Social Care Settings
Unit Level	3
Number of Credits	10
Guided Learning Hours (GLH)	20
Total Qualification Time (TQT)	100
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and Social Care
Unit Grading Structure	Pass / Fail

Unit Aims

The aim of this unit is to consider issues of confidentiality and ethical practice relating to the storage and use of information. The unit also covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and accessing information.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcomes – the learner will:	Assessment Criteria – the learner can:	Indicative contents
1. Understand handling of information practice requirements in health and social care settings.	1.1 Identify legislation and codes of practice that relate to handling of information in health and social care. 1.2 Explain the legal requirements and codes of practice for handling of information in health and social care.	• Legislation relating to the handling of information in health and social care e.g. Data Protection Act 2018, General Data Protection Regulation (GDPR), Freedom of Information Act 2000, other relevant legislation duty of confidentiality, human rights, safeguarding vulnerable adults. Other relevant legislation and regulation. • Codes of practice relating to the handling of information, relating to the accuracy, retention, availability, disposal of information, secure information systems, safeguards and uses of personal information.

2. Understand good practice in handling of information.	2.1 Describe how manual and electronic information storage systems are securely maintained. 2.2 Describe practices that ensure security when storing and accessing information. 2.3 Explain the importance of maintaining records that are up to date, complete, accurate and legible.	• Features of manual/electronic information storage systems, encryption, secure passwords, electronic audit trails, secured IT networks, identity checks, security passes. • Information governance procedures, ensuring confidential information is not disclosed without consent, accidental disclosure of information, strict security measures, shredding paper-based information, logging out of electronic data systems, operating effective incident-reporting processes, security of access to records/reports, legal and organisational procedures, ethical codes/professional standards. • Records/reports must be legible, accurate, complete and up-to-date records, signed and dated, specifying individual needs and preferences, indicating any changes to care needs.
3. Understand practices relating to confidentiality.	3.1 Explain the meaning of the term confidentiality. 3.2 Discuss how to maintain and promote confidentiality in day-to-day communication. 3.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing information.	• Not passing on personal or sensitive information from another person, this information should not be passed on to anyone else without the consent of the person from whom the personal or sensitive information was received, safe storage of information, adhering to policies and procedures and agreed ways of working. • Following policies and procedures in own workplace setting, policies for sharing information, situations where unconditional confidentiality cannot be maintained, support and guidance regarding confidential information, role of manager or supervisor, referral, training, types of information-paper-based, electronic, verbal, hearsay, confidentiality relating to the collection, recording and storage of different

		types of information.
		• The need for consent to share information, understanding when information may be shared without consent, concept of 'need to know', need to follow policy and protocols for information sharing.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment criteria to be covered	Type of assessment	Word count (approx. length)
All 1 to 3	All AC under LO1 to LO3	Portfolio of evidence	2500

Indicative Reading list

Avery, G. (2016) *Law and Ethics in Nursing and Healthcare: An Introduction (2nd Ed.)* London: Sage.

Herring, J. (2016) *Medical Law and Ethics (6th Ed.)* Oxford: OUP.

Lillyman, S. and Merrix, P. (2012) *Record Keeping (Nursing and Health Survival Guides).* Routledge.

Whelan, A. and Hughes, E. (Ed) (2016) *Clinical Skills for Healthcare Assistants and Assistant Practitioners.* Wiley Blackwell

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this document serves only as a useful guide to your learning experience.   For updated information please visit our website www.othm.org.uk.

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