

Introduction to the Level 3

Health and Social Care:

Practice (Adults) qualification

– a learner/student guide



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Overview of the framework

From 2015-2016, Qualifications Wales conducted a review of all of the health and social care, and childcare qualifications that were fundable in Wales. Following the review, Qualifications Wales concluded that the vast number of qualifications available caused too much confusion for learners, parents/carers and employers.

Because of these findings, Qualifications Wales commissioned City & Guilds and WJEC (**the Consortium**) to develop a minimum of 19 qualifications designed to meeting the evolving needs of the health and social care, and childcare sector (see illustration on page 5). We have worked closely with Qualifications Wales, Social Care Wales, Health Education and Improvement Wales and other sector bodies, tutors, teachers and workplace assessors to ensure that the new qualifications are innovative, fit for purpose and of the highest quality.

City & Guilds and WJEC are recognised Awarding Bodies. This means that we are approved by Qualifications Wales, and other bodies across the UK, to design, develop, deliver and award qualifications in line with specific conditions and regulations.

You can find out more about Qualifications Wales' review here: <https://qualificationswales.org/english/qualifications/vocational-qualifications/sector-reviews/health-social-care-and-childcare/>

Whether you are at school or sixth form college, in work or studying at college or with a work-based provider, the suite of new qualifications are designed to meet your needs. Available from Level 1 to Level 5, including a GCSE and GCE AS and A level, they provide opportunities for progression whether you are thinking about entering employment, seeking career progression or hoping to go to college or university.

Complete Health and Social Care and Children's Care, Play, Learning and Development suite of qualifications 2020

This student guide focuses on the **Level 3 Health and Social Care: Practice (Adults)** qualification. You must be at least 16 years old to complete this qualification. How the qualification fits within the new suite of qualifications is highlighted on the framework below. Please note that the Level 4 qualification titles are indicative and subject to change.



The Level 3 Health and Social Care: Practice (Adults) qualification

You are working towards the **Level 3 Health and Social Care: Practice (Adults)** qualification, which is designed for individuals working, or seeking to work, in health and social care settings. It will allow you to develop the knowledge and skills required for employment and/or career progression in health and social care organisations or settings. This qualification will develop your ability to practically support the health and care needs of adults in a range of settings. It is practice-based and assesses your knowledge and practice through your work.

The **Level 3 Health and Social Care: Practice (Adults)** qualification will enable you to develop and demonstrate your knowledge, understanding, behaviours, skills and practice within a health and social care setting. In particular, you will be able to demonstrate that you:

- understand, and apply in practice, the principles and values which underpin health and social care
- understand, and apply in practice, person-centred approaches
- promote and support effective practice within health and social care
- are aware of key policies within the sector and understand how these affect service development and delivery
- work in partnership with individuals, their families, carers and a range of professionals
- apply a range of problem solving techniques
- reflect on practice to continuously improve
- use literacy, numeracy and digital competency skills as appropriate within your role.

The knowledge, understanding and skills you are required to achieve within this qualification build on the content of the **Level 2 Health and Social Care: Core** qualification. It is strongly recommended that when undertaking this qualification you have completed or are currently undertaking the **Level 2 Health and Social Care: Core** qualification.

Please note that it is a requirement of Social Care Wales that an individual working within the health and social care sector will need both:

- the **Level 2 Health and Social Care: Core** qualification

and to work within specific job roles

- the **Level 3 Health and Social Care: Practice (Adults)** qualification

For more information on the requirements to work within the health and social care sector, please refer to [Social Care Wales' website](#).

By the end of your qualification, you will also have gained the fundamental knowledge, understanding, behaviours, skills and practice you need to support progression on to further study or employment with the Health and Social Care sector.

How can I be confident that this qualification is up-to-date and will be recognised by employers?

The content of the **Level 3 Health and Social Care: Practice (Adults)** qualification has been developed in partnership with the following organisations and individuals:

- Qualifications Wales
- Social Care Wales
- Health Education and Improvement Wales
- Tutors, teachers, assessors and other experts

The content is informed and influenced by the All Wales Induction Framework (AWIF) for Health and Social Care. This structure and content will help you to become confident that you can demonstrate your knowledge, understanding, behaviours, skills and practice in the health and social care sector in Wales.

Health and social care employers may use the All Wales Induction Framework (AWIF) for Health and Social Care to inform their workplace induction programme and so completing the **Level 3 Health and Social Care: Practice (Adults)** qualification will help you to prepare for employment.

Learners who are currently employed will have already completed a formal induction and therefore may have a firm knowledge basis that will support their learning. Tutors/Assessors will want to talk to you about what you already know and can do in order to avoid repeating learning unnecessarily. However, for certain roles within the sector you will have to complete the **Level 2 Health and Social Care: Core** qualification in order to register with Social Care Wales, for example domiciliary care workers from April 2020. Please visit the Social Care Wales website for further information on roles that require professional registration, <https://socialcare.wales/registration>.



It is likely that your school, college or work-based provider will be working closely with health and social care employers in your area and they will have developed a programme of study to ensure that all of the qualification requirements are fully met. Your learning may occur in a very structured environment, e.g. in a traditional classroom, or by a more blended approach that involves both classroom and online learning. Alternatively, you may be supported to learn 'on-the-job' and to undertake some self-directed study. Whatever approach to learning is taken, we have provided some supportive resources that will help you along the way.

The qualification resources are available in Welsh and English. Please speak to your tutor/teacher/assessor about completing your qualification in Welsh. Support materials available online from Health and Care Learning Wales include:

- qualification handbook
- qualification delivery guide
- assessment pack.

Whether you are at school, college or being supported by a work-based provider it is likely that you will need to learn information that is new to you. How you learn can be influenced by a number of different factors, including what motivates you and what type of environment you need. Your tutor/teacher/assessor will want to work with you to find out how they can support you to learn effectively – this is often referred to as your '**preferred**' learning style (see page 47 for more information about '**preferred**' learning styles).

Qualification structure

The **Level 3 Health and Social Care: Practice (Adults)** qualification is made up of mandatory and optional units:

There is one unit within the mandatory group:

- 330 Promoting core practice in Health and Social Care (Adults)

There are 2 groups of optional units, with 47 units in total. Group A has 15 units and group B has 32 units. You must choose **at least 3 optional units**, 2 of which must be from group A. Your chosen units must equate to at least 32 credits in total, 14 of which must be from group A.

There are 9 units within optional groups A and B which are Level 2 units. You may only select these units to a **maximum** of 10 credits.

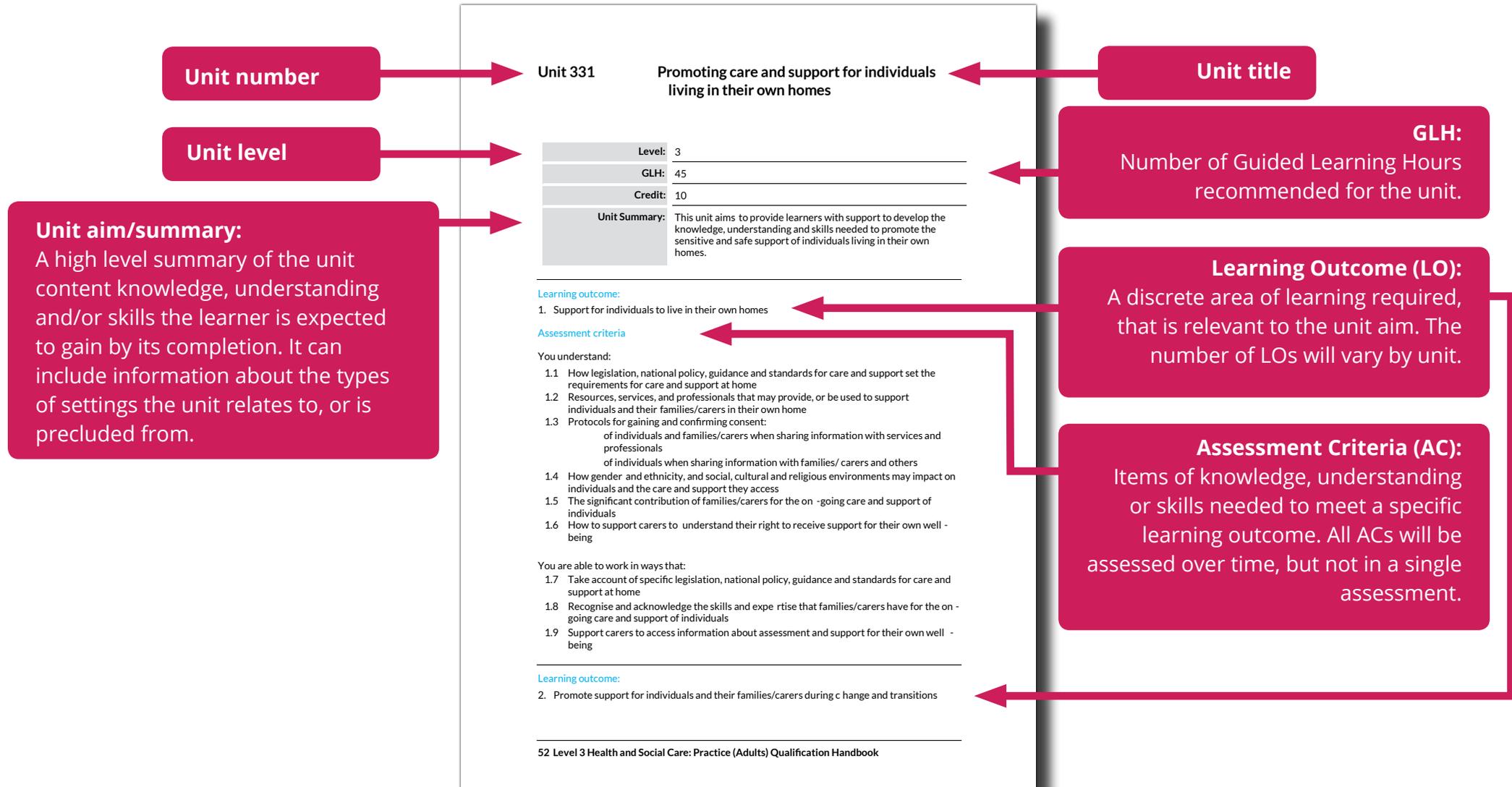
The main assessment methods within this qualification will be through a series of structured tasks, a portfolio of evidence and an assessor-led discussion. The assessment activities have been designed to allow for holistic evidence collection; this means that your evidence will be collected from real working situations that show you can work confidently and consistently across all aspects of the qualification on more than one occasion. They will support you to demonstrate your knowledge and skills across different units and learning outcomes within the same activity, this will reduce any repetition of assessment.

The tasks will require you to integrate your knowledge and skills in a way that reflects workplace and sector requirements to provide effective care and support. The assessment therefore focuses on ensuring the quality and consistency of your practice.

The assessment also provides an opportunity for a final consolidating discussion, providing both you and your assessor a chance to reflect on the assessment, and for the assessor to finalise the assessment outcome.

What is a unit?

All of the knowledge, understanding, behaviours, skills and practice required for this qualification is arranged in units – a bit like chapters in a book. The unit layout used in this qualification is illustrated below and we have identified some key aspects and language that you will become more and more familiar with as you progress through your learning and assessment journey.



Some words and statements appear in bold – why is that?

Within each unit you will notice that some words and statements are in **bold**. This means these are to be considered in a particular way or there is a certain definition or meaning that needs to be used. Further information relating to these words and statements can be found in the 'Range' section of the unit.

Unit 335 Providing support for individuals to achieve their reablement outcomes

Level: 3

GLH: 20

Credit: 5

Unit Summary: This unit aims to support learners to develop the knowledge, understanding and skills to assist individuals with reablement activities.

Learning outcome:

1. Support individuals and families/carers to understand the benefits of reablement activities

Assessment criteria

You understand:

- 1.1 What is meant by the term 'reablement'
- 1.2 Principles of reablement and the potential benefits for individuals and their families/carers
- 1.3 Types of reablement activities and the range of professionals involved in these
- 1.4 The importance of timely access to reablement services and support
- 1.5 The **potential impact** on individuals of loss of cognitive and physical skills
- 1.6 How to support individuals to overcome **potential barriers** to reablement activities

You are able to work in ways that:

- 1.7 Provide timely information, advice and reablement support for individuals and their families/carers
- 1.8 Respond sensitively to any negative impacts that an individual is experiencing
- 1.9 Support individuals to recognise and consider ways of addressing potential barriers to engagement in reablement activities

Range

Potential impact - loss of confidence, valued role, meaningful activities, self-esteem, sense of self and identity

Potential barriers - fear of failing, embarrassment, conflict of opinion between individuals and families/carers, fear of intrusion and loss of control, jargon used by professionals, lack of insight – not recognising support needed

Learning outcome:

2. Promote person-centred care approaches to support individuals to engage in reablement activities

Range:

Identifies exactly what must be considered when addressing these words or statements in bold.

Words in bold

Where can I find more information about each unit?

At the end of every unit we have provided further guidance and your tutor/trainer/assessor will refer to these to guide their delivery of teaching, learning and assessment. The 'Guidance for Delivery' for unit 332 is illustrated below. You may find it useful to look at the 'Guidance for Delivery' of all of the units in this qualification. This can be found in the [Qualification handbook](#).

Unit 332 Promoting care and support for individuals living in care home settings

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Aids, adaptations and equipment: electronic assistive technology, personalised communication support, adaptations to the environment, visual aids, hearing aids, mobility aids .

Agreed plans for palliative and end of life care could include:

- Personal plans
- Advanced care plans
- Advanced directives.

Different types of care home settings could include:

- Adult care homes
- Nursing homes
- Respite / short breaks
- 'Step up/step down'
- Extra care.

Factors that impact on communication to include:

- Sight loss
- Hearing loss
- Dementia
- Physical and mental health
- Language
- Environment
- Relationships.

Full and valued life to include:

- Choice and control over both small day to day details and life -defining matters
- Social and economic well -being
- Engagement and participation in a valued range of meaningful activities and experiences
- Physical and mental health care
- Sexual relationships
- Sexual orientation and gender identity
- Social inclusion
- Relationships and friendships

Community connections
Access to primary and specialist healthcare
Support for faith and cultural links and practices
Managing finances.

Health checks could include:

- Access to regular eye health, sight and hearing checks
- Dietetic advice and support
- Access to podiatry and dentistry services
- GP access and medicines support
- Specialist mental health support
- Health promotion and reablement support.

Health conditions commonly associated with aging: dementia, stroke, sensory loss, continence issues.

Information that should be provided to individuals and their families: Routines, arrangements for visitors, personal and shared spaces, personal possessions, personal plans, healthcare, mealtimes, environment, activities, staffing structures and 'who's who', arrangements for hospital admission, Codes of conduct and practice, how to make a compliment or complaint about the service.

Learned helplessness is when people feel helpless to avoid negative situations because previous experience has shown them that they do not have control. This results in a negative cycle where they and others have low expectations of them that are reinforced by the person fulfilling these low expectations creating dependency, low self -esteem and lack of self -belief.

Limiting physical and/or cognitive abilities to include:

- Significant mobility issues
- Sensory loss
- Significant memory loss
- Confusion
- Learning disability
- Mental health
- Behaviours that could be considered as challenging .

Methods and approaches could include:

- Checking understanding with the individual
- Talking slowly and clearly without environmental distractions
- Using picture, photos, electronic devices, symbols or objects of reference to support communication
- Supporting the use of language of choice, including using interpreters
- Body language and non -verbal communication
- Building trust
- Sign language.

Other places: hospital (admission / discharge), own home, step u p/step down, care home to nursing home.

What subject areas will I learn about?

Each of the units in the qualification includes areas of learning that link to each unit title. As illustrated above, these are presented in Learning Outcomes and Assessment Criteria. An overview of each group of units in the **Level 3 Health and Social Care: Practice (Adults)** qualification is provided below:

MANDATORY UNITS

Unit 330: Promoting core practice in Health and Social Care (Adults)

The content of this unit reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and care activities that you engage in. This content builds on the underpinning knowledge developed in the Level 2 Health and Social Care: Core.

OPTIONAL GROUP A

- Unit 401: Using assessments for the development of personal plans
- Unit 402: Co-ordinating care and support for individuals living in their own homes
- Unit 331: Promoting care and support for individuals living in their own homes
- Unit 332: Promoting care and support for individuals living in care home settings
- Unit 333: Promoting support for individuals living with dementia
- Unit 334: Supporting individuals with the use of electronic assistive technology
- Unit 335: Providing support for individuals to achieve reablement outcomes
- Unit 336: Supporting individuals who misuse substances
- Unit 337: Supporting individuals living in an adult placement/shared lives arrangement
- Unit 338: Promoting support for individuals with a learning disability and/or autism
- Unit 339: Promoting positive approaches for behaviour support
- Unit 340: Supporting individuals living with mental ill-health
- Unit 341: Supporting individuals with a physical impairment
- Unit 342: Supporting individuals with an acquired brain injury
- Unit 236: Contributing to the support of individuals who misuse substances

OPTIONAL GROUP B

- Unit 343: Providing support to adults living with epilepsy
- Unit 314: Undertaking capillary blood glucose monitoring
- Unit 344: Taking venous blood samples from adults
- Unit 345: Providing care for adults living with cancer
- Unit 346: Palliative and end of life care for adults
- Unit 320: Undertaking stoma care
- Unit 321: Undertaking non-complex wound care
- Unit 324: Administering adrenaline auto-injections
- Unit 328: Facilitate group learning
- Unit 329: Supporting individuals with enteral feeding
- Unit 347: Health promotion
- Unit 348: Working as a personal assistant with individuals
- Unit 349: Supporting individuals to access advocacy
- Unit 350: Supporting the use of medication in social care settings
- Unit 351: Supporting adults to manage their diabetes mellitus
- Unit 352: Undertaking physiological measurements in adults
- Unit 353: Providing care to adults with indwelling urinary catheters
- Unit 354: Providing care and support for adults with Coronary Heart Disease (CHD)
- Unit 355: Providing recognition, escalation and response to acute physical deterioration
- Unit 356: Supporting nutrition and hydration for individuals with special dietary requirements
- Unit 357: Supporting individuals to manage dysphagia
- Unit 358: Undertaking electrocardiography (ECG)
- Unit 359: Providing care and support for adults with chronic respiratory conditions
- Unit 360: Providing support to individuals following a stroke
- Unit 209: Responding to anaphylactic reactions
- Unit 239: Supporting individuals with management of continence
- Unit 212: Supporting individuals with moving and positioning
- Unit 240: Supporting individuals to maintain mobility and minimise the risk of falls
- Unit 242: Supporting individuals with sensory loss
- Unit 243: Supporting food safety practice in health and social care settings
- Unit 244: Supporting individuals to manage pain and discomfort
- Unit 245: Undertaking peak expiratory flow rate (PEFR) readings

What do I have to do to achieve this qualification?

In order to achieve the **Level 3 Health and Social Care: Practice (Adults)** qualification you will need to:

- work closely with your **tutor/teacher/assessor/workplace mentor/employer**
- be prepared to learn about and experience new things related to working within health and social care
- have a disposition, and be in a position, which enables you to practice, reflect on and develop your leadership skills and qualities
- prepare for and complete assessments – there is more information about assessment on page 29 .

What is a tutor/teacher?

A tutor/teacher may be allocated to you by your school, college or work-based provider. It is unlikely that they will be working solely with you, although this does happen occasionally. A tutor/teacher is someone who will support and guide you and will help you to learn about all of the important things that you need to know in order to work safely within health and social care. Your tutor/teacher will use learning resources and teaching techniques that are designed to help you to prepare for assessment.

What is an assessor?

An assessor is someone who is occupationally competent, which means that they have experience and expertise that is relevant to the health and social care sector. An assessor may be allocated to you by your school, college or work-based provider. They will usually work with more than one learner, but will normally assess each learner individually. Your assessor will support you to plan and prepare for assessment and they will be involved in making assessment decisions about how well you know and understand the fundamental knowledge we referred to above.

YOU WILL ALSO COME INTO CONTACT WITH OTHER KEY PEOPLE AS YOU WORK TOWARDS GAINING YOUR QUALIFICATIONS, INCLUDING THE INTERNAL QUALITY ASSURER AND WHEN YOU HAVE COMPLETED ALL OF YOUR ASSESSMENTS YOU MAY HAVE AN OPPORTUNITY TO MEET THE EXTERNAL QUALITY ASSURER.

What is an Internal Quality Assurer (IQA)?

An IQA will be identified by your school, college or work-based provider. Their main function is to manage a team of assessors in order to maintain the integrity of the programme or qualification being delivered. They achieve this by ensuring that quality standards are applied and that tutors/teachers/assessors correctly, fairly and consistently interpret, understand and apply the standards and requirements of the qualifications. They will be interested to understand how you have been supported through the process of gaining your qualification and so may arrange to speak with you before you have finished your programme of study.

What is an External Quality Assurer (EQA)?

An EQA is allocated by the **Awarding Body** and works with schools, colleges and work-based providers, and using a monitoring process they ensure that the highest quality learning and assessment process is in place. As part of their role, an EQA can work very closely with IQAs and will also connect with tutors/teachers/assessors/workplace mentors and during monitoring activities, they may ask to speak with individual learners. They are interested to hear about the learner experience and the quality of support you have received and so they use this information to help them decide if the school, college or work-based provider needs extra help and advice.

Focus on leadership

Throughout the **Level 3 Health and Social Care: Practice (Adults)** qualification there is a focus on developing your leadership skills so that you can demonstrate how you 'work in ways, and support others to work in ways that...'

Many of the units focus on your ability to promote rather than support:

- e.g. Unit 330 – Promoting core practice in Health and Social Care (Adults)
- Unit 331 – Promoting care and support for individuals living in their own homes

As a result, many of the learning outcomes throughout the qualification require you to work at a higher level of responsibility:

- e.g. Unit 402, Learning outcome 2 – Promote good relationships with individuals and their families/carers
- Unit 332, Learning outcome 3 – Promote rights based approaches

This is also demonstrated in many assessment criteria:

- e.g. Unit 333, assessment criteria 1.8 – Promote the use of methods that recognise individual strengths and personal characteristics
- Unit 335, assessment criteria 2.6 – Work in partnership with other professionals to access the support needed for specific reablement activities
- Unit 337, assessment criteria 2.7 – Establish strategies to deal with conflicts that may arise
- Unit 338, assessment criteria 1.17 – Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards individuals with a learning disability/autism

You must therefore have a disposition, and be in a position, which enables you to practice, reflect on and develop your leadership skills and qualities.

Employer engagement

In order to achieve the **Level 3 Health and Social Care: Practice (Adults)** qualification you must be working in a health and social care setting. This qualification provides opportunity for your employer to be very involved in your learning, development and progress throughout your qualification and this is something that should be strongly encouraged and supported.

What is a workplace mentor?

A workplace mentor may be assigned to you by your employer. They are not a mandatory requirement for this qualification, but some employers and providers recognise that they have an important role in workplace learning and assessment. A workplace mentor will help you to make connections between what you may learn in the classroom and how this applies in the world of work. They may also help you to identify and make the best use of any opportunities for learning that occur when you are 'on-the-job'.

I am not employed, can I still complete this qualification?

If you are not currently employed it is highly recommended that you consider completing one of the following qualifications:

- the **Level 3 Health and Social Care: Principles and Contexts (Adults, Children and Young People)**
- **Advanced GCE and Advanced Subsidiary GCE in Health and Social Care, and Childcare**

However neither of these qualifications is intended to confirm occupational competence at Level 3, which can only be achieved via the **Level 3 Health and Social Care: Practice (Adults)** qualification.

How could my employer be engaged in my learning?

Step 1 – Pre-delivery

- **Initial registration and unit selection**
 - Supports you to understand the unit options available and helps you to select units that will be most relevant to your role/ongoing career.

Step 2 – Learning Period

- **Formal learning period**
 - Supports you through the process of on-the-job learning and training. Ensures that you are supported through ‘normal’ workplace monitoring and CPD activities, e.g. attending regular 1-to-1s/supervision, updating reflective logs, which is a mandatory requirement for assessment.
- **Gateway to summative assessment – observations**
 - Your manager could liaise with the assessor to determine the point when you are deemed ready for formative assessment.
 - Your assessor will carry out a **minimum of two formative assessments** to inform the ‘readiness for assessment’ decision.
 - Discussion with you regarding the outcome of your formative observations and confirms your readiness for assessment.

Step 3 – Assessment period

- **Prior to assessment**
 - Your manager may meet with your assessor to confirm and clarify, if needed, their understanding of assessment requirements, including mapping of outcomes and process expectations.
- **Initial candidate checkpoint meeting prior to assessment**
 - You might meet with your manager to discuss and plan your summative assessment plans and timeline.
 - Conduct agreed workplace activities on an ongoing basis throughout the assessment period, e.g. regular progress meetings.
 - Seek support from your manager to help you to identify the best evidence for your portfolio and reflective log.
- **Planning meeting for assessment**
 - Ask your manager to review your final plans and sign off relevant paperwork.

Step 4 – Completion

- **Confirmation of decision**
 - Your assessor will meet with your manager to inform them of the assessment outcome.

What might my journey through the qualification look like?

Step 1 – Pre-delivery

- Completion of the **Health and Social Care: Core** or **Level 2 Health and Social Care: Practice (Adults)** – not every learner will complete the Core, but doing so may be useful for progression.
- Initial registration and optional unit selection.

Step 2 – Learning Period

- Formal learning period – this could include learning on-the-job, independent study, classroom-based activities.
- Minimum of two formal formative assessor observations.

Following the completion of observations, you will discuss and agree with your manager and assessor your readiness for assessment.

Step 3 – Assessment period

- Initial candidate checkpoint meeting prior to assessment – this will be with your assessor and manager.
- Task A (ongoing day-to-day activities) – see page 34 for more information about the reflective log.
- Task B (plan four care and support activities).
- Planning meeting for assessment – this will be with your assessor and manager.
- Task C (set-up and implementation of each care and support activity).
- Task D (reflective review of each care and support activity).

Tasks B, C and D must be completed for four opportunities/experiences – this could mean a minimum of four summative assessment observations.

- Submit your completed portfolio and reflective log to your assessor.
- Task E (45 minute assessor-led discussion).
- Final assessment decision is made.

Step 4 – Completion

- Confirmation of decision.

After your assessor-led discussion, your assessor will evaluate all the evidence from all tasks to judge whether the evidence is sufficient to award the qualification. If there is insufficient evidence in any area, you will be supported to provide additional evidence.

Step 1 – Pre-delivery

- **Completion of the Health and Social Care: Core or Level 2 Health and Social Care: Practice (Adults)**

It is strongly recommended before undertaking this qualification you have completed, or are currently undertaking, the **Level 2 Health and Social Care: Core** qualification or the **Level 2 Health and Social Care: Practice (Adults)** qualification.

- **Initial registration and unit selection**

You will discuss options available for completion of the qualification with your manager and assessor, e.g. optional unit selection.

You will complete an initial assessment before you start your programme to identify:

- whether you have any specific training needs
- support and guidance you may need when working towards your qualification
- any units you have already completed, or credit you have accumulated, which is relevant to the qualification
- the appropriate type and level of qualification.

It is recommended that centres provide an induction programme so that you fully understand the requirements of the qualification, your responsibilities as a learner, and the responsibilities of the centre. This information may be recorded on a learning contract. It is really beneficial for your manager to participate in, or contribute to, this discussion.

Which units will I complete?

To achieve the **Level 3 Health and Social Care: Practice (Adults)** qualification you must achieve a **minimum** of 50 credits in total:

- 18 credits must be achieved from the mandatory group
- a minimum of 14 credits must be achieved from optional group A
- the balance of 18 credits can be achieved from units in optional groups A or B.

A **maximum** of 10 credits from optional group A and B may be achieved from units at Level 2.

The **minimum** guided learning hours requirement for this qualification is 240.

It is really beneficial for your manager to participate in this selection process. Speak to your manager about which optional units are the best fit for your role in the setting and for their vision of the services provided.

What are credits?

We have awarded a credit value to each unit. These values can be found in the qualification handbook. The credits awarded to a unit reflect the level and volume of knowledge, understanding, behaviours, skills and practice which will be achieved through completion of the unit.

e.g.

Unit 330, Promoting core practice in Health and Social Care (Adults) has been awarded 18 credits.

Unit 209, Responding to anaphylactic reactions has been awarded 2 credits.

Mandatory group

There is one mandatory unit which you must complete: Unit 330, Promoting core practice in Health and Social Care (Adults).

Unit 330 is designed to reflect the practical and technical skills needed to apply in practice the knowledge and understanding of the **Level 2 Health and Social Care: Core** qualification. The assessment of Unit 330 is a feature of both the formative and summative process and a fundamental part of the qualification.

Optional group A

There are 15 units in this group and you must achieve **at least** 14 credits. You should select the units which are the most relevant to your current working circumstances.

These units focus on working with specific groups of adults within various health and social care settings/services. Unit 331 is about how to support individuals living at home, while Unit 332 is about supporting individuals living in a care home setting. Unit 333 is about supporting individuals living with dementia, while Unit 336 is about supporting individuals whose lives are impacted by substance misuse, and Unit 338 is about how to support individuals with a learning disability and/or autism.

To complete a unit in this group, you must be supporting individuals who are using relevant services, either at home or in their community. You must choose **at least** 2 units from this group; you should speak to your manager and discuss the suitability of the units you are considering.

Optional group B

There are 32 units in group B. These units relate primarily to health; a number of units are relevant to specific health care provision within the community and, in some instances, will be more relevant to those working as health care support workers. Units in this group all require practical based assessment and therefore you must only select units for which you can develop and demonstrate competence; you should discuss this with your manager and assessor and only select the units that are most appropriate for you in your current role.

The following additional rules exist for specific units within this qualification:

- If you wish to take Unit 324 Administering adrenaline auto-injections, you must also complete Unit 209 Responding to anaphylactic reactions. Unit 209 may be taken either prior to, or alongside, the delivery of Unit 324.
- You may only achieve credits for one of the following:
 - Unit 236 Contributing to the support of individuals who misuse substances
 - Unit 336 Supporting individuals who misuse substances.

If you take both units as part of this qualification, only credit achieved from one unit will count towards your overall credit achievement.

Step 2 – Learning Period

- **Formal learning period**

You will undertake on-the-job learning and training; and ongoing formative assessment.

- **Gateway to summative assessment – observations**

You will be observed in practice by your assessor on a minimum of two formal occasions.

Following the completion of observations, you will discuss and agree with your manager and assessor your readiness for assessment.

In advance of the learning period, your manager and assessor will discuss the anticipated timeframe required to prepare you to be ‘assessment-ready’; this will include identifying types of ongoing evidence that your manager can use to identify the progress being made by you, and that will promote confidence in your ‘readiness’.

During the first early months of your qualification you will be learning the skills and consolidating the knowledge required to demonstrate your competence and readiness for assessment. This learning may take place both in the classroom and work setting, following a plan agreed by your manager and assessor. If you have regular conversations with your manager, such as 1-to-1s, supervision, team meetings etc., these could be a useful time for you to discuss with your manager your learning journey, progress and any support you feel you need. If recorded, these conversations could also be included in your portfolio of evidence.

You must demonstrate your competence and confidence in mandatory Unit 330, the content of which reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and social care activities that learners engage in, and which builds on the underpinning knowledge developed in the **Level 2 Health and Social Care: Core**. It is not until you have demonstrated your competence in this unit that assessment will begin for the remainder of the qualification.

Readiness for assessment – demonstrating competence

It is important that you are only put forward for assessment purposes when there is confidence from both your manager and assessor that you are sufficiently competent to be able to successfully complete the assessment. This should be at a point following the majority of learning delivery and following a programme of ongoing and formative assessment.

1. Check-point meeting between assessor and manager to check you are on track and make arrangements for observation.
 - Following this meeting you will have a discussion with your assessor and manager to confirm you agree with their decision.
2. Your assessor will complete at least two formative observations.
 - During these observations you will demonstrate your competence and confidence in mandatory Unit 330.
3. You will have a discussion with your assessor and manager to discuss the outcome of your observations and your readiness for assessment.

Once all parties – you, your manager and assessor – are confident that you are ready, summative assessment will commence.

Step 3 – Summative Assessment Period

- **Initial candidate checkpoint meeting prior to assessment**

You will attend an initial checkpoint meeting to:

- understand the assessment to be completed
- determine requirements and conditions for Task A, (i.e. how portfolio will be kept; role of reflective log)
- discuss and agree timeframe for opportunities to discuss your progress and have planning meetings.

- **Task A – ongoing day-to-day activities**

Keep a reflective log and produce a portfolio of evidence – **ongoing over the whole period of assessment**

- **Task B – plan four care and support activities**

- **Planning meeting for assessment**

Attend the planning meeting with your manager to confirm:

- achievability of plans
- agree resources required
- complete the 'candidate planning form'.

- **Task C – set-up and implementation of each care and support activity**

- Lead on the delivery of each of your four planned activities, following your agreed plan, while being observed by your assessor.
 - Minimum of four formal summative assessor observations.

- **Task D – reflective review of each care and support activity**

Complete a reflective review of each of your four care and support activities.

Tasks B, C and D must be completed for four opportunities/experiences – this could mean four summative assessment observations.

- **Completion of assessment tasks A – D**

Once you confirm and agree with your manager that all assessment activity has been undertaken, submit your completed portfolio and reflective log.

- **Task E – 45 minute assessor-led discussion**

- **Final assessment decision is made**

How will my qualification be assessed?

Level 3 Health and Social Care: Practice (Adults) qualification is assessed holistically, which means that your evidence will be collected from real working situations that show you can work confidently and consistently across all aspects of the qualification on more than one occasion. Once it is agreed, between you, your assessor and your manager, that you are ready to be assessed, you will begin to prepare for your final assessment. This consists of:

- an externally set, internally marked set of tasks
- a portfolio of evidence
- an assessor-led discussion.

What will I have to do?

Over at least a 6 – 12 month period, you will be required to work, **and support others to work**, in ways that promote and support the health and well-being of individuals within your organisation/setting, and to gather evidence to complete your chosen units. You will need to show how you use your knowledge and practical skills to contribute to the support of their health and well-being. You should also work with others by gathering and sharing relevant and appropriate information with colleagues, professionals and others involved in the care of individuals, using agreed documents, processes and procedures.

You will follow the normal policies and procedures operating in your organisation/setting, demonstrating the key principles, values and behaviours that underpin the care of individuals within the health and care sector.

You will be expected to complete a **reflective log** regularly over the period, reflecting on your practice in the promotion and support of the individuals who you work with, and reflecting and identifying any of your own development needs to continuously improve and discuss further with your manager/assessor. You will also be required to keep a **portfolio of evidence** during the assessment period; this will be generated through normal workplace processes, including planned progress meetings, and through expert witness testimony from your manager or workplace mentor.

You will be asked to promote health and well-being through leading the development of a range of activities identified through the personal plans of individuals that you support in your role. You will need to review plans, lead on the planning and development of activities and carry out those planned activities on four occasions.

Your assessor will observe you on a minimum of four occasions when you are leading on the delivery of your activities. You will also complete a reflective review of your practice from each of your four observations.

Once your assessor and manager confirm that all practical assessment activity has been undertaken and achieved, your portfolio and reflective log will be submitted for assessment by your assessor. Your assessor has been trained to mark work in a particular way and they will follow guidance that has been provided by the **Awarding Body**. This will help to ensure that the process is fair and reliable. This process will be checked by the Internal Quality Assurer (IQA) and by the External Quality Assurer (EQA).

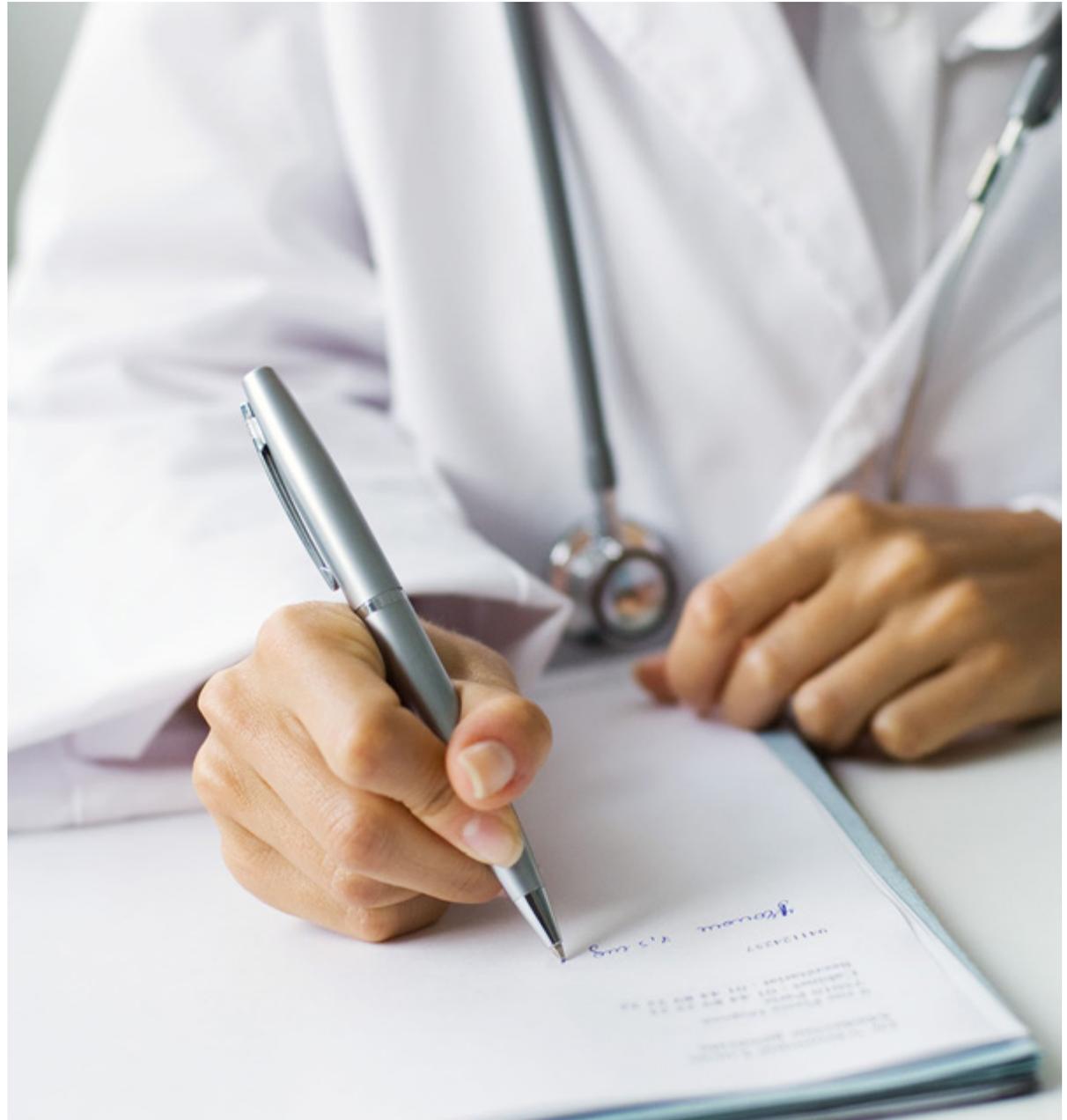
You will deliver a final evaluation of your activities through an **assessor-led discussion**, this will focus on your reflections and learning from promoting and supporting health and care through your practice. This discussion will also provide your assessor with the opportunity to ask any further questions on areas where they feel there was insufficient evidence.

The assessor will assess all the evidence from all tasks to judge whether the evidence is sufficient to award the qualification.

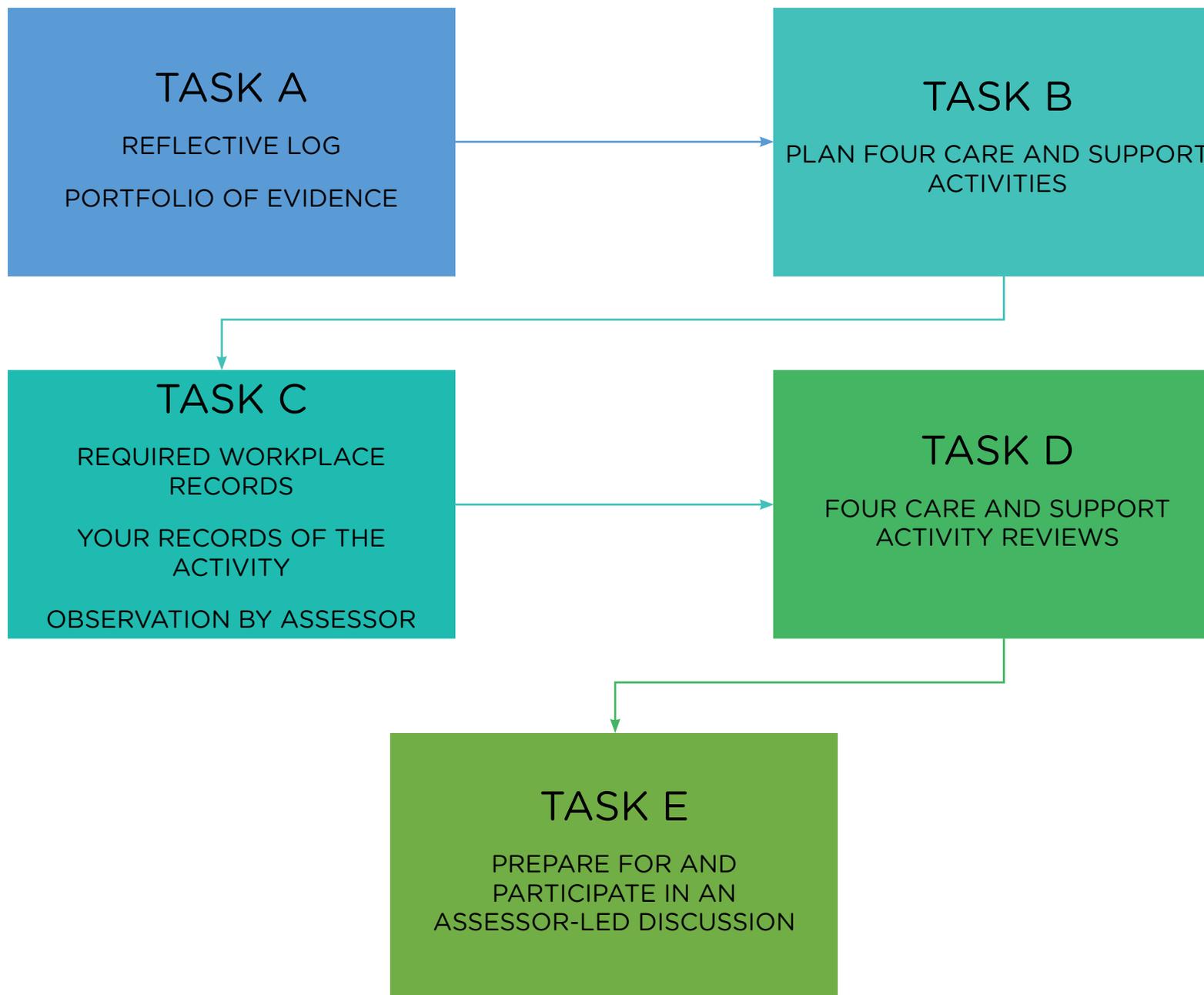
What additional evidence might I use?

Additional evidence will be gathered through normal workplace processes, including witness testimony from your employer or workplace mentor.

- Expert witnesses
- Witness testimonies
- Work products
- Candidate/ reflective accounts
- Questions
- Case studies
- Completed SCW workbooks
- Simulated assessments



Summary of assessment for Level 3 Health and Social Care: Practice (Adults) qualification

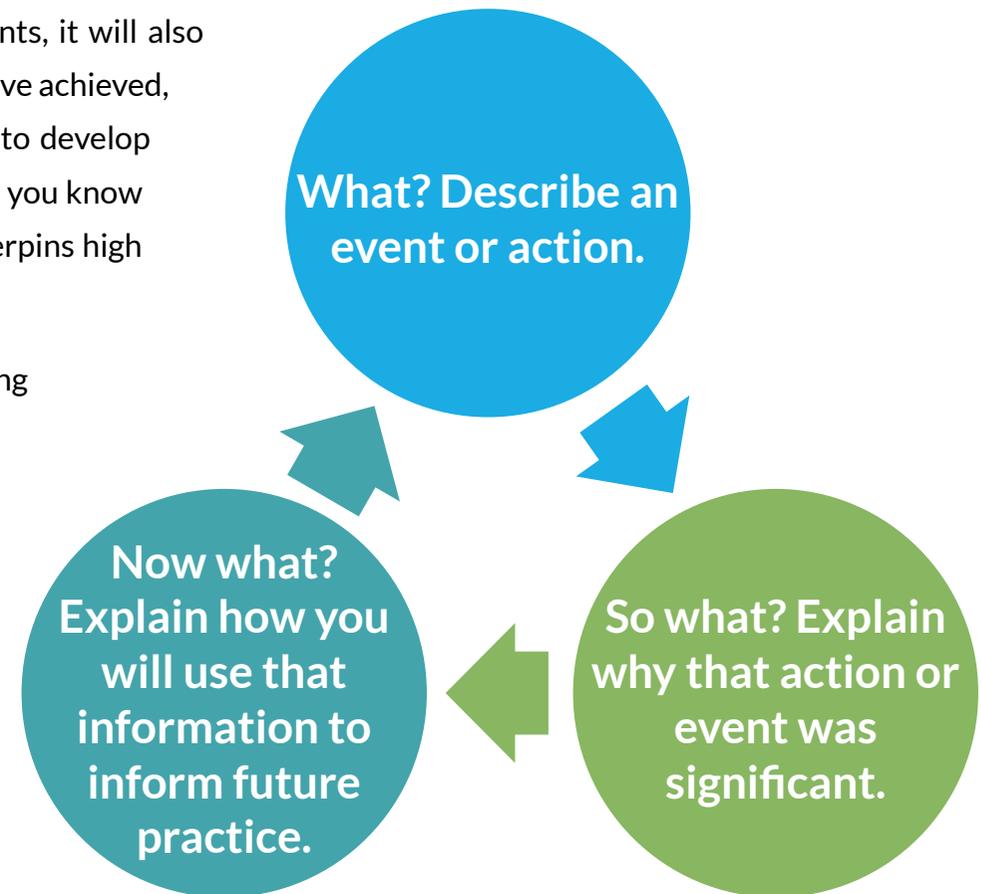


What is a reflective log?

Your reflective log is a critical piece of evidence in completing your **Level 3 Health and Social Care: Practice (Adults)** qualification. This is a written piece of evidence whereby you reflect on your practice while working within the health and social care setting, and identify any of your own development needs to discuss further with your manager/assessor.

This log is more than a diary and will contain more than a record of events, it will also contain self-reflection, critical analysis and detailed reviews of what you have achieved, what has gone well, or less well, and your thoughts and feelings on how to develop and improve in practice. It is also an opportunity for you to showcase that you know and understand the concepts, approaches, policy and legislation that underpins high quality, person-centred and rights-based practice.

Your manager is encouraged to support you to complete this log using different styles of reflective log, supporting you to identify and use a format that best reflects your learning style. Your manager should be sure that you understand what you need to do and by when, and that you need to add explanations showing understanding during your written work. They should also ensure that you are not led or told what to do in a way that prevents you from being able to show your own independent decision making and practice.

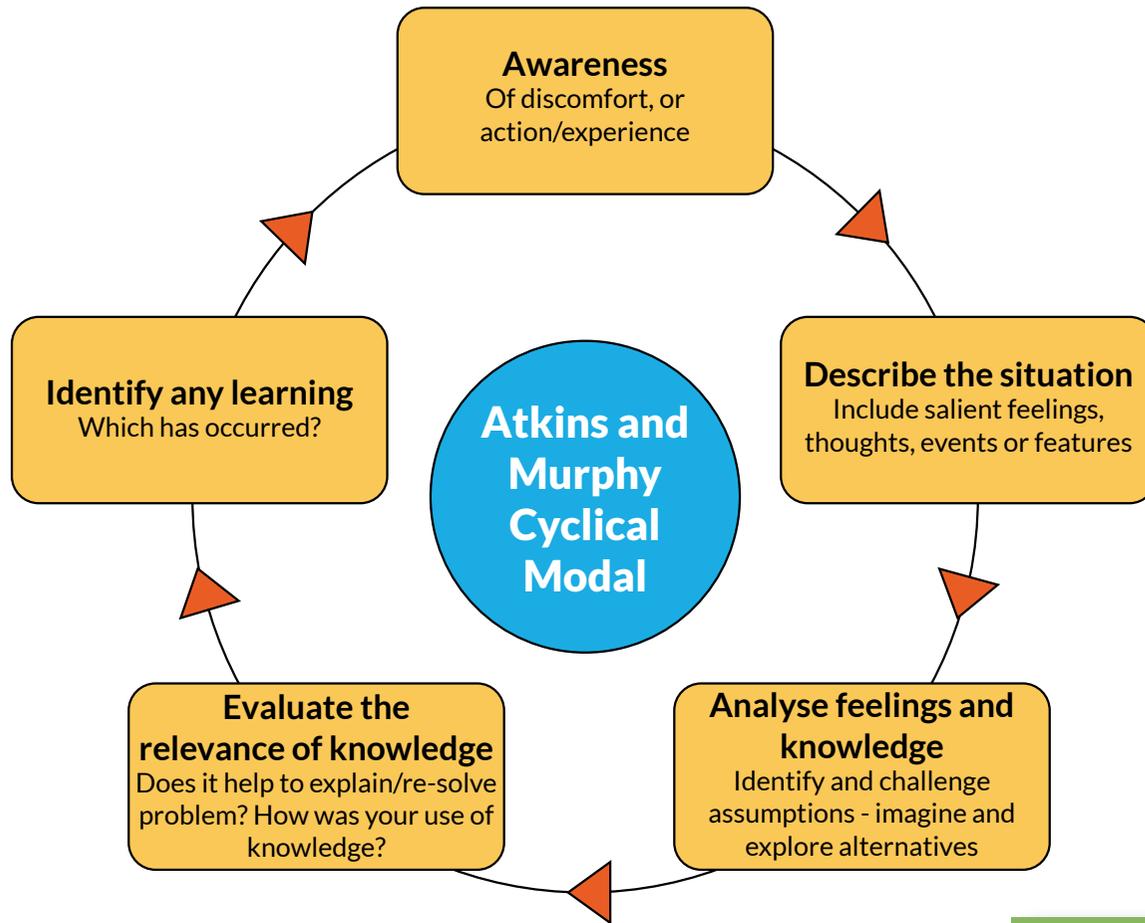


Reflection is an ongoing process, of immense value and importance, and as such you should update your log regularly throughout the period between progress meetings. Your log will be the subject of discussion during progress meetings and will enable your assessor and manager to more fully support your learning, determine confidence and knowledge, as well as your readiness for assessment. There are various models of reflection which you can use for your **Level 3 Health and Social Care: Practice (Adults)** reflective log, however it is recommended that you follow one of the following:

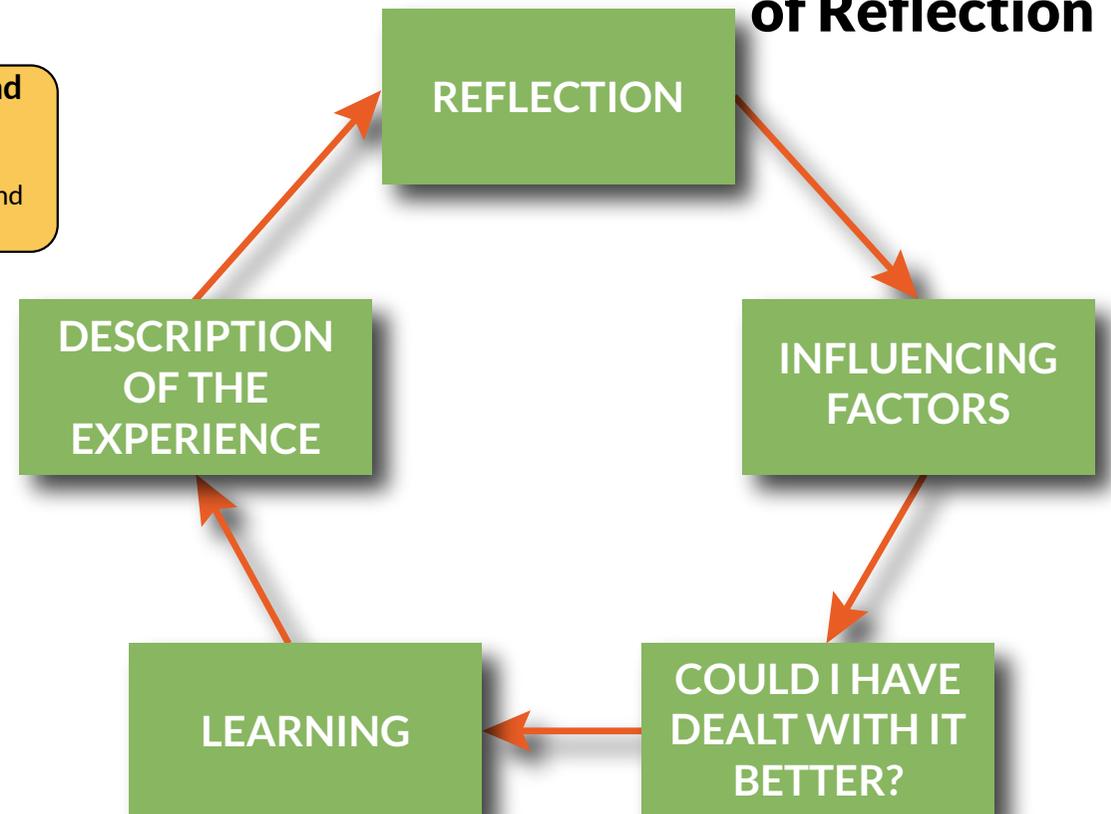
- Gibbs (1988) Reflective Cycle
- Johns (2000) Model of Reflection
- Atkins and Murphy (1993) Cyclical Model.

Most models of reflection are based on the principle that reflection leads to further learning. However these recommended models will guide you in the different elements and layers required in a good reflection, thereby ensuring that you include the necessary detail, analysis and reflection within all of your entries.





Johns' Model of Reflection



What is a guided discussion?

The final assessment activity that you need to complete is a formal assessor-led discussion. This assessment will be an evaluation of the activities you conducted and should also support the assessor to confirm any gaps in evidence, or add an extra layer of confidence, particularly around any knowledge aspects that may not have been fully seen through the practice observations. You may also be asked questions that relate to your knowledge and understanding of health and care in relation to the assessment activities you have undertaken.

You may prepare notes in advance, and these may be brought with you and referred to during the discussion.

Prior to the discussion

The assessor will plan the structure of the discussion, i.e. consider the outcomes to be reviewed and the range of questions to ask you. You will not be asked to prepare anything specific for the discussion and the assessor will ensure that questions are clear, and that sufficient relevant context is given if the question is asked on an aspect of observed practice to allow you to recall the event.

Introducing the discussion

It is important that you are at ease at the beginning of the assessment and before collection of evidence begins. This is to enable an accurate assessment of your application of the standards by minimising the extent to which your performance may be hindered by anxiety. Your assessor will take all reasonable steps to ensure this including:

- introducing themselves and explaining their role in the process
- summarising the purpose and structure of the discussion
- emphasising that the confidentiality of their assessment will be maintained
- asking you if you have any questions before beginning the assessment.

During the discussion

Your assessor will make notes to capture your responses. The discussion should feel as natural as possible, utilising open questions to allow you to dominate the conversation. It is expected that the assessor will use a number of techniques to ensure the assessment remains focused and effective.

These may include:

- Using follow up questions where necessary to probe for more information or to clarify points, questions such as 'How did you know that?' 'What method did you use to arrive at that conclusion?'
- Providing summaries of points covered to ensure they have understood and recorded candidate evidence accurately.

Timings

The discussion is not expected to last more than 45 minutes in total.

Retention of evidence

It is permitted for the assessor to digitally record the discussion to support the assessment process, e.g. to use as a post-review tool, or to support the capturing of notes that may be difficult to fully take during the discussion. If the assessor plans to record the discussion digitally, this must be discussed and agreed with you prior to the discussion starting

Step 4 – Completion

- **Confirmation of decision**

You are informed of the assessment outcome.

If the assessment has not been achieved, the reasons for this outcome are outlined and feedback given on what needs to be done next.

What happens after my guided discussion?

Assessment and feedback should take place within 2 weeks of submission of the completed assessment. If the evidence is judged to be insufficient, and your assessor is not satisfied that a pass outcome can be awarded, they will explain to you and your manager the reasons for the outcome, what else is needed and a timeframe for submitting further evidence.

Resubmission

If you are required to submit further evidence, appropriate feedback and support must be provided to enable you to resubmit. If you do not meet the appropriate learning outcomes required in the subsequent resubmission, the centre should arrange additional support for you, or you have a right to appeal the decision.

How do I get my certificate?

Once everyone (you, your manager and assessor) agrees that all of the tasks have been completed to meet the requirements of the qualification, the Awarding Body will perform a number of their own checks to ensure quality. Your evidence will be internally verified by an Internal Quality Assurer (IQA) identified by your school, college or work-based provider; and will be available for external verification by an External Quality Assurer (EQA) allocated by the Awarding Body. If everyone agrees with your assessor's decision, then your certificate will be issued.

What support is available to me?

You may be able to apply for extra support during your period of study and assessment. You will need to meet certain criteria and the process can take some time to organise, so make sure you speak with your tutor/teacher/trainer or assessor as soon as you can so that they can make arrangements. Not every application for additional support is successful and you may be asked for specific evidence to help make the right decision.

REMEMBER – Before taking an assessment, it is important to be confident that you are ready and your tutor/teacher/assessor will help you to recognise when you have reached this point. Through the learning period you should have opportunities to practice working within the health and social care sector. Check out the learning resources on the following websites:

Health and Care Learning Wales:

<https://socialcare.wales/learning-and-development/induction-for-health-and-social-care>

Social Care Wales:

<https://socialcare.wales/learning-and-development/all-wales-induction-framework-for-early-years-and-childcare>

<https://socialcare.wales/hub/home>



How can I prepare for my assessments? You should start preparing for your assessments as soon as you start your qualification. The sooner you start a good habit to studying, the less stressful you will find it. Successful studying requires good organisational and time management skills, but you also need to be realistic. If you are working as well as attending school or college or you are completing a work-based programme, such as an apprenticeship, you will need to plan in study time. Be proud that you are studying and let your friends and family/carers know that you will need and expect their support.

Some people find it easier and more effective to study first thing in the morning, others prefer later in the day, but regardless of the time of day, studying is much easier and more successful if you have a quiet and comfortable space that is bright and airy and includes somewhere to write and read.

There are lots of resources available on the following websites which will help you to study:

SOCIAL CARE WALES INDUCTION WORKBOOKS

<https://socialcare.wales/learning-and-development/induction-for-health-and-social-care>

DIGITAL LEARNING RESOURCES

<https://www.healthandcarelearning.wales/resources/>

<https://socialcare.wales/hub/home>

There are many tools and props that can help you study:

- writing with colourful pens can help you to spot key words or phrases when you are revising
- summarising your notes can help you to organise your learning and reduce repetition
- work with others in small groups – sharing knowledge and understanding and testing each other is really worthwhile
- take regular breaks – fresh air and exercise can give you an energy boost and help to keep your mind focused
- have a break from social media, put your phone on silent or, better yet, turn it off.

REMEMBER that you cannot study well if you are tired, too stressed or in a rush. Planning and determination are the key!

Progression – what could the qualification lead to?

Progression into employment

As outlined above, the content of **Level 3 Health and Social Care: Practice (Adults)** qualification is informed and influenced by the All Wales Induction Framework (AWIF) for Health and Social Care.

LEARNERS ARE STRONGLY ENCOURAGED TO COMPLETE THE CORE QUALIFICATION PRIOR TO, OR ALONGSIDE, OTHER HEALTH AND SOCIAL CARE QUALIFICATIONS IN THIS SUITE AS THIS WILL BE A REQUIREMENT FOR PRACTICE SET BY SOCIAL CARE WALES.

Once in work, there may be further opportunities to progress to Level 3 roles or, once you gain more experience and confidence, to develop your leadership and management potential or to extend and enrich your understanding and skills in a specific approach to practice or provision.

Before progressing to Level 4 you will have already gained substantial experience at Level 3 and the qualifications below will support you to either focus on a particular aspect of practice or will help you to extend your knowledge, understanding and skills required to lead and manage provision in the health and social care sector.

LEVEL 4 PREPARING FOR LEADERSHIP AND
MANAGEMENT IN HEALTH AND SOCIAL CARE
(AVAILABLE SEPTEMBER 2020)

This qualification is designed to provide insight into key theories and models of leadership and management. You must complete this qualification before you can progress to the Level 5 that is required to manage services in some parts of the regulated childcare sector.

LEVEL 4 HEALTH AND SOCIAL CARE WITH
SPECIALISM
(AVAILABLE SEPTEMBER 2020)

This qualification is designed to enrich and extend knowledge, understanding and skills relating to a focused area of practice. You will be able to choose which area you are most interested in, but this must be relevant to the type of services you are providing. You must be in employment to complete this qualification.

Progression beyond Level 4

In order to progress to the **Level 5 Leadership and Management of Health and Social Care**, a recognised qualification which is required to manage services in some parts of the health and social care sector, you must first have completed the **Level 4 Preparing for Leadership and Management of Health and Social Care** (available September 2020).

LEVEL 5 LEADERSHIP AND MANAGEMENT OF HEALTH AND SOCIAL
CARE: PRACTICE
(AVAILABLE SEPTEMBER 2020)

This qualification will build on what you learnt at Level 4 and provides the opportunity for your knowledge, understanding and skills to be assessed. In order to successfully complete the qualification, you must be working at Level 5 and able to show that you have become a competent leader and manager. In some parts of the health and social care sector it is a requirement to hold a recognised Level 5 qualification. The Level 5 Leadership and Management of Health and Social Care: Practice is a recognised qualification.

Progression to further learning

Whilst the Level 3 qualification listed above will attract UCAS points, universities are free to set their own entry criteria for graduate and undergraduate programmes. These can vary from university to university and may include a requirement to also hold specific GCSEs, including mathematics and English.

We have worked together with a range of universities across Wales and the wider UK to ensure that the new Level 3 qualifications are recognised and accepted for entry onto foundation degree and degree programmes.

For more information on the requirements to work in the health and social care sector, please refer to Social Care Wales' website: <https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales>



Progression across the wider sector

The **Level 3 Health and Social Care: Practice (Adults)** qualification is part of a larger suite of qualifications that have been designed to enable progression in the wider health and social care sector, to other roles in the childcare services and further study or professional training.

Once you have completed the **Level 3 Health and Social Care: Practice (Adults)** qualification, you may decide that you would like to work with children and young people in health and social care or in childcare, or to continue studying. The following qualifications will help you to develop the knowledge, understanding and skills needed to work in other parts of the wider sector and, whilst not essential, may assist with progression to further or higher study:

- Level 3 Certificate and Diploma in Health and Social Care: Principles and Contexts (Adults, Children & Young People)
- Advanced GCE and Advanced Subsidiary GCE in Health and Social Care, and Childcare
- Level 3 Health and Social Care: Practice (Children and Young People)
- Level 3 Children's Care, Play, Learning and Development: Practice and Theory*
- Level 3 Children's Care, Play, Learning and Development: Practice*

***Before working in the early years sector, learners may also be expected to attain the Level 2 Children's Care, Play, Learning and Development: Core qualification.**

Will employers outside of Wales recognise my qualification?

This qualification has been designed to align to the All Wales Induction Framework (AWIF) for Health and Social Care which is currently a voluntary workplace induction framework intended for use in Wales only. The content of this qualification and the All Wales Induction Framework (AWIF) for Health and Social Care represents the fundamental Level 3 knowledge and understanding essential for safe working within the health and social care sector.

It is anticipated that the majority of learners will complete this qualification prior to or alongside:

- Level 2 Health and Social Care: Core

The above qualification is linked to key aspects of the National Occupational Standards for Health and Social Care, which are recognised by workforce regulators and sector organisations in England, Scotland and Northern Ireland as representative of the Level 2 and 3 knowledge, understanding and skills needed to work within health and social care across the UK.

Funding

All of the qualifications referred to in this document are fundable in Wales, including Apprenticeships. Speak with your school, college or work-based provider about funding opportunities that may suit your needs.

How do I like to learn - what is my 'preferred' learning style?

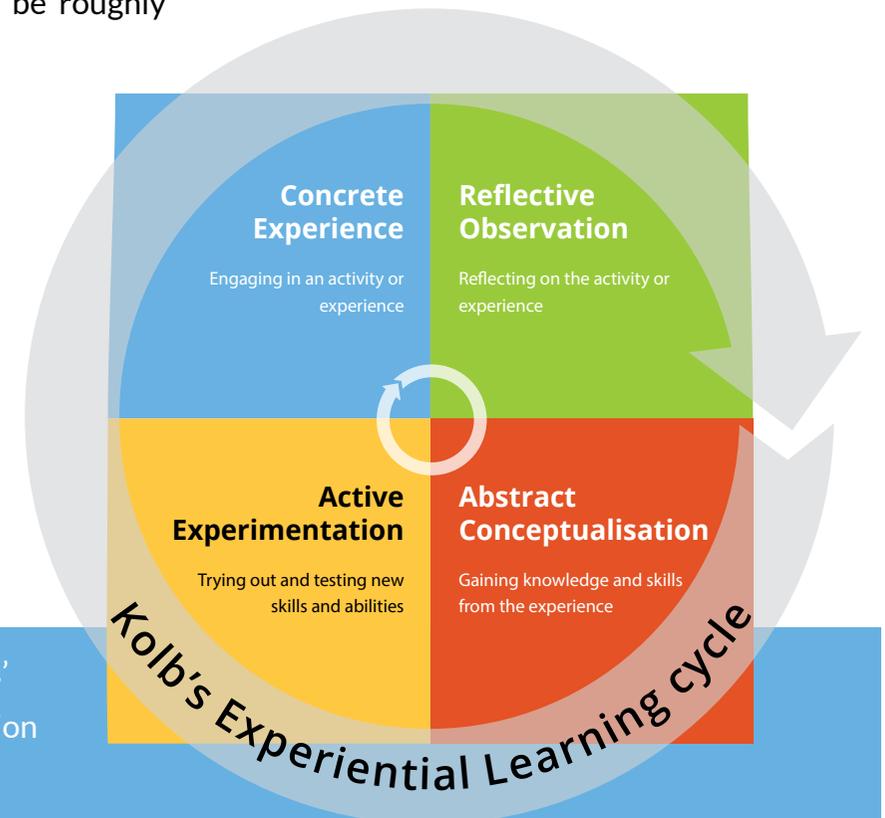
Learning is a very individual process and so it is important that you focus on how you can learn, process information effectively and how this can support your success and progression. It is important that you learn effectively so that you can recall your new knowledge easily when needed. This is not only about performing well in your assessments, it is equally important that you can recall your knowledge when you are working directly with children and others. This qualification will enable you to develop and demonstrate your knowledge, understanding, behaviours, skills and practice within a health and social care setting.

Research suggests that most people have a preferred way of learning which can be roughly described in one or two of the following:

1. Doing
2. Thinking
3. Feeling
4. Watching

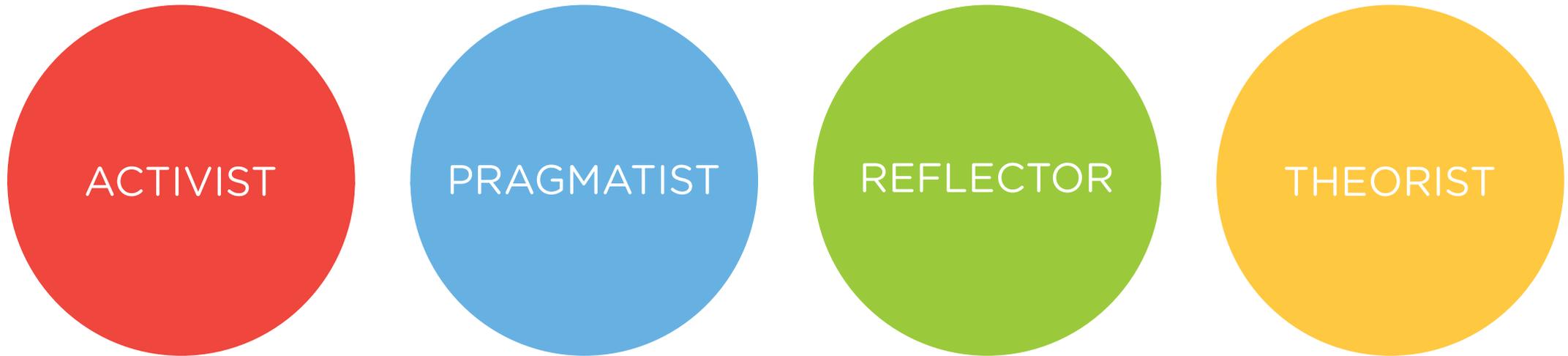
Over the years, quite a few models or theories have been developed to try and help us to recognise how we learn and what kinds of things different people may need to make learning easier and more successful. Two of the most popular or commonly used models are Kolb's (1984) experiential learning theory and Honey & Mumford's (1983) theory on learning styles.

Kolb's model suggests that effective learning happens in a cycle, that 'experiences' are central to the process and that most people learn using one or two types of action - feeling, thinking, watching, doing.



Kolb D.A. (1984) 'Experiential Learning experience as a source of learning and development', New Jersey: Prentice Hall

Honey and Mumford built on Kolb's theory suggesting that there are four types of learning styles and that an individual's approach to learning will be heavily influenced by only one or two of these.



When the topic of 'preferred' learning styles was first introduced as a way to support effective learning, many believed that individuals only learned in a particular way and that this was relatively unchanging. Modern thinking about a 'preferred' learning style recognises that how you approach learning should not be thought of as something that is unchanging. Thinking about how you prefer to learn is a useful tool to help you to consider how you respond differently to information depending on things like how you are feeling, your motivation and confidence, the type of environment you are in etc.

If you think about the last time you had to learn something you may see that your preferred approach fits into one, or perhaps two, of the following categories:

LEARNING STYLE	THIS MAY BE YOUR PREFERRED LEARNING STYLE IF:	YOU:	TYPES OF LEARNING METHODS THAT APPEAL
ACTIVIST	you like to learn by doing	are enthusiastic; tend to act first, consider later; are in the here and now	Brain-storming, practical experimentation, role plays, group discussion and problem-solving.
PRAGMATIST	you like to know how things work or may work in the real world	tend to stand back; consider all angles; tendency to be over cautious	Case studies and time to think about the practical applications of what you are learning.
REFLECTOR	you like to think about what you're learning	like to try things out; will act quickly and confidently; can be impatient; effective problem solvers	Spending time reading around a subject, and watching others try things out.
THEORIST	you like to understand how the new learning fits into your 'working model' or 'framework' and into previous theories	are good at adapting; like to analyse to think deeply about things; are logical thinkers	Models and theories, with plenty of background information.

If you think about some other learning experiences that you have had, you may notice that you used a different approach because, for example, (1) you had access to different resources, (2) you were feeling confident, and (3) you were able to take your time. This is because the environment, how you are feeling emotionally, and your past experiences of learning can all impact how you may approach learning today.

Talk to your tutor/teacher/assessor/workplace mentor/employer about what makes learning easier for you and what, if any, concerns you may have about starting a new qualification or programme of study. Your tutor/teacher/assessor/workplace mentor/employer may also be able to support you to access additional support and advice, including how to recognise and better understand what different approaches to learning work best for you.