



Highfield Level 4 End-Point Assessment for ST0007 Lead Practitioner in Adult Care

End-Point Assessment Kit



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EPA Kit

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How to use this EPA Kit

Welcome to the Highfield End-Point Assessment Kit for the Lead Practitioner in Adult Care apprenticeship standard.

Highfield is an end-point assessment organisation that has been approved to offer and carry out end-point assessments for the Level 4 Lead Practitioner in Adult Care apprenticeship standard.

The EPA Kit is designed to outline all you need to know about the end-point assessments for this standard and will also provide an overview of the on-programme delivery requirements. In addition, advice and guidance for trainers on how to prepare apprentices for the end-point assessment is included. The approaches suggested are not the only way in which an apprentice may be prepared for their assessments, but trainers may find them helpful.

Highfield also offers the Highfield Lead Practitioner in Adult Care Apprenti-kit that is a comprehensive learning resource, which is designed to be used on-programme.

For more information, please go to the Highfield Products website. Please note that the use of this kit is not a prerequisite for apprentices undertaking the Lead Practitioner in Adult Care end-point assessment.

In this kit, you will find:

- an overview of the standard and any on-programme requirements
- a section focused on amplification
- guidance on how to prepare the apprentice for gateway
- detailed information on which part of the standard is assessed by which assessment method
- suggestions on how to prepare the apprentice for each part of the end-point assessment
- a section focused on the end-point assessment method where the assessment criteria are presented in a format suitable for carrying out 'mock' assessments

Introduction

Standard overview

The Lead Practitioner in Adult Care will guide and inspire team members to make positive differences to someone's life when they are faced with physical, practical, social, emotional, psychological or intellectual challenges. They will have achieved a level of self-development to be recognised as a lead practitioner within the care team, contributing to, promoting and sustaining a values-based culture at an operational level.

A Lead Practitioner has a greater depth of knowledge and expertise of particular conditions being experienced by the user of services. They will have specialist skills and knowledge in their area of responsibilities which will allow them to lead in areas such as care needs assessment, occupational therapy, physiotherapy, rehabilitation and enablement, telecare and assistive technology. They will be a coach and mentor to others and will have a role in assessing performance and quality of care delivery. Lead Practitioners in Adult Care may work in residential or nursing homes, domiciliary care, day centres, a person's own home or some clinical healthcare settings. As well as covering Lead Practitioners in Adult Care this standard also covers Lead Personal Assistants who can work at this senior level but they may only work directly for one individual who needs support and/or care services, usually within their own home.

Examples of job roles include Dementia Lead, Re-ablement Worker, Physiotherapy Assistant, Occupational Therapy Assistant, Public Health Associate Worker, Keeping in Contact Worker, Community Care/Support Officer, Social Care Assessor, Care Assessment Officer, Social Services Officer, Brokerage Worker, Rehabilitation and Reablement Assistant, Independence Support Assistant, Reablement Support Workers/Officer, Telecare Assistant and Assistive Technology Co-ordinator/Officer.

On-programme requirements

Although learning, development and on-programme assessment is flexible, and the process is not prescribed, the following is the recommended baseline expectation for an apprentice to achieve full competence in line with the Lead Practitioner in Adult Care apprenticeship standard.

The on-programme assessment approach will be agreed between the training provider and employer. The assessment will give an ongoing indication of an apprentice's performance against the final outcomes defined in the standard. The training provider will need to prepare the apprentice for the end-point assessment, including preparation for the observation and collation of the portfolio.

The training programme leading to end-point assessment should cover the breadth and depth of the standard using suggested on-programme assessment methods that integrate the knowledge, skills and behaviour components, and which ensure that the apprentice is sufficiently prepared to undertake the end-point assessment. Training, development and ongoing review activities should include:

- achievement of level 2 English and maths. If the apprentice began their apprenticeship training before their 19th birthday, they will still be subject to the mandatory requirement to study towards and achieve English and maths. The requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.
- successful completion of the Level 4 Diploma in Adult Care.
- completion of a portfolio through which the apprentice gathers evidence of their progress.

Portfolio of evidence

The apprentice must compile a portfolio of evidence during their time on-programme that is mapped against the knowledge, skills and behaviours (KSBs) assessed in the professional discussion.

It will typically contain **6 discrete pieces of evidence**. The evidence will be holistic.

Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the relevant knowledge, skills and behaviours.

The portfolio should not include reflective accounts or any methods of self-assessment. Any employer contributions should focus on direct observation of evidence (for example, witness statements) rather than opinions.

The portfolio must be accompanied by a Portfolio Matrix. This can be downloaded from our website. The Portfolio Matrix must be fully completed including a declaration by the employer and the apprentice to confirm that the portfolio is valid and attributable to the apprentice.

The portfolio of evidence must be submitted to Highfield at gateway. It is not directly assessed but underpins the professional discussion.

Use of artificial intelligence (AI) in the EPA

Assessments must be carried out in accordance with the published assessment plan and all work submitted must be the apprentice's own. AI tools must not be used to generate evidence in its entirety or to replace the apprentice's own judgement, performance or competence. Any use of AI must be transparent, limited and properly referenced.

Where AI has been used by the apprentice as part of normal work activity (for example, drafting a document, worksheet or PowerPoint) this may form part of the portfolio provided that:

The apprentice has materially authored, verified and taken responsibility for the content:

- AI use is clearly declared and referenced within the work (include tool name, purpose and how outputs were verified)
- Source prompts, system settings and the portions influenced by AI are retained and available for review
- AI outputs must not substitute for authentic demonstration of competence against the standard

If an AI tool is used at any stage of an assessment method (for example, to prepare a presentation outline or to organise notes), its use must be fully referenced in the submission or assessor records, and must not compromise authenticity, validity or security. Assessors must be satisfied that decisions remain rooted in the apprentice's knowledge, skills and behaviours, and in direct evidence gathered through observation, questioning and professional discussion.

AI tools must not be used to produce assessment evidence end-to-end, to fabricate logs/records or to simulate performance.

Additional, relevant on-programme qualification

The required on-programme regulated qualification for the apprenticeship is the Level 4 Diploma in Adult Care.

Readiness for end-point assessment

For an apprentice to be ready for the end-point assessments:

- the apprentice must have achieved level 2 English and maths. The requirements for English and maths are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.

- it is recommended that the apprentice is supported to become digitally literate where this is important to their role.
- the required on-programme qualification, the Level 4 Diploma in Adult Care must have been achieved.
- the apprentice must have gathered a portfolio against the required elements to be put forward to be used as the basis for the professional discussion.
- the line manager (employer) must be confident that the apprentice has developed all the knowledge, skills and behaviours defined in the apprenticeship standard and that the apprentice is competent in performing their role. To ensure this, the apprentice must attend a formal meeting with their employer to complete the Gateway Readiness Report.
- the apprentice and the employer should then engage with Highfield to agree a plan and schedule for each assessment activity to ensure all components can be completed within a **mandated** end-assessment window. Further information about the gateway process is covered later in this kit.

If you have any queries regarding the gateway requirements, please contact your EPA Customer Engagement Manager at Highfield Assessment.

Order of end-point assessments

There is no stipulated order of assessment methods. This will be discussed with the apprentice, training provider and/or employer with our scheduling team when scheduling the assessments to ensure that the learner is provided with the best opportunity to attempt the assessment.

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The Highfield approach

This section describes the approach Highfield has adopted in the development of this end-point assessment in terms of its interpretation of the requirements of the end-point assessment plan and other relevant documents.

Specific considerations

To develop valid end-point assessments, Highfield has interpreted the requirements of the Lead Practitioner in Adult Care assessment plan as follows.

- Knowledge, skills and behaviours are all assessed during both the observation of practice and the professional discussion.
- A portfolio of evidence will be submitted at gateway which will underpin the professional discussion.

Timescale for completion of the end-point assessment

The assessment plan states on page 2 that ‘the EPA must be completed over a maximum total assessment time of two days, within an EPA period lasting typically for 3-months’. It then states on page 4 that ‘the assessment methods can be completed either on the same day or on different days’.

EPA must be completed over no more than 2 days and can occur at any point within a period of typically 3 months. So, for example, this could be:

- immediately after Gateway requirements are met and the portfolio reviewed, or
- on 2 consecutive days (within the 3-month window), or
- on any 2 days (within the 3-month window), or
- the same day (within the 3-month window), and
- in any order

Observation of practice plan

At gateway, the apprentice must submit a proposal for their observation, outlining their plan for the observation. Highfield will ensure that the observation of practice:

- provides scope for the appropriate coverage of the assessment criteria mapped to this method
- allows the apprentice to demonstrate their skills, behaviour and leadership to external/internal stakeholders
- must be based on real-life improvement to the apprentice’s employer and the people who use their services

The form is available to download from the Highfield Assessment website.

Timescale for the observation of practice

The assessment plan states on page 5 that the 'apprentice should be given 4 weeks to prepare for this activity following the gateway'.

Preparation time for the observation of practice

The maximum timeframe for planning of the observation of practice is 4 weeks. If the observation of practice is scheduled to take place directly following the preparation period, the preparatory documentation would need to be shared at 3 weeks. If the observation is scheduled after the 4-week period, the preparatory documentation submission would not impact on the planning time but would still need to be submitted to Highfield Assessment 7 days prior to the observation.

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Gateway

How to prepare for gateway

After apprentices have completed their on-programme learning, they should be ready to pass through 'gateway' to their end-point assessment.

Gateway is a meeting that should be arranged between the apprentice, their employer and training provider to determine that the apprentice is ready to undertake their end-point assessment. The apprentice should prepare for this meeting by bringing along work-based evidence, including:

- customer feedback
- recordings
- manager statements
- witness statements

As well as evidence from others, such as:

- mid and end-of-year performance reviews
- feedback to show how they have met the apprenticeship standards while on-programme

In advance of gateway, apprentices will need to have completed the following. The requirements for English and maths listed below are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths listed below are optional for apprentices aged 19+ at the start of their apprenticeship training.

- Achieved level 2 English
- Achieved level 2 maths
- Submitted a suitable portfolio of evidence to be used as the basis for the professional discussion (see the Portfolio Matrix)
- Achieved Level 4 Diploma in Adult Care (RQF)
- Completed their observation of practice plan

Therefore, apprentices should be advised by employers and providers to gather this evidence and undertake these qualifications during their on-programme training. It is recommended that employers and providers complete regular checks and reviews of this evidence to ensure the apprentice is progressing and achieving the standards before the formal gateway meeting is arranged.

The gateway meeting

The gateway meeting should be attended by the apprentice and a representative from the employer and training provider.

The **Gateway Readiness Report** should be used to log the outcomes of the meeting and agreed by all 3 parties. This report is available to download from the Highfield Assessment website.

The report should then be submitted to Highfield. If you require any support completing the Gateway Readiness Report, please contact your EPA customer engagement manager at Highfield Assessment.

Reasonable adjustments

Highfield Assessment has measures in place for apprentices who require additional support. Please refer to the Highfield Assessment Reasonable Adjustments policy for further information/guidance.

ID requirements

Highfield Assessment will complete an identification check before starting any assessment and will accept the following as proof of an apprentice's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the Police
- another photographic ID card, such as an employee ID card or travel card

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The Lead Practitioner in Adult Care apprenticeship standard

Below are the knowledge, skills and behaviours (KSBs) from the standard and related assessment criteria from the assessment plan. On-programme learning will be based upon the KSBs and the associated assessment criteria are used to assess and grade the apprentice within each assessment method.

Behaviours
Behaviours
B1 Care – is caring consistently and enough about individuals to make a positive difference to their lives
B2 Compassion – is delivering care and support with kindness, consideration, dignity, empathy and respect
B3 Courage – is doing the right thing for people and speaking up if their care and support is at risk
B4 Communication – good communication is central to successful caring relationships and effective team working
B5 Competence – is applying knowledge and skills to provide high quality care and support
B6 Commitment – to improving the experience of people who need care and support ensuring it is person centred
Observation of practice
Pass criteria
B1.1 Demonstrates a caring attitude towards others, assessing how they are making a positive difference to the lives of others and considering ways they could make further improvements. (B1)
B2.1 Demonstrates a compassionate attitude when encouraging others to consider ways they could contribute to further improvements. (B2)
B4.1 Demonstrates appropriate communication skills in communicating effectively in caring and team work roles. (B4)
B5.1 Applies knowledge and skills to the delivery of high quality care. (B5)

Professional discussion	
Pass criteria	Distinction criteria
<p>B3.1 Describes how they ensured the rights of others were promoted and advocated for a person they support where they were at risk. (B3)</p> <p>B6.1 Analyses how person-centred care is provided to improve the experience of people accessing care and support. (B6)</p>	<p><i>No distinction criteria.</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Dignity means treating people with respect and honouring their rights, choices, and privacy. Ways to promote dignity include: <ul style="list-style-type: none"> ○ model best practice ○ promote open communication ○ encourage teamwork ○ create a safe environment ○ value all individuals • Empathy involves the worker considering the individual’s experience from their perspective, putting themselves in the individual’s position and imagining what it feels like for the individual rather than how the worker would feel if they were in the individual’s position • Communication skills include: <ul style="list-style-type: none"> ○ verbal communication: <ul style="list-style-type: none"> ▪ vocabulary ▪ linguistic tone ▪ pitch ▪ accent and regional variations ▪ jargon and complex technology ○ non-verbal communication: <ul style="list-style-type: none"> ▪ position and proximity 	

- eye contact
- touch
- signs
- symbols and pictures
- physical gestures
- body language
- behaviour
- writing
- objects of reference

Tasks and responsibilities	
Knowledge	Skills
<p>K1 Statutory frameworks, standards, guidance and Codes of Practice which underpin practice in relation to the safe delivery of services</p> <p>K2 Theories underpinning own practice and competence relevant to the job role</p> <p>K3 Principles of assessment and outcome-based practice</p> <p>K4 Principles of risk management</p>	<p>S1 Apply professional judgement, standards and codes of practice relevant to the role</p> <p>S2 Develop and sustain professional relationships with others</p> <p>S3 Identify and access specialist help required to carry out role</p> <p>S4 Lead the specialist assessment of social, physical, emotional and spiritual needs of individuals with cognitive, sensory and physical impairments</p> <p>S5 Mentor colleagues to encourage individuals to actively participate in the way their care and support is delivered</p> <p>S6 Contribute to the implementation of processes to implement and review support plans</p> <p>S7 Provide leadership and mentoring to others for whom they are responsible</p> <p>S8 Apply risk management policies</p> <p>S9 Contribute to the quality assurance of the service provided</p>
Observation of practice	
Pass criteria	
<p>S1.1 Applies professional judgement, accessing relevant standards and codes of practice relevant to their role when needed. (S1)</p> <p>S2.1 Demonstrates they can build and maintain positive relationships with key stakeholders. (S2)</p> <p>S5.1 Demonstrates they can provide effective mentoring support. (S5)</p> <p>S6.1 Demonstrates how they have used processes to develop and review support plans. (S6)</p>	

S7.1 Provides leadership and mentoring to others for whom they are responsible with a focus on making improvement to practice for those accessing services. (S7)	
Professional discussion	
Pass criteria	Distinction criteria
<p>S3.1 Describes how they have accessed specialist help when support was needed to carry out their role. (S3)</p> <p>S4.1 Explains how they have performed the lead role in the specialist assessment of an individual’s care and support needs. (S4)</p> <p>S8.1 Explains how they have applied relevant risk management policies to the setting. (S8)</p> <p>S9.1 Explains how their work has contributed to their service’s improved quality assurance processes. (S9)</p> <p>K1.1 Explains how the safe delivery of services is underpinned by statutory frameworks, standards, guidance and codes of practice. (K1)</p> <p>K2.1 Identifies relevant theories that underpin their own practice and competence. (K2)</p> <p>K3.1 Describes the principles of assessment and outcome-based practice. (K3)</p> <p>K4.1 Describes the principles of risk management. (K4)</p>	<p>S3.2 <i>Analyses the impact of the specialist support provided and explains how they implement continuous improvement processes based on best practice.</i> (S3)</p> <p>S4.2 <i>Explains how they have implemented findings of the assessment within their lead role, identifying recommendations which have led to continuous improvements and ensuring positive outcomes.</i> (S4)</p> <p>S8.2 <i>Evaluates the impact of the relevant risk management policies implemented within the setting.</i> (S8)</p> <p>K1.2 <i>Explains how they identify, use and measure the impact of statutory frameworks, standards, guidance and codes of practice in relation to the safe delivery of services.</i> (K1)</p> <p>K2.2 <i>Explains how the relevant theories have impacted upon their job role and the service provided.</i> (K2)</p> <p>K3.2 <i>Explains the impact made through implementing assessment and outcome-based practices.</i> (K3)</p> <p>K4.2 <i>Describes the impact made through improved risk assessment and management processes on service provision.</i> (K4)</p>
Amplification and guidance	
<ul style="list-style-type: none"> • Statutory frameworks, standards, guidance and Codes of Practice could include: <ul style="list-style-type: none"> ○ Health and Social Care Act ○ Care Act ○ Health and Social Care Act (Regulated Activities) Regulations 	

- Care Quality Commission (Registration) Regulations
- Care Quality Commission Fundamental Standards
- Data Protection Act
- General Data Protection Regulation
- Health and Safety at Work etc. Act
- Personal Protective Equipment at Work Regulations
- Manual Handling Operations Regulations (MHOR)
- Control of Substances Hazardous to Health Regulations (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Health and Safety (First Aid) Regulations
- Food Safety Act
- Skills for Care Minimum Training Standards
- Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers
- Care Certificate

- **Theories underpinning own practice and competence** could include:
 - Humanistic theory
 - Social Learning theory
 - Systems theory
 - Psychosocial theory
 - Attachment theory
 - Maslow's Hierarchy of Needs

- **Principles of assessment and outcome-based practice** could include:
 - person-centred approach
 - strengths-based approach
 - social model

- holistic assessment
- personalisation
- partnership and whole systems working
- self-directed support
- outcome based approach could include:
 - National policies, for example, Older Peoples National Service Framework
 - Green Paper on Adult Social Care

- **Principles of risk management** could include:
 - risk management processes and policies
 - risk assessments
 - proportionate management of risk
 - positive risk-taking
 - dignity in care

- **Professional relationships** include:
 - individuals
 - team members
 - other colleagues and healthcare professionals
 - those who use or commission their own health or care services
 - families
 - carers and advocates

Dignity and human rights

Knowledge	Skills
K5 How to contribute to, promote and maintain a culture which ensures dignity is at the centre of practice	S10 Implement a culture that actively promotes dignity and respects diversity and inclusion S11 Model high levels of empathy , understanding and compassion
Observation of practice	
Pass criteria	
S10.1 Demonstrates how their actions contribute to a culture which actively supports promotion of diversity, dignity and inclusion . (S10) S11.1 Demonstrates how they model empathy , understanding and compassion. (S11)	
Professional discussion	
Pass criteria	Distinction criteria
K5.1 Explains how they promote and maintain a culture of dignity . (K5)	K5.2 <i>Analyses the impact of their behaviours on maintaining a culture of dignity. (K5)</i>
Amplification and guidance	
<ul style="list-style-type: none"> • Dignity means treating people with respect and honouring their rights, choices, and privacy. Ways to promote dignity include: <ul style="list-style-type: none"> ○ model best practice ○ promote open communication ○ encourage teamwork ○ create a safe environment ○ value all individuals • Inclusion means ensuring that all individuals are treated equally and fairly, have access to opportunities and are actively involved as valued members of society 	

- **Empathy** involves the worker considering the individual’s experience from their perspective, putting themselves in the individual’s position and imagining what it feels like for the individual rather than how the worker would feel if they were in the individual’s position

Communication	
Knowledge	Skills
K6 Effective communication and solutions to overcoming barriers K7 Legal and ethical frameworks in relation to confidentiality and sharing information K8 Range of technologies to enhance communication	S12 Model effective communication skills S13 Identify and address barriers to communication using appropriate resources S14 Apply organisational processes to record, maintain, store and share information S15 Provide meaningful information to support people to make informed choices
Observation of practice	
Pass criteria	
S12.1 Demonstrates their ability to communicate effectively, providing information in a way that is accessible, meaningful and complete. (S12) S14.1 Identifies legal and ethical frameworks regarding confidentiality and information sharing and demonstrates working practices in line with organisational processes. Applies ethical frameworks regarding confidentiality and information sharing in line with organisational requirements. Adapts information to ensure accessibility which enables people to make informed choices. (S14)	
Professional discussion	
Pass criteria	Distinction criteria
S13.1 Explains how they have identified and addressed barriers to communication through using appropriate resources to overcome them. (S13)	S13.2 <i>Analyses how resources used in the setting have been implemented to overcome barriers to communication.</i> (S13)

<p>S15.1 Explains how information is adapted to ensure accessibility to enable informed choices to be made. (S15)</p> <p>K6.1 Identifies communication barriers and approaches used to overcome them. (K6)</p> <p>K7.1 Identifies legal and ethical frameworks regarding confidentiality and information sharing relevant to the setting. (K7)</p> <p>K8.1 Identifies technologies available to enhance communication in your setting. (K8)</p>	<p>S15.2 <i>Implements adaptations to ensure informed choices have been made and are understood. That individual choices have been supported by providing meaningful information and evaluate its impact. (S15)</i></p> <p>K6.2 <i>Analyses approaches used to agree solutions which overcame communication barriers. (K6)</i></p> <p>K7.2 <i>Analyses how the legal and ethical frameworks relating to confidentiality and information sharing have been applied. (K7)</i></p> <p>K8.2 <i>Evaluates how the technologies used have enhanced communication. (K8)</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Solutions to overcoming barriers may include: <ul style="list-style-type: none"> ○ introducing visual aids ○ arranging for communication to occur in a private or quiet area ○ coaching colleagues who struggle to adapt their communication style ○ encouraging staff to share their ways of working ○ interpreters ○ implementing a communication cycle ○ using active listening ○ using assistive technology ○ removing obstacles or physical or environmental barriers ○ using human aids to communication • Legal and ethical frameworks could include: <ul style="list-style-type: none"> ○ Data Protection Act ○ General Data Protection Regulation ○ Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England 	

- Health and Social Care Act (Regulated Activities) Regulations
- Care Quality Commission (Registration) Regulations
- Care Quality Commission Fundamental Standards

- **Technologies to enhance communication** may include:

- hearing aids
- smartphones and tablets
- braille keyboards
- voice synthesisers
- enlarged text
- computer programmes and phone apps

- **Communication skills** include:

- verbal communication:
 - vocabulary
 - linguistic tone
 - pitch
 - accent and regional variations
 - jargon and complex technology
- non-verbal communication:
 - position and proximity
 - eye contact
 - touch
 - signs
 - symbols and pictures
 - physical gestures
 - body language

- behaviour
- writing
- objects of reference

- **Barriers to communication** include:
 - environmental, for example, location, time, noise or distractions
 - technological, for example, lack of technological aids
 - emotional/psychological, for example, distress or upset
 - behavioural, for example, challenging behaviour or aggression
 - cognitive, for example, mental ill health, dementia or learning disabilities
 - physical, for example, disability
 - other, for example, use of jargon and resources (lack of)

Safeguarding	
Knowledge	Skills
K9 Legislation, national and local solutions for the safeguarding of adults and children including reporting requirements	S16 Apply and support others to adhere to safeguarding procedures S17 Work in partnership with external agencies to respond to safeguarding concerns
Professional discussion	
Pass criteria	<i>Distinction criteria</i>
S16.1 Explains with examples how they apply and ensure compliance with safeguarding procedures in their setting. (S16) S17.1 Discusses how they have applied strategies and processes for partnership working with external agencies to respond to safeguarding concerns. (S17) K9.1 Identifies legislation and national and local solutions for the safeguarding of adults and children including reporting requirements. (K9)	S16.2 <i>Demonstrates how they have improved practices as a result of monitoring compliance with safeguarding procedures. (S16)</i> S17.2 <i>Evaluates how strategies and processes led to positive outcomes for individuals within the care setting from the partnership approaches and the improvements that have been made on safeguarding processes. (S17)</i> K9.2 <i>Explains how they have interpreted and applied safeguarding procedures, legislation, local and national solutions and reporting requirements in their setting. (K9)</i>
Amplification and guidance	
<ul style="list-style-type: none"> • Legislation, national and local solutions could include: <ul style="list-style-type: none"> ○ The Care Act ○ Sexual Offences Act ○ Safeguarding Vulnerable Groups Act ○ Public Interest Disclosure Act ○ Working Together to Safeguard Children ○ Protection of Freedoms Bill ○ The Disclosure and Barring Service (DBS) 	

- The Care Quality Commission (CQC)
- Multi-agency safeguarding hubs
- Local escalation policies

- **External agencies include:**
 - Safeguarding Adults Boards
 - Local authority
 - Police
 - CQC
 - Schools
 - Integrated Care Boards/Clinical Commissioning Group

- **Strategies and processes for partnership working include:**
 - whistle-blowing process
 - use of risk assessments
 - process for reporting concerns:
 - referral
 - decision making
 - safeguarding strategy
 - assessment
 - safeguarding plan/action
 - awareness of procedures for responding and reporting concerns
 - safer recruitment - DBS/Vetting and Barring scheme
 - complaints procedure

Health and wellbeing

Knowledge	Skills
<p>K10 Models of monitoring, reporting and responding to changes in health and wellbeing</p> <p>K11 Range of holistic solutions to promote and maintain health and wellbeing using person centred approaches</p> <p>K12 Importance of effective partnerships, inter-agency, joint and integrated working</p>	<p>S18 Apply person-centred approaches to promote health and wellbeing</p> <p>S19 Collaborate with external partners to achieve best outcomes in health and wellbeing</p>
Observation of practice	
Pass criteria	
<p>S18.1 Demonstrates the impact of their approach in supporting those accessing care and support, identifying holistic solutions that support different people, and is able to assess how their approach improves health and wellbeing. (S18)</p>	
Professional discussion	
Pass criteria	Distinction criteria
<p>S19.1 Demonstrates, with examples, how partnership approaches have been used to improve health and wellbeing outcomes. (S19)</p> <p>K10.1 Identifies models of monitoring, reporting and responding to changes in health and wellbeing. (K10)</p> <p>K11.1 Describes a range of holistic solutions using person centred approaches used to promote and maintain health and wellbeing. (K11)</p> <p>K12.1 Identifies relevant partnerships developed with other agencies. (K12)</p>	<p>S19.2 Provides evidence of how they have influenced their employer to embed collaborative working to improve health and wellbeing of all users of services. (S19)</p> <p>K10.2 Evaluates relevant models of monitoring, reporting and responding to changes in health and wellbeing. (K10)</p> <p>K11.2 Analyses the impact of holistic solutions on the health and wellbeing of people accessing services. (K11)</p> <p>K12.2 Analyses the impact collaboration with partner agencies has had on outcomes for people accessing services. (K12)</p>

Amplification and guidance

- **Models of monitoring, reporting and responding to changes in health and wellbeing** could refer to:
 - monitoring:
 - Physiological measurements
 - Assessment of symptoms
 - Co-morbidity
 - Baseline monitoring
 - National Early Warning Score (NEWS2)
 - Katz Index of Independence in Activities of Daily Living (ADL)
 - Lawton-Brody Instrumental Activities of Daily Living Scale (IADL)
 - Geriatric Depression Scale
 - Cornell Scale for Depression in Dementia (CSDD)
 - Patient Health Questionnaire (PHQ-9)
 - Oxford Hip Score
 - Pain Assessment in Advanced Dementia Scale (PAINAD)
 - reporting:
 - Situation, Background, Assessment, Recommendation (SBAR) tool
 - Body maps
 - Antecedent, Behaviour, Consequence (ABC) charts
 - Following organisational policies for reporting deterioration and incidents
 - Electronic reporting systems
 - responding:
 - Recognise, Escalate, Respond (RESTORE2)
 - Tiered response approach
 - Statutory response model
 - Care plan reviews
 - Clinical referral

- **Person centred approaches** could include evidence of:
 - procedures in place to support the individual rather than for the benefit of the service.
 - establishing consent- informed agreement to an action or decision. the process of establishing consent will vary according to an individual's mental capacity.
 - supporting risk enablement.
 - encouraging active participation- a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is regarded as an active partner in their own care and support, rather than a passive recipient.
 - supporting an individual's right to make choices.
 - focus is put on abilities and skills of the individual rather than the labels, statistics and diagnosis.
 - supporting wellbeing. This could include aspects that are:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical
 - mental

- **Partnerships** could include:
 - shared learning
 - collaboration
 - team working
 - cooperation
 - participation

- **Collaborative working** is the working relationship between different groups of professionals in a planned and formal way at strategic or operational level. It could include multi-agency teams, integrated services and intermediate care.

Professional development	
Knowledge	Skills
<p>K13 Goals and aspirations that support own professional development and how to access available opportunities</p>	<p>S20 Evaluate own practice and access identified development opportunities</p> <p>S21 Evaluate the effectiveness of own leadership, mentoring and supervision skills and take steps to enhance performance</p> <p>S22 Value individuals to develop effective teams in order to achieve best outcomes</p> <p>S23 Contribute to the development of an effective learning culture</p> <p>S24 Lead robust, values-based recruitment and selection processes</p> <p>S25 Contribute to the induction process by developing the knowledge of individuals within their role</p> <p>S26 Lead and support others in professional development through personal development plans, supervision, reflective practice, research, evidence based practice and access to learning and development opportunities</p>
Observation of practice	
Pass criteria	
<p>S22.1 Demonstrates how they value individuals' contributions to the team to achieve the best outcomes for the service. (S22)</p>	

Professional discussion	
Pass criteria	Distinction criteria
<p>S20.1 Describes and evaluates how a review of own practice resulted in a development opportunity. (S20)</p> <p>S21.1 Evaluates the effectiveness of their leadership, mentoring and supervision skills and discuss the actions they have taken to address their own development. (S21)</p> <p>S23.1 Describes how they contribute to ensuring an ongoing effective learning culture by identifying and valuing the team’s abilities. (S23)</p> <p>S24.1 Explains how they have led the values based recruitment and selection processes within the care setting. (S24)</p> <p>S25.1 Explains how they have applied the induction process and how all relevant workers have completed a full induction into the sector, the organisation and service. (S25)</p> <p>S26.1 Demonstrates how they have effectively led and supported others in their personal development. (S26)</p> <p>K13.1 Explains how professional development opportunities have been planned and accessed in their own role (K13)</p>	<p>S20.2 <i>Critically analyses the opportunities available and explains the impact of their choice on development activities undertaken. (S20)</i></p> <p>S21.2 <i>Critically analyses the impact that development activities have had on own practice as a lead practitioner. (S21)</i></p> <p>S23.2 <i>Explains the rationale that identified their target/s defined as needing development to make it more effective, how they determined success measures of meeting effective targets and how many success measures were met. (S23)</i></p> <p>S24.2 <i>Evaluates the impact of using values based approaches and implementing best practise strategies for recruitment and selection within care setting. (S24)</i></p> <p>S25.2 <i>Analyses how the induction process has positively impacted and supported the development of new staff within their roles. (S25)</i></p> <p>S26.2 <i>Explains how they have measured the distance travelled between the existing and required skills and knowledge of their staff as a result of their intervention. (S26)</i></p> <p>K13.2 <i>Evaluates the impact professional development opportunities have had on their knowledge and practice. (K13)</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Leadership could include: <ul style="list-style-type: none"> ○ transactional ○ transformational ○ democratic ○ autocratic 	

- laissez-faire
- coaching
- visionary

- **Mentoring** refers to a relationship in which a senior member of staff guides, develops and supports the learning and development of a junior member of staff. Methods for providing effective mentoring could include:
 - active listening
 - open-ended questioning
 - setting specific, measurable, achievable, relevant and time-bound (SMART) goals
 - reviewing progress regularly
 - offering technical and emotional support
 - providing group mentoring
 - using distance mentoring
 - acting as a buddy or supporting shadow shifts
 - acting as a 'champion'

- **Values-based recruitment and selection processes** could include:
 - pre-screening assessments
 - assessment centre approach
 - situational judgment questions
 - group activities
 - observational exercises
 - robust induction processes

- **Lead and support others in professional development** refers to taking responsibility for guiding, coaching or mentoring other staff, contributing to their professional growth and service quality. This could include:

- personal development plans (PDP) are individualised plans identifying goals for learning and development, agreed between the worker and their manager or mentor. This could include:
 - helping a colleague set a goal to improve record keeping
 - reviewing PDP progress during supervision
 - updating a PDP after training is completed
 - including goals linked to service user feedback
 - setting a development target based on audit findings
 - planning actions to support progression into a senior role
- supervision is the formal process where staff meet with their line manager to review performance, discuss concerns and plan development. This could include:
 - reviewing a care worker's performance and agreeing goals
 - discussing how to manage emotionally difficult situations
 - identifying strengths and areas for improvement
 - providing guidance on handling safeguarding concerns
 - following up on training completed since the last meeting
 - encouraging reflection on a recent care challenge
- reflective practice is a method of reviewing experiences to learn from them and improve future actions. This could include:
 - asking a care worker to write about what went well in a shift
 - discussing how a situation with a distressed resident was handled
 - encouraging a team member to consider how they communicated during a difficult visit
 - using reflective models, such as Gibbs or Kolb to guide development
 - sharing personal reflections during team discussions
 - supporting staff to update their PDPs based on reflection outcomes
 - using debriefs after an incident or accident to identify the behaviours and lessons learnt
- research is the process of gathering information to better understand a topic or inform improvements. This could include:
 - reading up-to-date guidance on pressure area care
 - exploring the latest care strategies to support a new service user

- accessing research journals or online databases
- investigating causes of increased falls in a home
- attending a conference and feeding back to the team
- reviewing the Care Quality Commission (CQC) best practice examples to inform audits
- evidence-based practice refers to making decisions and delivering care based on the best available evidence, combined with professional judgement and individual needs. This could include:
 - implementing infection control procedures that are aligned with national guidance
 - using the National Institute for Health and Care Excellence (NICE) guidance to shape medication protocols
 - adopting new approaches based on proven research
 - referring to the Social Care Institute for Excellence (SCIE) evidence when planning end-of-life care
 - training staff in manual handling techniques recommended by regulators
 - using data from audits to make informed service changes
- learning and development opportunities ensures staff can participate in formal or informal learning to enhance their skills. This could include:
 - signposting staff to relevant e-learning modules
 - booking team members onto external training sessions
 - organising in-house workshops or skills refreshers
 - supporting shadowing or secondment opportunities
 - providing protected time for study or reading
 - encouraging team members to enrol in apprenticeships or qualifications

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Assessment summary

The end-point assessment for the Lead Practitioner in Adult Care apprenticeship standard is made up of 2 assessment methods:

1. A 75-minute observation of practice
2. A 90-minute professional discussion

As an employer/training provider, you should agree a plan and schedule with the apprentice to ensure all assessment components can be completed effectively.

Each component of the end-point assessment will be assessed against the appropriate criteria laid out in this kit, which will be used to determine a grade for each individual. The grade will be determined using the combined grades.

Observation of practice

All assessment methods are weighted equally. The observation is graded at pass only. Apprentices will be marked against the pass criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

The observation will be conducted in the apprentice's normal place of work.

Professional discussion

All assessment methods are weighted equally. Apprentices will be marked against the pass and distinction criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** at least **21 of the 27** distinction criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

The professional discussion may be conducted using technology such as video link, as long as fair assessment conditions can be maintained.

Grading

The apprenticeship includes pass and distinction grades, with the final grade based on the apprentice's combined performance in each assessment method.

To achieve a pass, the apprentice must achieve a pass in both assessment methods.

To achieve a distinction, the apprentice must achieve a pass in the observation of practice and a distinction in the professional discussion.

The overall grade for the apprentice is determined using the matrix below:

Observation of practice	Professional discussion	Overall grade awarded
Fail any of the 2 assessment methods		Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Retake and resit information

Apprentices who fail one or more assessment method will be offered the opportunity to resit/retake. An apprentice's employer decides how many attempts an apprentice may have to resit/retake. If a resit is chosen, please call the Highfield scheduling team to arrange the resit. If a retake is chosen, the apprentice will require a period of further learning and will need to complete a retake checklist. Once this is completed, please call the Highfield scheduling team to arrange the retake.

When undertaking a resit or retake, the assessment method(s) will need to be reattempted in full, regardless of any individual assessment criteria that were passed on any prior attempt. The EPA Report will contain feedback on areas for development and resit or retake guidance.

Apprentices will need to ensure that their observation has a different focus where a resit or retake is required. Apprentices will be asked different questions in the case of a resit or retake. Apprentices will be presented with different discussion points where a resit or retake of the professional discussion is required.

The timescales for a resit or retake is agreed between the employer and Highfield but these must be taken within 3 months of the EPA outcome notification, otherwise the entire EPA must be retaken in full. Apprentices should have a supportive action plan to prepare for the resit/retake.

Apprentices who achieve a pass grade cannot resit or retake the EPA to achieve a higher grade.

Where any assessment method has to be resat or retaken, the apprentice will be awarded a maximum grade of pass, unless there are exceptional circumstances that are beyond the control of the apprentice as determined by Highfield.

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Assessing the observation of practice

The assessor will observe the apprentice leading a suitable workplace activity and ask questions. The apprentice must show their ability to demonstrate their skills, behaviour and leadership to external/internal stakeholders. The apprentice must lead the observed activity and will have prepared for this after the gateway in agreement with the employer and Highfield.

The apprentice should be given a minimum of 2 weeks and a maximum of 4 weeks to prepare for this activity following the gateway. Apprentices must ensure that the appropriate organisational staff are present at the activity and are notified in advance of the activity.

The observation of practice should last a total of **75 minutes**. This should typically be comprised of **60 minutes** direct observation followed by **15 minutes** of post-observation questioning. The assessor can increase the time by up to 10% to allow the apprentice to complete their last point.

The assessor will brief the apprentice on the format of the observation of practice, including the timescales that they will be working to, before the start of the observation. The time taken for this briefing is not included in the assessment time.

The observation of practice will take place in the apprentice's workplace. The observation of practice can be undertaken either face-to-face or remotely, but this should be agreed by the employer, apprentice and Highfield first. Highfield must ensure appropriate security measures are in place to avoid misrepresentation.

Examples of observed activities could include:

- Preparing for a best interest meeting through consultation with the care staff team. This should include the rationale around the need to trigger the meeting, the roles and responsibilities of who should be involved and the potential implications for the service.
- Leading a meeting where they guide and support colleagues around how to implement the required care delivery within the service to support people that use the services regarding their identified care needs, goals and required outcomes.
- A response to regulatory and legislative requirements that specifically impact upon how the needs of people that use the services are being met. For example, this could be communicating the outcomes of working with external partners and stakeholders so as to deliver positive change to the people being supported by the service.
- Development of service provision so that it can improve service delivery to more effectively meet the needs and aspirations of the people that use the services. For example, this may be in the form of presenting some information or

analysing data in relation to evidence based practice to develop or improve the service provision.

The suitable workplace activity and its content should be agreed in advance at gateway by Highfield and with the appropriate notice by the employer, apprentice and Highfield as it is recognised that these activities may not occur on a daily or weekly basis. Highfield will ensure that the proposed activity will provide scope for appropriate coverage of the KSBs mapped to the observation of practice. The proposed observation plan for the observation of practice should be submitted to Highfield at gateway. An observation plan form is available to download from the Highfield Assessment website and should be used to provide details of the workplace activity to be demonstrated during the observation. The selected activity must be based on real-life improvement to the apprentice's employer and the people who use their services.

Where Highfield believes that the planned activity will **not** demonstrate appropriate coverage of the KSBs, then this must be communicated to the employer and apprentice in a prompt manner at gateway. Highfield must then guide the employer and apprentice so that a further activity can be proposed that will demonstrate appropriate coverage of the planned activity.

Once the observation plan has been agreed the apprentice should ensure that any preparatory documentation/presentation for the observation is submitted **7 days** prior to the observation. Any preparatory documentation/presentation should be mapped against the required KSBs.

The post-observation questioning **must** take place on the same day and in a suitable and private location. The assessor will generate their own questions based on the leadership activity they observed to seek clarification on points which were not clear. The assessor will ask a **minimum of 3 questions** during the questioning session.

The employer, apprentice and Highfield must comply with the requirements of the GDPR and all other safeguarding duties.

Before the assessment

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which Lead Practitioner in Adult Care criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard and identify real-life examples

- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the observation of practice

The observation of practice is graded at a pass only. Apprentices will be marked against the pass criteria included in the tables on the following pages (under 'Observation of practice criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Observation of practice mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock observation of practice in advance of the end-point assessment, with the training provider/employer giving feedback on any areas for improvement.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock observation of practice should take place in a suitable location.
- a **75-minute** time slot should be available for the observation of practice, if it is intended to be a complete mock observation of practice covering all relevant standards (outlined in the following pages). However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock observation of practice and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock observation of practice with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use a **minimum of 3** structured, 'open' questions that do not lead the apprentice but allows them to give examples for how they have met each area in the standard. For example:
 - tasks and responsibilities
 - Tell me about a time when you supported a colleague to improve their skills, and how did you ensure that the steps taken were appropriate?

- professional development
 - How do you ensure that everyone in your team feels involved and valued?
- dignity and human rights
 - How do you display compassion in your day-to-day work?
- communication
 - Tell me about a time when you supported an individual with complex needs to make choices, and how did you adapt information to ensure accessibility?
- health and wellbeing
 - How do you ensure that your approach to providing care is having a positive impact on individuals?

Observation of practice criteria

Throughout the **75-minute** observation of practice, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the observation of practice by considering how the criteria can be met.

Behaviours
To pass, the following must be evidenced.
B1.1 Demonstrates a caring attitude towards others, assessing how they are making a positive difference to the lives of others and considering ways they could make further improvements. (B1)
B2.1 Demonstrates a compassionate attitude when encouraging others to consider ways they could contribute to further improvements. (B2)
B4.1 Demonstrates appropriate communication skills in communicating effectively in caring and team work roles. (B4)
B5.1 Applies knowledge and skills to the delivery of high quality care. (B5)

Tasks and responsibilities
To pass, the following must be evidenced.
S1.1 Applies professional judgement, accessing relevant standards and codes of practice relevant to their role when needed. (S1)
S2.1 Demonstrates they can build and maintain positive relationships with key stakeholders. (S2)
S5.1 Demonstrates they can provide effective mentoring support. (S5)
S6.1 Demonstrates how they have used processes to develop and review support plans. (S6)
S7.1 Provides leadership and mentoring to others for whom they are responsible with a focus on making improvement to practice for those accessing services. (S7)

Professional Development
To pass, the following must be evidenced.
S22.1 Demonstrates how they value individuals' contributions to the team to achieve the best outcomes for the service. (S22)

Dignity and human rights
To pass, the following must be evidenced.
S10.1 Demonstrates how their actions contribute to a culture which actively supports promotion of diversity, dignity and inclusion. (S10)
S11.1 Demonstrates how they model empathy, understanding and compassion. (S11)

Communication

To pass, the following must be evidenced.

S12.1 Demonstrates their ability to communicate effectively, providing information in a way that is accessible, meaningful and complete. (S12)

S14.1 Identifies legal and ethical frameworks regarding confidentiality and information sharing and demonstrates working practices in line with organisational processes. Applies ethical frameworks regarding confidentiality and information sharing in line with organisational requirements. Adapts information to ensure accessibility which enables people to make informed choices. (S14)

Health and wellbeing

To pass, the following must be evidenced.

S18.1 Demonstrates the impact of their approach in supporting those accessing care and support, identifying holistic solutions that support different people, and is able to assess how their approach improves health and wellbeing. (S18)

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Assessing the professional discussion

In the professional discussion, the assessor and the apprentice will have an in-depth, 2-way conversation. It will consist of the independent assessor asking the apprentice questions in relation to the knowledge, skills and behaviours mapped to this assessment method to ensure that all assessment criteria are covered.

Apprentices can refer to and illustrate their answers with evidence from their portfolio during the professional discussion. However, the portfolio of evidence is **not** directly assessed.

The professional discussion will be scheduled at least 2 weeks after gateway. It will take place in a suitable environment and can be conducted by video conferencing. It will last for **90 minutes**. The independent assessor can increase the time of the professional discussion by up to 10% to allow the apprentice to finish their last answer.

The assessor will ask **at least 1 question** of each of the knowledge, skills and behaviour groups that are mapped to this assessment method.

Before the assessment

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the professional discussion

Apprentices will be marked against the pass and distinction criteria included in the tables on the following pages (under 'Professional discussion criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** at least 21 of the 27 distinction criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Professional discussion mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock professional discussion in preparation for the real thing. The most appropriate form of mock professional discussion will depend on the apprentice's setting and the resources available at the time.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock professional discussion should take place in a suitable location.
- a **90-minute** time slot should be available to complete the professional discussion, if it is intended to be a complete professional discussion covering all relevant standards. However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock professional discussion and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock assessment with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use structured, 'open' questions that do not lead the apprentice but allows them to express their knowledge and experience in a calm and comfortable manner.

For example:

- tasks and responsibilities
 - Tell me about a time when you performed the lead role in the specialist assessment of an individual's needs.
- dignity and human rights
 - What steps have you taken to maintain a culture of dignity in your setting?
- communication
 - Tell me about a time when you encountered barriers to communication with an individual, and what resources did you use to overcome them?
- safeguarding
 - How have you applied processes for partnership working with external agencies to respond to safeguarding concerns?
- health and wellbeing
 - What partnerships have you developed with other agencies, and why are these relevant?

- professional development
 - What steps do you take to evaluate the effectiveness of your own leadership?

Professional discussion criteria

Throughout the **90-minute** professional discussion, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the professional discussion by considering how the criteria can be met.

Behaviours
To pass, the following must be evidenced.
B3.1 Describes how they ensured the rights of others were promoted and advocated for a person they support where they were at risk. (B3)
B6.1 Analyses how person-centred care is provided to improve the experience of people accessing care and support. (B6)
To gain a distinction, the following must be evidenced.
<i>No distinction criteria.</i>

Tasks and responsibilities
To pass, the following must be evidenced.
S3.1 Describes how they have accessed specialist help when support was needed to carry out their role. (S3)
S4.1 Explains how they have performed the lead role in the specialist assessment of an individual's care and support needs. (S4)
S8.1 Explains how they have applied relevant risk management policies to the setting. (S8)
S9.1 Explains how their work has contributed to their service's improved quality assurance processes. (S9)
K1.1 Explains how the safe delivery of services is underpinned by statutory frameworks, standards, guidance and codes of practice. (K1)
K2.1 Identifies relevant theories that underpin their own practice and competence. (K2)
K3.1 Describes the principles of assessment and outcome-based practice. (K3)
K4.1 Describes the principles of risk management. (K4)
To gain a distinction, the following must be evidenced.
S3.2 <i>Analyses the impact of the specialist support provided and explains how they implement continuous improvement processes based on best practice. (S3)</i>
S4.2 <i>Explains how they have implemented findings of the assessment within their lead role, identifying recommendations which have led to continuous improvements and ensuring positive outcomes. (S4)</i>
S8.2 <i>Evaluates the impact of the relevant risk management policies implemented within the setting. (S8)</i>
K1.2 <i>Explains how they identify, use and measure the impact of statutory frameworks, standards, guidance and codes of practice in relation to the safe delivery of services. (K1)</i>

K2.2 Explains how the relevant theories have impacted upon their job role and the service provided. (K2)

K3.2 Explains the impact made through implementing assessment and outcome-based practices. (K3)

K4.2 Describes the impact made through improved risk assessment and management processes on service provision. (K4)

Dignity and human rights

To pass, the following must be evidenced.

K5.1 Explains how they promote and maintain a culture of dignity. (K5)

To gain a distinction, the following must be evidenced.

K5.2 Analyses the impact of their behaviours on maintaining a culture of dignity. (K5)

Communication

To pass, the following must be evidenced.

S13.1 Explains how they have identified and addressed barriers to communication through using appropriate resources to overcome them. (S13)

S15.1 Explains how information is adapted to ensure accessibility to enable informed choices to be made. (S15)

K6.1 Identifies communication barriers and approaches used to overcome them. (K6)

K7.1 Identifies legal and ethical frameworks regarding confidentiality and information sharing relevant to the setting. (K7)

K8.1 Identifies technologies available to enhance communication in your setting. (K8)

To gain a distinction, the following must be evidenced.

S13.2 Analyses how resources used in the setting have been implemented to overcome barriers to communication. (S13)

S15.2 Implements adaptations to ensure informed choices have been made and are understood. That individual choices have been supported by providing meaningful information and evaluate its impact. (S15)

K6.2 Analyses approaches used to agree solutions which overcame communication barriers. (K6)

K7.2 Analyses how the legal and ethical frameworks relating to confidentiality and information sharing have been applied. (K7)

K8.2 Evaluates how the technologies used have enhanced communication. (K8)

Safeguarding

To pass, the following must be evidenced.

S16.1 Explains with examples how they apply and ensure compliance with safeguarding procedures in their setting. (S16)

S17.1 Discusses how they have applied strategies and processes for partnership working with external agencies to respond to safeguarding concerns. (S17)

K9.1 Identifies legislation and national and local solutions for the safeguarding of adults and children including reporting requirements. (K9)

To gain a distinction, the following must be evidenced.

S16.2 *Demonstrates how they have improved practices as a result of monitoring compliance with safeguarding procedures. (S16)*

S17.2 *Evaluates how strategies and processes led to positive outcomes for individuals within the care setting from the partnership approaches and the improvements that have been made on safeguarding processes. (S17)*

K9.2 *Explains how they have interpreted and applied safeguarding procedures, legislation, local and national solutions and reporting requirements in their setting. (K9)*

Health and wellbeing

To pass, the following must be evidenced.

S19.1 Demonstrates, with examples, how partnership approaches have been used to improve health and wellbeing outcomes. (S19)

K10.1 Identifies models of monitoring, reporting and responding to changes in health and wellbeing. (K10)

K11.1 Describes a range of holistic solutions using person centred approaches used to promote and maintain health and wellbeing. (K11)

K12.1 Identifies relevant partnerships developed with other agencies. (K12)

To gain a distinction, the following must be evidenced.

S19.2 *Provides evidence of how they have influenced their employer to embed collaborative working to improve health and wellbeing of all users of services. (S19)*

K10.2 *Evaluates relevant models of monitoring, reporting and responding to changes in health and wellbeing. (K10)*

K11.2 *Analyses the impact of holistic solutions on the health and wellbeing of people accessing services. (K11)*

K12.2 *Analyses the impact collaboration with partner agencies has had on outcomes for people accessing services. (K12)*

Professional development

To pass, the following must be evidenced.

- S20.1** Describes and evaluates how a review of own practice resulted in a development opportunity. (S20)
- S21.1** Evaluates the effectiveness of their leadership, mentoring and supervision skills and discuss the actions they have taken to address their own development. (S21)
- S23.1** Describes how they contribute to ensuring an ongoing effective learning culture by identifying and valuing the team's abilities. (S23)
- S24.1** Explains how they have led the values based recruitment and selection processes within the care setting. (S24)
- S25.1** Explains how they have applied the induction process and how all relevant workers have completed a full induction into the sector, the organisation and service. (S25)
- S26.1** Demonstrates how they have effectively led and supported others in their personal development. (S26)
- K13.1** Explains how professional development opportunities have been planned and accessed in their own role. (K13)

To gain a distinction, the following must be evidenced.

- S20.1** *Critically analyses the opportunities available and explains the impact of their choice on development activities undertaken. (S20)*
- S21.1** *Critically analyses the impact that development activities have had on own practice as a lead practitioner. (S21)*
- S23.1** *Explains the rationale that identified their target/s defined as needing development to make it more effective, how they determined success measures of meeting effective targets and how many success measures were met. (S23)*
- S24.1** *Evaluates the impact of using values based approaches and implementing best practise strategies for recruitment and selection within care setting. (S24)*
- S25.1** *Analyses how the induction process has positively impacted and supported the development of new staff within their roles. (S25)*
- S26.1** *Explains how they have measured the distance travelled between the existing and required skills and knowledge of their staff as a result of their intervention. (S26)*
- K13.1** *Evaluates the impact professional development opportunities have had on their knowledge and practice. (K13)*

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