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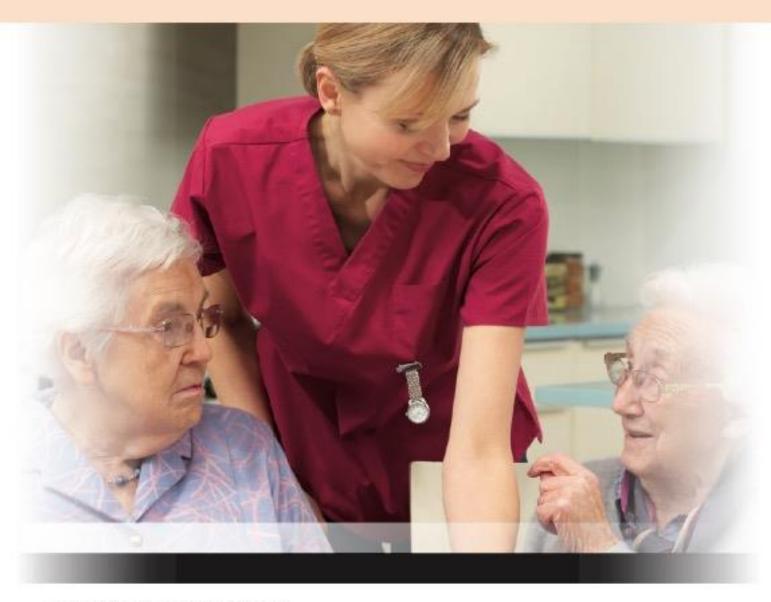
Highfield Level 3 End-Point Assessment for ST0217 Senior Healthcare Support Worker

End-Point Assessment Kit

Pathway: Mental Health Support

Highfield Level 3 End-Point Assessment for ST0217 Senior Healthcare Support Worker

Mental Health Support

EPA Kit

Contents

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How to use this EPA Kit

Welcome to the Highfield End-Point Assessment Kit for the Senior Healthcare Support Worker apprenticeship standard, Mental Health Support pathway.

Highfield is an independent end-point assessment organisation that has been approved to offer and carry out the independent end-point assessments for the Level 3 Senior Healthcare Support Worker apprenticeship standard. Highfield internally quality assures all end-point assessments in accordance with its IQA process, and additionally all end-point assessments are externally quality assured by the relevant EQA organisation.

This 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 ways in which an apprentice may be prepared for their assessments, but trainers may find them to be a helpful starting point.

Key facts

Apprenticeship standard:	Senior Healthcare Support Worker Mental Health Support
Level:	3
On-programme duration:	Typically 24 months
End-point assessment window:	Typically 3 months
Grading:	Pass/distinction
End-point assessment methods:	Observation of practice with questions, professional discussion underpinned by a portfolio of evidence

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In this kit, you will find:

• an overview of the standard and any on-programme requirements
• a section focused on delivery, where the standard and assessment criteria are presented in a suggested format that is suitable for delivery
• 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

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- 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

Senior healthcare support workers help registered practitioners deliver healthcare services to people. They carry out a range of clinical and non-clinical healthcare or therapeutic tasks, under the direct or indirect supervision of the registered healthcare practitioner. Senior healthcare support workers provide high-quality, compassionate healthcare, following standards, policies or protocols and always acting within the limits of their competence. They may work in partnership with individuals, families, carers and other service providers in a range of services, for example, in a hospital, community, health or day care unit, birth centre or midwifery-led unit, someone's home, operating theatre, nursing or care home, assessment centre, hospice, school, prison, GP surgery, charity or voluntary organisation.

Senior healthcare support workers working within mental health support provide care and support for individuals with mental ill health as part of the multi-disciplinary mental health team. They will support individuals, and their families at different stages of their recovery by listening, providing emotional support, collaboratively developing care plans, implementing them creatively and reviewing them to meet the needs of the individual. Mental health support workers observe and report changes in mental and physical wellbeing, encouraging independence and enabling individuals to live their life and achieve their goals. Usually, they will have to work closely with carers and with other organisations such as in housing and social care.

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 Senior Healthcare Support Worker 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 of practice with questions and professional discussion underpinned by a portfolio of evidence (such as a provision of recordings of professional discussions).

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. This should ensure that the apprentice

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is sufficiently prepared to undertake the end-point assessment. Training, development and ongoing review activities should include:

- achievement of level 2 English and maths
- achievement of Level 3 Diploma in Healthcare Support
- any qualifications specified by the employer
- completion of a portfolio through which the apprentice gathers evidence of their progress
- study days and training courses
- mentoring/buddy support
- regular performance reviews undertaken by the employer
- structured one-to-one reviews of their progress with their employer and/or training provider

Throughout the period of learning and development, and at least every 2 months, the apprentice should meet with the on-programme assessor to record their progress against the standard. At these reviews, evidence should be discussed and recorded by the apprentice. The maintenance of an on-programme record is important to support the apprentice, on-programme assessor and employer in monitoring the progress of learning and development. This will determine when the apprentice has achieved full competence in their job role and is therefore ready for end-point assessment.

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 assessed in the professional discussion underpinned by a portfolio of evidence.

It will typically contain 10 discrete pieces of evidence (for example, 1 for each of the core grading themes and 5 for the chosen optional pathway's grading theme). Evidence may be used to demonstrate more than 1 knowledge, skill or behaviour as a qualitative approach is suggested as opposed to a quantitative approach.

Evidence sources for the portfolio may include:

- witness testimonials
- written report of a case-based discussion
- written report of supporting an intervention
- clinical supervision reflection (relating to K20 and S20 **only**)
- work-based observation
- evidence of ongoing professional development

This is not a definitive list and other evidence sources are possible. 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, except where evidencing K20 or S20. Any employer contributions should focus on direct observation of performance (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

Where AI has been used as part of the apprentice's day-to-day work and forms part of a project report, presentation, or artefact, it should be referenced as such within the work. AI must not be used to produce the report or portfolio.

Where AI has been used as part of a portfolio that underpins an interview or professional discussion or any other assessment method, it should be fully referenced within the portfolio.

Required on-programme qualification

While on programme, and prior to the apprentice passing through gateway, the apprentice must complete and achieve a regulated Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway).

Apprentices can complete the Highfield Level 3 Diploma in Healthcare Support (RQF) with qualification number 610/2239/1 for their on-programme qualification.

The following qualification numbers will also be accepted:

- 610/2141/6
- 610/2224/X
- 610/2249/4
- 610/2160/X
- 610/2253/6
- 610/2259/7

Readiness for end-point assessment

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

- the apprentice must have achieved level 2 English and maths.

- the apprentice must have achieved a regulated Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway).
- the apprentice must have gathered a portfolio of evidence against the required elements to be put forward to be used as the basis for the professional discussion.
- the apprentice must have gathered their organisation's policies and procedures as requested by Highfield. For guidance, a list of examples has been provided below.
    - Raising safeguarding and protection concerns
    - Confidentiality, duty of care, duty of candour and disclosure
    - Escalation/reporting of changes to an individual's health
    - Safe supply and management of stock
    - Cleaning, disinfecting and disposal of materials and equipment
    - Reporting of incidents, errors or near misses

    This list is not definitive. The policies and procedures may already be included as part of the portfolio of evidence.
- 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 3-month end-point 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

The assessment methods can be delivered in any order.

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.

Documents used in developing this end-point assessment

Standard (2023)

[Senior healthcare support worker / Institute for Apprenticeships and Technical Education](#)

End-point assessment plan (ST0217/v1.5)

[https://www.instituteforapprenticeships.org/media/5xkll0lv/st0217_senior__healthcare_support_worker_epa-for-publishing_12102023.pdf](#)

Specific considerations

Highfield's approach does not deviate from the assessment plan.

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 the 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:

- achieved level 2 English
- achieved level 2 maths
- achieved a Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway)
- submitted a suitable portfolio of evidence to be used as the basis for the professional discussion (see the portfolio matrix)
- submitted their organisation's policies and procedures as requested by Highfield

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 last around an hour and must be completed on or after the apprenticeship on-programme end date. It should be attended by the apprentice and the relevant people who have worked with the apprentice on-programme, such as the line manager/employer or mentor, the on-programme trainer/training provider and/or a senior manager (as appropriate to the business).

During the meeting, the apprentice, employer and training provider will discuss the apprentice's progress to date and confirm if the apprentice has met the full criteria of the apprenticeship standard during their on-programme training. 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 to initiate the end-point assessment process. If you require any support completing the Gateway Readiness Report, please contact your EPA Customer Engagement Manager at Highfield Assessment.

Please note: A copy of the standard should be available to all attendees during the gateway meeting.

Reasonable adjustments and special considerations
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 need to ensure that the person undertaking an assessment is indeed the person they are claiming to be. All employers are, therefore, required to ensure that each apprentice has their identification with them on the day of the assessment so the end-point assessor can check.

Highfield Assessment 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

The Senior Healthcare Support Worker apprenticeship standard

The following pages contain the Senior Healthcare Support Worker apprenticeship standard and the assessment criteria in a format that is suitable for delivery.

Working to protocol		
Observation of practice with questions		
Knowledge	**Skills**	**Behaviours**
K1 The **legislation, policies, standards, local ways of working and codes of conduct** that apply to own role **K2** The **scope of practice**, limitations of own competence, including limitations of own role in relation to medication and who to ask for support **K3** The principles of '**person-centered care and support**', including principles of equality, diversity and inclusion, **active participation**, **consent** and choice **K4** The principles of a '**duty of care**' and 'safeguarding', **the signs of abuse** and **ways to reduce the risk of abuse**	**S1** Work in line with **legislation, policies, standards, local ways of working and codes of conduct** that apply to own role **S2** Work within the **scope of practice**, the limits of own knowledge and skills, escalating and reporting to others when needed **S3** Work as part of a multi-disciplinary team to provide safe and non-discriminatory **person-centered care and support** with **individuals'** established **consent** **S4** Implement a **duty of care**, recognising and responding to safeguarding and protection concerns and acting in the best interest of **individuals** to ensure they do not come to harm	**B1** Treat people with dignity

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Pass criteria
WP1 Practices within the limits of the role of a senior healthcare support worker in line with **legislation, policies, standards, codes of conduct and local ways of working** (K1, S1)
WP2 Demonstrates working within the **scope of practice**, the limits of their knowledge and skills, escalating and reporting to others when needed (K2, S2)
WP3 Establishes **consent**, or checks that **consent** has been established, from the **individual** and together with others from the multi-disciplinary team provides safe, dignified and non-discriminatory care and support that is informed by the principles of '**person-centred care and support**' including the **active participation** and choices of the **individual** (K3, K3, B1)
WP4 Implements a **duty of care**, safeguarding and protection and acts in the best interest of the **individual**, recognising and **reducing the risks of abuse** and raising safeguarding and protection concerns in line with organisational procedures (K4, S4)
Amplification and guidance
Legislation, policies, standards, local ways of working and codes of conduct could include: - Health and safety legislation   - Health and Safety at Work etc. Act (HASWA)   - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)   - Management of Health and Safety at Work Regulations (MHSWR)   - Regulatory Reform (Fire Safety) Order   - Control of Substances Hazardous to Health Regulations (COSHH)   - Manual Handling Operations Regulations (MHOR)   - Provision and Use of Work Equipment Regulations (PUWER)   - Lifting Operations and Lifting Equipment Regulations (LOLER)   - General Data Protection Regulations (GDPR)   - Data Protection Act

- o   Caldicott Report
- o   Health and Social Care Act
- o   Health and Care Act
- o   Duty of Candour regulations
    - ▪   Duty of candour is to be open and honest with patients or their families when something goes wrong which appears to have caused or had the potential to have caused harm
- o   Public Health (Control of Diseases) Act and Public Health (Infectious Diseases) Regulations
- o   Information Governance Policy
- o   Equality legislation
- o   Organisational policies and procedures
- o   Formally agreed guidance on how to carry out tasks in your workplace
- o   Less formally agreed ways of working
- o   Less formally documented by individual employers and the self-employed or formal policies
    This list is not exhaustive.

- **Scope of practice** is the limit of the knowledge, skills and experience and is made up of the activities carried out within the professional role of a senior healthcare support worker.

- **Person-centred care and support** refers to viewing the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs; considering a person's desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual and working together to develop appropriate solutions.

- **Consent** means an informed agreement to an action or decision. The process of establishing consent will vary according to an individual's assessed capacity to consent. Consent may be implied, written or verbal.

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

- **Duty of care** means that a worker must aim to provide high-quality care to the best of their ability and say if there are any reasons why they may be unable to do so.

- **Types of abuse** may include:
    o physical abuse
    o domestic violence or abuse
    o sexual abuse
    o psychological or emotional abuse
    o financial or material abuse
    o modern slavery
    o discriminatory abuse
    o organisational or institutional abuse
    o neglect or acts of omission
    o self-neglect

- **Ways to reduce the risk of abuse** may include:
    o working with person-centred values
    o encouraging active participation
    o promoting choice and rights
    o supporting individuals with an awareness of personal safety
    o managing risk
    o focusing on prevention
    o creating a safe space to talk about safety awareness

o   listening effectively to the client/patient/personal complaints

- **Individuals** are those requiring care and support and may include patients, service users or clients.

Supporting individuals

Observation of practice with questions

Knowledge	Skills
K7 The **signs and symptoms** that an **individual's** health and **wellbeing** is **changing**, including the role of prescribed medication **K8** The **signs and symptoms** that an **individual** is in **pain, distress or discomfort** **K9** The principles of hydration, nutrition and food safety **K28** The **physiological states**, their **normal ranges** and the correct tools or equipment to use to measure them	**S7** Recognise and respond to **changes** in an **individual's** health and **wellbeing** **S8** Recognise and respond to the **signs and symptoms** that an **individual** is in **pain, distress or discomfort** to maximise comfort and **well-being** **S9** Promote and monitor access to fluids and nutrition in line with an **individual's** care plan **S28** Undertake **physiological measurements**, selecting and using the correct tools or equipment

Pass criteria

SI1 Recognises and responds to **signs and symptoms** that an **individual's** health is **changing** and if they are in **pain, distress or discomfort** and makes them comfortable. Supports their **wellbeing** and follows the correct procedure for reporting the changes or situation (K7, K8, S7, S8)

SI2 Adheres to an **individual's** care plan and promotes and monitors the correct, safe access to fluids and nutrition in line with the principles of hydration, nutrition and food safety (K9, S9)

SI3 Undertakes **physiological measurements** on an individual, selecting and using the correct tools or equipment and explains the **normal ranges and results** (K28, S28)

Amplification and guidance

- **Individuals** are those requiring care and support and may include patients, service users or clients.

- **Wellbeing** may include aspects that are:
  - social
  - emotional
  - cultural
  - spiritual
  - intellectual
  - economic
  - physical

- **Signs and symptoms** that an **individual's health and wellbeing is changing** may include changes in:
  - respiratory rate
  - oxygen saturation
  - blood pressure
  - heart rate
  - temperature
  - conscious or mental state
  - fatigue
  - appetite
  - mood swings

- **Signs and symptoms** of **pain, distress or discomfort** may include:
  - facial grimacing or a frown
  - moaning or whimpering

- o restlessness and agitation
- o appearing uneasy or tense
- o guarding the area of pain
- o withdrawing from touch to the area of pain
- o appearing to be too hot or cold, for example, sweating or shivering
- o being hungry or thirsty such as a growling stomach and low energy levels or a dry mouth and dry skin
- o feeling itchy
- o sitting or lying awkwardly
- o appearing unkempt or unclean

- **Physiological state** refers to the condition or state of the body or bodily functions.

- **Physiological measurements** could include:
  - o body temperature
  - o weight
  - o height
  - o blood pressure
  - o pulse
  - o breathing rate

- Examples of **normal ranges of physiological measurements in an adult** include:
  - o body temperature range from 36.8 - 37°C.
  - o blood pressure in the range of 120/80mmHg – 140/90mmHg. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
  - o pulse rate range of 60 – 100 beats per minute. This may vary dependent on disease and other contributing factors. Readings should be reported for risk assessment.

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- o breathing rate of 12 – 20 breathes per minute. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
- o a BMI weight of 18.5 – 24.9 is considered a healthy range in adults. This will vary dependent on age and other contributing factors. Readings should be reported for risk assessment.

Communication		
Observation of practice with questions		
Knowledge	Skills	Behaviours
K10 Communication techniques to maximise understanding including for individuals with specific communication needs or wishes **K11** The meaning of '**capacity**', the differences between mental illness, dementia and learning disability and the impact of these conditions on an individual's needs **K21** Ways to record and store information securely, including the safe use of technology **K22** The principles of confidentiality, duty of confidence and disclosure	**S10** Communicate with individuals, their families, carers and others in the workplace using **techniques** designed to facilitate understanding **S11** Recognise and respond to limitations in an individual's **mental capacity** **S21** Record and store information related to individuals securely, including the safe use of technology **S22** Report and share information related to individuals securely and in line with local and national policies, maintaining confidentiality, duty of confidence and disclosure	**B2** Show respect and empathy
Pass criteria		

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C1 Communicates with individuals, their families, carers and others in the workplace to facilitate understanding, reflecting their specific needs and the organisational values of respect and empathy (K10, S10, B2)

C2 Responds to limits in **mental capacity**, taking into account the individual's condition and needs (K11, S11)

C3 Records, stores, reports, shares or discloses information correctly and in line with policy and legislation, using technology safely and securely and maintaining confidentiality at all times (K21, K22, S21, S22)

Amplification and guidance

- **Communication techniques** may include:
  - verbal:
    - vocabulary
    - linguistic tone
    - pitch
    - accent/regional variations
    - jargon/complex terminology
  - non-verbal:
    - position/proximity
    - eye contact
    - touch
    - signs
    - symbols and pictures
    - physical gestures
    - body language
    - behaviour
    - writing
    - objects of reference
    - human and technological aids

- o written
- o electronic/digital
- o pictorial
- o braille/BSL/Makaton

- **Mental capacity** refers to the ability of someone to make their own decisions and should make reference to the Mental Capacity Act.

- **Local and national policies** may include:
  - o General Data Protection Regulations (GDPR)
  - o Data Protection Act
  - o Caldicott Report
  - o Health and Social Care Act
  - o Health and Care Act
  - o Duty of Candour regulations
  - o Information Governance Policy
  - o Equality legislation
  - o organisational policies and procedures
  - o formally agreed guidance on how to carry out tasks in your workplace
  - o less formally agreed ways of working
  - o less formally documented by individual employers and the self-employed or formal policies

Health and safety

Observation of practice with questions

Knowledge	Skills
K12 The **principles of infection prevention and control** and the importance of good **personal hygiene**, hand hygiene and correct use of **personal protective equipment (PPE)**	**S12** Maintain a safe and healthy working environment, using **infection prevention and control techniques** including hand washing, sanitisation, disinfection and **personal protective equipment (PPE)**
K13 Local systems and processes to manage the supply, storage, use and safe disposal of stocks and supplies	**S13** Maintain the safe supply, storage, use and disposal of supplies and equipment
K14 The principles of safe moving and assisting individuals, and moving and handling equipment	**S14** Move and handle equipment or other items safely and assist individuals

Pass criteria

HS1 Uses the correct **infection prevention and control techniques** to maintain a safe and healthy working environment to the tasks they are carrying out. Ensures the importance of good **personal hygiene**, hand hygiene and correct use of **personal protective equipment (PPE)** to the tasks they carry out (K12, S12)

HS2 Uses, stores and disposes of equipment and supplies safely following local processes. Ensures stocks are supplied and managed (K13, S13)

HS3 Moves and handles equipment or other items or assists an individual safely and in line with **health and safety legislation** (K14, S14)

Amplification and guidance

- **Infection prevention and control techniques** may include:
    - hand washing
    - sanitisation
    - disinfection
    - waste management

- **Personal hygiene** involves those practices performed by an individual to care for one's bodily health and wellbeing, through cleanliness.

- **Personal protective equipment (PPE)** may include:
  o gloves
  o aprons
  o masks

- **Health and safety legislation** could include:
  o Health and Safety at Work etc. Act (HASWA)
  o Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
  o Management of Health and Safety at Work Regulations (MHSWR)
  o Regulatory Reform (Fire Safety) Order
  o Control of Substances Hazardous to Health Regulations (COSHH)
  o Manual Handling Operations Regulations (MHOR)
  o Provision and Use of Work Equipment Regulations (PUWER)
  o Lifting Operations and Lifting Equipment Regulations (LOLER)

Promote health and wellbeing	
Professional discussion underpinned by a portfolio of evidence	
Knowledge	Skills
K5 National and local definitions of health and well-being and priorities for promoting public health and reducing inequalities **K6** The availability of services to support individuals with lifestyle choices and how to make a referral if required	**S5** Support individuals to make **informed and positive lifestyle choices** **S6** Actively seek out and act on opportunities to support individuals to **maximise their health, well-being and positive lifestyle choices**

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Pass criteria	Distinction criteria
PHW1 Explains how they have supported an individual to make informed and positive lifestyle choices in line with national and local definitions of health and wellbeing and the public health priorities, including considering ways of reducing inequalities (K5, S5) **PHW2** Describes how they have actively sought an opportunity to support an individual to **maximise their health**, taking into account the availability of services and how to make a referral if required (K6, S6)	*PHW3 Compares and contrasts ways in which they have worked to reduce inequalities and support an individual to make **informed positive lifestyle choices** (K5, S5)*

Amplification and guidance

- Examples of ways to **maximise health, wellbeing and positive lifestyle choices** may include:
    - tailoring patient's/client's/individual's needs and preferences
    - involving patients/clients/individuals and, if appropriate, families and carers in their care and treatment
    - using effective communication
    - giving appropriate information in a way the individual understands
    - gaining consent prior to each activity/procedure
    - considering culture, mental capacity, physical, sensory or learning disabilities and individuals who do not speak or write English
    - focusing on wellness and what can be achieved, rather than what cannot

Continuing professional development and reflective practice

Professional discussion underpinned by a portfolio of evidence

Knowledge	Skills	Behaviours
K18 The importance of **continuing personal and professional development** **K19** The local arrangements for appraisal of performance in the workplace **K20** The **principles of reflective practice**	**S18** Undertake own training and development activities and contribute to the training and development of others **S19** Participate in appraisal to support professional development **S20** Reflect on and develop your own practice	**B3** Be adaptable, reliable and consistent

Pass criteria	Distinction criteria
CPD1 Undertakes **continuing personal and professional development activities** and contributes to the training and development of others showing they are adaptable, reliable and consistent (K18, S18, B3) **CPD2** Outlines how they have participated in the local arrangements for appraisal of performance (K19, S19) **CPD3** Applies the **principles of reflective practice** to reflect on and develop their own practice (K20, S20)	*CPD4 Analyses the impact of training and development activities on themselves and others (K18, S18)*

Amplification and guidance

- **Continuing personal and professional development activities** may include:
    - participating in the supervision and appraisal system
    - formal learning (both online or face-to-face)
    - on-the-job training from a competent colleague

- o   self-directed study
- o   reading and reviewing relevant journals, websites and/or news articles
- o   completing courses accredited by a professional body
- o   attending conferences/seminars
- o   attending department in-service training sessions
- o   observing clinics/sessions with clinicians
- o   involvement in a specialist interest group
- o   mentoring and supervising staff or students

- • **Principles of reflective practice** may include:
  - o   informal and formal reflection within or related to healthcare practice
  - o   theories of reflective practice (for example, Gibb's reflective cycle)
  - o   recognising the event and being open and honest when something has gone wrong or not as expected
  - o   identifying what went wrong and why
  - o   reflecting on the event either privately or with others
  - o   identifying opportunities for improvement in personal development as well as the care and treatment that you provide
  - o   what steps can be taken to prevent the issues from happening again
  - o   focusing on what is in your control and should leave you feeling positive and hopeful about your own abilities

Risk management	
Professional discussion underpinned by a portfolio of evidence	
Knowledge	**Skills**
K15 The meaning of '**risk**' in the workplace, ways to raise concerns and own responsibilities in relation to **incidents**, **errors** and **near misses** **K16** Techniques and principles to safely perform **basic life support** **K17** The common causes of conflict and how to respond to them in the workplace	**S15** Take appropriate action in response to concerns, **risks**, **incidents** or **errors** and **near misses** arising in the workplace **S16** Perform **basic life support** techniques **S17** Recognise and respond to potential conflict, challenging behaviour or an escalating situation
Pass criteria	*Distinction criteria*
RM1 Summarises the meaning of '**risk**' in the workplace giving evidence that they would take the correct action if they identified a '**risk**' (K15, S15) **RM2** Describes how they meet the requirements for providing **basic life support**, showing an understanding of the techniques and principles required (K16, S16) **RM3** Explains a time when they have recognised and responded to a potential conflict, challenging behaviour or escalating situation giving context to the description by describing common causes of conflict and the correct ways to respond to them (K17, S17)	*RM4 Evaluates their organisation's approach to '**risk**' in the workplace (K15, S15)*
Amplification and guidance	
• **Risk** is the likelihood for harm to occur. • **Incidents** are any unintended or unexpected event which could have or did lead to harm.	

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- **Errors** are a failure of a planned action or activity. For example, the use of an incorrect plan to achieve an outcome.

- **Near misses** are events that do not cause harm but have the potential to cause injury or ill health.

- **Basic life support** refers to a variety of non-invasive emergency procedures performed to assist in the immediate survival of a patient, including cardiopulmonary resuscitation, haemorrhage control, stabilisation of fractures, spinal immobilisation and basic first aid.

Quality improvement

Professional discussion underpinned by a portfolio of evidence	
Knowledge	**Skills**
K23 The **principles of 'quality improvement'** and ways to measure quality in the workplace **K24** The **principles of investigatory techniques**, research and evidence-based practice, and how to access existing evidence and use it to validate and improve practice **K25** The **principles of critical thinking and methods of critical appraisal**	**S23** Participate in and support others with quality improvement activities in the workplace **S24** Use **investigatory techniques** to source evidence to validate and improve the delivery of care and support within own scope of practice **S25** Critically appraise sources of information and apply to practice
Pass criteria	*Distinction criteria*
QI1 Describes the **quality improvement principles**, measures and activities used in their workplace, explaining how they have taken part in an activity and supported others to do the same (K23, S23) **QI2** Explains how they have sourced and used a piece of evidence to validate and improve the delivery of care and support within their own scope of practice identifying the **principles of investigatory**	*QI4 Analyses how they have interpreted evidence and used their findings to inform suggestions for improving practice (K24, S24)*

techniques, research and evidence-based practice that they used (K24, S24) **QI3** Explains how they have critically appraised a source of information and applied their findings to practice describing the **principles of critical thinking and the methods of critical appraisal** that they used (K25, S25)	

<table>
<tr><td colspan="2" align="center">Amplification and guidance</td></tr>
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- **Quality improvement principles** may include:
    - care improvement methods
    - delivering high quality person-centred care for all
    - continuing actions to improve outcomes for individuals
    - being efficient
    - being safe
    - being timely
    - being effective
    - being equitable
    - theories of quality improvement
        - Plan-do-study-act (PDSA) model
        - Statistical Process Control (SPC)
        - Six Sigma
        - Lean
    - assurance processes such as audits and governance visits (CQC)
    - patient complaints and compliments

- **Principles of investigatory techniques** may include:
    - literature searches

- reading and applying health-related literature
- focus groups
- surveys via interviews, phone, email or social media
- patient satisfaction questionnaires
- working to National Institute for Health and Care Excellence (NICE) guidelines
- working to local best practice guidelines

- **Principles of critical thinking and the methods of critical appraisal** may include:
  - basic principles of ask questions, gather information, consider solutions and conclusions and consider alternative systems
  - theories of critical thinking
  - keeping an open mind, being analytical and not accepting something is true just because someone says that it is
  - being self-aware, recognising strengths and limitations
  - evaluating how your emotions and assumptions are influencing you
  - learning and applying something new

Teamwork, role modelling and leadership	
Professional discussion underpinned by a portfolio of evidence	
Knowledge	Skills
K26 The **principles and styles of leadership** in relation to own role and place of work **K27** The relationship and differences between leadership, management, supervision and mentoring	**S26** Provide leadership and act as a role model for others within the scope of own role **S27** Contribute to mentoring and supervision of others in the workplace within the scope of own role

Pass criteria	Distinction criteria
TRL1 Describes the scope of their role in relation to leadership, examining their own **leadership style** and giving an example of when they have acted as a role model for someone else (K26, S26) **TRL2** Explains the scope of their own role in relation to mentoring and supervision, explaining the relationship and differences between leadership, management, supervision and mentoring and giving an example of when they have taken a leadership role (K27, S27)	*TRL3 Compares and contrasts examples of when they have led, managed, supervised or mentored another person, explaining how their role is different in each example (K27, S27)*
Amplification and guidance	

- **Principles and styles of leadership** may include:
  - the ways in which guidance, direction and motivation can be provided to others
  - encouraging and empowering others within the limitations of own role
  - developing knowledge and skills of others within limitations of own role
  - leading by example
  - encouraging effort, commitment and teamwork
  - leadership styles could include:
    - democratic leadership
    - autocratic leadership
    - laissez-faire leadership
  - emotional leadership styles:
    - visionary
    - coaching
    - affiliate
    - pace-setting
    - commanding

Option 4: Mental health support
Delegated therapeutic techniques and interventions for individuals to promote mental health recovery

Observation of practice with questions	
Knowledge	**Skills**
K35 The **signs and symptoms** that indicate an individual's physical or mental health and **wellbeing** are deteriorating	**S35** Recognise and respond to deteriorations in physical health, mental health and **wellbeing**
K55 The nature of mental health and **well-being** and the **main forms of mental ill health** according to the **psychiatric International Classification of Diseases and Diagnostic and Statistical Manual of Mental Disorders (DSM/ICD) classification system**	**S55** Use strategies and tools to promote mental wellbeing and to support individuals with mental ill health
K56 The **main interventions in mental health and well-being** and the **benefits of early intervention**	**S56** Observe, record and report changes and barriers, using proactive approaches to manage behaviour which challenges
K57 The needs of individuals with mental ill health and those supporting them at key stages and through **times of change or transition**	**S57** Take an **active approach** in supporting individuals to manage their condition
K58 Techniques used to build, monitor and sustain therapeutic relationships with individuals, carers and their families	**S58** Build, monitor and sustain therapeutic relationships with individuals, carers and their families
K59 The factors that facilitate an individual's recovery experience	**S59** Promote a **recovery-based approach** that enables the individual to manage their condition

Pass criteria
MHS1 Applies strategies and tools to **promote mental wellbeing** and support individuals with mental ill health (K55, S55)
MHS2 Observes, records and reports changes or barriers in an **individual's** mental health using **proactive approaches** to identify the **benefits of early intervention** and to manage any behaviour which challenges (K56, S56)
MHS3 Actively supports an individual with mental ill health and those supporting them to manage their condition at a **key stage or time of transition** (K57, S57)
MHS4 Maintains the therapeutic relationship with an individual and their carers or family if appropriate, by using the correct techniques to build, monitor and sustain the relationship (K58, S58)
MHS5 Demonstrates promoting a **recovery based approach** which enables an individual to manage their condition (K59, S59)

Professional discussion underpinned by a portfolio of evidence	
Knowledge	Skills
K60 The **impact** of the individual's mental ill-health on their life, family, friendships and **active participation in society** **K61 Risk factors** of harm to self or others, a range of triggers and consideration of the impact of the environment **K62 Prevention and risk reduction strategies** which involve the individual and others, such as suicide mitigation, behaviours which challenge, substance misuse and self-neglect and reduction of restrictive practices **K63** The importance of own mental health and wellbeing when working in mental health services	**S60** Enable and empower individuals to **actively participate in society** and recognise the impact of mental health on them and others **S61** Identify situations of risk to yourself or others and take action including seeking support **S62** Involve the individual, carers and family members in **risk management processes** **S63** Review and promote your own mental health and wellbeing
Pass criteria	*Distinction criteria*

MHS6 Describes how they have recognised and responded to a deterioration in the physical, mental health and **wellbeing** of an individual, sequencing the **signs and symptoms that indicated the deterioration** (K35, S35)	
MHS7 Describes how they enable or empower an individual to **actively participate in society** and how they help the individual to recognise the **impact** of mental health on themselves and on the family, friendships and life (K60, S60)	
MHS8 Describes a time when they have identified a situation of **risk** to self or others in the mental health setting and identifies the **triggers** and the **impact** of the environment on this occasion explaining the correct actions to take to seek support (K61, S61)	*MHS11* Analyses the actions they took in response to the ***signs and symptoms that indicate a deterioration*** in the physical, mental health and ***wellbeing*** of an ***individual***, explaining their responsibilities and limits of their competence (K35, S35)
MHS9 Explains a time when they have involved an **individual**, their carers or family in the mental health risk management process identifying and listing the **types of risk reduction and prevention strategies** they used and the impact of these on the individual (K62, S62)	
MHS10 Reflects on how they have reviewed and promoted their own mental health and wellbeing at work explaining the importance of it and the impact it has on their daily work (K63, S63)	

Amplification and guidance

- **Signs and symptoms of deterioration** in physical health, mental health and wellbeing may include:
  - change in appetite and/or weight
  - lack of energy or fatigue
  - sleeping more or less
  - aches and pains
  - lack of concentration or motivation

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- o   paranoia
- o   self-harm or suicidal thoughts
- o   low mood, depression, anxiety or sadness

- • **Individuals** are those requiring care and support and may include patients, service users or clients.

- • **Wellbeing** may include aspects that are:
  - o   social
  - o   emotional
  - o   cultural
  - o   spiritual
  - o   intellectual
  - o   economic
  - o   physical

- • **Main forms of mental ill health** may include:
  - o   clinical depression
  - o   bipolar disorder
  - o   dementia
  - o   schizophrenia
  - o   anxiety disorders such as agoraphobia, claustrophobia or OCD

- • **Psychiatric (DSM/ICD) classification system** includes reference to:
  - o   mood
  - o   personality
  - o   anxiety

- o psychotic
- o substance-related
- o eating
- o cognitive disorders
- o trauma

- The **main interventions** in mental health and wellbeing may include:
    - o referral to a specialist such as a counsellor, therapist, mental health nurse, crisis team or early intervention team
    - o therapies such as cognitive behavioural therapy (CBT), client-centred therapy, mindfulness or medication

- The **benefits of early intervention** may include:
    - o reducing stress
    - o preventing symptoms developing
    - o minimising recovery time
    - o reducing permanent damage
    - o reducing the impact of interfering with work and family life

- **Times of change or transition** may refer to when an individual first develops mental health problems or if they go into psychiatric care over the long term.

- **Impact** of ill health on an individual may include the effect on their life, family, friendships, ability to work and actively participate in society.

- A **range of triggers** may include:
    - o external:
        - ▪ sounds
        - ▪ smells

- sights
  - internal:
    - feelings based on past experiences
    - trauma triggers
    - stress
    - anxiety

- **Prevention and risk reduction strategies** may include:
  - suicide mitigation
  - behaviours that challenge substance misuse
  - reduction of restrictive practices

- An **active approach** is where individuals and others participate in their care planning process.

- A **recovery-based approach** is where services are centred around the individual, who has more involvement in decisions and choice about care and treatment.

- The impact that an individual's mental health has on **actively participating in society** and how they are supported to ensure they can still go to work/school/college and continue to socialise.

- **Mental health risk management processes** may include:
  - positive risk management
  - a collaborative approach to risk management
  - recognising an individuals' strengths

Assessment summary

The end-point assessment for the Senior Healthcare Support Worker apprenticeship standard is made up of 2 assessment methods:

1. A 2-hour observation of practice with questions
2. A 60-minute professional discussion underpinned by a portfolio of evidence

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 with questions

The observation of practice with questions 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

Professional discussion underpinned by a portfolio of evidence

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** all of the distinction criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

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 is required to pass each of the 2 assessment methods.

To achieve a distinction, the apprentice must achieve a distinction in the professional discussion underpinned by a portfolio of evidence and a pass in the observation of practice with questions.

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

Observation of practice with questions	Professional discussion underpinned by a portfolio of evidence	Overall grade awarded
Fail either of the 2 assessment methods		**Fail**
Pass	Pass	**Pass**
Pass	Distinction	**Distinction**

Retake and resit information

If an apprentice fails an end-point assessment method, it is the employer, provider and apprentice's decision whether to attempt a resit or 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.

A resit is typically taken within 3 months of the EPA outcome notification. The timescale for a retake will be dependent on how much retraining is required and is typically taken within 6 months of the EPA outcome notification.

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.

Any EPA component resit/retake must be taken within a 6-month period, 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.

Apprentices who take a resit/retake will only be able to achieve a maximum grade of a pass, unless there are exceptional circumstances that are beyond the control of the apprentice, as determined by Highfield.

Assessing the observation of practice with questions

During the observation of practice with questions, the assessor will observe the apprentice undertaking work as part of their normal duties in the workplace and ask questions. Simulation is not permitted.

The observation of practice with questions will be scheduled at least 2 weeks after gateway. It will last a total of 2 hours, with 90 minutes for the observation followed by 30 minutes allocated for questions. The assessor can increase the time by up to 10% to allow the apprentice to complete a task or respond to a question.

The observation of practice with questions may be split into discrete sections held on the same working day. This includes comfort breaks as necessary and to allow the apprentice to move from 1 location to another where required. Breaks will not count towards the total assessment time.

The assessor will only observe 1 apprentice at any 1 time. The assessor will brief the apprentice on the format of the observation with questions, 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 with questions will take place in the apprentice's normal place of work. Equipment and resources needed for the observation will be provided by the employer and must be in good and safe working condition.

The following activities should be observed during the observation:

- providing care and support to individuals as part of the multi-disciplinary team
- communicating in a way that facilitates understanding
- maintaining the health and safety of the workplace, individuals, colleagues and themselves through safe work practices
- adhering to protocols relevant to their role, the service or intervention they are providing and the organisation they are working in
- delegated therapeutic techniques and interventions for individuals to promote mental health recovery (Mental Health Support pathway)

Questions will be asked after the observation to allow the apprentice the opportunity to cover any pass criteria that have not been demonstrated during the observation. The assessor will ask **at least 4 questions**. Follow-up questions may be asked where clarification is required.

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 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 with questions

The observation of practice with questions is graded at a pass only. Apprentices will be marked against the pass criteria included in the tables on the following pages (under 'Observations of practice with questions 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 with questions 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 with questions 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 with questions should take place in a suitable location.
- a 2-hour time slot should be available for the observation of practice with questions, if it is intended to be a complete mock observation of practice with questions 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 with questions 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 with questions 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 give examples for how they have met each area in the standard. For example:

  o working to protocol
    - Give me an example of something you have done when assisting an individual that has supported a person-centred approach.
  o supporting individuals
    - Give me an example of a physiological measurement you have to undertake, including the equipment you use and the normal ranges/results expected.
  o communication
    - How do you ensure information is stored correctly while maintaining confidentiality?
  o health and safety
    - What are the infection prevention and control techniques you use to maintain a safe and healthy working environment?
  o mental health support
    - Tell me about a time when you have supported an individual with mental ill health to manage their condition during a time of transition.

Observation of practice with questions criteria

Throughout the 2-hour observation of practice with questions, the assessor will review the apprentice's competence in the criteria outlined below.

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

Working to protocol
To pass, the following must be evidenced.
WP1 Practices within the limits of the role of a senior healthcare support worker in line with legislation, policies, standards, codes of conduct and local ways of working (K1, S1)
WP2 Demonstrates working within the scope of practice, the limits of their knowledge and skills, escalating and reporting to others when needed (K2, S2)
WP3 Establishes consent, or checks that consent has been established, from the individual and together with others from the multi-disciplinary team provides safe, dignified and non-discriminatory care and support that is informed by the principles of 'person-centred care and support' including the active participation and choices of the individual (K3, K3, B1)
WP4 Implements a duty of care, safeguarding and protection and acts in the best interest of the individual, recognising and reducing the risks of abuse and raising safeguarding and protection concerns in line with organisational procedures (K4, S4)

Supporting individuals
To pass, the following must be evidenced.
SI1 Recognises and responds to signs and symptoms that an individual's health is changing and if they are in pain, distress or discomfort and makes them comfortable. Supports their wellbeing and follows the correct procedure for reporting the changes or situation (K7, K8, S7, S8)
SI2 Adheres to an individual's care plan and promotes and monitors the correct, safe access to fluids and nutrition in line with the principles of hydration, nutrition and food safety (K9, S9)
SI3 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment and explains the normal ranges and results (K28, S28)

Communication
To pass, the following must be evidenced.
C1 Communicates with individuals, their families, carers and others in the workplace to facilitate understanding, reflecting their specific needs and the organisational values of respect and empathy (K10, S10, B2)
C2 Responds to limits in mental capacity, taking into account the individual's condition and needs (K11, S11)
C3 Records, stores, reports, shares or discloses information correctly and in line with policy and legislation, using technology safely and securely and maintaining confidentiality at all times (K21, K22, S21, S22)

Health and safety
To pass, the following must be evidenced.
HS1 Uses the correct infection prevention and control techniques to maintain a safe and healthy working environment to the tasks they are carrying out. Ensures the importance of good personal hygiene, hand hygiene and correct use of personal protective equipment (PPE) to the tasks they carry out (K12, S12)
HS2 Uses, stores and disposes of equipment and supplies safely following local processes. Ensures stocks are supplied and managed (K13, S13)
HS3 Moves and handles equipment or other items or assists an individual safely and in line with health and safety legislation (K14, S14)

Option 4: Mental health support
Delegated therapeutic techniques and interventions for individuals to promote mental health recovery
To pass, the following must be evidenced.
MHS1 Applies strategies and tools to promote mental wellbeing and support individuals with mental ill health (K55, S55)
MHS2 Observes, records and reports changes or barriers in an individual's mental health using proactive approaches to identify the benefits of early intervention and to manage any behaviour which challenges (K56, S56)
MHS3 Actively supports an individual with mental ill health and those supporting them to manage their condition at a key stage or time of transition (K57, S57)
MHS4 Maintains the therapeutic relationship with an individual and their carers or family if appropriate, by using the correct techniques to build, monitor and sustain the relationship (K58, S58)
MHS5 Demonstrates promoting a recovery based approach which enables an individual to manage their condition (K59, S59)

Assessing the professional discussion underpinned by a portfolio of evidence

In the professional discussion underpinned by a portfolio of evidence, the assessor and the apprentice will have a formal 2-way conversation. It will consist of the independent assessor asking the apprentice questions to assess their competence against the relevant criteria outlined in this kit.

Apprentices must have access to their portfolio of evidence during the professional discussion. Apprentices can refer to and illustrate their answers with evidence from their portfolio of evidence 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 60 minutes. The independent assessor can increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer.

The assessor will ask **at least 10 questions**. There will be at least 1 for each of the 5 core grading themes and at least 5 questions regarding the apprentice's chosen optional pathway.

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 underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria included in the tables on the following pages (under 'Professional discussion underpinned by a portfolio of evidence 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** all of the distinction criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence 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 underpinned by a portfolio of evidence in preparation for the real thing. The most appropriate form of mock professional discussion underpinned by a portfolio of evidence 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 underpinned by a portfolio of evidence should take place in a suitable location.
- a 60-minute time slot should be available to complete the professional discussion underpinned by a portfolio of evidence, 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 underpinned by a portfolio of evidence 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:
  o promote health and wellbeing
    ▪ Tell me about a time when you have supported an individual to make informed and positive lifestyle choices.
  o continuing professional development and reflective practice

- How do you contribute to the training and development of others?
- o risk management
    - Tell me about an occasion when you have needed to contribute to providing basic life support.
- o quality improvement
    - Tell me about a time you have completed a quality improvement activity within your workplace.
- o teamwork, role modelling and leadership
    - Tell me about a time when you have acted as a role model in your role, including what you learnt from this experience and the impact your leadership had on others.
- o mental health support
    - Give me an example of how you can support an individual to actively participate in society.
    - Tell me about an occasion when you recognised and responded to a deterioration in an individual's mental health.
    - Tell me about a time when you identified a risk to self or others within the mental health setting.
    - How have you involved an individual, their carers or family in the mental health risk management process?
    - How have you promoted your own mental health and wellbeing at work and why is this important?

Professional discussion underpinned by a portfolio of evidence criteria

Throughout the 60-minute professional discussion underpinned by a portfolio of evidence, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the professional discussion underpinned by a portfolio of evidence by considering how the criteria can be met.

Promote health and wellbeing
To pass, the following must be evidenced.
PHW1 Explains how they have supported an individual to make informed and positive lifestyle choices in line with national and local definitions of health and wellbeing and the public health priorities, including considering ways of reducing inequalities (K5, S5) **PHW2** Describes how they have actively sought an opportunity to support an individual to maximise their health, taking into account the availability of services and how to make a referral if required (K6, S6)
To gain a distinction, the following must be evidenced.
PHW3 Compares and contrasts ways in which they have worked to reduce inequalities and support an individual to make informed positive lifestyle choices (K5, S5)

Continuing professional development and reflective practice
To pass, the following must be evidenced.
CPD1 Undertakes continuing personal and professional development activities and contributes to the training and development of others showing they are adaptable, reliable and consistent (K18, S18, B3) **CPD2** Outlines how they have participated in the local arrangements for appraisal of performance (K19, S19) **CPD3** Applies the principles of reflective practice to reflect on and develop their own practice (K20, S20)
To gain a distinction, the following must be evidenced.
CPD4 Analyses the impact of training and development activities on themselves and others (K18, S18)

Risk management
To pass, the following must be evidenced.
RM1 Summarises the meaning of 'risk' in the workplace giving evidence that they would take the correct action if they identified a 'risk' (K15, S15)

Risk management
To pass, the following must be evidenced.
RM2 Describes how they meet the requirements for providing basic life support, showing an understanding of the techniques and principles required (K16, S16)
RM3 Explains a time when they have recognised and responded to a potential conflict, challenging behaviour or escalating situation giving context to the description by describing common causes of conflict and the correct ways to respond to them (K17, S17)
To gain a distinction, the following must be evidenced.
RM4 *Evaluates their organisation's approach to 'risk' in the workplace (K15, S15)*

Quality improvement
To pass, the following must be evidenced.
QI1 Describes the quality improvement principles, measures and activities used in their workplace, explaining how they have taken part in an activity and supported others to do the same (K23, S23)
QI2 Explains how they have sourced and used a piece of evidence to validate and improve the delivery of care and support within their own scope of practice identifying the principles of investigatory techniques, research and evidence-based practice that they used (K24, S24)
QI3 Explains how they have critically appraised a source of information and applied their findings to practice describing the principles of critical thinking and the methods of critical appraisal that they used (K25, S25)
To gain a distinction, the following must be evidenced.
QI4 *Analyses how they have interpreted evidence and used their findings to inform suggestions for improving practice (K24, S24)*

Teamwork, role modelling and leadership
To pass, the following must be evidenced.
TRL1 Describes the scope of their role in relation to leadership, examining their own leadership style and giving an example of when they have acted as a role model for someone else (K26, S26)
TRL2 Explains the scope of their own role in relation to mentoring and supervision, explaining the relationship and differences between leadership, management, supervision and mentoring and giving an example of when they have taken a leadership role (K27, S27)

To gain a distinction, the following must be evidenced.
TRL3 *Compares and contrasts examples of when they have led, managed, supervised or mentored another person, explaining how their role is different in each example (K27, S27)*

Option 4: Mental health support Delegated therapeutic techniques and interventions for individuals to promote mental health recovery
To pass, the following must be evidenced.
MHS6 Describes how they have recognised and responded to a deterioration in the physical, mental health and wellbeing of an individual, sequencing the signs and symptoms that indicated the deterioration (K35, S35)
MHS7 Describes how they enable or empower an individual to actively participate in society and how they help the individual to recognise the impact of mental health on themselves and on the family, friendships and life (K60, S60)
MHS8 Describes a time when they have identified a situation of risk to self or others in the mental health setting and identifies the triggers and the impact of the environment on this occasion explaining the correct actions to take to seek support (K61, S61)
MHS9 Explains a time when they have involved an individual, their carers or family in the mental health risk management process identifying and listing the types of risk reduction and prevention strategies they used and the impact of these on the individual (K62, S62)
MHS10 Reflects on how they have reviewed and promoted their own mental health and wellbeing at work explaining the importance of it and the impact it has on their daily work (K63, S63)
To gain a distinction, the following must be evidenced.
MHS11 *Analyses the actions they took in response to the signs and symptoms that indicate a deterioration in the physical, mental health and wellbeing of an individual, explaining their responsibilities and limits of their competence (K35, S35)*