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

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 are 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 as a starting point.

Key facts	
Apprenticeship standard:	Lead Practitioner in Adult Care
Level:	4
On-programme duration:	Typically 18 months
End-point assessment window:	Typically 3 months
Grading:	Pass/distinction
End-point assessment methods:	Observation of practice
	Professional discussion



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
- 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 in 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, Reablement 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 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 or practice and professional discussion including the collation of a portfolio of evidence to underpin the professional discussion.

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 that ensure that the apprentice is sufficiently prepared to undertake the end-point assessment.

It is required that the on-programme assessment includes:

- the completion and achievement of a regulated level 4 Diploma in Adult Care
- level 2 English and maths qualifications

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 and to determine when the apprentice has achieved full competence in their job role and is therefore ready for end-point assessment.

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.

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

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

- the apprentice must have achieved level 2 English and mathematics
- the required on-programmed qualification, the Level 4 Diploma in Adult Care must have been achieved
- the apprentice must have gathered a portfolio of evidence against the required KSBs associated with the professional discussion to be put forward at gateway
- 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.

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 **6 pieces of evidence** of holistic application of KSBs drawn from their working practice. Reflective accounts and self-evaluation cannot be included as evidence.

Any employer contributions should focus only on direct observation of evidence, for example witness testimonies, rather than opinions.

The portfolio **must** be accompanied by a portfolio matrix. This can be downloaded from our website. The portfolio is not directly assessed. Highfield will review the portfolio in preparation for the professional discussion but are not required to provide feedback after this review of the portfolio.

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 taken in either order.



The Highfield Approach

This section describes the approach Highfield has adopted in the development of this endpoint 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

Apprenticeship Standard for Lead Practitioner in Adult Care (First Published: 2020)

Lead practitioner in adult care / Institute for Apprenticeships and Technical Education

Assessment plan for Lead Practitioner (2020 ST 0007/AP01)

https://www.instituteforapprenticeships.org/media/4080/st0007_lead-practitioner_adultcare_l4_ap-for-publication_27032020.pdf

Specific considerations

In order 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
- on 2 consecutive days (within the 3-month window)
- on any 2 days (within the 3-month window)
- the same day (within the 3-month window)
- in any order



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.



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 endpoint 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 onprogramme

In advance of gateway, apprentices will need to have:

- achieved level 2 English
- achieved level 2 Maths
- achieved Level 4 Diploma in Adult Care (RQF)
- completed a portfolio of evidence
- 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.

Observation of Practice Plan

At Gateway, the apprentice must submit a proposal for their observation, outlining their plan for the observation. This is then forwarded to the end-point assessor for approval or further discussion. The assessor will be ensuring that the observation of practice:

• will provide scope for appropriate coverage of the assessment criteria mapped to this method



- involves observable interaction with internal and/or external stakeholders, and
- is based on a real-life improvement to their employer and service users.

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



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, for example, employee ID card or travel card



The Lead Practitioner in Adult Care Apprenticeship Standard

The following pages contain the Lead Practitioner in Adult Care apprenticeship standard and the assessment criteria in a format that is suitable for delivery.

Tasks and responsibilities	
Professional discussion	
Knowledge	Skills
 K1 - Statutory frameworks, standards, guidance, and Codes of Practice which underpin practice in relation to the safe delivery of services K2 - Theories underpinning own practice and competence relevant to the job role K3 - Principles of assessment and outcome-based practice K4 - Principles of risk management 	 S3 - Identify and access specialist help required to carry out role S4 - Lead the specialist assessment of social, physical, emotional, and spiritual needs of individuals with cognitive, sensory and physical impairments S8 - Apply risk management policies S9 - Contribute to the quality assurance of the service provided
Pass criteria	Distinction criteria
 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) 	 K1.2 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) 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
K4.1 Describes the principles of risk management. (K4)	outcome-based practices. (K3)



 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) 	 K4.2 Describes the impact made through improved risk assessment and management processes on service provision. (K4) S3.2 Analyses the impact of the specialist support provided and explains how they implement continuous improvement processes based on best practice. (S3) S4.2 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) S8.2 Evaluates the impact of the relevant risk management policies implemented within the setting. (S8) 	
Observatio	n of Practice	
Skills		
 S1 - Apply professional judgement, standards, and codes of practice relevant to the role S2 - Develop and sustain professional relationships with others S5 - Mentor colleagues to encourage individuals to actively participate in the way their care and support is delivered S6 - Contribute to the implementation of processes to implement and review support plans S7 - Provide leadership and mentoring to others for whom they are responsible 		
Pass	criteria	
 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 improvements to practice for those accessing services. (S7) 		
Amplification and Guidance		
 Statutory frameworks standards, guidance and Codes of Practice could include: Health and Social Care Act 		

- o Care Act
- o CQC: Health and Social Care Act (Regulated Activities) Regulations
 - Fundamental Standards
- o Care Quality Commission (Registration) Regulations
- o Data Protection Act
- o General Data Protection Regulation
- o Health and Safety at Work Act
- o Personal Protective Equipment at Work Regulations
- Manual Handling Operations Regulations
- o Control of Substances Hazardous to Health
- o Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- o Health and Safety (First Aid) Regulations
- Food Safety Act
- Skills for Care Minimum Training Standards
- o Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers
- Care Certificate
- Theories could include:
 - o Humanistic theory
 - o Social learning theory
 - o Systems theory
 - $\circ \quad \text{Psychosocial theory} \quad$
 - Attachment theory
 - $\circ \quad \text{Maslow's theory} \quad$
- Principles of assessment and outcome-based practice could include:
 - o person-centred approach
 - o strengths-based approach social model

- o holistic assessment
- \circ personalisation
- o partnership and whole systems working
- \circ self-directed support
- o outcomes-based approach could include:
 - national policies such as Older Peoples National Service Framework
 - green paper on Adult Social Care

• Principles of risk management could include:

- o risk management processes and policies
- o risk assessments
- o proportionate management of risk
- positive risk-taking
- o dignity in care
- Professional relationships could include:
 - $\circ \quad \text{individuals} \quad$
 - o team members
 - \circ other colleagues
 - other healthcare professionals
 - \circ $\;$ those who use or commission their own health or care services
 - o families, carers and advocates
- Mentoring could include:
 - o purpose of mentoring
 - o roles, responsibilities and characteristics of a mentor
 - types of mentoring
 - traditional one to one

- distance mentoring
- group mentoring
- Leadership could include:
 - transactional leadership
 - transformational leadership

Dignity and human rights Professional discussion		
Knowledge		
K5 - How to contribute to, promote and maintain a culture which ensures dignity is at the centre of practice		
Pass criteria	Distinction criteria	
K5.1 Explains how they promote and maintain a culture of dignity. (K5)	K5.2 Analyses the impact of their behaviours on maintaining a culture of dignity. (K5)	
Observation of Practice		
Skills		
S10 - Implement a culture that actively promotes dignity and respects diversity and inclusion S11 - Model high levels of empathy , understanding and compassion		

Pass criteria	Distinction 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)	No distinction criteria for these KSBs	
Amplification and Guidance		
• 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	
Professional discussion	
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 	 S13 - Identify and address barriers to communication using appropriate resources S15 - Provide meaningful information to support people to make informed choices
Pass criteria	Distinction criteria
 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) 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) 	 K6.2 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) 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)
Observation of Practice	
Skills	
S12 - Model effective communication skills S14 - Apply organisational processes to record, maintain, store and share information	

Pass criteria	Distinction Criteria
S12.1 Demonstrates their ability to communicate effectively, providing	No distinction criteria for these KSBs
information in a way that is accessible, meaningful and complete	
(\$12)	
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)	
Amplification	and Guidance
Legal and ethical frameworks to include:	
 Data Protection Act 	
 General Data Protection Regulation 	
 Skills for Care Code of Conduct for Healthcare Support Work 	ers and Adult Social Care Workers in England
 CQC: Health and Social Care Act (Regulated Activities) Regulated 	ations
 Fundamental Standards 	
 Care Quality Commission (Registration) Regulations 	
• Technologies to enhance communication could include:	
 hearing aids 	
 smartphones and tablets 	
 braille keyboards 	
 voice synthesisers 	
 enlarged text 	
 computer programmes and phone apps 	

• Identify and address barriers to communication using appropriate resources could include:

- o Interpreters
- British Sign Language (BSL) Interpreters
- o Deafblind manual interpreters
- Speech to text reporters and palantypists
- **Communication skills** could include:
 - verbal communication, such as:
 - vocabulary
 - linguistic tone
 - pitch
 - accent and regional variations
 - jargon and complex terminology
 - non-verbal communication, such as:
 - position or proximity
 - eye contact
 - touch
 - signs
 - symbols and pictures
 - physical gestures
 - body language
 - behaviour
 - writing
 - objects of reference

Safeguarding Professional discussion	
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
Pass criteria	Distinction criteria
 K9.1 Identifies legislation and national and local solutions for the safeguarding of adults and children including reporting requirements (K9) 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) 	 K9.2 Explains how they have interpreted and applied safeguarding procedures, legislation, local and national solutions and reporting requirements in their setting. (K9) 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)
Amplification	and Guidance
 Legislation could include: The Care Act Sexual Offences Act Safeguarding Vulnerable Groups Act and the Protection of Freedoms Bill Public Interest Disclosure Act 	
 External agencies could include: Safeguarding Adult Boards 	

0	Local authority
0	Clinical Commissiong Group (CCG)
0	Police
0	Care Quality Commission (CQC)
0	Schools

Health and wellbeing Professional discussion	
 K10 - Models of monitoring, reporting and responding to changes in health and wellbeing K11 - Range of holistic solutions to promote and maintain health and wellbeing using person-centred approaches K12 - Importance of effective partnerships, inter-agency, joint and integrated working 	S19 - Collaborate with external partners to achieve best outcomes in health and wellbeing
Pass criteria	Distinction criteria
 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) S19.1 Demonstrates, with examples, how partnership approaches have been used to improve health and wellbeing outcomes. (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) 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)
Observatio	on of Practice
S	kills
S18 - Apply person-centred approaches to promote health and wellbeing	
Pass criteria	Distinction Criteria

18.1 Demonstrates the impact of their approach in supporting those	No distinction criteria for these KSBs
accessing care and support, identifying holistic solutions that	
support different people, and is able to assess how their approach	
improves health and wellbeing. (S18)	
Amplification	and Guidance
• Models of monitoring, reporting and responding to changes could	include:
 Measures of health status 	
 Physiological measurements 	
 Assessment of symptoms 	
 Co-morbidity 	
 Situation, Background, Assessment, Recommendation 	on (SBAR) tool
 Psychometric criteria 	
 Katz ADL 	
 Lawton-Brody IADL 	
 Geriatric Depression Scale. 	
 Cornell Scale for Depression in Dementia (CSDD) 	
 Patient Health Questionnaire (PHQ-9) 	
 Oxford hip score 	
 Pain Assessment in Advanced Dementia (PAINAD) 	
Person-centred approaches should include:	
 procedures in place to support the individual rather than for 	r the benefit of the service
 establishing consent – informed agreement to an action or of 	decision; the process of establishing consent will vary according to an
individual's assessed capacity to consent ('mental capacity')	
 supporting risk enablement 	
 encouraging active participation – a way of working that rec 	cognizes an individual's right to participate in the activities and relationship:
of everyday life as independently as possible; the individual	is regarded as an active partner in their own care of support, rather than a
passive recipient	
 supporting individuals' right to make choices 	

- focus is put on the abilities and skills of the individual rather than the labels, statistics and diagnosis, and supporting individuals' wellbeing may include aspects that are:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical
 - mental
- Partnership could include:
 - $\circ \quad \text{shared learning} \quad$
 - \circ collaboration
 - $\circ \quad \text{teamworking} \quad$
 - \circ cooperation
 - \circ 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:
 - o different models of working between health and social care services at the strategic, commissioning and operational levels
 - multi-agency teams
 - integrated services
 - intermediate care
 - single assessment

Professional Development	
Professional discussion	
Knowledge	Skills
K13 - Goals and aspirations that support own professional development and how to access available opportunities	 S20 - Evaluate own practice and access identified development opportunities S21 - Evaluate the effectiveness of own leadership, mentoring and supervision skills and take steps to enhance performance S23 - Contribute to the development of an effective learning culture S24 - Lead robust, values-based recruitment and selection processes S25 - Contribute to the induction process by developing the knowledge of individuals within their role 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
Pass criteria	Distinction criteria
 K13. 1 Explains how professional development opportunities have been planned and accessed in their own role. (K13) 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) 	 K13.2 Evaluates the impact professional development opportunities have had on their knowledge and practice. (K13) S20.2 Critically analyses the opportunities available and explains the impact of their choice on development activities undertaken (S20) S21.2 Critically analyses the impact that development activities have had on own practice as a lead practitioner. (S21) S23.2 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 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) 	 S24.2 Evaluates the impact of using values-based approaches and implementing best practice strategies for recruitment and selection within care setting (S24) S25.2 Analyses how the induction process has positively impacted and supported the development of new staff within their roles (S25) S26.2 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)
Observatio	n of Practice
SI	kills
S22 - Value individuals to develop effective teams in order to achieve best of	putcomes
Pass criteria	Distinction Criteria
S22.1 Demonstrates how they value individuals' contributions to the team	No distinction criteria for these KSBs
to achieve the best outcomes for the service. (S22)	
Amplification	and Guidance
 Professional development could include: improving skills, knowledge, and ways of thinking and work career development keep up to date with changing technology and service dem 	
 Development opportunities could include: formal learning online courses face-to-face courses reflection 	

- o informal learning
 - reading
 - discussion with colleagues or others
- Values-based recruitment and selection processes could include:
 - pre-screening assessments
 - o values-based interview techniques (written responses to scenarios)
 - o assessment centre approach

Behav	viours	
Observation of practice		
Behav	viours	
B1 – Care - is caring consistently and enough about individuals to make a po	sitive difference to their lives	
B2 – Compassion - is delivering care and support with kindness, consideration, dignity, empathy and respect		
B4 – Communication - good communication is central to successful caring re	lationships and effective team working	
B5 – Competence - is applying knowledge and skills to provide high-quality of	care and support	
Pass criteria Distinction Criteria		
B1.1 Demonstrates a caring attitude towards others, assessing how they	No distinction criteria for these KSBs	
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 teamwork roles (B4)		
B5.1 Applies knowledge and skills to the delivery of high-quality care (B5)		
Professiona	l discussion	
Behav	viours	
B3 – Courage - is doing the right thing for people and speaking up if the pers	on they support is at risk	
B6 – Commitment - to improving the experience of people who need care and support ensuring it is person-centred		
Pass criteria	Distinction criteria	
B3.1 Describes how they ensured the rights of others were promoted and	No distinction criteria for these KSBs	
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)		

Assessment Summary

The end-point assessment for the Lead Practitioner in Adult Care Apprenticeship Standard is made up of 2 components:

- 1. A 75-minute observation of practice.
- 2. A 90-minute professional discussion underpinned by a portfolio

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 and a grade allocated. The overall grade will be determined using the combined grade.

Observation of practice

The observation is graded at pass only. Apprentices will be marked against the pass criteria outlined in this kit.

- The apprentice will be required to achieve **all** pass criteria for this assessment method to achieve a Pass grade.
- Unsuccessful apprentices will have not met all pass assessment criteria.

Professional discussion underpinned by a portfolio

Apprentices will be marked against the pass and distinction criteria outlined in this kit.

- To achieve **all** pass assessment criteria for this assessment method to achieve a Pass grade.
- To achieve a distinction learners must complete **all** pass criteria and achieve at least **21 of the 27** distinction criteria within the professional discussion.



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.

A distinction is gained by successfully achieving all the pass criteria for both assessment methods and through meeting at least **21 of the 27** distinction criteria within the professional discussion.

Observation of Practice	Professional Discussion	EPA Grade
Fail	Fail	Fail
Pass	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Resit and retake information

Apprentices who fail one or more assessment method will be offered the opportunity to take a resit or retake on one further occasion only.

Upon resit or retake Highfield will ensure that the apprentice undertakes a different observation of practice activity and that the professional discussion utilises different questions.

A resit does not require further learning, whereas a retake does. The maximum grade awarded to a re-sit or re-take will be pass unless Highfield identifies exceptional circumstances accounting for the original fail. Apprentices should have a supportive action plan to prepare for the resit or a retake. The apprentice's employer will need to agree that either a resit or retake is an appropriate course of action. Feedback will be provided on the areas of failure and a retake checklist to be submitted when the professional review has taken place.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit the assessment method(s) that they failed. 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 resat/retaken in full.



Assessing the Observation of Practice

During the observation of practice, the apprentice must show and evidence the 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. Any observation supporting documentation/presentation should be mapped against the required KSBs and should be shared with Highfield **7 days** before the observation.

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 will have been agreed in advance at the 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 require an observation plan to be submitted at gateway to be approved by an End-Point assessor. Upon approval all observation supporting documentation is required to be submitted **7 days** before the scheduled observation assessment. Highfield then needs to ensure that the proposed activity



will provide scope for appropriate coverage of the KSBs mapped to this method. The selected activity must be based on real-life improvements 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 the gateway. Highfield must then guide the employer and apprentice so that a further activity can be proposed that should demonstrate appropriate coverage of the planned activity. The employer, apprentice and Highfield must comply with the requirements of the GDPR and all other safeguarding duties.

- The observation method should last a total of 75 minutes. This should typically be comprised of 60 minutes' direct observation of the agreed above activity, followed by 15 minutes of post-observation questioning. The independent assessor has the discretion to increase the total time of the observation and questioning by up to 10% to allow the apprentice to complete their last point.
- The observation of practice can be undertaken either directly(face-to-face) or remotely, but this should be agreed by the employer, apprentice and Highfield first. Highfield will ensure appropriate security measures are in place to avoid misrepresentation.
- The post-observation questioning session **must** take place on the same day and in a suitable and private location. The independent assessor should generate their own questions based on the leadership activity they observed to seek clarification on points that were not clear.
- The independent assessor must ask a minimum of 3 questions in 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 onprogramme 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



• in readiness for end-point assessment, set the apprentice a mock observation of practice, paperwork for to structure this is available to download from the Highfield Assessment website

Observation of practice mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment, and 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 should take place in a suitable location.
 The 60-minute observation should be followed by a 15-minute postobservation questioning session. This must include a minimum of 3 set questions.
- consider a video or audio recording of the mock observation 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 interview 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.



Observation of practice criteria

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

Apprentices should prepare for the observation by considering how the criteria can be met and reflecting on their past experiences.

The apprentice is	Assessment criteria
Behaviou	urs - Care
B1 – is caring consistently and enough about individuals to make a positive difference to their lives	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)

The apprentice is	Assessment criteria
Behaviours -	Compassion
B2 – is delivering care and support with kindness, consideration, dignity, empathy and respect	B2.1 Demonstrates a compassionate attitude when encouraging others to consider ways they could contribute to further improvements. (B2)

The apprentice will show	Assessment criteria
Behaviours - C	Communication
B4 – good communication is central to successful caring relationships and effective team working	B4.1 Demonstrates appropriate communication skills in communicating effectively in caring and teamwork roles (B4)

The apprentice is	Assessment criteria
Behaviours -	Competence
B5 – is applying knowledge and skills to provide high-quality care and support	B5.1 Applies knowledge and skills to the delivery of high-quality care. (B5)

The apprentice will	Assessment criteria
Tasks and re	sponsibilities
S1 - Apply professional judgement, standards and codes of practice relevant to the role	S1.1 Applies professional judgement, accessing relevant standards and codes of practice relevant to their role when needed. (S1)
S2 - Develop and sustain professional relationships with others	S2.1 Demonstrates they can build and maintain positive relationships with key stakeholders. (S2)
S5 - Mentor colleagues to encourage individuals to actively participate in the way their care and support is delivered	S5.1 Demonstrates they can provide effective mentoring support. (S5)
S6 - Contribute to the implementation of processes to implement and review support plans	S6.1 Demonstrates how they have used processes to develop and review support plans. (S6)
S7 - Provide leadership and mentoring to others for whom they are responsible	S7.1 Provides leadership and mentoring to others for whom they are responsible with a focus on making improvements to practice for those accessing services. (S7)

The apprentice will	Assessment criteria
Dignity and	human rights
S10 - Implement a culture that actively promotes dignity and respects diversity and inclusion	S10.1 Demonstrates how their actions contribute to a culture which actively supports promotion of diversity, dignity and inclusion. (S10)
S11 - Model high levels of empathy, understanding and compassion	S11.1 Demonstrates how they model empathy, understanding and compassion. (S11)

The apprentice will	Assessment criteria
Commu	nication
S12 - Model effective communication skills	S12.1 Demonstrates their ability to communicate effectively, providing information in a way that is accessible, meaningful and complete. (S12)
S14 - Apply organisational processes to record, maintain, store and share information	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)

The apprentice will	Assessment criteria
Health and	l wellbeing
S18 - Apply person-centred approaches to promote health and wellbeing	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)

The apprentice will	Assessment criteria
Professional	development
S22 - Value individuals to develop effective teams in order to achieve best outcomes	S22.1 Demonstrates how they value individuals' contributions to the team to achieve the best outcomes for the service. (S22)



Assessing the professional discussion underpinned by portfolio of evidence

The professional discussion is an in-depth, two-way discussion between the apprentice and the end-point assessor, following the review of the portfolio that is submitted at gateway, to establish the apprentice's understanding and application of the knowledge, skills and behaviours of the standard. The professional discussion is for the independent assessor to ask the apprentice questions in relation to knowledge, skills and behaviours as set out in the following pages, to ensure all assessment criteria are covered.

- The professional discussion must take 90 minutes (+10% at the discretion of the independent assessor to allow the apprentice to finish their last point). The room should be quiet and free from distraction.
- The independent assessor must ensure that a minimum of 1 question is asked for each of the knowledge, skills and behaviour groups that are mapped to this assessment method.
- The independent assessor can ask follow-up questions for clarity.
- The questions will be provided by Highfield and the independent assessor will select from these based on their review of the apprentice's portfolio.

Portfolio of evidence

The portfolio of evidence is used to underpin the professional discussion. It:

- should cover the KSBs associated with the professional discussion
- will typically provide 6 pieces of evidence providing examples of how the apprentice met the relevant KSBs
- will contain evidence that is holistic and will illustrate how they have applied the KSBs to their working practice
- must be submitted at gateway
- must not contain reflective accounts and self-evaluation

Any employer contributions should focus only on direct observation of evidence, for example witness statements, rather than opinions.

The portfolio is not directly assessed. Highfield will review the portfolio in preparation for the professional discussion but are not required to provide feedback after this review of the portfolio.



Grading the professional discussion

- To achieve a **pass**, apprentices will need to achieve all pass criteria outlined on the following pages
- To achieve a **Distinction** the apprentice must achieve all the pass criteria as well as 21 of the 27 distinction criteria.

Before the assessment:

Employer/training provider should:

- plan the professional discussion to allow the apprentice the opportunity to demonstrate each of the required standards
- ensure the apprentice knows the date and location of the assessment
- ensure the apprentice knows which lead practitioner adult care worker standards will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning onprogramme 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

It is suggested that a trial run is carried out by the apprentice in advance of the EPA with the training provider/employer giving feedback on any areas for improvement

Professional discussion mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment, and Highfield recommends that the apprentice experiences a mock professional discussion 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 professional discussion should take place in a suitable location.
- a 90-minute time slot should be available for the professional discussion if it is intended to be a complete mock 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 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 give examples for how they have met each area in the standard. For example:
 - Dignity and Human Rights
 - Tell me about how you promote and maintain a culture of dignity in your role?
 - How do your behaviours impact and maintain a culture of dignity?
 - o Safeguarding
 - Identify legislation for the safeguarding of adults and children? How have you interpreted and applied these in your role?
 - o Courage
 - Tell me about a time you ensured the rights of others were promoted and advocated, for a person you were supporting, where they were at risk?



Professional discussion criteria

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

Apprentices should prepare for the professional discussion by considering how the criteria can be met and reflecting on their past experiences.

The apprentice will show	Assessment criteria (Pass)
Behaviour	s - Courage
B3 – Courage – is doing the right thing for people and speaking up if the person they support is at risk	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)

The apprentice will show	Assessment criteria (Pass)
Behaviours –	Commitment
B6 – Commitment - to improving the experience of people who need care and support ensuring it is person-centred	Analyses how person-centred care is provided to improve the experience of people accessing care and support. (B6)

The apprentice will know and understand	Assessment criteria (Pass)	Assessment criteria (Distinction)
	Tasks and responsibilities	
K1 - Statutory frameworks, standards, guidance and Codes of Practice which underpin practice in relation to the safe delivery of services	K1.1 Explains how the safe delivery of services is underpinned by statutory frameworks, standards, guidance and codes of practice. (K1)	K1.2 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)
K2 - Theories underpinning own practice and competence relevant to the job role	K2.1 Identifies relevant theories that underpin their own practice and competence. (K2)	K2.2 Explains how the relevant theories have impacted upon their job role and the service provided. (K2)
K3 - Principles of assessment and outcome- based practice	K3.1 Describes the principles of assessment	K3.2 Explains the impact made through implementing assessment



	and outcome-based	and outcome-based
	practice. (K3)	practices. (K3)
K4 - Principles of risk management	K4.1 Describes the principles of risk management. (K4)	K4.2 Describes the impact made through improved risk assessment and management processes on service provision. (K4)
The apprentice will	Assessment criteria (Pass)	Assessment criteria (Distinction)
S3 - Identify and access specialist help required to carry out role	S3.1 Describes how they have accessed specialist help when support was needed to carry out their role. (S3)	S3.2 Analyses the impact of the specialist support provided and explains how they implement continuous improvement processes based on best practice. (S3)
S4 - Lead the specialist assessment of social, physical, emotional and spiritual needs of individuals with cognitive, sensory and physical impairments	S4.1 Explains how they have performed the lead role in the specialist assessment of an individual's care and support needs. (S4)	S4.2 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)
S8 - Apply risk management policies	S8.1 Explains how they have applied relevant risk management policies to the setting. (S8)	S8.2 Evaluates the impact of the relevant risk management policies implemented within the setting. (S8)
S9 - Contribute to the quality assurance of the service provided	S9.1 Explains how their work has contributed to their service's improved quality assurance processes (S9)	

The apprentice will know and understand	Assessment criteria (Pass)	Assessment criteria (Distinction)
	Dignity and human rights	
K5 - How to contribute to, promote and maintain a culture which ensures dignity is at the centre of practice	K5.1 Explains how they promote and maintain a culture of dignity. (K5)	K5.2 Analyses the impact of their behaviours on maintaining a culture of dignity. (K5)



The apprentice will know	Assessment criteria	Assessment criteria
and understand	(Pass)	(Distinction)
Communication		
K6 - Effective	K6.1 Identifies	K6.2 Analyses approaches
communication and	communication barriers and	used to agree solutions
solutions to overcoming	approaches used to	which overcame
barriers	overcome them. (K6)	communication barriers.
		(K6)
K7 - Legal and ethical	K7.1 Identifies legal and	K7.2 Analyses how the legal
frameworks in relation to	ethical frameworks	and ethical frameworks
confidentiality and sharing	regarding confidentiality	relating to confidentiality
information	and information sharing	and information sharing
	relevant to the setting. (K7)	have been applied. (K7)
K8 - Range of technologies	K8.1 Identifies technologies	K8.2 Evaluates how the
to enhance communication	available to enhance	technologies used have enhanced communication.
	communication in your setting. (K8)	(K8)
The apprentice will	Assessment criteria	Assessment criteria
	(Pass)	(Distinction)
S13 - Identify and address	S13.1 Explains how they	S13.2 Analyses how
barriers to communication	have identified and	resources used in the
using appropriate resources	addressed barriers to	setting have been
	communication through	implemented to overcome
	using appropriate resources	barriers to communication.
	to overcome them. (S14)	(\$14)
S15 - Provide meaningful	S15.1 Explains how	S15.2 Implements
information to support	information is adapted to	adaptations to ensure
people to make informed	ensure accessibility to	informed choices have been
choices	enable informed choices to	made and are understood.
	be made (S15)	That individual choices have
		been supported by
		providing meaningful
		information and evaluate its impact. (S15)
		inipact. (STS)

The apprentice will know and understand	Assessment criteria (Pass)	Assessment criteria (Distinction)
	Safeguarding	
K9 - Legislation, national and local solutions for the safeguarding of adults and children including reporting requirements	K9.1 Identifies legislation and national and local solutions for the safeguarding of adults and children including reporting requirements (K9)	K9.2 Explains how they have interpreted and applied safeguarding procedures, legislation, local and national solutions and reporting requirements in their setting. (K9)



The apprentice will	Assessment criteria (Pass)	Assessment criteria (Distinction)
S16 - Apply and support others to adhere to safeguarding procedures	S16.1 Explains with examples how they apply and ensure compliance with safeguarding procedures in their setting. (S16)	S16.2 Demonstrates how they have improved practices as a result of monitoring compliance with safeguarding procedures. (S16)
S17 - Work in partnership with external agencies to respond to safeguarding concerns	S17.1 Discusses how they have applied strategies and processes for partnership working with external agencies to respond to safeguarding concerns. (S17)	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)

The apprentice will know and understand	Assessment criteria (Pass)	Assessment criteria (Distinction)
	Health and wellbeing	
K10 - Models of monitoring, reporting and responding to changes in health and wellbeing	K10.1 Identifies models of monitoring, reporting and responding to changes in health and wellbeing. (K10)	K10.2 Evaluates relevant models of monitoring, reporting and responding to changes in health and wellbeing. (K10)
K11 - Range of holistic solutions to promote and maintain health and wellbeing using person- centred approaches	K11.1 Describes a range of holistic solutions using person-centred approaches used to promote and maintain health and wellbeing. (K11)	K11.2 Analyses the impact of holistic solutions on the health and wellbeing of people accessing services. (K11)
K12 - Importance of effective partnerships, inter-agency, joint and integrated working	K12.1 Identifies relevant partnerships developed with other agencies. (K12)	K12.2 Analyses the impact collaboration with partner agencies has had on outcomes for people accessing services. (K12)
The apprentice will	Assessment criteria (Pass)	Assessment criteria (Distinction)
S19 - Collaborate with external partners to achieve best outcomes in health and wellbeing	S19.1 Demonstrates, with examples, how partnership approaches have been used to improve health and wellbeing outcomes. (S19)	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)



The apprentice will know	Assessment criteria	Assessment criteria
and understand	(Pass)	(Distinction)
K13 - Goals and aspirations that support own professional development and how to access available opportunities	Professional development K13. 1 Explains how professional development opportunities have been planned and accessed in their own role. (K13)	K13.2 Evaluates the impact professional development opportunities have had on their knowledge and practice. (K13)
The apprentice will	Assessment criteria (Pass)	Assessment criteria (Distinction)
S20 - Evaluate own practice and access identified development opportunities	S20.1 Describes and evaluates how a review of own practice resulted in a development opportunity. (S20)	S20.2 Critically analyses the opportunities available and explains the impact of their choice on development activities undertaken. (S20)
S21 - Evaluate the effectiveness of own leadership, mentoring and supervision skills and take steps to enhance performance	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)	S21.2 Critically analyses the impact that development activities have had on own practice as a lead practitioner. (S21)
S23 - Contribute to the development of an effective learning culture	S23.1 Describes how they contribute to ensuring an ongoing effective learning culture by identifying and valuing the team's abilities. (S23)	S23.2 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 - Lead robust, values- based recruitment and selection processes	S24.1 Explains how they have led the values-based recruitment and selection processes within the care setting. (S24)	S24.2 Evaluates the impact of using values-based approaches and implementing best practice strategies for recruitment and selection within care setting (S24)
S25 - Contribute to the induction process by developing the knowledge of individuals within their role	S25.1 Explains how they have applied the induction process and how all relevant workers have completed a full induction into the sector, the	S25.2 Analyses how the induction process has positively impacted and supported the development of new staff within their roles (S25)



	organisation and service. (S25)	
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	S26.1 Demonstrates how they have effectively led and supported others in their personal development. (S26)	S26.2 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)

