Pearson
BTEC Level 5 Certificate in Managing Services to Support End of Life and Significant Life Events (QCF)

Specification

BTEC Professional qualifications

First teaching August 2014

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BTEC Professional qualification titles covered by this specification

Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support end of Life and Significant Life Events (QCF)

This qualification has been accredited to the Qualifications and Credit Framework (QCF) and is eligible for public funding as determined by the Department for Education (DfE) under Section 96. The qualification title listed above features in the funding lists published annually by the DfE and the regularly updated website www.education.gov.uk/. The QCF Qualification Number (QN) should be used by centres when they wish to seek public funding for their learners. Each unit within a qualification will also have a QCF unit reference number.

The QCF qualification and unit reference numbers will appear on learners' final certification documentation.

The QN for the qualification in this publication is:

Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)   601/1123/9

This qualification title will appear on learners' certificates. Learners need to be made aware of this when they are recruited by the centre and registered with Pearson.

Welcome to the Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)

We are delighted to introduce our new qualification, which will be available for teaching from August 2014. This qualification has been revised and conforms to the requirements of the Qualifications and Credit Framework (QCF).

Focusing on the Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)

This qualification is a combined competence and knowledge qualification. It has been developed in conjunction with employers from the health and social care sector. The qualification supports learners who want to gain employment in a supervisory/management capacity in end of life care.

This combined qualification will enable learners to apply their knowledge and skills to real situations in the workplace.

Straightforward to implement, teach and assess

Implementing BTECs couldn't be easier. They are designed to easily fit into your curriculum and can be studied independently or alongside existing qualifications, to suit the interests and aspirations of learners. The clarity of assessment makes grading learner attainment simpler.

Engaging for everyone

Learners of all abilities flourish when they can apply their own knowledge, skills and enthusiasm to a subject. BTEC qualifications make explicit the link between theoretical learning and the world of work by giving learners the opportunity to apply their research, skills and knowledge to work-related contexts and case studies. These applied and practical BTEC approaches give all learners the impetus they need to achieve the skills they require for workplace or education progression.

Recognition

BTECs are understood and recognised by a large number of organisations in a wide range of sectors. BTEC qualifications are developed with key industry representatives and Sector Skills Councils (SSC) to ensure that they meet employer and student needs – in this case, Skills for Care and Development. Many industry and professional bodies offer successful BTEC learners exemptions for their own accredited qualifications.

All you need to get started

To help you off to a flying start, we've developed an enhanced specification that gives you all the information you need to start teaching BTEC. This includes:

- a framework of equivalencies, so you can see how this qualification compares with other Pearson vocational qualifications
- information on rules of combination, structures and quality assurance, so you can deliver the qualification with confidence
- explanations of the content's relationship with the learning outcomes
- guidance on assessment, and what the learner must produce to achieve the unit.

Don't forget that we're always here to offer curriculum and qualification updates, local training and network opportunities, advice, guidance and support.

Contents

What are BTEC Level 5 Professional qualifications?

BTEC Professional qualifications are qualifications at Level 4 to Level 8 in the Qualifications and Credit Framework (QCF) and are designed to provide professional work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare for employment. The qualifications also provide career development opportunities for those already in work. Consequently they provide a course of study for full-time or part-time learners in schools, colleges and training centres.

BTEC Professional qualifications provide much of the underpinning knowledge and understanding for the National Occupational Standards for the sector, where these are appropriate. They are supported by the relevant Standards Setting Body (SSB) or Sector Skills Council (SSC). A number of BTEC Professional qualifications are recognised as the knowledge components of Apprenticeships Frameworks.

On successful completion of a BTEC Professional qualification, learners can progress to or within employment and/or continue their study in the same or related vocational area.

The QCF is a framework which awards credit for qualifications and units and aims to present qualifications in a way that is easy to understand and measure. It enables learners to gain qualifications at their own pace along flexible routes.

There are three sizes of qualification in the QCF:

- Award (1 to 12 credits)
- Certificate (13 to 36 credits)
- Diploma (37 credits and above).

Every unit and qualification in the framework will have a credit value.

The credit value of a unit specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit.

The credit value of a unit is based on:

- one credit for those learning outcomes achievable in 10 hours of learning
- learning time – defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria.

The credit value of the unit will remain constant in all contexts, regardless of the assessment method used for the qualification(s) to which it contributes.

Learning time should address all learning (including assessment) relevant to the learning outcomes, regardless of where, when and how the learning has taken place.

BTEC Level 5 Certificate

The BTEC Level 5 Certificate extends the work-related focus from the BTEC Level 5 Award (QCF) and covers some of the knowledge and practical skills required for a particular vocational sector.

The BTEC Level 5 Certificate offers an engaging programme for those who are clear about the vocational area they want to learn more about. These learners may wish to extend their programme through the study of a related GCSE, a complementary NVQ or other related vocational or personal and social development qualification. These learning programmes can be developed to allow learners to study complementary qualifications without duplication of content.

For adult learners the BTEC Level 5 Certificate can extend their knowledge and understanding of work in a particular sector. It is a suitable qualification for those wishing to change career or move into a particular area of employment following a career break.

Key features of the Pearson BTEC Level 5 in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)

The Pearson BTEC Level 5 in Leading and Managing Services to Support End of Life and Significant Life Events (QCF) has been developed to give learners the opportunity to:

- engage in learning that is relevant to them and that will give them opportunities to develop a range of professional skills and techniques, and personal skills and attributes essential for successful performance in working life
- achieve a nationally recognised Level 5 vocationally-related qualification
- progress to employment in a particular vocational sector
- progress to related general and/or vocational qualifications.

National Occupational Standards

Where relevant, BTEC Level 5 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs). BTEC Level 5 (QCF) qualifications do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context.

Each unit in the specification identifies links to elements of the NOS in *Annexe C*.

The Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF) relates to the following NOS:

- SCDHSC0385 - Support individuals at the end of life.

Rules of combination

The rules of combination specify the credits that need to be achieved, through the completion of particular units, for the qualification to be awarded. All accredited qualifications within the QCF have rules of combination.

Rules of combination for BTEC Level 5 qualifications

When combining units for a BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF), it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)

1   Qualification credit value: a minimum of 17 credits.

2   Minimum credit to be achieved at, or above, the level of the qualification: 11 credits.

3   All credits must be achieved from the units listed in this specification.

Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)

The Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF) is a 17 credit and 127 - 130 guided learning hour (GLH) qualification that consists of two mandatory units **plus** optional units that provide for a combined total of 17 credits.

Unit	Mandatory units	Credit	Level
	**Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support end of Life and Significant Life Events (QCF)**		
1	Lead and Manage End of Life Care	7	5
2	Lead a Service that Supports Individuals through Significant Life Events	4	5
Unit	**Optional units**		
3	Understand Advance Care Planning	3	3
4	Understand how to Support Individuals during the Last Days of Life	3	3
5	Support the Spiritual Wellbeing of Individuals	3	3
6	Work with Families, Carers and Individuals during Times of Crisis	5	4
7	Support Individuals during the Last Days of Life	5	4

Assessment

All units within this qualification are internally assessed. The qualifications are criterion referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' a learner must have successfully passed **all** the assessment criteria.

Guidance

The purpose of assessment is to ensure that effective learning has taken place to give learners the opportunity to:

- meet the standard determined by the assessment criteria and
- achieve the learning outcomes.

All the assignments created by centres should be reliable and fit for purpose, and should be built on the unit assessment criteria. Assessment tasks and activities should enable learners to produce valid, sufficient and reliable evidence that relates directly to the specified criteria. Centres should enable learners to produce evidence in a variety of different forms, including performance observation, presentations and posters, along with projects, or time-constrained assessments.

Centres are encouraged to emphasise the practical application of the assessment criteria, providing a realistic scenario for learners to adopt, and making maximum use of practical activities. The creation of assignments that are fit for purpose is vital to achievement and their importance cannot be over-emphasised.

The assessment criteria must be clearly indicated in the assignments briefs. This gives learners focus and helps with internal verification and standardisation processes. It will also help to ensure that learner feedback is specific to the assessment criteria.

When designing assignments briefs, centres are encouraged to identify common topics and themes. A central feature of vocational assessment is that it allows for assessment to be:

- current, i.e. to reflect the most recent developments and issues
- local, i.e. to reflect the employment context of the delivering centre
- flexible to reflect learner needs, i.e. at a time and in a way that matches the learner's requirements so that they can demonstrate achievement.

Qualification grade

Learners who achieve the minimum eligible credit value specified by the rule of combination will achieve the qualification at pass grade.

In the BTEC Level 5 Professional qualifications each unit has a credit value which specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

- one credit for those learning outcomes achievable in 10 hours of learning time
- learning time being defined as the time taken by learners at the level of the unit, on average, to complete the learning outcomes of the unit to the standard determined by the assessment criteria
- the credit value of the unit remaining constant regardless of the method of assessment used or the qualification to which it contributes.

Quality assurance of centres

This BTEC Levels 5 qualification provides a flexible structure for learners enabling programmes of varying credits and combining different levels. For the purposes of quality assurance, all individual qualifications and units are considered as a whole.

Centres delivering BTEC Levels 5 qualification must be committed to ensuring the quality of the units and qualifications they deliver, through effective standardisation of assessors and verification of assessor decisions. Centre quality assurance and assessment is monitored and guaranteed by Pearson.

The Pearson quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for the Pearson BTEC Levels 5 qualification and units.

For all centres delivering BTEC qualifications at Level 5, Pearson allocates a Standards Verifier (EE) for each sector offered, who will conduct an annual visit to quality assure the programmes.

Approval

Centres are required to declare their commitment to ensuring the quality of the programme of learning and providing appropriate assessment opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres will commit to undertaking defined training and online standardisation activities.

Centres already holding approval are able to gain qualification approval online. New centres must complete a centre approval application.

Quality assurance guidance

Details of quality assurance for BTEC Level 4–7 qualifications are available on our website (www.edexcel.com).

Programme design and delivery

Mode of delivery

Pearson does not normally define the mode of delivery for BTEC Level 4 to Level 8 qualifications. Centres are free to offer the qualifications using any mode of delivery (such as full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

Learners studying for the qualification on a part-time basis bring with them a wealth of experience that should be utilised to maximum effect by tutors and assessors. The use of assessment evidence drawn from learners' work environments should be encouraged. Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to ensure a course relevant to learners' specific needs
- accessing and using non-confidential data and documents from learners' workplaces
- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment
- linking with company-based/workplace training programmes
- making full use of the variety of experience of work and life that learners bring to the programme.

Resources

BTEC Level 5 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Pearson.

Where specific resources are required these have been indicated in individual units in the *Essential resources* sections.

Delivery approach

It is important that centres develop an approach to teaching and learning that supports the vocational nature of BTEC Level 5 qualifications and the mode of delivery. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of learners' experience.

Access and recruitment

Pearson's policy regarding access to its qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from any barriers that restrict access and progression
- there should be equal opportunities for all wishing to access the qualifications.

Centres are required to recruit learners to BTEC qualifications with integrity. This will include ensuring that applicants have appropriate information and advice about the qualifications and that the qualification will meet their needs. Centres should take appropriate steps to assess each applicant's potential and make a professional judgement about their ability to successfully complete the programme of study and achieve the qualification. This assessment will need to take account of the support available to the learner within the centre during their programme of study and any specific support that might be necessary to allow the learner to access the assessment for the qualification. Centres should consult Pearson's policy on learners with particular requirements.

Centres will need to review the entry profile of qualifications and/or experience held by applicants, considering whether this profile shows an ability to progress to a higher level qualification.

Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's Equality Policy requires all learners to have equal opportunity to access our qualifications and assessments. It also requires our qualifications to be awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Learners taking a qualification may be assessed in British sign language or Irish sign language where it is permitted for the purpose of reasonable adjustments.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications*.

Details on how to make adjustments for learners with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units*.

Both documents are on our website at: www.edexcel.com/policies

Restrictions on learner entry

The Pearson BTEC Level 5 in Leading and Managing Services to Support end of Life and Significant Life Events (QCF) is accredited on the QCF for learners aged 18 and above.

In the healthcare sector, the restrictions on learner entry might also relate to any physical or legal barriers. People working in end of life care are likely to be subject to Disclosure and Barring Service (DBS) criminal record checks.

Recognising prior learning and achievement

Recognition of Prior Learning

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

Pearson encourages centres to recognise learners' previous achievements and experiences whether at work, home and at leisure, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

There is further guidance in our policy document *Recognition of Prior Learning Policy and Process,* available on our website at www.edexcel.com/policies

Credit transfer

Credit transfer describes the process of using a credit or credits awarded in the context of a different qualification or awarded by a different awarding organisation towards the achievement requirements of another qualification. All awarding organisations recognise the credits awarded by all other awarding organisations that operate within the QCF.

If learners achieve credits with other awarding organisations, they do not need to retake any assessment for the same units. The centre must keep evidence of credit achievement.

Unit format

All units in BTEC Level 5 Professional qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards. Each unit has the following sections.

Unit title

The unit title is accredited on the QCF and this form of words will appear on the learner's Notification of Performance (NOP).

Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

QCF level

All units and qualifications within the QCF have a level assigned to them. There are nine levels of achievement, from Entry to Level 8. The QCF Level Descriptors and, where appropriate, the NOS and/or other sector/professional benchmarks, inform the allocation of level.

Credit value

All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.

Guided learning hours

Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in; for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.

Unit aim

This gives a summary of what the unit aims to do.

Unit introduction

The unit introduction gives the reader an appreciation of the unit in the vocational setting of the qualification, as well as highlighting the focus of the unit. It gives the reader a snapshot of the unit and the key knowledge, skills and understanding gained while studying the unit. The unit introduction also highlights any links to the appropriate vocational sector by describing how the unit relates to that sector.

Learning outcomes

The learning outcomes of a unit set out what a learner is expected to know, understand or be able to do as the result of a process of learning.

Assessment criteria

Assessment criteria specify the standard required by the learner to achieve each learning outcome.

Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a programme of learning to achieve each of the learning outcomes. This is informed by the underpinning knowledge and understanding requirements of the related National Occupational Standards (NOS), where relevant. The content provides the range of subject material for the programme of learning and specifies the skills, knowledge and understanding required for achievement of the unit.

Each learning outcome is stated in full and then the key phrases or concepts related to that learning outcome are listed in italics followed by the subsequent range of related topics.

Relationship between content and assessment criteria

The learner should have the opportunity to cover all of the unit content.

It is not a requirement of the unit specification that all of the content is assessed. However, the indicative content will need to be covered in a programme of learning in order for learners to be able to meet the standard determined in the assessment criteria.

Content structure and terminology

The information below shows the unit content is structured and gives the terminology used to explain the different components within the content.

- Learning outcome: this is shown in bold at the beginning of each section of content.
- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.
- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.
- Brackets contain amplification of content which must be covered in the delivery of the unit.
- 'e.g.' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

Essential guidance for tutors

This section gives tutors additional guidance and amplification to aid understanding and a consistent level of delivery and assessment. It is divided into the following sections.

- *Delivery* – explains the content's relationship to the learning outcomes and offers guidance about possible approaches to delivery. This section is based on the more usual delivery modes but is not intended to rule out alternative approaches.

- *Assessment* – gives amplification about the nature and type of evidence that learners need to produce in order to achieve the unit. This section should be read in conjunction with the assessment criteria.

- *Essential resources* – identifies any specialist resources needed to allow learners to generate the evidence required for each unit. The centre will be asked to ensure that any requirements are in place when it seeks approval from Pearson to offer the qualification.

- *Indicative resource materials* – gives a list of learner resource material that benchmarks the level of study.

Units

Unit 1: Lead and Manage End of Life Care Services

Unit reference number:	T/503/8134
QCF Level 5:	BTEC Professional
Credit value:	7
Guided learning hours:	45

Unit aim

The aim of this unit is for learners to develop the knowledge and understanding needed to be able to demonstrate competence in leading and managing end of life care services.

Unit introduction

The unit explores current theory and practice underpinning end of life care, which impact on leading and managing end of life care services. The unit will enable learners to establish and maintain key relationships and to support staff and others in the delivery of quality end of life care services and contribute to continuously improving the quality of end of life care services.

Assessment guidance

For AC1.1, **end of life care services** may include those services provided at diagnosis, during treatment or palliative care, including the dying phase or following death.

For AC2.2, **individuals** are the people receiving support or care in the work setting.

Others may include:

- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals
- other organisations
- social workers
- occupational therapists
- GPs
- speech and language therapists

- physiotherapists
- pharmacists
- nurses
- Macmillan Nurses
- independent mental capacity advocates
- clinical nurse specialists

For Ac2.3, **tools for end of life care** may include:
- Liverpool Care Pathway
- Gold Standards Framework or equivalent
- preferred priorities of care
- advance care plan approaches
- Welsh integrated care pathway.

For AC3.2, a **range of resources** may include:
- de-briefing
- mentoring
- supervision
- counselling services.

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles* in *Annexe F*.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Be able to apply current legislation and policy in end of life care in order to develop end of life services.	1.1 Summarise current legislation relating to the provision of best practice **end of life care services**.
	1.2 Apply local and national policy guidance for end of life care to the setting in which you work.
	1.3 Analyse legal and ethical issues relating to decision making at end of life.
	1.4 Explain how issues of mental capacity could affect end of life care.
2 Understand current theory and practice underpinning end of life care.	2.1 Describe the theoretical models of grief, loss and bereavement.
	2.2 Explain how grief and loss manifest in the emotions of **individuals** who are dying and **others**.
	2.3 Analyse how a range of **tools for end of life care** can support the individual and others.
	2.4 Explain the pathway used by your local health authority.
	2.5 Critically reflect on how the outcomes of national research can affect your workplace practices.

Learning outcomes	Assessment criteria
3 Be able to lead and manage effective end of life care services.	3.1 Explain the qualities of an effective leader in end of life care.
	3.2 Manage own feelings and emotions in relation to end of life care, using a **range of resources** as appropriate.
	3.3 Use effective communication to support individuals at end of life and others
	3.4 Use effective mediation and negotiation skills on behalf of the individual who is dying.
	3.5 Ensure there are sufficient and appropriate resources to support the delivery of end of life care services.
	3.6 Describe the possible role(s) of advocates in end of life care.
	3.7 Manage palliative care emergencies according to the wishes and preferences of the individual.
	3.8 Use a range of tools for end of life care to measure standards through audit and after death analysis.

Learning outcomes	Assessment criteria
4 Be able to establish and maintain key relationships to lead and manage end of life care.	4.1 Identify key relationships essential to effective end of life care.
	4.2 Analyse the features of effective partnership working within your work setting.
	4.3 Implement shared decision making strategies in working with individuals at end of life and others.
	4.4 Analyse how partnership working delivers positive outcomes for individuals and others.
	4.5 Initiate and contribute to multi-disciplinary assessments.
	4.6 Explain how to overcome barriers to partnership working.
	4.7 Access specialist multi-disciplinary advice to manage complex situations.

Learning outcomes	Assessment criteria
5 Be able to support staff and others in the delivery of excellence in the end of life care service.	5.1 Describe how a shared vision for excellent end of life care services can be supported.
	5.2 Implement strategies to empower staff involved in the delivery of end of life care to ensure positive outcomes for individuals and others.
	5.3 Support others to use a range of resources as appropriate to manage own feelings when working in end of life care.
	5.4 Support staff and others to comply with legislation, policies and procedures.
	5.5 Support staff and others to recognise when mental capacity has reduced to the extent that others will determine care and treatment for the person at the end of life.
	5.6 Access appropriate learning and development opportunities to equip staff and others for whom you are responsible.
	5.7 Explain the importance of formal and informal supervision practice to support the staff and volunteers in end of life care.
	5.8 Provide feedback to staff on their practices in relation to end of life care.
6 Be able to continuously improve the quality of the end of life care service.	6.1 Analyse how reflective practice approaches can improve the quality of end of life care services.
	6.2 Critically reflect on methods for measuring the end of life care service against national indicators of quality.
	6.3 Use outcomes of reflective practice to improve aspects of the end of life care service.

Unit content

1 **Be able to apply current legislation and policy in end of life care in order to develop end of life services**

Current legislation relating to the provision of best practice end of life care services: Equality Act 2010; Mental Capacity Act 2005 (England and Wales); Human Rights Act 1998; Adults with Incapacity (Scotland) Act 2000; Care Bill 2013

Local and national policy guidance: National Health Service End of Life Care Programme; End of life care for adults' quality standards - the National Institute for Health and Care Excellence (NICE); Department of Health End of Life Care Strategy; quality markers and measures for end of life care; promoting high quality care for all adults at the end of life; End of Life Care Quality Assessment Tool (ELCQuA); Care Quality Commission's (CQC) Essential standards of quality and safety; General Medical Council-Treatment and Care Towards the End of Life: good practice in decision making; local policies (ensuring agreed procedures are followed); medication; management of unexpected death; supporting practical, emotional and spiritual aspects of care; end of life care; infection control; moving and handling; partnership working; referrals

Legal and ethical issues: acting in the person's best interests (person-centred approach); lasting power of attorney; Mental Capacity Act 2005 (England and Wales); Adults with Incapacity (Scotland) Act 2000; Care Bill 2013; consent, choice and preference

Effect of mental capacity issues on end of life care: e.g. ability, understanding, wishes, preferences, incapacity/capacity, best interests, roles/responsibilities, participation, assessment, review, advance decision

2 **Understand current theory and practice underpinning end of life care**

Theoretical models of grief, loss and bereavement: Bowlby's four stage model of bereavement (Phase 1 numbness, Phase 2 yearning and searching, Phase 3 disorganisation and despair, Phase 4 greater or lesser degree of reorganisation); Stroebe and Schut's dual process model of bereavement; (loss-orientation and restoration-orientation); Worden's four tasks of grieving (to accept the reality of the loss, to work through the pain of grief, to adjust to a world without the deceased, to find an enduring connection with the deceased in the midst of embarking on a new life); Kübler-Ross's five stages of grief (denial and isolation, anger, bargaining, depression, acceptance)

How grief and loss manifest in the emotions of individuals who are dying and others: depression; anxiety; anger; guilt; pain; frustration; denial; acceptance; bargaining; loneliness; isolation; exhaustion; withdrawal; lethargy; apathy; disbelief; shock

Tools for end of life care to support the individual and others: All Wales Care Pathway for the Last Days of Life; advance care plan; Gold Standards Framework; End of Life Care Pathway and Framework; End of Life Care Register; Preferred Priorities for Care

Pathways used by local health authorities: National End of Life Care Programme; All Wales Care Pathway for the Last days of Life; individual end of life plan, advance care plan; Gold Standards Framework; End of Life Care Pathway and Framework; End of Life Care Register; Preferred Priorities for Care

How the outcomes of national research can affect workplace practices: review of practice; changes to practice; training; supervision; funding; partnership arrangements; commissioning; approaches; impact on patients; strategy development; policies/procedures; agreed ways of working; recruitment; key roles

3 **Be able to lead and manage effective end of life care services**

Qualities of an effective leader: e.g. management skills, knowledge, understanding, competence, interpersonal skills, communication, empathy, flexibility, delegation, mediation, organisation, self-awareness, compassion

Managing own feelings and emotions in relation to end of life care: peer support; support groups; networks; counselling; mentoring; supervision; appraisal; training; reflection; analysis; debriefing

Effective communication to support individuals at end of life and others: empathy; listening skills; open questions; closed questions; use of silence; active reflecting; clarifying; patient-centred approach; cultural awareness; individuals' preferences; abilities; needs; positive body language

Effective mediation and negotiation skills on behalf of the individual who is dying: open communication; liaison with all parties; use of key facts; person centred approach; needs driven; assessment; facilitation; understanding of all views/issues; interpersonal skills; interpreter; advocate

Resources to support the delivery of end of life care services: practitioners; specialist practitioners; advocates; interpreters; mediators; equipment; aids/adaptations; training; learning; support for family/friends/carers; support for practitioners; counselling; current practice/research

Possible role(s) of advocates in end of life care: person-centred approaches enabling person to make choices, inclusion, decision making; role linked to Mental Capacity Act 2005(England and Wales); best interests; holistic considerations; advance decisions; clarification of needs/preferences

Managing palliative care emergencies: advance care plan; review of advance decisions; best interests; liaison with family/carers; medical intervention; Do Not Attempt CPR (DNACPR); medication review; adhere to advance decision preferences; recording/reporting; partnership working

Measurement tools for end of life care: inspection; review; evaluation; feedback; commissioning; web-based tools; Gold Standards Framework; audit tools; After Death Analysis Template

4 **Be able to establish and maintain key relationships to lead and manage end of life care**

Key relationships: e.g. practitioners, end of life care delivery team, partners, family, carers, friends, clinicians; care/support staff, colleagues, non-direct care or support staff, volunteers, visitors, health professionals, social worker, occupational therapist, GP, speech and language therapist; physiotherapist; pharmacist; Macmillan nurse; independent mental capacity advocate; clinical nurse specialist; advocate; interpreter

Features of effective partnership working: communication; support; boundaries; agreement; advice; guidance; specialist knowledge; best interests; current practice; sharing of knowledge/practice; benchmarking; outcomes; planning; effective use of resources; feedback; working towards a common goal; respect; trust; commitment; similar ethos/culture; reduction of duplication; shared values

Shared decision making strategies: initiatives; champions; agreed ways of working; methodologies; treatments; sharing roles and responsibilities; key perspectives; reduction of duplication; shared resources; planning; shared decision making; training

Delivering positive outcomes for individuals and others through partnership working : shared commitment; shared resources; knowledge; specialism; reduction of duplication/waste; improved communication; person-centred approach; best interests; focus on the individual/others; best practice; agreed ways of working; shared values

Multi-disciplinary assessments: assessment profiling; partnership/integrated working; promotion of common understanding; roles/responsibilities; policies; procedures; focus; outcomes; decision-making; effective communication; boundaries; person-centred approach; best interests; values; confidentiality; trust

Overcoming barriers to partnership/integrated working: common agreement; shared values; open discussion; effective communication; intervention; refocus; assessment; review; collaboration; acknowledge the expertise of others; respect differences; agree priorities; training; supervision; mentoring

Specialist multi-disciplinary advice to manage complex situations: mediation; arbitration; specialist practitioners; supervisors; social worker; occupational therapist; GP; speech and language therapist; physiotherapist; pharmacist; Macmillan nurse; independent mental capacity advocate; clinical nurse specialist

5 **Be able to support staff and others in the delivery of excellence in the end of life care service**

Supporting a shared vision for excellent end of life care services: monitoring; review; initiatives; champions; agreed ways of working; methodologies; treatments; sharing; roles and responsibilities; key perspectives; reduction of duplication; shared resources; advanced care planning; shared decision making; training; delegation

Strategies to empower staff: delegation; team leaders; shared commitment; shared resources; knowledge; specialism; effective communication; person-centred approach; best interests; focus; best practice; agreed ways of working; shared values; reflection; training; development

Resources to manage own feelings: support groups; peer support; counselling; mentoring; supervision; appraisal; training; networks; reflection; analysis; debriefing

Legislation, policies and procedures: Equality Act 2010; Mental Capacity Act 2005 (England and Wales); Human Rights Act 1998; Adults with Incapacity (Scotland) Act 2000; Care Bill 2013

Recognising when mental capacity has reduced to the extent that others will determine care and treatment: specific to each individual; behaviour/circumstances raise doubt about their capacity to make a decision; concerns about a person's capacity have been raised by someone else, e.g. a family member or a healthcare worker; the person has been diagnosed previously with a condition causing an impairment, and it has already been shown that they lack capacity to make other decisions

Learning and development opportunities: on line resources; e-learning; practitioner support; specialist speakers/trainers; mentoring; shadowing; blended learning; QCF provision; off-site learning; on site learning; supervision; observation; monitoring; appraisal

Formal supervision practice: prearranged; regular; review of work practice; meeting of goals; full record kept

Informal supervision practice: performance driven; brief notes kept

Importance of formal and informal supervision practice to support staff: support; advice and guidance; feedback; open lines of communication; reflection; monitoring; appraisal; mentoring; coaching; training needs; application of knowledge to practice; review; evaluation

Providing feedback to staff on their practices in relation to end of life care: constructive feedback: support; advice and guidance; open lines of communication; reflection; monitoring; appraisal; mentoring; coaching; training needs; application of knowledge to practice; review; evaluation

6 **Be able to continuously improve the quality of the end of life care service**

Reflective practice approaches to improve the quality of end of life care services: developing practice protocols; improving service quality; outcomes; agreed ways of working; insight; evaluation; reflection in action; reflection on action; currency of practice/knowledge; applied knowledge

Methods for measuring the end of life care service: inspection; review; evaluation; feedback; commissioning; web-based tools; Gold Standards Framework; audit tools; After Death Analysis Template; quantitative measures; qualitative measures; End of Life Care Quality Assessment Tool (ELCQuA)

Using outcomes of reflective practice: developing practice protocols; improving service quality; outcomes; agreed ways of working; insight; evaluation; reflection in action; reflection on action; currency of practice/knowledge; applied knowledge; person-centred approaches; pain management

Essential guidance for tutors

Delivery

Delivery should be based on real-life situations and case studies. It is recommended that centres use a wide range of delivery methods For example, lectures, seminars, workshops, presentations, site visits, project work, and research using the internet and/or library resources, and the use of personal and/or industrial experience.

Learning outcome 1: while initial teacher input to outline current legislation and policy will be helpful, learners need to demonstrate competence in their work setting. This will involve ensuring that local and national policy and guidance is applied in their day-to-day activities. For example ensuring that a person has support to make choices in relation to their end of life care or overseeing recording and reporting procedures.

Learners can access information on current legislation relating to the provision of end of life care services through investigating relevant websites on the internet. Class discussions on applying local and national policy and guidance will support understanding. A guest speaker, for example a solicitor, could discuss legal and ethical issues relating to capacity and decision-making.

Learning outcome 2: taught input on the theoretical models of grief, loss and bereavement, using case study material will support understanding. It will enable learners to explore how grief and loss manifest in the emotions of those experiencing death. A guest speaker, for example a member of an end of life care team, can explain the pathway used by their local health authority.

The use of case study material will support learners in reflecting on how the outcomes of national research can affect workplace practices.

Learning outcome 3: group work on effective leadership and management and resourcing for end of life care can help learners to determine how to utilise effective communication and support approaches when working with individuals at the end of life. The management of palliative care emergencies according to the wishes and preferences of the individual should be discussed.

Taught input on how to use mediation and negotiation skills on behalf of the individual who is dying and the roles of advocates, will support understanding.

Learners could complete a reflective account relating to managing their feelings and emotions, identifying the resources they accessed.

Case study material will enable learners to apply a range of tools for end of life care so that they can measure standards through audit and after death analysis. Results of this can be fed back to the whole group.

Evidence must also be gathered from real work activities. These include learners using appropriate means of communication, accessing support to manage their own feelings, monitoring resources in terms of sufficiency and suitability for service delivery and managing emergencies in the setting while following a person's choices and preferences.

Learning outcome 4: a series of short lectures, followed by group work, with learners applying information to case studies, would enable learners to identify the key relationships important to end of life care and to allow them to analyse the features which make partnership working effective.

Learners will analyse how effective partnership working can contribute to sharing best practice and the effective use of resources and commitment in working

towards a common goal. Learners will explore how barriers to partnership working can be overcome.

A guest speaker, from, for example, the end of life care team, can address the use of specialist multi-disciplinary advice to manage complex situations and the role of multi-disciplinary assessments and how to utilise shared decision making strategies.

Evidence from practice in the work place will include implementing agreed decision making approaches, involvement in multidisciplinary assessment and accessing advice when faced with complicated circumstances in end of life care service delivery.

Learning outcome 5: a class plenary, with contributions from learners who are already working in end of life care, would be appropriate, and facilitate discussion in relation to supporting others.

Taught input on approaches to empowering staff and working towards a shared vision for excellent services and supporting others to access resources to manage their feelings will enhance development.

Learners will benefit from tutor support to gain knowledge of how to ensure staff and others implement current legislation, policies and procedures relating to end of life care services.

Practitioners working in end of life care services can offer insight into how support staff should recognise issues around the mental capacity of people at the end of life.

Group work focusing on supervision and identifying learning and development opportunities for staff and others will give learners opportunities for further debate and discussion.

Supporting staff to deliver quality end of life services is key and learners must demonstrate approaches to this in their workplace practice. Assessment must include supporting and empowering staff, accessing learning and development for staff and feeding back to staff on their practice.

Learning outcome 6: small group work will enable learners to explore the value of reflective practice in relation to improving end of life care services and how national indicators of quality, for example the Gold Standards Framework, measure service delivery.

Learners must apply the outcomes of their reflective practice to show how improvements can be made to service delivery.

Assessment

This unit should be assessed predominately in the workplace, in line with *Skills for Care and Development's Assessment Principles* (see *Annexe F*). Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment by an occupationally competent assessor.

Consistency of achievement is important for all learning outcomes. Learners must meet all assessment criteria to pass the unit.

Evidence for this unit could be presented in a variety of ways.

Learning outcome 1: could be in the form of a guidance document clarifying current legislation, which affects end of life services to form part of an induction pack for staff that are new to End of Life Care. Learners need to demonstrate competence in their work setting. This will involve ensuring that local and national policy and guidance is applied in their day to day activities. For example ensuring that a

person has support to make choices in relation to their end of life care or overseeing recording and reporting procedures.

Learning outcome 2: evidence could be in the form of responses to the case studies; a flowchart showing the stages of grief and loss; an article for a care magazine explaining how grief and loss manifest in the emotions of individuals who are dying and others and suggested tools for end of life care to support the individual and others; a presentation on their own local authority care pathway, reflecting on how the outcomes of national research can affect workplace practices.

Learning outcome 3: evidence must be gathered from real work activities. This includes learners using appropriate means of communication, accessing support to manage their own feelings, monitoring resources in terms of sufficiency and suitability for service delivery, and managing emergencies in the setting while following a person's choices and preferences.

Learners could use case study material to complete the After Death Analysis template or apply the Gold Standard Framework to show that they can use a range of tools for end of life care.

Learning outcome 4: evidence from practice in the work place will include implementing agreed decision-making approaches, involvement in multidisciplinary assessment and accessing advice when faced with complicated circumstances in end of life care service delivery.

Learners could prepare a PowerPoint presentation explaining the importance of establishing and maintaining key relationships in end of life care; learners could interview visiting speakers, for example, a Macmillan nurse or a social worker and summarise their findings in a report on specialist multi-disciplinary advice.

Learning outcome 5: learners must demonstrate approaches to supporting and empowering staff in their work practice. Learners must help staff and others to identify when mental capacity has reduced and be aware of the support that needs to be put in place.

Assessment must include accessing resources for staff to help them manage their feelings, accessing learning and development for staff and feeding back to staff on their practice.

Evidence could be in the form of a series of short essays or reports. Learners should show that they can access appropriate learning and development opportunities through, for example, online research and communication with visiting speakers and trainers. Role play could be used to enable learners to practise giving feedback and this could be witnessed by the tutor as evidence.

Other forms of evidence could include podcasts and visual displays.

Learning outcome 6: evidence could be in the form of a presentation prepared by each group to demonstrate understanding of reflective practice approaches and methods for measuring service provision. Critical reflection will enable learners to evaluate methods used to measure the end of life care service against national indicators of quality. Learners must apply the outcomes of their reflective practice to show how improvements can be made to service delivery.

Indicative resource materials

Textbooks

Machin L – *Working with Loss and Grief, A Theoretical and Practical Approach, (Second Edition)* (Sage Publications, 2013) ISBN 9781446248881

Parkes C M and Prigerson H – *Bereavement: Studies of grief in adult life, 4th edition* (Routledge, 2010) ISBN 9780415451185

Worden J W – *Grief Counselling and Grief Therapy: A Handbook for Mental Health Practitioners* (Brunner-Routledge, 2003) ISBN 9781583919415

Reports

Addicott R and Ross S – *Implementing the end of life care strategy: lessons from good practice,* the King's Fund, 2010

Duffy S – *Dying with dignity: Applying personalisation to end of life care,* the Centre for Welfare Reform, Sheffield, 2011

NHS – *Developing end of life care practice: A guide to workforce development to support social care and health workers to apply the common core principles and competences for end of life care*

NICE – *Guide for commissioners on end of life care for adults* (National Institute for Health and Clinical Excellence, 2011)

Magazines

Community Care

The Nursing Times

Websites

www.cpa.org.uk/cpa/End_of_Life_Care_Strategy.pdf

www.dementiarights.org

www.dying.about.com/od/filmsandvideos

www.dyingmatters.org/

www.endoflifecareforadults.nhs.uk, 2012

www.gov.uk/government/news/end-of-life-care-strategy-fourth-annual-report

Unit 2: Lead a Service that Supports Individuals through Significant Life Events

Unit reference number:	L/503/8138
QCF Level 5:	BTEC Professional
Credit value:	4
Guided learning hours:	31

Unit aim

The aim of this unit is to assess knowledge, understanding and skills in leading a service that supports individuals through significant life events.

Unit introduction

This unit explores how to implement systems and procedures to support individuals facing significant life events. Learners will be assessed on ensuring that there are sufficient resources and staff to support people through significant life events and to respond to individual needs.

Assessment guidance

For LO1, **significant life events** may include sensory loss, loss of life, loss of limbs, loss of loved ones, onset of dementia, loss of capacity due to illness or other, e.g. stroke, brain injuries, family upheaval.

For AC1.2, **person centred approaches** are those that fully recognise the uniqueness of the individual and establish this as the basis for planning and delivery of care and support.

For AC1.3, **individuals** are the people receiving support or care in the work setting.

For AC1.8, **active participation** is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible.

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles* in *Annexe F.*

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Be able to implement organisational systems and procedures necessary to support individuals experiencing **significant life events**.	1.1 Ensure systems and structures in your setting enable and demonstrate acceptance for cultural diversity, individual wishes, needs and preferences.
	1.2 Ensure organisational systems and procedures uphold **person centred approaches**.
	1.3 Implement organisational systems and procedures that ensure quality of service when supporting **individuals** experiencing significant life events.
	1.4 Implement effective communication systems which promote open, sensitive and appropriate communication.
	1.5 Implement reporting and recording systems which safeguard people you support in line with national and local agreed ways of working.
	1.6 Ensure administrative arrangements for legal or financial issues are in line with legal requirements.
	1.7 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events.
	1.8 Analyse how the service operates in ways which promote **active participation** for those you support, their families and carers.

Learning outcomes	Assessment criteria
	1.9 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers.
2 Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events.	2.1 Ensure appropriate staffing and skills levels that would be necessary to respond to individuals experiencing significant life events.
	2.2 Provide staff and **others** for whom you are responsible with appropriate learning opportunities to enable them to respond sensitively to individuals experiencing significant life events.
	2.3 Identify specialist resources that may be required in supporting individuals experiencing significant life events.
	2.4 Develop collaborative working partnerships with other key services and resources to support individuals experiencing significant life events.
	2.5 Implement effective methods for sharing information with other services as appropriate.

Learning outcomes	Assessment criteria
3 Be able to ensure staff can respond to individuals experiencing significant life events.	3.1 Support staff and others to accept and respect the emotions associated with major life changes and loss.
	3.2 Support staff and others to accept and respond sensitively to individual's wishes, choices and spiritual needs.
	3.3 Support staff to monitor individuals' emotional, behavioural, psychological or physical changes.
	3.4 Support staff and others to communicate effectively in response to individuals experiencing significant life events.
	3.5 Implement systems and procedures for staff to be able to seek additional guidance and information where they are faced with a situation which is outside of their own expertise.
	3.6 Provide appropriate support systems for staff and others to help them to manage the impact of their work on their own emotional and physical needs.

Unit content

1 **Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events**

Organisational systems and structures for cultural diversity, individual wishes, needs and preferences: person-centred approach; support; advice; guidance; effective staff recruitment; feedback; policies/procedures; monitoring; training needs; application of knowledge to practice; review; evaluation; links with key organisations; interpreters; provision of information in different mediums/languages; guidelines

Organisational systems and procedures to uphold person centred approaches: management; leadership; access to information; person-centred approaches; support; advice; guidance; effective staff recruitment; feedback; staff training; monitoring; training needs; application of knowledge to practice; review; evaluation; links with key organisations; interpreters; provision of information in different mediums/languages; guidelines; reflection; on-going review

Organisational systems and procedures to ensure quality of service: person-centred; standards implementation; quality outcomes; feedback; reflection; equality/diversity; confidentiality; recruitment; retention; training and development; assessment; current practice; competence application of knowledge; assessment of needs; partnership working

Effective communication systems: open communication; interpreters; advocates; maintenance of confidentiality; consistency; appropriate methodologies; internal/external communication; sensitivity; roles/responsibilities; privacy; use of terminology; clarity

Reporting and recording systems: Data Protection Act 1998; security; confidentiality; use of names; identifiers; access; need to know basis; signing/dating of records; storage; roles/responsibilities; policies/procedures; agreed ways of working; level of detail; legible; current; fit for purpose; whistle blowing

Administrative arrangements for legal or financial issues: security; roles; responsibilities; confidentiality; countersigning; signatory; receipt; responsibility; risk; safeguarding; controls; resourcing

Responding to the particular and future needs, wishes and preferences: review; assessment; codes of practice; legislation; changes to practice/legislation/agreed ways of working; protocols; partnership working; networking currency; competence; flexibility

Promoting active participation for those you support, their families and carers: needs led; person-centred approach; involvement; inclusion; open communication; methodologies; polices/procedures; agreed ways of working; method of communication; assessment; access; choice; preferences

Resolving tensions or conflicts: mediation; open communication; liaison with all parties; key facts; person centred approach; needs driven; assessment; facilitation; understanding of all views/issues; interpersonal skills; interpreter; advocate

Administrative arrangements for legal or financial issues: security; roles; responsibilities; confidentiality; countersigning; signatory; receipt; responsibility; risk; safeguarding; controls; resourcing

Responding to the particular and future needs, wishes and preferences: review; assessment; codes of practice; legislation; changes to

practice/legislation/agreed ways of working; protocols; partnership working; networking currency; competence; flexibility

Promoting active participation for those you support, their families and carers: needs led; person-centred approach; involvement; inclusion; open communication; methodologies; polices/procedures; agreed ways of working; method of communication; assessment; access; choice; preferences

Resolving tensions or conflicts: mediation; open communication; liaison with all parties; key facts; person centred approach; needs driven; assessment; facilitation; understanding of all views/issues; interpersonal skills; interpreter; advocate

2 **Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events**

Ensuring appropriate staffing and skills levels: competence; knowledge; roles; responsibilities; skill mix; needs; person-centred; experience; training; recruitment; application of knowledge

Appropriate learning opportunities for staff: on line resources; practitioner support; specialist speakers/trainers; mentoring; shadowing; e-learning; blended learning; off-site learning; on site learning; supervision; observation; monitoring; appraisal

Specialist resources: manager; volunteers; health professionals; social worker; occupational therapist; GP; speech and language therapist; physiotherapist; dietician; pharmacist; oncologist; nurse; Macmillan Nurse; independent mental capacity advocate; clinical nurse specialist; advocate; counsellor; pastoral/spiritual carer; medical consultant; complementary therapist; psychologist /psychotherapist; religious carer; lasting power of attorney; living wills

Collaborative working partnerships: shared commitment; shared resources; knowledge; specialism; reduction of duplication/waste; improved communication; person-centred; best interests; focus; best practice; agreed ways of working; shared values

Agreed methods of communication: format; receipt/delivery; roles/responsibilities; protocols; need to know basis; confidentiality; content

3 **Be able to ensure staff can respond to individuals experiencing significant life events**

Supporting staff and others to accept and respect emotions: empathy; understanding; privacy; dignity; time; space; non-verbal communication; body language; listening; use of open focused questions; facial expression; eye contact; gestures; observation; respect; compassion; avoid jargon/medical terminology; use of repetition; use of silence; access to support

Supporting staff and others to accept and respond sensitively: reassurance; positive response; sharing of information; interpersonal skills; acceptance; empathy; understanding; privacy; dignity; time; space; non-verbal communication; body language; listening; use of open focused questions; facial expression; eye contact; gestures; observation; respect; compassion; avoid jargon/medical terminology; use of repetition; use of silence

Supporting staff to monitor individuals' emotional, behavioural, psychological or physical changes: observation; base line measurements; knowledge of changes to observe; seek advice; pain management; past history/background; impact of changes; feedback; assessment; review; deterioration; deviation; monitoring/observation tools; recording/reporting

Supporting staff and others to communicate effectively: interpersonal skills; empathy; understanding; privacy; dignity; time; space; non-verbal communication; body language; listening; use of open focused questions; facial expression; eye contact; gestures; observation; respect; avoid jargon/medical terminology; use of repetition; use of silence

Systems and procedures for seeking additional guidance and information outside of their own expertise: mentor; management, supervision; appraisal; referral; service level agreements; access to services/support; buddying; training; access to resources; policy; agreed ways of working

Essential guidance for tutors

Delivery

Delivery should be based on real-life situations and case studies. It is recommended that centres use a wide range of delivery methods. For example, lectures, seminars, workshops, presentations, site visits, project work, and research using the internet and/or library resources, and personal and/or industrial experience.

Learning outcome 1: evidence must be gathered in the workplace and include the implementation of systems to demonstrate acceptance of cultural diversity, individual wishes, needs and preferences. In addition learners must show, how they ensure organisational systems and procedures uphold person centred approaches in the workplace. Learners are required to use communication approaches, which encourage open communication, for example team meetings.

Taught input on ensuring that systems and structures in settings enable and demonstrate acceptance of cultural diversity, individual wishes, needs, preferences and active participation, followed by class discussion, will support understanding. A guest speaker, for example a social worker, can explain how administrative arrangements for legal or financial issues are in line with legal requirements and systems, that safeguard people in the end of life care setting. Question and answer session.

Learners could work in small groups to explore the possible tensions or conflicts that may arise for people accessing services and how to address them. They could then present their findings to the rest of the group.

Learning outcome 2: learners should demonstrate in the workplace how they make sure that there are sufficient and appropriate resources for service delivery This could be carried out through reviewing staff roles and responsibilities. Learners must show how they provide learning opportunities for staff to enable them to respond to individuals experiencing significant life events. This could be evidenced through meeting minutes or supervision notes.

Taught input, using examples to support the application of learning, on ensuring staffing and skills levels are sufficient to respond to individuals experiencing significant life events, will support understanding. Learners should be encouraged to take notes and ask questions to clarify points. Learners could work in groups to explore providing learning opportunities for staff and others. This could be followed by a class discussion based on the findings from the group work.

A short lecture on the types of specialist resources, for example counselling or physiotherapy, that may be required in supporting individuals experiencing significant life events, would support understanding. Tutors could facilitate group discussion relating to the services and resources that may be included in working partnerships to provide effective support, and on the methods of communication used to share information across partnerships and services.

Learning outcome 3: learners are required to demonstrate in the workplace how they support staff and others experiencing life changes and loss. Learners could work in groups to discuss implementing systems and procedures that enable staff to access additional guidance and information where they are faced with a situation outside of their own expertise, including supporting staff to monitor individuals for changes. They could then present their findings to the whole group. A guest speaker, for example a counsellor, could talk to learners about responding to individuals' needs and emotions using effective communication. They could also

discuss support systems, for example training or supervision, available for staff and others when managing their emotional and physical needs.

Assessment

This unit should be assessed predominately in the workplace, in line with *Skills for Care and Development's Assessment Principles* (*see Annexe F*). Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment by an occupationally competent assessor.

Observation, witness testimony, questioning, professional discussion, written and product evidence are all sources of evidence which can be used.

Evidence for this unit could be presented in a variety of ways.

Learning outcome 1: evidence must be gathered in the workplace and include the implementation of systems to demonstrate acceptance of cultural diversity, individual wishes, needs and preferences. Learners must show in the workplace how they ensure that organisational systems and procedures uphold person-centred approaches; this could be through applying person centred approaches or staff supervision, for example.

Learners are required to use communication approaches that encourage open communication, for example team meetings.

Workplace reporting and recording systems must safeguard people in line with national and local agreed ways of working and learners must show evidence of keeping accurate and up to date records in line with organisational procedures. Learners must show how they ensure that administrative arrangements for legal or financial issues are in line with legal requirements, for example through reporting and recording procedures.

Evidence for this learning outcome could be in the form of a training session to staff explaining the systems and structures in place to support staff and others. Learners must explore methods of effective communication and refer to workplace examples or case-study materials. Evidence could also be presented in the form of a record of the class discussion and written responses to case study material.

Learning outcome 2: learners must demonstrate in the workplace how they make sure that there are sufficient and appropriate resources for service delivery. This could be carried out through a review of staff roles and responsibilities. Learners must show how give staff learning opportunities that enable them to respond to individuals experiencing significant life events. This could be evidenced through meeting minutes or supervision notes.

Evidence of learners developing partnerships and sharing information with other services and resources should be observed in practice.

Additional evidence could be in the form of a case study detailing key issues and the approaches used. Evidence could also be presented in the form of notes prepared in class illustrating the specialist resources available when supporting individuals and others. Notes from group discussions could provide evidence of the services and resources that may be included in working partnerships to provide effective support and the methods of communication used to share information across partnerships and services.

Learning outcome 3: learners are required to demonstrate the approaches they use to support staff and others during loss. Demonstration could be through one-to-one meetings, team meetings or review of reports. Learners are required to oversee the implementation of systems and procedures for staff to enable them to access guidance and information where they are faced with a situation outside their expertise.

Additional evidence could be the preparation of a seminar to deliver to staff, explaining the support networks and resources available to them and others when managing their emotional and physical needs. The seminar should include handouts on how to monitor individuals for changes.

Indicative resource materials

Textbooks

Machin L – *Working with Loss and Grief, A Theoretical and Practical Approach, (Second Edition)* (Sage Publications, 2013) ISBN 9781446248881

Parkes C M and Prigerson H – *Bereavement: Studies of grief in adult life, 4th edition* (Routledge, 2010) ISBN 9780415451185

Worden J W – *Grief Counselling and Grief Therapy: A Handbook for Mental Health Practitioners* (Brunner-Routledge, 2003) ISBN 9781583919415

Reports

Addicott R and Ross S (2010) *Implementing the end of life care strategy: lessons from good practice*, The King's Fund

Duffy S (2011) *Dying with dignity: Applying personalisation to end of life care*. The Centre for Welfare Reform, Sheffield

NHS (2012) *Developing end of life care practice: A guide to workforce development to support social care and health workers to apply the common core principles and competences for end of life care*

NICE (2011) *Guide for commissioners on end of life care for adults*, National Institute for Health and Clinical Excellence

Magazines

Community Care

The Nursing Times

Websites

www.cpa.org.uk/cpa/End_of_Life_Care_Strategy.pdf

www.dying.about.com/od/filmsandvideos

www.dyingmatters.org/www.endoflifecareforadults.nhs.uk

www.gov.uk/government/news/end-of-life-care-strategy-fourth-annual-report

Unit 3: Understand Advance Care Planning

Unit reference number:	A/503/8135
QCF Level 3:	BTEC Professional
Credit value:	3
Guided learning hours:	25

Unit aim

The aim of this unit is to assess the learner's knowledge and understanding of advance care planning.

Unit introduction

In this unit learners will develop their understanding of the principles and process of advance care planning. Learners will examine the essential differences between a care or support plan and an advance care plan. They will consider the legal position of an advance care plan together with agreed ways of working within national and local frameworks. Learners will examine ethical issues related to decisions to refrain from treatment and resuscitation.

The unit introduces learners to a person-centred approach to advance care plans, and the factors that may affect the decisions made.

Assessment guidance

For AC2.3, an **individual** is the person receiving support or care in the work setting.

For AC3.3, **others** may include:

- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals
- other organisations
- social workers
- occupational therapists
- GPs
- speech and language therapists
- physiotherapists

- pharmacists
- nurses
- Macmillan Nurses
- independent mental capacity advocates
- clinical nurse specialists

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles Annexe F*.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the principles of **advance care planning**	1.1 Describe the difference between a care or support plan and an advance care plan
	1.2 Explain the purpose of advance care planning
	1.3 Identify the national, local and organisational agreed ways of working for advance care planning
	1.4 Explain the legal position of an advance care plan
	1.5 Explain what is involved in an 'Advance Decision to Refuse Treatment'
	1.6 Explain what is meant by a 'Do Not Attempt cardiopulmonary resuscitation' (DNACPR) order

Learning outcomes	Assessment criteria
2 Understand the process of advance care planning	2.1 Explain when advance care planning may be introduced
	2.2 Outline who might be involved in the advance care planning process
	2.3 Describe the type of information an **individual** may need to enable them to make informed decisions
	2.4 Explain how to use legislation to support decision-making about the capacity of an individual to take part in advance care planning
	2.5 Explain how the individual's capacity to discuss advance care planning may influence their role in the process
	2.6 Explain the meaning of informed consent
	2.7 Explain own role in the advance care planning process
	2.8 Identify how an advance care plan can change over time
	2.9 Outline the principles of record keeping in advance care planning
	2.10 Describe circumstances when you can share details of the advance care plan

Learning outcomes	Assessment criteria
3 Understand the person centred approach to advance care planning	3.1 Describe the factors that an individual might consider when planning their advance care plan
	3.2 Explain the importance of respecting the values and beliefs that impact on the choices of the individual
	3.3 Identify how the needs of **others** may need to be taken into account when planning advance care
	3.4 Outline what actions may be appropriate when an individual is unable to or does not wish to participate in advance care planning
	3.5 Explain how individual's care or support plan may be affected by an advance care plan

Unit content

1 **Understand the principles of advance care planning**

Care or support plan: medical assessment of appropriate treatment or limitations of treatment, written by medical staff with input from service user, purpose - to ensure that individuals only receive care and support that will benefit them

Advance care plan: individual's own written wishes about future health decisions if lacking capacity in the future

Purpose of advance care planning: to ensure individuals receive care that is consistent with their expressed wishes; may include preferred place of death, funeral arrangements, and specific arrangements for care in the last days of life and after death

National, local and organisational agreed ways of working for advance care planning: enabling individual control (written by the individual, dictated by the individual, or the responsible person in case of incapacity, must be entirely voluntary and subject to review); awareness of additional requirements of different NHS trusts and care organisations; adherence to national legislation and codes of practice (related to mental capacity, obtaining informed consent, National End of Life programmes)

Legal position of an advance care plan: legally binding (advance decisions to refuse life sustaining treatment, lasting Power of Attorney, living will -appointed by the individual in the event of loss of capacity)

Advanced Decision to Refuse Treatment: rules (all treatments must be named in the advanced decision, advance decision must be written down, signed by the individual, signed by a witness)

'Do Not Attempt cardiopulmonary resuscitation' (DNACPR) orders: an important mechanism to avoid inappropriate Cardiopulmonary resuscitation (CPR) attempts, when those attempts would be futile, and/or against the expressed wishes of the individual, and/or not in the best interests of an individual; do not preclude any other active treatment or care, if made as an advance decision by an individual; the order is legally binding

2 **Understand the process of advance care planning**

Timing of advance care planning: during stable health, when individuals have been diagnosed with terminal illness, when healthy individuals experience unexpected serious illness or major trauma

Participants in the process: the individual, physician, partner, family member, care manager, signer, interpreter/multi-lingual professional, advocate, legal representative

Types of information needed to make informed decisions: potential prognosis of any illness, potential treatments, risks and side effects, definitions of 'powers of attorney' and 'living wills', legal nature of Advance Decisions to Refuse Treatment (ADRT) and Do No Attempt Cardiopulmonary Resuscitation (DNACPR) orders, hypothetical situations individuals can relate to, and use as a basis to consider decisions

Use of legislation to support decision making: defining an individual's capacity to make advanced decisions; involvement of a designated third party where incapacity has been established

Influence of the individual's capacity to discuss advance care planning on their role in the process: potential limits of ability to make informed decisions; level of understanding of legal status of ADRT and DNACPR orders; provision of advocates, (to speak for the views of the individual); wrong decisions, (recognition that wrong/eccentric decisions may not indicate incapacity to make decisions)

Informed consent: legal condition whereby an individual has given consent to treatment/production of a plan, whilst fully understanding the implications and facts

Own role: involvement in discussions; prompting questions; supporting an individual to express preferences and future wishes

Reasons for changes in the advance care plan: progression of medical conditions; changes in capacity of an individual; changes in an individual's home circumstances; changes family relationships

Principles of record keeping: confidentiality; recording of discussions; statement of wishes; preferences, beliefs and values; legal status of Advance Decision to Refuse Treatment orders, (dated and signed by individuals and witness)

Circumstances when plans may be shared: decisions relating to life prolonging treatment; decisions relating to resuscitation; concerns regarding capacity; to ensure cultural or religious preferences are followed

3 **Understand the person-centred approach to advance care planning**

Factors individual might consider in advance care planning: personal preferences, e.g. place of residence; choice of shower or bath; consideration of welfare of spouse or children; funeral arrangements; treatments; end of life care; end of life decisions, e.g. Advance Treatment Directives

Importance of respecting the values and beliefs of individuals: compliance with legal requirements for equality (cultural and religious choices); compliance with organisational policies; person-centred approach, (individual at the centre of plans); promotion of quality of life by respecting personhood

Considering the needs of others by: discussions with individuals, involvement of family, carers, friends, use of information from external professionals, (G.P., Community Nursing Service, social worker); observation of individual behaviour, reactions to situations

Actions in incapacity or refusal to participate: application of incapacity legislation; involvement of responsible person, e.g. partner, adult offspring, physician, care manager, social worker; application of lasting power of attorney or living wills

Effects of advance care plan on individual's plan: conflict between the wishes of an individual and recommended care plan, e.g. place of residence, treatment including medication, recommended regimes

Essential guidance for tutors

Delivery

Most learners will need a structured learning programme; it could be delivered using a combination of traditional tutor-led, face-to-face group learning and online or distance learning through the use of materials and case studies. To consolidate their learning, learners would benefit from being given opportunities to apply principles and processes of advance care planning to case studies or real-life situations. Most learners are likely to be involved in supporting individuals in advance care planning so there may be some opportunities to draw on this experience.

Learning outcome 1: learners will need to examine completed examples of both care/support plans and advance care plans, produced by the tutor or downloaded from the internet. Class discussion around the ethics of Advance Decisions to Refuse Treatment (ADRT) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, will clarify issues for learners.

Learning outcome 2: to ensure that learners fully understand the process of advance care planning, taught input is required for this learning outcome. Group work, with learners producing plans for individuals in case studies, will underpin understanding.

Learning outcome 3: taught input on person-centred processes in general will lead to discussions on the application of this approach to advance care planning. Guest speakers, for example a care manager, will enhance experience and understanding.

Assessment

Learners must meet all assessment criteria to pass the unit.

Evidence for this unit can be presented in a variety of forms. For example, an information pack, including booklets, leaflets and information sheets, could be presented for the whole unit. Alternatively, learners could produce a series of articles for a broadsheet newspaper on advance care planning, in response to the production of the National End of Life Programme and Strategy.

Indicative resource materials

Textbook

Thomas K, Lobo B (Editors), *Advance Care Planning in End of Life Care* (Oxford University Press 2011) ISBN 9780199561636

Magazines

The Nursing Times

Websites

www.endoflifecare.nhs.uk/assets/downloads/pubs_Advance_Care_Planning_guide.pdf

www.goldstandardsframework.org.uk

www.nice.org.uk/QS13

Unit 4: Understand How to Support Individuals during the Last Days of Life

Unit reference number:	J/503/8137
QCF Level 3:	BTEC Professional
Credit value:	3
Guided learning hours:	28

Unit aim

The aim of this unit is to assess the learner's knowledge and understanding of how to support individuals during the last days of life, using the relevant care pathways to support individuals and others

Unit introduction

This unit introduces learners to the common features of support in the last days of life. Learners will examine the signs that are common to approaching death, define the circumstances when life-prolonging treatment can be stopped or withheld, and investigate the signs that indicate death has occurred. Learners will also consider the importance of advanced care planning.

This unit will enable learners to investigate the impact of the last days of life on individuals and others, including psychological effects, the impact on relationships and the changing needs of individuals who are in the last days of life.

Learners will examine ways of supporting individuals and others, how to use the relevant care pathways, and methods of caring for significant others, following the death of an individual. Learners will consider how to manage their own feelings, in relation to an individual's dying or death.

Assessment guidance

For AC2.1, **individuals** are the people receiving support or care in the work setting.
Others may include:

- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals
- other organisations

- social workers
- occupational therapists
- GPs
- speech and language therapists
- physiotherapists
- pharmacists
- nurses
- Macmillan Nurses
- independent mental capacity advocates
- clinical nurse specialists.

For AC3.1, **a range of ways** may include
- appropriate comfort measures in the final hours of life
- environmental factors
- non-medical interventions
- use of equipment and aids
- alternative therapies.

For AC3.4, **agreed ways of working** include policies and procedures where these exist.

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles Annexe F*.

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand common features of support during the last days of life	1.1 Describe the common signs of approaching death
	1.2 Define the circumstances when life-prolonging treatment can be stopped or withheld
	1.3 Analyse the importance of any advance care plan in the last days of life
	1.4 Identify the signs that death has occurred
2 Understand the impact of the last days of life on the **individual** and **others**	2.1 Describe the possible psychological aspects of the dying phase for the **individual** and **others**
	2.2 Explain the impact of the last days of life on the relationships between individuals and others
	2.3 Outline possible changing needs of the individual during the last days of life
3 Know how to support individuals and others during the last days of life	3.1 Describe a **range of ways** to enhance an individual's wellbeing during the last days of life
	3.2 Explain the importance of working in partnership with key people to support the individual's wellbeing during the last days of life
	3.3 Describe how to use an integrated care pathway according to agreed ways of working
	3.4 Define key information about the process following death that should be made available to appropriate people according to **agreed ways of working**

Learning outcomes	Assessment criteria
4 Understand the actions to be taken following an individual's death	4.1 Explain national guidelines, local policies and procedures relating to care after death
	4.2 Explain the importance of being knowledgeable about an individual's wishes for their after-death care
	4.3 Explain the importance of acting in ways that respect the individual's wishes immediately after death
	4.4 Describe agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person
	4.5 Describe ways to support others immediately following the death of a close relative or friend
5 Know how to manage own feelings in relation to an individual's dying or death.	5.1 Define possible impact of an individual's death on own feelings
	5.2 Identify available support systems to manage own feelings in relation to an individual's death

Unit content

1 **Understand common features of support during the last days of life**

Common signs of approaching death: pre-active phase (increased restlessness, confusion, agitation, inability to stay content in one position and insisting on changing positions frequently (exhausting family and caregivers, withdrawal from active participation in social activities, increased periods of sleep, lethargy, decreased intake of food and liquids, beginning to show periods of pausing in the breathing (apnoea) whether awake or sleeping, individual reports seeing people who have died, individual states that he or she is dying, patient requests family visit to settle unfinished business and tie up loose ends, inability to heal or recover from wounds or infections, increased swelling (oedema) of either the extremities or the entire body; active phase (coma or semi-coma, severe agitation, hallucinations, longer pauses in breathing, (apnoea), increased respiratory congestion, refusing food and drink, inability to swallow, incontinence-where it was not present before, reduced urine output, lowered body temperature, lowered blood pressure, cyanosis, cold extremities)

Circumstances when life-prolonging treatment can be stopped or withheld: the treatment is not in the best interests of the individual (will not improve quality of life, will not extend life, when all brain activity has ceased)

Importance of any advance care plan in the last days of life: promotion of person-centred care (to deliver care according to an individual's preferences and needs, to ensure an individual's wishes are followed at the end of life, legal requirements)

Signs that death has occurred: absence of breathing, no heartbeat, loss of control of bowel or bladder, no response to awaken, eyelids slightly open, eyes fixed on certain spot, jaw relaxed, mouth slightly open

2 **Understand the impact of the last days of life on the individual and others**

Possible aspects of the last days of life for individuals and others: individuals (recognition of last stage of life, increasing weakness, loss of interest in surroundings, taking leave of family, continuance of care according to care pathway); others (realisation of the approaching event, increasing sorrow and sadness, feelings of loss, desperation, anxiety regarding own coping strategies)

Impact of the last days of life on the relationships between individuals and others: conflicting emotions, wanting to hold on to the individual, difficult-not knowing how to approach topics, full of anger due to remembered issues, peaceful-reconciliation of differences, hopeful if individuals believe in a better afterlife

Possible changing needs of the individual during the last days of life: physical (needing support with feeding/feeding, support for incontinence, increased need for analgesia); emotional and social (may not wish for company, may feel lonely; requiring reassurance, needing contact with spiritual adviser, dignity, respect, control of symptoms through medication, increased sleep)

3 **Know how to support individuals and others during the last days of life**

Ways to enhance an individual's wellbeing during the last days of life: appropriate comfort measures in the final hours of life (care of skin, moistening lips if fluids are refused, ensuring bed linen is clean and dry, adjusting lighting, ensuring sufficient clean air); alternative therapies (massage, aromatherapy); equipment and aids, (bed cradles, back rests); attention to cultural and religious needs (attendance of minister, imam, priest)

Importance of working in partnership with key people to support the individual's wellbeing during the last days of life: to deliver co-ordinated care, to prevent repetition of care, procedures, to ensure a positive skills mix, effective use of resources, to minimise the risk of error

Using an integrated care pathway according to agreed ways of working: use of an integrated pathway, according to agreed ways of working (Stages: 1 Discussion (as the end of life approaches), 2 Assessment, care planning and review (agreed plan and regular review of care and preferences, assessment of carer needs); 3 Co-ordination of care (strategic co-ordination, co-ordination of patient care, rapid response services); 4 Delivery of care in different settings (community-home, hospital, hospice); 5 Care in the last days of life (identification of the dying phase, review of needs and preferences of place of death, support for patient and carer, recognition of wishes regarding resuscitation and organ donation), 6 Care after death (recognition that care does not end at the point of death, timely verification of time of death or referral to coroner, care and support of family, including emotional and practical bereavement support)

Key information about the process following death: time of death, who was present, whether resuscitation was attempted, individual's wishes following death, religious requirements, relevant information from advance care plan, next of kin details if not present

Procedures: not removing drains, catheters etc., respect for the deceased, attention to religious and cultural factors, adherence to national, organisational and setting policies and procedure

4 **Understand the actions to be taken following an individual's death**

National guidelines, local policies and procedures relating to care after death: completion of certification, recording of death by responsible medical practitioner, informing individual's G.P. of the death, recording the details of death in individual's records, adherence to religious practices and cultural traditions of the deceased, adherence to relevant legislation and regulations regarding transference of the body, transference of body to the mortuary within two hours of death, dealing with property according to organisational rules, responding to organ donation requests, protection of other individuals by closing curtains, use of screens, reducing overall disturbance to the setting

Importance about being knowledgeable about an individual's wishes for their after-death care: staff are able to comply with individual's wishes, religious and cultural practices are observed, reduction of distress to partner, family and friends

Importance of acting in ways that respect the individual's wishes immediately after death: respect for the individual, reduction of stress to relatives, partners, friends, legal implications, respect for religion and culture, adherence to policies of setting

Agreed ways of working relating to prevention and control of infection when transferring a deceased person: use of personal protective equipment, (PPE) disposal of linen following agreed procedures, disposal of bodily waste following national and setting guidelines, safe disposal of dressings, use of appropriate hand washing techniques, safe disposal of equipment-wound drains, catheters

Ways to support others immediately following the death of a close relative or friend: partners, family friends (careful listening, providing privacy to grieve, allowing time to say goodbye to the deceased, appropriate use of touch if culturally acceptable, use of traditional/religious words and phrases, respect for personal space, inviting involvement in preparing the body-in-line with health and safety regulations, attendance to medical needs, e.g. in case of shock)

5 **Know how to manage own feelings in relation to an individual's dying or death**

Impact of individual's death on own feelings: feelings of grief, remorse, guilt, questioning whether care was effective, sufficient, querying own beliefs and values

Support systems to manage own feelings in relation to an individual's death: grief and bereavement counselling service, work-based chaplain, representatives of own faith, line manager, occupational health personnel

Essential guidance for tutors

Delivery

Learning outcome 1: input from a guest speaker, for example a palliative nurse specialist, a hospice manager, will give learners valuable insight. Class discussion will enable learners to express opinions and feelings in a safe environment. Taught input on advance care planning and signs of death is appropriate.

Learning outcome 2: short lectures on relevant topics, and group work using case studies taken from the internet or relevant professional magazines, will enable learners to place information in context.

Learning outcome 3: input from a care manager on working with agreed procedures will enhance learning. Information gained from local NHS Trust websites will support taught input and provide useful resources for assessment.

Learning outcome 4: taught input on guidelines, regulation and procedures will support learning. Learners can find supplementary information from websites such as Macmillan Cancer Support.

Learning outcome 5: input from a guest speaker, for example a grief and bereavement counsellor, would enable learners to place taught information in a relevant context. Discussion of their feelings in a safe environment will support understanding. It is essential that learners understand the reasons for discussing their feelings at the death of an individual service use and that the grieving process is viewed as a natural, human attribute, rather than evidence of weakness.

Assessment

Learners must meet all assessment criteria to pass the unit.

Evidence for assessment can be presented in a variety of ways. The whole assessment could be presented, for example, as an information pack, containing leaflets, booklets and information sheets. Alternatively, the following methods are suggested.

Learning outcome 1 could be delivered as a PowerPoint presentation, followed by a discussion with peers.

For learning outcome 2, a magazine article for a care magazine would be a suitable method of presentation.

For learning outcome 3, learners could produce an information pack designed to be used as part of the induction materials for new staff.

Learning outcomes 4 and 5 could be presented either as newspaper articles for a series on end of life care or as booklets to be given to new staff.

Indicative resource materials

Textbooks

Jordan M, Kauffmann J C – *End of Life Care-The Essential Guide* (Hammersmith Health Books, 2010) ISBN 9781905140-27-5

Thomas K, Lobo B (Editors) – *Advance Care Planning in End of Life Care* (Oxford University Press, 2011) ISBN 9780199561636

Magazines

Community Care

The Nursing Times

Websites

www.cancerresearchuk.org/cancer-help/coping-with-cancer/dying/what

www.macmillan.org.uk/Cancerinformation/Endoflife

Unit 5:   Support the Spiritual Wellbeing of Individuals

Unit reference number:	M/503/8133
QCF Level 3:	BTEC Professional
Credit value:	3
Guided learning hours:	26

Unit aim

The aim of this unit is to assess the learner's knowledge, understanding and skills in supporting the spiritual wellbeing of individuals.

Unit introduction

In this unit learners will develop their understanding of the importance of spirituality and learn how to assess the spiritual needs of an individual. They will explore the impact of values and beliefs on their own and others' spiritual wellbeing.

Assessment guidance

For LO1, spirituality can be defined in many ways and can include:
- life force
- personal values and beliefs
- uniqueness
- life pilgrimage
- how desires are channelled
- creativity
- the search for hope, harmony and wholeness.

For LO2, AC2.1, an **individual** is the person receiving support or care in the work setting. **Others** may include:
- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals.
- other organisations

- social workers
- occupational therapists
- GPs
- speech and language therapists
- physiotherapists
- pharmacists
- nurses
- Macmillan Nurses
- independent mental capacity advocates
- clinical nurse specialists

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles Annexe F.*

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the importance of **spirituality** for individuals	1.1 Outline different ways in which spirituality can be defined
	1.2 Define the difference between spirituality and religion
	1.3 Describe different aspects of spirituality
	1.4 Explain how spirituality is an individual experience
	1.5 Explain how spirituality defines an individual's identity
	1.6 Outline the links between spirituality, faith and religion
	1.7 Explain how an individual's current exploration of spirituality may be affected by their previous experience of spirituality, faith or religion
2 Be able to assess the spiritual needs of an individual	2.1 Support the **individual** to identify their spiritual needs and how and by whom these can be addressed
	2.2 Identify how an individual's emphasis on spirituality may vary at different stages of their life experience
	2.3 Take action to ensure that the individual's spiritual wellbeing is recognised appropriately in their care plan

Learning outcomes	Assessment criteria
3 Understand the impact of values and beliefs on own and an individual's spiritual wellbeing	3.1 Analyse how your own values and beliefs may impact on others when communicating about the individual's spiritual wellbeing
	3.2 Identify how the values and beliefs of **others** may impact on the individual
	3.3 Identify the effects on own values and beliefs when meeting the spiritual needs of individuals and others
4 Be able to support individuals' spiritual wellbeing	4.1 Access resources and information to support the individual's spiritual wellbeing
	4.2 Contribute to the creation of an environment that enables individuals to express aspects of their spiritual wellbeing
	4.3 Support the individual to take opportunities to explore and express themselves in ways that support their spiritual wellbeing
	4.4 Support the individual to participate in their chosen activities to support their spiritual wellbeing
	4.5 Access any additional expertise required to meet the individual's spiritual needs
	4.6 Outline the benefits of working in partnership with faith and non-religious communities to support the spiritual needs and preferences of the individual

Unit content

1 **Understand the importance of spirituality for individuals**

Different ways in which spirituality can be defined: awareness of purpose/meaning of life; inner peace; hope; comfort; own perspective; a person's way of operating/functioning; does not require a higher power; sought through traditional/non-traditional methods; living in the moment

Difference between spirituality and religion: spirituality is a belief in justice and compassion; helps to make people feel and be godly; religion is often about loyalty to institutions and rules (refers to a god)

Aspects of spirituality: life force; personal values and beliefs; uniqueness; life pilgrimage; how desires are channelled; creativity; search for hope, harmony and wholeness

Spirituality as an individual experience: related to person's own views and beliefs; evolves and develops; can change; subjective; personal development; linked to past experiences

Spirituality as defined by an individual's identity: own belief system; influences decision making; impact on life choices; own perspective; based on own experiences; person's own journey

Spirituality, faith and religion: spirituality is a belief in justice and compassion; religion is often about loyalty to institutions and rules; faith is about how a person makes meaning of themselves, others, the world, and god.

Links between spirituality, faith and religion: beliefs; views; part of being; influence; searching; journey; personal experiences of spirituality: negative/positive aspects; outcomes; journey travelled; views; influence; embracing; support; comfort; questioning; challenging; guidance

Effect of previous experience of spirituality, faith or religion on own exploration of spirituality: personal experiences of spirituality: negative/positive aspects; outcomes; journey travelled; views; influence; embracing; support; comfort; questioning; challenging; guidance

2 **Be able to assess the spiritual needs of an individual**

Supporting the identification of individual spiritual needs: contacts; accessing information; options or choices; wishes; preferences; exploration; peer guidance; effective communication; empathy; sign-posting; networks; religious leaders; practitioners; music; prayer; meditation; inspirational/holy writings; pastoral care practitioners

Varying emphasis on spirituality at different stages of life: needs; preferences; wellbeing; searching; comfort; understanding; ability; level of pain; experience of illness/disease; access; support networks; resource availability

Recognising spiritual wellbeing in the care plan: recording; level of detail; clarity; access to information; content; currency

3 **Understand the impact of values and beliefs on own and an individual's spiritual wellbeing**

Impact of own values and beliefs on others: approach; regard; persuasion; respect; challenging; questioning; debate; calming; reassuring; respect; loss of respect; judging

Impact of others' values and beliefs on the individual: challenge; change; reinforce beliefs; affirmation; confirmation; loss of belief; rapport; comfort

Effects on own values and beliefs: self-awareness; non-judgemental approach; support networks; debriefing; challenge; focus; questioning; impact; development; questioning

4 **Be able to support individuals' spiritual wellbeing**

Resources and information to support the individual's spiritual wellbeing: spiritual networks; publications; guidance; online resources; networks; support groups; peer support; television

Environment conducive to spiritual wellbeing: comfort; privacy; valuing others; time; dignity; access to information; advice/guidance; understanding; knowledge; non-judgemental; effective communication; space

Supporting the individual to explore and express themselves to support spiritual wellbeing: knowledge; contacts; accessing information; options choices; wishes; preferences; exploration; peer guidance; effective communication; empathy; sign posting; networks

Supporting the individual to participate in their chosen activities: formal/informal ceremonies; traditions; practices; activities which might enable the individual to explore or express their own spirituality; networking; support groups; visits; peers/friends/family contact

Additional expertise required to meet the individual's spiritual needs: spiritual, faith, religious leaders, carers; family; volunteers; pastoral care practitioners; friends; colleagues; third sector organisations; networks; support groups

Working in partnership with faith and non-religious communities: communication; support; boundaries; agreement; advice; guidance; specialist knowledge; best interests; current practice; sharing of knowledge/practice; benchmarking; outcomes; planning; effective use of resources; feedback; working towards a common goal; respect; trust; commitment; similar ethos/culture; reduction of duplication shared values

Essential guidance for tutors

Delivery

Delivery should be based on real-life situations and case studies. It is recommended that centres use a wide range of delivery methods. For example, lectures, seminars, workshops, presentations, site visits, project work, research using the internet and/or library resources, personal and/or industrial experience.

Learning outcome 1: taught session on the different aspects of spirituality and differences between spirituality and religion. Learners work in groups and brainstorm ideas to apply what they have learned to the workplace. Groups to feed back to the whole class. A guest speaker for example, could explore the links between spirituality, faith and religion with learners, followed by a question and answer session.

Learning outcome 2: learners are required to demonstrate competence in the workplace through supporting people to recognise their own spiritual needs and how those needs can be addressed. This could be carried out with learners as a class. Learners could access resources through online research relating to supporting people's spiritual needs and others who can help address these needs. This could be followed by a group discussion on how the emphasis on spirituality people may vary at different stages in life.

Learning outcome 3: short lectures, for example on the impact of values and beliefs, followed by class discussion will enable learners to examine this impact in detail. Role play can be used to explore mutual support through non-verbal communication to indicate, for example, empathy and reassurance and to practise appropriate listening and questioning skills.

Learning outcome 4: demonstrating their competence in the workplace, learners are required to show how they access resources and support people to express their needs. Taught input on the different resources and information that support the individual's spiritual wellbeing will support learning. In groups, learners could share ideas about how to create an environment that enables individuals to express aspects of their spiritual wellbeing. A class discussion could focus on the approaches and expertise available. Learners working in small groups could use case studies to identify appropriate partnerships for individuals.

Assessment

This unit should be assessed predominately in the workplace, in line with *Skills for Care and Development's Assessment Principles* (see *Annexe F*). Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment by an occupationally competent assessor.

Observation, witness testimony, questioning, professional discussion, written and product evidence are all sources of evidence which can be used.

Learners must meet all assessment criteria to pass the unit.

Evidence for this unit could be presented in a variety of ways.

Learning outcome 1: evidence could be in the form of leaflet that describes and explains spirituality and its importance. Handouts could be prepared using notes from group work and from guest speaker input.

Learning outcome 2: learners are required to demonstrate competence in the work setting. This should include showing how they support people to recognise their spiritual needs and identifying how these needs can be addressed. Details need to be recorded in the person's care plan. For example, a care planning meeting or informal chat about needs and arranging a visit for the person from a pastoral care practitioner or religious or faith leader.

Additional evidence could be in the form of an article for a company magazine, explaining how to support people in identifying and addressing their spiritual needs. Resources accessed online could be used to inform the article and generate frequently asked questions.

Learning outcome 3: learners could produce an information sheet that describes and explains the impact of values and beliefs on their own and an individual's spiritual wellbeing. Activities could be prepared to accompany the information sheet, exploring the impact of values and beliefs.

Learning outcome 4: in the workplace, learners are required to build on learning outcome 2 and show how they access the necessary resources to support a person's spiritual wellbeing. This could include the creation of a specific spiritual area in the setting or identifying specialist services to provide support.

Additional evidence could be in the form of a PowerPoint presentation, explaining how to support spiritual wellbeing. A staff guide could be prepared detailing the approaches and expertise available, including identifying appropriate partnerships for individuals.

Indicative resource materials

Textbooks

Machin L – *Working with Loss and Grief, A Theoretical and Practical Approach, (Second Edition)* (Sage Publications, 2013) ISBN 9781446248881

Parkes C M and Prigerson H – *Bereavement: Studies of grief in adult life, 4th edition* (Routledge, 2010) ISBN 9780415451185

Worden J W – *Grief Counselling and Grief Therapy: A Handbook for Mental Health Practitioners* (Brunner-Routledge, 2003) ISBN 9781583919415

Reports

Addicott, R and Ross, S - *Implementing the end of life care strategy: lessons from good practice*, the King's Fund (2010*)*

Duffy, S - *Dying with dignity: Applying personalisation to end of life care*, the Centre for Welfare Reform, Sheffield (2011)

NHS (2012*) Developing end of life care practice: A guide to workforce development to support social care and health workers to apply the common core principles and competences for end of life care*

NICE (2011) *Guide for commissioners on end of life care for adults*, National Institute for Health and Clinical Excellence

Magazines

Community Care

The Nursing Times

Websites

www.cpa.org.uk/cpa/End_of_Life_Care_Strategy.pdf

www.dementiarights.org

www.dying.about.com/od/filmsandvideos

www.dyingmatters.org/

www.endoflifecareforadults.nhs.uk

www.gov.uk/government/news/end-of-life-care-strategy-fourth-annual-report

Unit 6: Work with Families, Carers and Individuals during Times of Crisis

Unit reference number:	F/601/9029
QCF Level 4:	BTEC Professional
Credit value:	5
Guided learning hours:	35

Unit aim

The aim of this unit is to give learners the knowledge and skills to enable them to work with families, carers and individuals during times of crisis.

Unit introduction

This unit is aimed at health and social care workers working with individuals and their carers and families in times of crisis, to assess the urgency of requests for action, take and review the effectiveness of actions to meet needs and agree risk management strategies. The unit explores current legislation relevant to risk assessment and risk management.

Assessment guidance

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles Annexe F.*

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand relevant legislation, policy and practice when working with individuals, carers and families in times of crisis	1.1 Describe current legislation relevant to risk assessment and risk management
	1.2 Describe legislation, policy and practice relating to the recording, storing and sharing of information by a service provider
	1.3 Explain the different types of support and intervention available to individuals, carer and families in times of crisis
	1.4 Explain the factors that influence the kinds of support offered
2 Be able to develop risk management strategies when working with individuals, carers and families in times of crisis	2.1 Assess the risk of crisis situations occurring
	2.2 Encourage the participation of individuals, carers and families during the agreement and review of a risk management strategy
	2.3 Provide opportunities for individuals, carers and families to contribute to the identification and agreement of a risk management strategy
	2.4 Formulate a risk management strategy using risk assessments
	2.5 Ensure that activities, roles and responsibilities within a risk management strategy are agreed, clarified and understood by all parties
	2.6 Complete documentation in line with agreed ways of working

Learning outcomes	Assessment criteria
3 Be able to respond during times of crisis	3.1 Evaluate the seriousness and urgency of a request for action
	3.2 Work with families, carers and individuals to agree the response to a crisis situation
	3.3 Record and communicate the agreed actions
	3.4 Implement agreed actions promptly in line with agreed ways of working
4 Be able to review the outcomes of requests for action during times of crisis	4.1 Explain how to conduct a valid, reliable and comprehensive review
	4.2 Review outcomes of actions taken and decisions made
	4.3 Analyse the results of the review to inform future risk management strategies and actions to be taken

Unit content

1 **Understand relevant legislation, policy and practice when working with individuals, carers and families in times of crisis**

Current legislation: The Equality Act 2010; Mental Capacity Act 2005 (England and Wales); Human Rights Act 1998; Adults with Incapacity (Scotland) Act 2000; Data Protection Act 1998; Health and Safety at Work etc. Act 1974; Human Rights Act 1998; Care Bill 2013

Legislation, policy and practice relating to the recording, storing and sharing of information: Data Protection Act 1998; security; confidentiality; use of names; identifiers; access; need to know basis; signing/dating of records; storage; roles/responsibilities; policies/procedures; agreed ways of working; level of detail; legible; current; fit for purpose

Types of support and intervention: mentoring; time; privacy; counselling; supervision; debriefing; peer support; evaluation; review; advocacy; networks; support groups; third sector organisations; manager; specialist practitioner

Factors influencing support offered: economic and social factors; any illnesses the individual may have; risk assessment; restrictions which may apply under legislation; age; ability; availability; access; needs/preferences

2 **Be able to develop risk management strategies when working with individuals, carers and families in times of crisis**

Assessing the risk of crisis situations: contributing factors; dynamics; issues; priorities; resources; support networks; access; ability/disability; facts; understanding; pre-existing issues; intervention

Encouraging the participation of individuals, carers and families during the agreement and review of a risk management strategy: meetings; communication; interaction; clarity; focus; support; needs driven; person-centred approach; mediation; advocate; roles and responsibilities; preferences; key issues

Contribution of individuals, carers and families during the agreement and review of a risk management strategy: best interests; meetings; communication; interaction; clarity; focus; support; needs driven; person-centred approach; mediation; advocate; roles and responsibilities; preferences; key issues

Risk management strategy: identification of risks/hazards; consideration of who will be harmed; assess risk; harm reduction approaches; recording and reporting; evaluation; review; change; reflection; positive risk taking

Identification and agreement of key roles, responsibilities and activities within a risk management strategy: records; dissemination of agreed outcomes; open communication; protocols; agreed ways of working; due process; policies and procedures; competence; knowledge; designation

Document completion in line with agreed ways of working: Data Protection Act 1998; security; confidentiality; use of names; identifiers; access; need to know basis; signing/dating of records; storage; roles/responsibilities; policies/procedures; agreed ways of working; level of detail; legible; current; fit for purpose

3 **Be able to respond during times of crisis**

Evaluating request for action: priorities; severity of risk; risk to whom/what; immediacy; safeguarding; partnership; risk assessment; tools; methodologies; networks; person-centred approach; best interests; assessment of capacity

Working with families, carers and individuals to agree the response to a crisis situation: additional support; specialist intervention; resources; advice; guidance; counselling; carer input; mediation; needs assessment; finances; budgeting; referral; review; changes to service provision

Recording and communicating the agreed actions: Data Protection Act 1998; security; confidentiality; use of names; identifiers; access; need to know basis; signing/dating of records; storage; roles/responsibilities; policies/procedures; agreed ways of working; level of detail; legible; current; fit for purpose

Implementing agreed actions: communication; partnership; safeguarding; harm reduction; roles/responsibilities; protocols; resource availability; capacity; legal obligations

4 **Be able to review the outcomes of requests for action during times of crisis**

Conducting a valid, reliable and comprehensive review: relevant information; sources of information/feedback; best interests; meetings; communication; interaction; clarity; focus; support; needs driven; person-centred approach; mediation; advocate; roles and responsibilities; preferences; key issues

Reviewing outcomes of actions taken and decisions made: support needs; specialist intervention; resources; advice; guidance; counselling; carer input; mediation; needs assessment; finances; budgeting; referral; review; changes to service provision

Analysing the results of the review to inform future risk management strategies and actions to be taken: competence; skills; partnership working; knowledge; practitioner abilities; support needs; specialist intervention; resources; advice; guidance; counselling; carer input; mediation; needs assessment; finances; budgeting; referral; review; changes to service provision; policy review; training; supervision; monitoring; safeguarding; protocols

Essential guidance for tutors

Delivery

Delivery should be based on real-life situations and case studies. It is recommended that centres use a wide range of delivery methods. For example, lectures, seminars, workshops, presentations, site visits, project work, and research using the internet and/or library resources, and the use of personal and/or industrial experience.

Learning outcome 1: taught input on legislation relevant to risk assessment and risk management when working with individuals, carers and families in times of crisis. Learners could work in groups to examine different acts relating to risk management and report back to the rest of the class. A guest speaker from, for example, the Samaritans or Cruse Bereavement Care, could explain types of support and interventions available to individuals, carers and families in times of crisis, and the factors that influence the kinds of support offered. This could be followed by a question and answer session.

Learning outcome 2: evidence should be generated in the workplace and learners are required to demonstrate how they assess and manage risks.

There could be a class discussion on how to assess the risk of crisis situations occurring. A plenary to identify appropriate risk management strategy would support learning. Case studies could be used to assess understanding and learners' ability to apply the knowledge gained.

Taught input to cover ensuring that activities, roles and responsibilities in a risk management strategy are agreed, clarified and understood by all parties and that documentation is completed in line with agreed ways of working.

Learning outcome 3: learners are required to demonstrate how they respond in times of crisis, agreeing responses and following agreed ways of working.

A guest speaker from, for example, a hospice or the Samaritans, could talk about working with families, carers and individuals to agree the response to a crisis situation. To assess their understanding of how to react in a crisis situation, learners could be given scenarios to respond to.

Learning outcome 4: taught input on analysing the results of reviews to inform future risk management strategies and actions to be taken will support learning. Learners could work in groups to plan active strategies and actions for individuals.

Assessment

This unit should be assessed predominately in the workplace, in line with *Skills for Care and Development's Assessment Principles* (see *Annexe F*). Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment by an occupationally competent assessor.

Observation, witness testimony, questioning, professional discussion, written and product evidence are all sources of evidence which can be used.

Learners must meet all assessment criteria to pass the unit.

Evidence for this unit can be presented in a variety of ways.

Learning outcome 1: evidence could be in the form of a PowerPoint presentation using notes made from a talk from a guest speaker.

Learning outcome 2: in their work setting, learners are required to assess risks in relation to crisis situations in order to identify strategies to manage emerging issues. Agreement must be gained from all parties and this could involve a face-to-face meeting or telephone calls. All appropriate documentation must be completed.

Additional evidence could be in the form of a set of information sheets that uses examples to describe how to assess risks and identify strategies for risk management. A report could be produced identifying risk areas and strategies to reduce these risks and explaining the factors that influence the kinds of support offered.

Learning outcome 3: using evidence from the workplace, learners are required to liaise with families, carers and individuals and evaluate the severity of a crisis situation. Learners are required to implement agreed actions promptly in line with agreed ways of working. This will involve reporting and recording and using face-to-face communication as evidence.

Other evidence could be in the form of a seminar, with individual learners involving their peers in a discussion in relation to the support available. Assessment evidence might be in the form of notes or it could be a recording of the discussion made by the tutor.

Learning outcome 4: workplace activity will involve a review of outcomes of the actions taken and decisions made in response to a crisis situation and this will, in turn, inform future risk management strategies and actions to be taken. Learners are required to show how this is carried out in the workplace.

Evidence could be in the form of a report on the outcomes of the actions taken in response to a crisis situation. Examples of other forms of evidence are podcasts and visual displays.

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Websites

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Unit 7: Support Individuals during the Last Days of Life

Unit reference number: F/503/8685

QCF Level 4:   BTEC Professional

Credit value: 5

Guided learning hours: 33

Unit aim

The aim of this unit is to assess and develop the understanding, knowledge and skills needed to support individuals during the last days of life. The unit will help to ensure that learners are working to guidelines, and following policies and procedures.

Unit introduction

Learners will develop understanding, knowledge and skills of the impact the last days of life can have on individuals and others and how staff can provide support at this time. The unit will develop awareness of learners' own feelings in relation to death and dying.

Learners will look at how to respond to symptoms in the last days of life and the appropriate responses to a person's changing needs.

Assessment guidance

For AC1.1, an **individual** is the person receiving support or care in the work setting. **Others** may include:

- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals.
- other organisations
- social workers
- occupational therapists
- GPs
- speech and language therapists
- physiotherapists

- pharmacists
- nurses
- Macmillan Nurses
- independent mental capacity advocates
- clinical nurse specialists.

For AC3.1, **a range of ways** may include:
- appropriate comfort measures in the final hours of life
- environmental factors
- non-medical interventions
- use of equipment and aids
- alternative therapies.

For AC3.3, **a range of tools for end of life care** may include:
- Liverpool Care Pathway
- Gold Standards Framework or equivalent
- preferred priorities of care
- advance care plan approaches
- Welsh integrated care pathway.

For AC3.4, **agreed ways of working** include policies and procedures where these exist**.**

This unit requires workplace assessment of occupational competence. Please refer to the overall *Skills for Care and Development's Assessment Principles Annexe F.*

Learning outcomes and assessment criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the impact of the last days of life on the individual and others	1.1 Describe psychological aspects of the dying phase for the **individual** and **others**
	1.2 Analyse the impact of the last days of life on the relationships between individuals and others
2 Understand how to respond to common symptoms in the last days of life	2.1 Describe the common signs of approaching death
	2.2 Explain how to minimise the distress of symptoms related to the last days of life
	2.3 Describe appropriate comfort measures in the final hours of life
	2.4 Explain the circumstances when life-prolonging treatment can be stopped or withheld
	2.5 Identify the signs that death has occurred
3 Be able to support individuals and others during the last days of life	3.1 Demonstrate a **range of ways** to enhance an individual's well-being during the last days of life
	3.2 Work in partnership with others to support the individual's well-being
	3.3 Describe how to use a **range of tools for end of life care** according to agreed ways of working
	3.4 Support others to understand the process following death according to **agreed ways of working**

Learning outcomes	Assessment criteria
4 Be able to respond to changing needs of an individual during the last days of life	4.1 Explain the importance of following the individual's advance care plan in the last days of life
	4.2 Record the changing needs of the individual during the last days of life according to agreed ways of working
	4.3 Support the individual when their condition changes according to agreed ways of working
5 Be able to work according to national guidelines, local policies and procedures, taking into account preferences and wishes after the death of the individual	5.1 Implement actions immediately after a death that respect the individual's preferences and wishes according to agreed ways of working
	5.2 Provide care for the individual after death according to national guidelines, local policies and procedures
	5.3 Explain the importance of following the advance care plan to implement the individual's preferences and wishes for their after-death care
	5.4 Follow agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person
	5.5 Explain ways to support others immediately following the death of the individual
6 Be able to manage own feelings in relation to an individual's dying or death	6.1 Identify ways to manage own feelings in relation to an individual's death
	6.2 Use support systems to manage own feelings in relation to an individual's death

Unit content

1 **Understand the impact of the last days of life on the individual and others**

Psychological aspects of the dying phase: depression; denial; anger; frustration; anxiety; bargaining; acceptance; hope; loss; hopelessness; lethargy; withdrawal

Impact of the last days of life on the relationships between individuals and others: feelings of loss; deeper relationships; loss of relationships; reestablishment of relationships; honesty; openness; needs; clinging; despair; loss of role

2 **Understand how to respond to common symptoms in the last days of life**

Common signs of approaching death: inability to arouse person; severe agitation; hallucinations; long periods of pausing in the breathing (apnoea); changes in the breathing pattern; abnormal breathing patterns; increased respiratory congestion; fluid build-up in lungs; inability to swallow fluids; person states that they are going to die; person breathing through wide, open mouth continuously; can no longer speak even if awake; urinary/bowel incontinence; decrease in urine output; blood pressure dropping dramatically; extremities feel very cold to touch; legs/feet are numb and cannot be felt at all; cyanosis, (a bluish or purple colouring to arms and legs); body is held in rigid unchanging position

Minimising the distress of symptoms related to the last days of life: calm environment; counselling; mediation; medication; time; space; care plan review; partnership working; specialist practitioner roles; references; wishes; choices

Comfort measures in the final hours of life: environment (temperature, noise levels, lighting, warmth) visitors; dietary needs; pain management; positioning; fluids; comfort; medication administration; monitoring; assessment; meeting of religious/spiritual needs

Circumstances when life-prolonging treatment can be stopped or withheld: brain-stem death, activity in the brain has stopped – all treatments can be stopped; best interests; advance care plan; life-prolonging treatment can be withheld or withdrawn from a patient who lacks capacity; when starting or continuing treatment is not in their best interests; a patient who has capacity may decide to refuse treatment and doctors are bound to respect the decision; when a patient lacks capacity and if they have an advance directive, it must be respected; living will

Signs that death has occurred: no breathing; no heartbeat; loss of control of bowel or bladder; no response to attempts to awaken; no response to shaking or shouting; eyelids slightly open; eyes fixed on certain spot; jaw relaxed and mouth slightly open; skin and body become cold; skin colour turns pale, bluish then a whitish or ashen grey as the blood settles; different muscles in the body relax causing different signs to occur; pupils are fixed and dilated

3 **Be able to support individuals and others during the last days of life**

Activities to enhance wellbeing during the last days of life: dietary needs; pain management; positioning; environment; visitors; fluids; comfort; medication administration; noise levels; lighting; warmth; monitoring; assessment; meeting of religious/spiritual needs administration; noise levels; lighting; warmth; monitoring; assessment; meeting of religious/spiritual needs

Working in partnership with others to support the individual's wellbeing: sharing of knowledge; changes to practice; training; supervision; funding; partnerships arrangements; commissioning; approaches; impact on patients; strategy development; policies/procedures; agreed ways of working; recruitment; key roles

Tools for end of life care: NHS National End of Life Care Programme; End of life care for adults quality standards (NICE); Department of Health End of Life Care Strategy; quality markers and measures for end of life care; promoting high quality care for all adults at the end of life; End of Life Care Quality Assessment Tool (ELCQuA); Care Quality Commission (CQC) essential standards of quality and safety; General Medical Council – Treatment and Care Towards the End of Life; good practice in decision making; local policies – ensuring agreed procedures are followed; medication; management of unexpected death; supporting practical, emotional and spiritual aspects of care; end of life care; infection control; moving and handling; partnership working; referrals

Supporting others to understand the process following death: clarification; explanation; guidance; advice; specialist practitioner; confidentiality; advance care plan; wills

4 **Be able to respond to changing needs of an individual during the last days of life**

Importance of following the individual's advance care plan in the last days of life: best interests; wishes; preferences; dignity; identified by person before death; choices; person-centred approach; predetermined; agreed; planned for; anticipated

Recording the changing needs of the individual: Data Protection Act 1998; security; confidentiality; use of names; identifiers; access; need to know basis; signing/dating of records; storage; roles/responsibilities; policies/procedures; agreed ways of working; level of detail; legible; current; fit for purpose

Supporting the individual when their condition changes: pain management; positioning; environment; visitors; fluids; comfort; medication administration; noise levels; lighting; warmth; monitoring; assessment

5 **Be able to work according to national guidelines, local policies and procedures, taking into account preferences and wishes after the death of the individual**

Implementing actions immediately after a death that respect the individual's preferences and wishes according to agreed ways of working: advance care plan; organ/tissue donation; family/carer involvement; support; guidance; specialist practitioner; person centred approach

Providing care for the individual after death according to national guidelines, local policies and procedures: controlling the risks of infection at work from human remains (HSE 2006); Equality Act 2010; Mental Capacity Act 2005 (England and Wales); Human Rights Act 1998; Adults with Incapacity (Scotland) Act 2000; NHS National End of Life Care Programme; End of Life Care for Adults Quality Standards (NICE); Department of Health End of Life Care Strategy: quality markers and measures for end of life care; promoting high-quality care for all adults at the end of life; End of Life Care Quality Assessment Tool (ELCQuA); Care Quality Commission (CQC) Essential standards of quality and safety; General Medical Council – Treatment and Care Towards the End of Life; good practice in decision making; local policies - ensuring agreed procedures are followed; medication; management of unexpected death; supporting practical, emotional and spiritual aspects of care; end of life care; infection control; moving and handling; partnership working; referrals

Importance of following the advance care plan to implement the individual's preferences and wishes for their after-death care: wishes; preferences; dignity; identified by person before death; choices; person-centred; predetermined; agreed; planned for; anticipated

Agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person: spillage management; use of personal protective equipment (PPE); vaccination; hand washing; hand washing facilities; signage; training; monitoring; reporting; recording; transfer; washing of person; seal leaking wounds; pack leaking orifices; safe disposal of sharps/syringe drivers; protocol for suspected/known infected person; use of body bags

Supporting others immediately following death: mentoring; time; privacy; dignity; counselling; supervision; debriefing; peer support; evaluation; review

6 **Be able to manage own feelings in relation to an individual's dying or death**

Managing own feelings in relation to an individual's death: evaluation; reflection; counselling; mentoring; supervision; appraisal; training; networks; support groups; reflection; analysis; debriefing; peer support

Using support systems to manage own feelings in relation to an individual's death: peer support; counselling; mentoring; supervision; appraisal; training; networks; support groups; reflection; analysis; debriefing

Essential guidance for tutors

Delivery

Delivery should be based on real-life situations and case studies. It is recommended that centres use a wide range of delivery methods. For example, lectures, seminars, workshops, presentations, site visits, project work, and research using the internet and/or library resources, and the use of personal and/or industrial experience.

Learning outcome 1: taught input on the impact of the last days of life on the relationships between individuals and others. Learners could work in groups to apply ideas generated to case studies and give feedback as the basis of a class discussion.

Learning outcome 2: taught input on common signs of approaching death, how to minimise distress and provide comfort measures, and signs that death has occurred. Learners should be encouraged to take notes and ask questions to clarify points. A guest speaker, such as a member of an end of life care team, can explain the circumstances as to when life-prolonging treatment can be stopped or withheld. This could be followed by a question and answer session.

Learning outcome 3: learners are required to provide evidence in the work setting. This evidence should include demonstrating how to work with others to enhance a person's last days, utilising the tools available. This could include use of the Gold Standards Framework or reference to the National End of Life Care Programme.

Delivery could involve a group plenary on ways to enhance an individual's wellbeing during the last days of life and how to enable others to understand the process following death. Learners could work in groups using case studies to explore the use of a range of tools for end of life care according to agreed ways of working. They could then feed back to the whole group.

Learning outcome 4: using real work activities, learners are asked to show how they record the changing needs of the individual during the last days of life, following agreed ways of working. Learners need to demonstrate how they support the individual when their condition changes.

Group work could be used to enable learners to investigate the importance of following the individual's advance care plan in the last days of life, and giving reasons why it is important. Taught input on recording and supporting the changing needs of the individual during the last days of life, according to agreed ways of working, would support learning. This could be the focus of a class discussion.

Learning outcome 5:, learners are required to demonstrate in the workplace how they implement actions immediately following a death, respecting the individual's preferences and wishes and following agreed ways of working. Learners need to show how they follow agreed ways of working in relation to the prevention and control of infection when caring for and transferring a deceased person.

A guest speaker, such as a funeral director, could talk to learners about advance care plans, infection prevention and control, national guidelines, and local policies and procedures relating to care after death. There should be taught input on ways to support others following the death of an individual. A series of short lectures, followed by group work with learners applying information to case studies, would meet the requirements of this learning outcome.

Learning outcome 6: using work activity and support systems, learners need to demonstrate how they manage their feelings in relation to an individual's death.

Taught input on methods of managing feelings in relation to a person's death would support learning. A guest speaker, for example from Cruse Bereavement Care, could explain the support systems available to manage own feelings in relation to an individual's death.

Assessment

This unit should be assessed predominately in the workplace, in line with *Skills for Care and Development's Assessment Principles* (see *Annexe F*). Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment by an occupationally competent assessor.

Learners must meet all assessment criteria to pass the unit.

Evidence for this unit could be presented in a variety of ways.

Learning outcome 1: evidence could be presented in the form of a report describing the psychological aspects of the dying phase for the individual and others, and analysing the impact of the last days of life on the relationships of the individual and others. Evidence could be presented in the form of a record of the class discussion and written responses to case-study material.

Learning outcome 2: evidence could be presented as an article for *Community Care* magazine describing the common signs of approaching death and the signs that death has occurred, explaining how to minimise the distress of symptoms related to the last days of life and describing appropriate comfort measures in the final hours of life. The article should also explain when life-prolonging treatment can be stopped or withheld.

Learning outcome 3: evidence from real work activity should include working with others to implement tools and approaches to enhance a person's wellbeing during their last days. This will involve partnership working, for example liaison with GPs and Macmillan Nurses.

Further evidence could be in the form of information sheets for staff; family and volunteers that describe and explain ways to enhance an individual's wellbeing during the last days of life. A presentation or report on how to use a range of tools for end of life care would also be appropriate evidence.

Learning outcome 4: learners are required to use evidence from real work activities to demonstrate how they record the changing needs of the individual during the last days of life, following agreed ways of working and supporting the individual when their condition changes.

Additional evidence could be in the form of a PowerPoint presentation on advance care planning and the changing needs of individuals during the last days of life. This would enable learners to develop their presentation skills, as well as assessing their understanding of the topic.

Learning outcome 5: using evidence generated in the work environment, learners must implement actions following a death that respect the individual's preferences and wishes, following agreed ways of working, national guidelines, and local policies and procedures. Learners must follow agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person. Learners must be able to explain ways to support others immediately following the death of the individual. This could be covered in a professional discussion.

Further evidence could be in the form of a booklet for new members of staff on national guidelines, and local policies and procedures. Written responses to case study scenarios would also be suitable.

Learning outcome 6: learners are required to demonstrate how they manage their feelings in relation to an individual's death, using available support systems to manage their feelings.

Additional evidence could be in the form of written responses to a case study of an individual who has died and the resources and support systems available to manage feelings in relation to the death.

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www.mariecurie.org.uk

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- BTEC: **www.edexcel.com/btec**

- Pearson Work Based Learning and Colleges: **www.edexcel.com/about-wbl**

- books, software and online resources for UK schools and colleges: **www.pearsonschoolsandfecolleges.co.uk**

Useful publications

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties – Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))

- *Equality Policy* (Pearson)

- *Recognition of Prior Learning Policy and Process* (Pearson)

- *UK Information Manual* (Pearson)

- *UK Quality Vocational Assurance Handbook* (Pearson).

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are available on our website at www.edexcel.com/btec/delivering-BTEC/quality/Pages

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please go to www.edexcel.com/resources/publications/Pages

How to obtain National Occupational Standards

For the National Occupational Standards referred to in this specification contact:

Skills for Care Ltd
West Gate
Grace Street
Leeds
LS1 2RP

Telephone: +44 (0) 113 245 1716

Email: sscinfo@skillsforcareanddevelopment.org.uk

Website: www.skillsforcareanddevelopment.org.uk

Professional development and training

Pearson supports UK and international customers with training related to BTEC qualifications. This support is available through a choice of training options offered in our published training directory or through customised training at your centre.

The support we offer focuses on a range of issues, including:

- planning for the delivery of a new programme
- planning for assessment and grading
- developing effective assignments
- building your team and teamwork skills
- developing student-centred learning and teaching approaches
- building Functional Skills into your programme
- building in effective and efficient quality assurance systems.

The national programme of training we offer can be viewed on our website (www.edexcel.com/resources/Training/Pages). You can request customised training through the website or by contacting one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

If you would like your Curriculum Development Manager to contact you, please get in touch with your regional office on: 0844 463 2535

The training we provide:

- is active – ideas are developed and applied
- is designed to be supportive and thought provoking
- builds on best practice.

Annexe A

The Pearson/BTEC qualification framework for the health and social care sector

Progression opportunities within the framework.

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC professional/ specialist courses	NVQ/occupational
7			BTEC Level 7 Award/Certificate/Diploma/ Extended Diploma in Strategic Management and Leadership (QCF)	BTEC Level 7 Diploma in Management (QCF)
6				
5		BTEC Level 5 HND Diploma in Health and Social Care (QCF) BTEC Level 5 HND Diploma in Health and Social Care (Applied Social Studies) (QCF) BTEC Level 5 HND Diploma in Health and Social Care (Care Practice) (QCF) BTEC Level 5 HND Diploma in Health and Social Care (Health) (QCF) BTEC Level 5 HND Diploma in Health and Social Care (Management) (QCF)	BTEC Level 5 Award in Management and Leadership (QCF) BTEC Level 5 Certificate in Management and Leadership (QCF) BTEC Level 5 Diploma in Management and Leadership (QCF) **BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF)**	Edexcel Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (England) (QCF)

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC professional/specialist courses	NVQ/occupational
4		BTEC Level 4 HNC Diploma in Health and Social Care (QCF)		
		BTEC Level 4 HNC Diploma in Health and Social Care (Applied Social Studies) (QCF)		
		BTEC Level 4 HNC Diploma in Health and Social Care (Care Practice) (QCF)		
		BTEC Level 4 HNC Diploma in Health and Social Care (Health) (QCF)		
		BTEC Level 4 HNC Diploma in Health and Social Care (Management) (QCF)		

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC professional/specialist courses	NVQ/occupational
3	Edexcel GCE in Health and Social Care	BTEC Level 3 Certificate in Health and Social Care (QCF) BTEC Level 3 Subsidiary Diploma in Health and Social Care (QCF) BTEC Level 3 90-credit Diploma in Health and Social Care (QCF) BTEC Level 3 Diploma in Health and Social Care (QCF) BTEC Level 3 Diploma in Health and Social Care (Health Studies) (QCF) BTEC Level 3 Diploma in Health and Social Care (Social Care) (QCF) BTEC Level 3 Extended Diploma in Health and Social Care (QCF) BTEC Level 3 Extended Diploma in Health and Social Care (Health Studies) (QCF) BTEC Level 3 Extended Diploma in Health and Social Care (Social Care) (QCF)	BTEC Level 3 Certificate in Activity Provision in Social Care (QCF) BTEC Level 3 Certificate in Preparing to Work in Adult Social Care (QCF) BTEC Level 3 Certificate in Working in the Health Sector (QCF) BTEC Level 3 Award in Working with Medication (QCF) BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)	Edexcel Level 3 Diploma in Health and Social Care (Adults) for England, and for Wales and Northern Ireland (QCF) Edexcel Level 3 Diploma in Allied Health Profession Support (QCF) Edexcel Level 3 Diploma in Clinical Healthcare Support (QCF)

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC professional/specialist courses	NVQ/occupational
2	BTEC First Award in Health and Social Care BTEC First Certificate and Extended Certificate in Health and Social Care BTEC First Diploma in Health and Social Care Edexcel GCSE in Health and Social Care (2HS01) Edexcel GCSE in Health and Social Care (Double Award) (2HS02)	BTEC Level 2 Certificate in Health and Social Care (QCF) BTEC Level 2 Extended Certificate in Health and Social Care (QCF) BTEC Level 2 Diploma in Health and Social Care (QCF)	BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF) BTEC Level 2 Certificate in Preparing to Work in Adult Social Care (QCF) BTEC Level 2 Certificate in Working in the Health Sector (QCF) BTEC Level 2 Award in Awareness of Dementia (QCF) BTEC Level 2 Certificate in Dementia Care (QCF) BTEC Level 2 Award in Food Safety in Health and Social Care and Early Years and Childcare Settings (QCF)	Edexcel Level 2 Diploma in Health and Social Care (Adults) for England, and for Wales and Northern Ireland (QCF) Edexcel Level 2 Diploma in Emergency Care Assistance (QCF) Level 2 Diploma in Clinical Healthcare Support
1		BTEC Level 1 Certificate in Exploring The Caring Sectors (QCF) BTEC Level 1 Extended Certificate in Exploring The Caring Sectors (QCF) BTEC Level 1 Diploma in Exploring The Caring Sectors (QCF) BTEC Level 1 Award - Preparing to Work in Adult Social Care (QCF)	BTEC Level 1 Award in Introduction to Health, Social Care and Children and Young People's Settings (QCF) BTEC Level 1 Certificate in Introduction to Health, Social Care and Children and Young People's Settings (QCF) BTEC Level 1 Award in Preparing to Work in Adult Social Care (QCF)	

Annexe B

Wider curriculum mapping

Pearson BTEC Level 5 qualifications give learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of citizenship, environmental issues, European developments, health and safety considerations and equal opportunities issues.

Spiritual moral ethical social and cultural issues

Throughout the delivery of these qualifications learners will have the opportunity to actively participate in different kinds of decision making. They will have to consider fair and unfair situations and explore how to resolve conflict. Working in small groups they will learn how to respect and value others' beliefs, backgrounds and traditions.

Citizenship

Learners undertaking these qualifications will have the opportunity to develop their understanding of citizenship issues.

Environmental issues

Developing a responsible attitude towards the care of the environment is an integral part of this qualification. Learners are encouraged to minimise waste and discuss controversial issues.

European developments

Much of the content of the qualification applies throughout Europe, even though the delivery is in a UK context.

Health and safety considerations

Health and safety is embedded within many of the units in this qualification. Learners will consider their own health and safety at work, how to identify risks and hazards and how to minimise those risks.

Equal opportunities issues

There will be opportunities throughout this qualification to explore different kinds or rights and how these affect both individuals and communities, for example learners will consider their rights at work and the rights of employers and how these rights affect the work community.

Annexe C

National Occupational Standards mapping

The grid below maps the knowledge covered in the Pearson BTEC Level 5 Professional Certificate in Leading and Managing Services to Support End of Life and Significant Life Events (QCF) against the underpinning knowledge of the National Occupational Standards in End of Life Care.

KEY

\#   indicates partial coverage of the NVQ unit

Units	1	2	3	4	5	6	7
NOS in Support individuals at the end of life (SCDHSC0385)	#	#	#	#	#	#	#

Annexe D

Glossary of accreditation terminology

Accreditation start/end date	The first/last dates that Pearson can register learners for a qualification.
Certification end date	The last date on which a certificate may be issued by Pearson.
Credit value	All units have a credit value. The minimum credit value that may be determined for a unit is one, and credits can only be awarded in whole numbers. Learners will be awarded credits for the successful completion of whole units.
Guided Learning Hours (GLH)	Guided learning hours are defined as all the times when a tutor, trainer or facilitator is present to give specific guidance towards the learning aim being studied on a programme. This definition includes lectures, tutorials and supervised study in; for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in day-to-day marking of assignments or homework where the learner is not present.
Learning Aims Database	Link to the Learning Aims Database, which features detailed funding information by specific learning aim reference.
Learning Aim Reference	Unique reference number given to the qualification by the funding authorities on accreditation.
Level	The level at which the qualification is positioned in the Qualifications and Credit Framework (QCF).
Performance tables	This qualification is listed on the Department for Education (DfE) website School and College Achievement and Attainment Tables (SCAAT) as performance indicators for schools and colleges.
Qualification Number (QN)	Unique reference number given to the qualification by the regulatory authorities on accreditation.
Register of Regulated Qualifications	The Register of Regulated Qualifications contains details of Recognised Awarding Organisations and Regulated Qualifications in England (Ofqual), Wales (Welsh Government) and Northern Ireland (Ofqual for vocational qualifications and CCEA Accreditation for all other qualifications).
Section 96	Section 96 is a section of the Learning and Skills Act 2000. This shows for which age ranges the qualification is publicly funded for under-19 learners.
Title	The accredited title of the qualification.
UCAS points	This qualification is listed on the Universities and Colleges Admissions Service (UCAS) tariff for those wishing to progress to higher education.

Pearson BTEC Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant
Life Events (QCF) – Specification – Issue 1– March 2014 © Pearson Education Limited 2014

Annexe E

BTEC Specialist and Professional qualifications

BTEC qualifications on the NQF	Level	BTEC Specialist and Professional qualifications on the QCF	BTEC qualification suites on the QCF
BTEC Level 7 Advanced Professional qualifications BTEC Advanced Professional Award, Certificate and Diploma	**7**	**BTEC Level 7 Professional qualifications** BTEC Level 7 Award, Certificate, Extended Certificate and Diploma	
BTEC Level 6 Professional qualifications BTEC Professional Award, Certificate and Diploma	**6**	**BTEC Level 6 Professional qualifications** BTEC Level 6 Award, Certificate, Extended Certificate and Diploma	
BTEC Level 5 Professional qualifications BTEC Professional Award, Certificate and Diploma	**5**	**BTEC Level 5 Professional qualifications** BTEC Level 5 Award, Certificate, Extended Certificate and Diploma	**BTEC Level 5 Higher Nationals** BTEC Level 5 HND Diploma
BTEC Level 4 Professional qualifications BTEC Professional Award, Certificate and Diploma	**4**	**BTEC Level 4 Professional qualifications** BTEC Level 4 Award, Certificate, Extended Certificate and Diploma	**BTEC Level 4 Higher Nationals** BTEC Level 4 HNC Diploma
BTEC Level 3 qualifications BTEC Award, Certificate, Extended Certificate and Diploma	**3**	**BTEC Level 3 Specialist qualifications** BTEC Level 3 Award, Certificate, Extended Certificate and Diploma	**BTEC Level 3 Nationals** BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma

BTEC qualifications on the NQF	Level	BTEC Specialist and Professional qualifications on the QCF	BTEC qualification suites on the QCF
BTEC Level 2 qualifications BTEC Award, Certificate, Extended Certificate and Diploma	**2**	**BTEC Level 2 Specialist qualifications** BTEC Level 2 Award, Certificate, Extended Certificate and Diploma	**BTEC Level 2 Firsts** BTEC Level 2 Certificate, Extended Certificate and Diploma
BTEC Level 1 qualifications BTEC Award, Certificate, Extended Certificate and Diploma	**1**	**BTEC Level 1 Specialist qualifications** BTEC Level 1 Award, Certificate, Extended Certificate and Diploma	**BTEC Level 1 qualifications** BTEC Level 1 Award, Certificate and Diploma (vocational component of Foundation Learning)
	E	**BTEC Entry Level Specialist qualifications** BTEC Entry Level Award, Certificate, Extended Certificate and Diploma	**BTEC Entry Level qualifications (E3)** BTEC Entry Level 3 Award, Certificate and Diploma (vocational component of Foundation Learning)

NQF = National Qualifications Framework
QCF = Qualifications and Credit Framework

QCF qualification sizes

Award	1-12 credits
Certificate	13-36 credits
Diploma	37+ credits

Annexe F

Skills for Care and Development QCF Assessment Principles

1.   Introduction

1.1   Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2   This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements. Additional information/guidance regarding individual unit assessment can be obtained from Awarding Organisations or from Skills for Care and Development. This must be used in order to provide the proper context for learning and assessment.

1.3   These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4   Where Skills for Care and Development qualifications are shared with Skills for Health, Skill for Health will also use these assessment principles.

2.   Assessment Principles

2.1   Assessment decisions for competence based learning outcomes (e.g. those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

2.2   Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.

2.3   Competence based assessment must include direct observation as the main source of evidence

2.4   Simulation may only be utilised as an assessment method for competence based Lo where this is specified in the assessment requirements of the unit'.

2.5   Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6   Assessment of knowledge based Learning Outcomes (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment.

2.7   Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

2.8   Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

3.   Internal Quality Assurance

3.1   Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

4.   Definitions

4.1   Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2   Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3   Qualified to make assessment decisions:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

4.4   Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5   Expert witness:

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise.
- have **EITHER** any qualification in assessment of workplace performance **OR** a professional work role which involves evaluating the everyday practice of staff.