

Pearson BTEC Level 3 Award in Awareness of Dementia

Pearson BTEC Level 3 Certificate in Dementia Care

Specification

BTEC specialist qualifications

First teaching September 2011

Issue 3

Edexcel, BTEC and LCCI qualifications

Edexcel, BTEC and LCCI qualifications are awarded by Pearson, the UK's largest awarding body offering academic and vocational qualifications that are globally recognised and benchmarked. For further information, please visit our qualifications website at qualifications.pearson.com. Alternatively, you can get in touch with us using the details on our contact us page at qualifications.pearson.com/contactus

About Pearson

Pearson is the world's leading learning company, with 35,000 employees in more than 70 countries working to help people of all ages to make measurable progress in their lives through learning. We put the learner at the centre of everything we do, because wherever learning flourishes, so do people. Find out more about how we can help you and your learners at qualifications.pearson.com

This specification is Issue 3. Key changes are listed in the summary table on the next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com

These qualifications were previously known as:

Edexcel BTEC Level 3 Award in Awareness of Dementia (QCF)

Edexcel BTEC Level 3 Certificate in Dementia Care (QCF)

The QNs remain the same.

References to third party material made in this specification are made in good faith. We do not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)

ISBN: 978 1 446 93982 6

All the material in this publication is copyright
© Pearson Education Limited 2017

Summary of Pearson BTEC Level 3 Award in Awareness of Dementia and Pearson BTEC Level 3 Certificate in Dementia Care specification Issue 3 changes

Summary of changes made between previous issue and this current issue	Page number
All references to QCF have been removed throughout the specification	Throughout
Definition of TQT added	1
Definition of sizes of qualifications aligned to TQT	1
Credit value range removed and replaced with lowest credit value for the shortest route through the qualification	4-6
TQT value added	4-6
GLH range removed and replaced with lowest GLH value for the shortest route through the qualification	4-6
QCF references removed from unit titles and unit levels in all units	19-107
Guided learning definition updated	13

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

BTEC Specialist qualification titles covered by this specification

Pearson BTEC Level 3 Award in Awareness of Dementia

Pearson BTEC Level 3 Certificate in Dementia Care

Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding. The 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 unit code.

The qualification and unit codes will appear on learners' final certification documentation.

The Qualification Numbers for the qualifications in this publication are:

Pearson BTEC Level 3 Award in Awareness of Dementia	600/2998/5
---	------------

Pearson BTEC Level 3 Certificate in Dementia Care	600/2999/7
---	------------

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

These qualifications are accredited by Ofqual as being part of Apprenticeships.

Welcome to Pearson BTEC level 3 Award in Awareness of Dementia and Certificate in Dementia Care

Focusing on the BTEC level 3 Award in Awareness of Dementia and Certificate in Dementia Care

As the number of people with dementia increases, it is important that the adult social care workforce has the skills needed to meet their needs. These qualifications aim to enhance practice around the care and support of people with dementia. These qualifications have been developed in partnership with The Alzheimer's Society and other sector experts to reflect current best practice in this area.

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 and 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) – in this case Skills for Care and Development – to ensure that they meet employer and learner needs.

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 3 Specialist qualifications?	1
Sizes of Specialist qualifications	1
Pearson BTEC Level 3 Award	2
Pearson BTEC Level 3 Certificate	2
Key features of the Pearson BTEC Level 3 Award in Awareness of Dementia and Certificate in Dementia Care	2
National Occupational Standards	3
Rules of combination	4
Rules of combination for the Pearson BTEC Level 3 qualifications	4
Pearson BTEC Level 3 Award in Awareness of Dementia	5
Pearson BTEC Level 3 Certificate in Dementia Care	6
Assessment	8
Quality assurance of centres	9
Approval	9
Quality Assurance Guidance	10
Programme design and delivery	10
Mode of delivery	10
Resources	10
Delivery approach	11
Access and recruitment	11
Restrictions on learner entry	12
Restrictions on learner entry	12
Access arrangements and special considerations	12
Recognition of Prior Learning	12
Unit format	13
Unit title	13
Unit code	13
Level	13
Credit value	13

Guided Learning Hours	13
Unit aim and purpose	13
Unit introduction	14
Learning outcomes	14
Assessment and grading criteria	14
Unit content	14
Relationship between content and assessment criteria	14
Content structure and terminology	14
Essential guidance for tutors	15
Units	17
Unit 1: Understand the Process and Experience of Dementia	19
Unit 2: Understand the Administration of Medication to Individuals with Dementia using a Person-centred Approach	25
Unit 3: Understand the Role of Communication and Interactions with Individuals who have Dementia	29
Unit 4: Understand the Diversity of Individuals with Dementia and the Importance of Inclusion	35
Unit 5: Enable Rights and Choices of Individuals with Dementia whilst Minimising Risks	41
Unit 6: Understand and Enable Interaction and Communication with Individuals who have Dementia	47
Unit 7: Equality, Diversity and Inclusion in Dementia Care Practice	51
Unit 8: Understand and Meet the Nutritional Requirements of Individuals with Dementia	57
Unit 9: Support the Use of Medication in Social Care Settings	59
Unit 10: Purpose and Principles of Independent Advocacy	63
Unit 11: Independent Mental Capacity Advocacy	67
Unit 12: Contribute to Support of Positive Risk-taking for Individuals	73
Unit 13: Provide Support to Continue Recommended Therapies	75
Unit 14: Implement Therapeutic Group Activities	77
Unit 15: Support Individuals who are Bereaved	79
Unit 16: Support Individuals at the End of Life	81
Unit 17: Interact with and Support Individuals Using Telecommunications	85
Unit 18: Support Person-centred Thinking and Planning	89

Unit 19: Support Positive Risk Taking for Individuals	93
Unit 20: Support Individuals in the Use of Assistive Technology	97
Unit 21: Facilitate Person-centred Assessment, Planning, Implementation and Review	99
Unit 22: Understand Models of Disability	103
Unit 23: Contribute to the Care of a Deceased Person	105
Unit 24: Understand Mental Wellbeing and Mental Health Promotion	107
Further information and useful publications	109
Professional development and training	110
Annexe A	111
Wider curriculum mapping	111
Annexe B	112
National Occupational Standards (NOS) Mapping	112
National Occupational Standards (NOS) Related to the Pearson Level 3 Award in Awareness of Dementia	112
National Occupational Standards (NOS) Related to the Pearson Level 3 Certificate in Dementia Care	112
Annexe C	114
Skills for Care and Development QCF Assessment Principles	114

What are BTEC Level 3 Specialist qualifications?

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3 in a range of sectors. They give learners the knowledge, understanding and skills they need to prepare for employment in a specific occupational area. The qualifications also provide career development opportunities for those already in work. The qualifications may be offered as full-time or part-time courses in schools or colleges. Training centres and employers may also offer these qualifications.

Sizes of Specialist qualifications

For all regulated qualifications, Pearson specifies a total number of hours that it is estimated learners will require to complete and show achievement for the qualification: this is the Total Qualification Time (TQT). Within TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve teachers and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by teachers or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

BTEC Specialist qualifications are available in the following sizes:

- Award – a qualification with a TQT value of 120 or less (equivalent to a range of 1–12 credits)
- Certificate – a qualification with a TQT value in the range of 121–369 (equivalent to a range of 13–36 credits)
- Diploma – a qualification with a TQT value of 370 or more (equivalent to 37 credits and above).

Pearson BTEC Level 3 Award

The Pearson BTEC Level 3 Award provides an introduction to the skills, qualities and knowledge that may be required for employment in a particular vocational sector.

Pearson BTEC Level 3 Certificate

The Pearson BTEC Level 3 Certificate extends the work-related focus from the Pearson BTEC Level 3 Award and covers some of the knowledge and practical skills required for a particular vocational sector.

The Pearson BTEC Level 3 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 Pearson BTEC Level 3 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 3 Award in Awareness of Dementia and Certificate in Dementia Care

The Pearson BTEC Level 3 Award in Awareness of Dementia and Certificate in Dementia Care have been developed to give learners the opportunity to:

- engage in learning that is relevant to them and which will provide opportunities to develop a range of skills and techniques, personal skills and attributes essential for successful performance in working life
- achieve a nationally recognised Entry, Level 1, 2 or 3 vocationally related qualification
- progress to employment in a particular vocational sector
- progress to related general and/or vocational qualifications.

The Pearson BTEC Level 3 Award in Awareness of Dementia gives learners an awareness of dementia care issues and is suitable to be taken by learners aged 16 and above. This qualification can be taken as preparation for employment and can be professional development for those interested in specialising in this area of care as it does not infer occupational competence. The knowledge gained through the achievement of this qualification can be used to demonstrate competence in the Pearson BTEC Level 3 Certificate in Dementia Care. Achievement can also be mapped to the Pearson Edexcel Level 3 Diploma in Health and Social Care (Adults) for England or the Pearson Edexcel Level 3 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland

The Pearson BTEC Level 3 Certificate in Dementia Care is aimed at those who are already working in care roles with individuals with dementia and it gives learners an opportunity to have their competence assessed. It is also suitable for learners aged 16 and above. Units from this qualification can be used towards achievement of the Pearson BTEC Level 3 Diploma in Health and Social Care (Adults) for England or the Pearson Edexcel Level 3 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland

Both qualifications are supported by Skills for Care and Development and are informed by the National Occupational Standards in Health and Social Care.

National Occupational Standards

Where relevant, Pearson BTEC Level 3 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). Pearson BTEC Level 3 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 B*.

The Pearson BTEC Level 3 Award and Certificate in Awareness of Dementia and Dementia Care relates to the Health and Social Care NOS.

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 have rules of combination.

Rules of combination for the Pearson BTEC Level 3 qualifications

When combining units for Pearson BTEC Level 3 Award in Awareness of Dementia and Certificate in Dementia Care it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Pearson BTEC Level 3 Award in Awareness of Dementia

- 1 Qualification TQT: 110. Qualification credit value: 11 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 3 Certificate in Dementia Care

- 1 Qualification TQT 210. Qualification credit value: 21 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 18 credits.
- 3 All credits must be achieved from the units listed in this specification.

Pearson BTEC Level 3 Award in Awareness of Dementia

The Pearson BTEC Level 3 Award in Awareness of Dementia is an 11 credit and 86 guided learning hour (GLH) qualification that consists of four mandatory units.

Pearson BTEC Level 3 Award in Awareness of Dementia			
Unit	Mandatory units	Credit	Level
1	Understand the Process and Experience of Dementia	3	3
2	Understand the Administration of Medication to Individuals with Dementia using a Person-centred Approach	2	3
3	Understand the Role of Communication and Interactions with Individuals who have Dementia	3	3
4	Understand the Diversity of Individuals with Dementia and the Importance of Inclusion	3	3

Pearson BTEC Level 3 Certificate in Dementia Care

The Pearson BTEC Level 3 Certificate in Dementia Care is a 21 credit and 143 guided learning hour (GLH) qualification that consists of four mandatory units **plus** optional units that provide for a combined total of 21 credits (where at least 18 credits must be at Level 3 or above).

Pearson BTEC Level 3 Certificate in Dementia Care			
Unit	Mandatory units	Credit	Level
1	Understand the Process and Experience of Dementia	3	3
5	Enable Rights and Choices of Individuals with Dementia whilst Minimising Risks	4	3
6	Understand and Enable Interaction and Communication with Individuals who have Dementia	4	3
7	Equality, Diversity and Inclusion in Dementia Care Practice	4	3
Unit	Optional units		
2	Understand the Administration of Medication to Individuals with Dementia using a Person-centred Approach	2	3
8	Understand and Meet the Nutritional Requirements of Individuals with Dementia	3	3
9	Support use of Medication in Social Care Settings	5	3
10	Purpose and Principles of Independent Advocacy	4	3
11	Independent Mental Capacity Advocacy	12	4
12	Contribute to Support of Positive Risk-taking for Individuals	3	2
13	Provide Support to Continue Recommended Therapies	3	3
14	Implement Therapeutic Group Activities	4	3
15	Support Individuals who are Bereaved	4	3
16	Support Individuals at the End of Life	7	3
17	Interact with and Support Individuals Using Telecommunications	5	3
18	Support Person-centred Thinking and Planning	5	3
19	Support Positive Risk Taking for Individuals	4	3

Unit	Optional units		
20	Support Individuals in the Use of Assistive Technology	4	4
21	Facilitate Person-centred Assessment, Planning, Implementation and Review	6	3
22	Understand Models of Disability	3	3
23	Contribute to the Care of a Deceased Person	3	2
24	Understand Mental Well-being and Mental Health Promotion	3	3

Assessment

All units within these qualifications 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 BTEC Specialist 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

Pearson BTEC Level 3 qualifications provide 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 the Pearson BTEC Level 3 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 Level 3 qualifications and units
- **compulsory** Pearson-provided training and standardisation for internal verifiers and assessors leading to the accreditation of lead internal verifiers via the OSCA system
- quality review of the centre verification practice
- centre risk assessment by Pearson of overarching processes and quality standards
- remedial training and/or assessment sampling for centres identified through standardisation or risk assessment activities as having inadequate quality, assessment or internal verification processes.

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 BTEC approval are able to gain qualification approval online. New centres must complete a centre approval application.

Quality Assurance Guidance

Details of quality assurance for the Pearson BTEC Level 3 qualifications are set out in centre guidance which is published on our website (qualifications.pearson.com).

Programme design and delivery

Mode of delivery

Pearson does not normally define the mode of delivery for Pearson BTEC Entry to Level 3 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

Pearson BTEC Level 3 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 Pearson BTEC Level 3 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.

Restrictions on learner entry

The Pearson BTEC Level 3 Award in Awareness of Dementia and Certificate in Dementia Care are accredited for learners aged 16 and above.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to police checks.

Restrictions on learner entry

The Pearson BTEC Level 3 Certificate in Dementia Care is accredited for learners aged 16 and above.

In particular sectors the restrictions on learner entry might also relate to any physical or legal barriers, for example people working in health, care or education are likely to be subject to police checks.

Where learners are of 16 and 18 years old they can be considered potentially vulnerable under current legislation. Where learners are required to spend time in and be assessed in work settings, it is the centre's responsibility to ensure that the work environment they go into is safe.

Access arrangements and special considerations

Pearson's policy on access arrangements and special considerations for BTEC and Pearson Edexcel NVQ qualifications aims to enhance access to the qualifications for learners with disabilities and other difficulties (as defined by the Equality Act 2010) without compromising the assessment of skills, knowledge, understanding or competence.

Further details are given in the policy document *Access Arrangements and Special Considerations for BTEC and Pearson Edexcel NVQ Qualifications*, which can be found on the Pearson website (qualifications.pearson.com). This policy replaces the previous Pearson policy (*Assessment of Vocationally Related Qualifications: Regulations and Guidance Relating to Learners with Special Requirements, 2002*) concerning learners with particular requirements.

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.

Unit format

All units in the Pearson BTEC Level 3 Specialist 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

This is the formal title of the unit that will appear on the learner's certificate.

Unit code

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

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors by Ofqual, the qualifications regulator.

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 (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Unit aim and purpose

The aim provides a clear summary of the purpose of the unit and is a succinct statement that summarises the learning outcomes of the unit.

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 and grading criteria

The assessment criteria of a unit specify the standard a learner is expected to meet to demonstrate that a learning outcome, or set of learning outcomes, has been achieved. The learning outcomes and assessment criteria clearly articulate the learning achievement for which the credit will be awarded at the level assigned to the unit.

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.
- 'eg' 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: Understand the Process and Experience of Dementia	19
Unit 2: Understand the Administration of Medication to Individuals with Dementia using a Person-centred Approach	25
Unit 3: Understand the Role of Communication and Interactions with Individuals who have Dementia	29
Unit 4: Understand the Diversity of Individuals with Dementia and the Importance of Inclusion	35
Unit 5: Enable Rights and Choices of Individuals with Dementia whilst Minimising Risks	41
Unit 6: Understand and Enable Interaction and Communication with Individuals who have Dementia	47
Unit 7: Equality, Diversity and Inclusion in Dementia Care Practice	51
Unit 8: Understand and Meet the Nutritional Requirements of Individuals with Dementia	57
Unit 9: Support the Use of Medication in Social Care Settings	59
Unit 10: Purpose and Principles of Independent Advocacy	63
Unit 11: Independent Mental Capacity Advocacy	67
Unit 12: Contribute to Support of Positive Risk-taking for Individuals	73
Unit 13: Provide Support to Continue Recommended Therapies	75
Unit 14: Implement Therapeutic Group Activities	77
Unit 15: Support Individuals who are Bereaved	79
Unit 16: Support Individuals at the End of Life	81
Unit 17: Interact with and Support Individuals Using Telecommunications	85
Unit 18: Support Person-centred Thinking and Planning	89
Unit 19: Support Positive Risk Taking for Individuals	93
Unit 20: Support Individuals in the Use of Assistive Technology	97
Unit 21: Facilitate Person-centred Assessment, Planning, Implementation and Review	99
Unit 22: Understand Models of Disability	103
Unit 23: Contribute to the Care of a Deceased Person	105
Unit 24: Understand Mental Wellbeing and Mental Health Promotion	107

Unit 1: Understand the Process and Experience of Dementia

Unit code: J/601/3538

Level: 3

Credit value: 3

Guided learning hours: 22

Assessment Requirements/Evidence requirements

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 require to achieve the unit. This unit needs to be assessed in line with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the neurology of dementia	1.1 Describe a range of causes of dementia syndrome
	1.2 Describe the types of memory impairment commonly experienced by individuals with dementia
	1.3 Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia
	1.4 Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia
	1.5 Explain why the abilities and needs of an individual with dementia may fluctuate

Learning outcomes	Assessment criteria
<p>2 Understand the impact of recognition and diagnosis of dementia</p>	<p>2.1 Describe the impact of early diagnosis and follow up to diagnosis</p>
	<p>2.2 Explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working</p>
	<p>2.3 Explain the process of reporting possible signs of dementia within agreed ways of working</p>
	<p>2.4 Describe the possible impact of receiving a diagnosis of dementia on:</p> <ul style="list-style-type: none"> • the individual • their family and friends
<p>3 Understand how dementia care must be underpinned by a person-centred approach</p>	<p>3.1 Compare a person-centred and a non-person-centred approach to dementia care</p>
	<p>3.2 Describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia</p>
	<p>3.3 Describe how myths and stereotypes related to dementia may affect the individual and their carers</p>
	<p>3.4 Describe ways in which individuals and carers can be supported to overcome their fears</p>

Unit content

1 Understand the neurology of dementia

Causes of dementia syndrome: Alzheimer's disease; vascular dementia; Pick's disease; dementia with Lewy bodies (Fronto-Temporal); Creutzfeldt-Jakob Disease (CJD); Huntington's disease

Types of memory impairment commonly experienced by individuals with dementia: decline in memory, reasoning and communication; changes in behaviour; loss of skills; abilities which fluctuate; movement difficulties

The way that individuals process information with reference to the abilities and limitations of individuals with dementia: information processing – sensory input of sight, sound, attention; short-term memory; long-term memory; effects of different types of dementia on this process

How other factors can cause changes in an individual's condition that may not be attributable to dementia: the difference between dementia, depression and confusional states; sensory changes due to age-related degeneration eg macular degeneration and cataracts affecting vision, loss of hearing and increase of tinnitus affecting balance; reduced metabolism causing poor appetite; osteoporosis and fear of falling

Why the abilities and needs of an individual with dementia may fluctuate: changes to the physical environment eg moving home, starting at a day centre; changes to the social environment eg changes in carers, loss of family or friends and social isolation, bereavement; changes to the emotional environment eg carers become stressed, experience of abuse; personal changes – changes in treatment, changes in medication, and changes in physical condition eg bacteria or viral infections, vascular changes, rapidity of onset of dementia

2 Understand the impact of recognition and diagnosis of dementia

The impact of early diagnosis and follow-up to diagnosis: quality of life, eg fear, feeling of lack of control, loss of dignity, loss of identity, lack of involvement, invasion of privacy, fear of losing own home, inability to communicate needs and preferences; social eg loss of friends, loss of community involvement, difficulty in dealing with own finances, attitudes of others; impact on health, eg increased risk of falls, nutrition, personal hygiene, reduced exercise; increased likelihood of abuse, eg emotional, neglect, physical, sexual, financial, increased likelihood of injury or harm

The importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working: agreed ways of recording in own organisation; written or electronic recording is factual, legible, dated, signed or authenticated and confidential; importance of recording to highlight risk and establish if there is a pattern, an improvement or a worsening of symptoms

The process of reporting possible signs of dementia within agreed ways of working: agreed ways of reporting in own organisation such as verbal, written, electronic; accurate, timely, and confidential reporting

The possible impact of receiving a diagnosis of dementia on the individual: impact on individual includes fear, denial, need for information, need for sources of support eg emotional or financial support

The possible impact of receiving a diagnosis of dementia on the individual's family and friends: impact on family and friends such as fear, denial, need for information, need for sources of support eg emotional or financial support

3 Understand how dementia care must be underpinned by a person-centred approach

Person-centred approach: principles of care including dignity, respect, choice, independence, privacy, rights, culture; seeing the person first and the dementia second; focus on strengths and ability; preferred or appropriate communication; acting in the best interests of the individual; person-to-person relationships; involve individual in care planning; take account of history eg personal, family, medical

Non-person centred approaches: institutional perspective, bio-medical perspective

Techniques to meet the fluctuating abilities and needs of the individual with dementia: reality orientation approach; validation approach

Techniques using the physical environment to meet the fluctuating abilities and needs of the individual with dementia: use of assistive technologies eg pressure mats, door alarms linked to staff pagers, personal pendant alarms; an enabling and safe environment eg hand rails, safe flooring, use of colour/textures, practical aids

Techniques using the social environment to meet the fluctuating abilities and needs of the individual with dementia: use of social environment to enable positive interactions with individuals with dementia; use of reminiscence techniques to facilitate a positive interaction with the individual with dementia; holistic approach, responsive and flexible approach; involving family and friends, individual's personal beliefs, focus on strengths and abilities, effective communication; appropriate exercise, activities specific to the needs of the individual eg music sensory; alternative therapies, eg aromatherapy, massage, sensory

Maintaining health and wellbeing: methods eg conventional medicines, safe handling of medicines, complementary medicines, diet and nutrition, fluid intake, personal care, measures to reduce risk of infection

Myths and stereotypes related to dementia that may affect the individual and their carers: stigma and its impact on relationships eg social isolation of individual and carer, assumption of automatic loss of independence eg unable to drive, unable to make decisions about own care; dissatisfying interactions with the medical community eg difficulty in obtaining early diagnosis; uncertainty about availability of support services and treatments; importance of person-centred values eg individuality, rights, choice, privacy, independence, dignity, respect, autonomy

Ways in which individuals and carers can be supported to overcome their fears: person-centred planning and reviews information about accessible and appropriate support services; emotional support such as individuals in early stage dementia involved in decision making; involvement with support organisation eg Alzheimer's Society; training; safeguarding work; balance between protection and maintaining rights; service provision to include integrated working across private, statutory and third sector eg hospitals, hospices, residential care, nursing homes, independent living, sheltered housing, day care, domiciliary care, GP, social services, pharmacists, end-of-life support, urgent care response, early intervention, psychiatric services, memory services, physiotherapists, occupational therapists, dieticians, other health and social care workers, counsellors, dementia advisers, advocates

Unit 2: Understand the Administration of Medication to Individuals with Dementia using a Person-centred Approach

Unit code: K/601/9199

Level: 3

Credit value: 2

Guided learning hours: 15

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the common medications available to, and appropriate for, individuals with dementia	<p>1.1 Outline the most common medications used to treat symptoms of dementia</p> <p>1.2 Describe how commonly used medications affect individuals with dementia</p> <p>1.3 Explain the risks and benefits of anti-psychotic medication for individuals with dementia</p> <p>1.4 Explain the importance of recording and reporting side effects/adverse reactions to medication</p> <p>1.5 Describe how 'as required' (PRN) medication can be used to support individuals with dementia who may be in pain</p>

Learning outcomes	Assessment criteria
2 Understand how to provide person-centred care to individuals with dementia through the appropriate and effective use of medication	2.1 Describe person-centred ways of administering medicines whilst adhering to administration instructions 2.2 Explain the importance of advocating for an individual with dementia who may be prescribed medication

Unit content

1 **Understand the common medications available to, and appropriate for individuals with dementia**

Medication in common use: acetyl cholinesterase inhibitors, Donepezil (Aricept); Galantamine (Reminyl); Galantamine (Reminyl); Rivastigmine, (Exelon); NMDA antagonists Memantine (Ebixa, Namenda)

Effects of common medication: acetyl cholinesterase inhibitors, slows down the progression of dementia; supports the retentions of memory; side effects including gastro-intestinal bleeding, nausea, vomiting, diarrhoea, fatigue and sleep disturbances; NMDA antagonists, increases neurotransmissions to the brain; side effects including stomach irritation, stomach bleeding, nausea, vomiting

Benefits of anti-psychotic medication: reduction of psychological and behavioural symptoms, aggression, agitation, sleep disturbances, psychosis

Risk of anti-psychotic medication: cerebro-vascular adverse events including strokes; increased risk of mortality

Importance of recording and reporting adverse effects: reduction and prevention of further harm; prevention of similar occurrences; alerting professionals to possible effects on other individuals; to comply with legal requirements; to comply with organisational requirements; to comply with the requirements of a duty of care

Use of 'as required medication' (PRN): control of pain; increased quality of life; prevention of unnecessary distress; management of symptoms; empowerment of individuals

2 **Understand how to provide person-centred care to individuals with dementia through the appropriate and effective use of medication**

Person-centred ways of administering medicines: use of appropriate language to give relevant and appropriate reasons; obtaining informed consent; observation of protocols with regard to timing of medication; use of individual medication profiles; documentation of refusal to take medication; use of individual's preferred method of administration of medication

Importance of advocacy: enabling a person-centred approach; enabling individuals to voice concerns or queries regarding medication; explanation of misunderstandings; reporting of adverse effects; placing individuals in control of own care and treatment; supporting the creation of medication profiles; empowerment of individuals; promoting informed consent; promoting the rights of the individual; compliance with legislation and codes of practice

Unit 3: Understand the Role of Communication and Interactions with Individuals who have Dementia

Unit code: L/601/3539

Level: 3

Credit value: 3

Guided learning hours: 26

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand that individuals with dementia may communicate in different ways	1.1 Explain how individuals with dementia may communicate through their behaviour
	1.2 Give examples of how carers and others may misinterpret communication
	1.3 Explain the importance of effective communication to an individual with dementia
	1.4 Describe how different forms of dementia may affect the way an individual communicates

Learning outcomes	Assessment criteria
<p>2 Understand the importance of positive interactions with individuals with dementia</p>	<p>2.1 Give examples of positive interactions with individuals who have dementia</p>
	<p>2.2 Explain how positive interactions with individuals who have dementia can contribute to their wellbeing</p>
	<p>2.3 Explain the importance of involving individuals with dementia in a range of activities</p>
	<p>2.4 Compare a reality orientation approach to interactions with a validation approach</p>
<p>3 Understand the factors which can affect interactions and communication of individuals with dementia</p>	<p>3.1 List the physical and mental health needs that may need to be considered when communicating with an individual with dementia</p>
	<p>3.2 Describe how the sensory impairment of an individual with dementia may affect their communication skills</p>
	<p>3.3 Describe how the environment might affect an individual with dementia</p>
	<p>3.4 Describe how the behaviour of carers or others might affect an individual with dementia</p>
	<p>3.5 Explain how the use of language can hinder positive interactions and communication</p>

Unit content

1 **Understand that individuals with dementia may communicate in different ways**

Communication through behaviour: verbal communication, shouting, aggressive tone, repetition; not speaking; non-verbal communication visible agitation, aggressive posture, withdrawal; non-compliance; passivity

Misinterpretation of communication: personal dislike of an individual; lack of interest; condition at a more advanced stage; deliberate aggression towards an individual; clinical depression; deliberate lack of cooperation; intention to disrupt

Importance of effective communication: recognition of personhood; assessment of stage of dementia; enabling inclusion of individual in activities, day-to-day routines; clarity or understanding between individuals and others; empowerment of the individual; enabling individuals to use current abilities; enabling consideration of an individual's likes, dislikes, needs, wants and wishes; informing professionals and others to understand the individual's current health status; effects of quality of communication on the behaviour of individuals who have dementia

Effects of different forms of dementia on communication: Alzheimer's disease, apraxia of speech; confusion of verbalisation; out of context verbalisation; dysarthria – most commonly hypokinetic dysarthria; Multi-infarct dementia (MID), aphasia; dysarthria; Pick's disease, hypokinetic dysarthria; Lewy body disease hypokinetic dysarthria

2 **Understand the importance of positive interactions with individuals with dementia**

Positive interactions: use of careful listening; ensuring full attention of the individual; attention to body language; use of respect; use of patience; use of different methods of explanation; calm and still body language; respect for personal space; avoidance of direct questions; use of simple, short sentences; allowing expression of feelings; checking own understanding; use of physical contact to offer reassurance; a person-focused approach

Effects on wellbeing: inclusion; use of individual's current abilities; promotion of personhood; reduction of stress; promotion of dignity; reduction of depressive symptoms; connection with others in the setting; avoidance of marginalisation and alienation of the individual

Importance of involving individuals in activities: improved quality of life; use of current abilities; raising self-esteem; stimulating senses; positive effects on progression of dementia; increased sense of wellbeing

Approaches to interactions: reality orientation, surrounding an individual with familiar artefacts and conversations; reminding individuals of familiar realities; placing conversations in the present; preservation of the individual's cognitive status for as long as possible; validation, reciprocated communication of respect; recognition of the opinions of another as legitimate expressions of feelings; acceptance of an individual's disorientation; differences between the two approaches in terms of focus; potential effects on individuals; potential outcomes

3 **Understand the factors which can affect interactions and communication of individuals with dementia**

Physical Health needs: pain and discomfort; hearing loss; sight loss; effects of dementia on mobility; discomfort due to constipation; other conditions including arthritis, hypotension, headaches, seasonal illnesses such as influenza

Mental Health needs: confusion; loss of memory; depression; anxiety; effects of dementia on speech patterns; diminishing cognitive skills including problem solving skills and ability to learn new information; fears; effects of co-existing mental ill health, learning disabilities

Effects of sensory impairment on communication skills: sight – inability to note visual clues, facial expression, posture, eye contact, misinterpretation of body language, inability to lip read; hearing – inability to hear all communication, inability to note tone and pitch of speaker; compounding of the effects of dementia; contributing to further confusion

Effects of the environment: reduced hearing due to additional noise; confusion due to inappropriate activities; lethargy due to lack of stimulation; frustration, aggression induced by exclusion, marginalisation; relevance of activities provided; empowering/disempowering individuals

Effects of the behaviour of others: negative, frustration, aggression due to intolerance of others; anxiety, fears; confusion due to poor/inappropriate use of communication skills within the setting; deterioration of overall condition; depression; agitated body language; positive, raised self-esteem due to reciprocated respect, promotion of dignity, personhood; increased communication

Negative effects of language use: passivity and silence due to an undermining of dignity and need for respect; misunderstandings through use of inappropriate language; lack of recognition of additional factors including hearing loss, sight loss; exclusion through not using the individual's preferred method of communication; feelings of intimidation through the use of direct questioning, inappropriate tone and pitch in verbal communication; use of neutral communication, development of apathy, appearance of depression

Unit 4: Understand the Diversity of Individuals with Dementia and the Importance of Inclusion

Unit code: Y/601/3544

Level: 3

Credit value: 3

Guided learning hours: 23

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand the concept of diversity and its relevance to working with individuals who have dementia	1.1 Explain what is meant by the terms: <ul style="list-style-type: none"> • diversity • anti-discriminatory practice • anti-oppressive practice
	1.2 Explain why it is important to recognise and respect an individual's heritage
	1.3 Describe why an individual with dementia may be subjected to discrimination and oppression
	1.4 Describe how discrimination and oppressive practice can be challenged

Learning outcomes	Assessment criteria
<p>2 Understand that each individual's experience of dementia is unique</p>	<p>2.1 Explain why it is important to identify an individual's specific and unique needs</p>
	<p>2.2 Compare the experience of dementia for an individual who has acquired it as an older person with the experience of an individual who has acquired it as a younger person</p>
	<p>2.3 Describe how the experience of an individual's dementia may impact on carers</p>
	<p>2.4 Describe how the experience of dementia may be different for individuals:</p> <ul style="list-style-type: none"> • who have a learning disability • who are from different ethnic backgrounds • at the end of life
<p>3 Understand the importance of working in a person-centred way and how this links to inclusion</p>	<p>3.1 Explain how current legislation and government policy supports person-centred working</p>
	<p>3.2 Explain how person-centred working can ensure that an individual's specific and unique needs are met</p>
	<p>3.3 Describe ways of helping an individual's carers or others understand the principles of person-centred care</p>
	<p>3.4 Identify practical ways of helping the individual with dementia maintain their identity</p>

Unit content

1 **Understand the concept of diversity and its relevance to working with individuals who have dementia**

Definition of terms: diversity – differences in visible and non-visible factors including personality, ethnicity, culture, socialisation patterns, experience of dementia; likes, dislikes, preferences; anti-discriminatory practice – delivery of care and support which does not treat one group or individual less favourable than another; ensuring that each individuals receive care and support appropriate to their individual needs; anti-oppressive practice – practice which seeks to identify and remove oppression with regard to delivery of care; support, promotion of empowerment of individuals

Importance of recognising and respect heritage: validation of individual identity; recognition of personhood; promotion of positive self-esteem; inclusion of individuals; promotion of an holistic approach to support and care

Reasons for discrimination and oppression: stigma attached to mental ill health of any type; misunderstanding of symptoms and characteristics of dementia; poor working practice due to lack of relevant training; perceived lack of co-operation from individuals; refusal to comply with routines and instructions; due to prejudice against age, gender, ethnicity, religion, sexual orientation

Challenging discrimination and oppressive practice: challenging incidences directly; modelling good practice; referring incidents to line managers, supervisors; reviewing policies and procedures and adapting where appropriate; equality and diversity training of staff and other individuals

2 Understand that each individual's experience of dementia is unique

Importance of identifying an individual's specific and unique needs: recognition of personhood; provision of care and support which meets the needs; empowerment of individuals; promotion of positive self-esteem; promotion of individual identity

Experience of younger individuals with dementia: disruption of career; reduction of working hours; reduction of ability to earn income, loss of income; negative effects on social circle, relationships; lack of appropriate health and social care provision for younger adults; symptoms at referral may be more subtle than those of older individuals; perceived loss of future; loss of independence

Experience of older individuals: confusion of symptoms with other conditions; assumption that symptoms are associated with older age; effects of co-existing conditions associated with older age, reduction of hearing, sight, memory loss; discrimination and oppression due to age related prejudice; loss of partners, friends in older age; physical frailty; loss of independence; marginalisation; isolation and loneliness; difference in experience between older and younger individuals

Impact of individual experience of dementia on carers: depression/depressive symptoms; emotional stress; physical tiredness; reduction in ability to earn income; reduction in social circle; experience of prejudice; marginalisation; isolation and loneliness; confusion due to lack of information from professionals

Experience of dementia for individuals who have a learning disability: potential enhanced effects on communication, cognitive skills; need for additional support; need for structured day, repetition of activities; late diagnosis due to existing learning disability; development of symptoms may be at an earlier age, particularly with Down's syndrome; need for recognition of individual first; use of advocacy to enable empowerment

Experience due to differing ethnicity: common symptoms; observation of cultural/religious requirements; older individuals may forget second language; fear and anxiety due to loss of language in use in setting; communication barriers; effects on behaviour due to inappropriate provision of food, personal care

Experience at the end of life: recognition of the onset of death; need for palliative treatment including pain relief, attention to bodily discomfort due to constipation, sore skin, co-existing conditions; validation of the person as an individual; implementation of advance directives; empowerment; support for families

3 Understand the importance of working in a person-centred way and how this links to inclusion

Current legislation and government policy: Legislation, relevant sections of Equalities Act 2010, Mental Capacity Act 2005 and Codes of Practice; Mental Health Act 2007; Government Policy, relevant sections of National Dementia Strategy for England Today (2009); 'No Secrets' Department of Health (2000); 'Safeguarding Adults' CSCI (February 2007); 'No Health without Mental Health' Government Mental Health Outcomes Strategy, (February 2011); 'Delivering Race Equality', delivering Race Equality in Mental health Care, Department of Health 5 year Action Plan

Meeting needs through person-centred care: individual at the centre of the planning process; individual involved at every stage of planning; matching key staff to individuals; involvement of individuals in engaging key staff where appropriate; involvement of family and friends in planning; use of life histories in order to take account of the individual's preferences, needs, likes and dislikes; use of preferred method of communication; use of person-centred thinking tools including, communication charts, relationship circles; use of person-centred planning tools including one Page Profiles, personalisation of care plans

Enabling the understanding of the principles of person-centred care: involvement of family and carers in planning of care; use of person-centred thinking tools with carers and individuals including relationship circles, communication charts; modelling relevant practice; provision of person-centred training where appropriate

Enabling individuals to maintain their identity: use of preferred name; use of preferred method of communication; use of reality orientation techniques; involvement of family and friends; matching activities to current abilities; validation of the individual through reciprocal conversation which acknowledges the legitimacy of that person's opinions as their own

Unit 5: Enable Rights and Choices of Individuals with Dementia whilst Minimising Risks

Unit code: A/601/9191

Level: 3

Credit value: 4

Guided learning hours: 26

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand key legislation and agreed ways of working that support the fulfilment of rights and choices of individuals with dementia while minimising risk of harm	1.1	Explain the impact of key legislation that relates to fulfilment of rights and choices and the minimising of risk of harm for an individual with dementia
		1.2	Evaluate agreed ways of working that relate to rights and choices of an individual with dementia.
		1.3	Explain how and when personal information may be shared with carers and others, taking into account legislative frameworks and agreed ways of working

Learning outcomes		Assessment criteria	
2	Be able to maximise the rights and choices of individuals with dementia	2.1	Demonstrate that the best interests of an individual with dementia are considered when planning and delivering care and support
		2.2	Demonstrate how an individual with dementia can be enabled to exercise their rights and choices even when a decision has not been deemed to be in their best interests
		2.3	Explain why it is important not to assume that an individual with dementia cannot make their own decisions
		2.4	Describe how the ability of an individual with dementia to make decisions may fluctuate
3	Be able to involve carers and others in supporting individuals with dementia	3.1	Demonstrate how carers and others can be involved in planning support that promotes the rights and choices of an individual with dementia and minimises risk of harm
		3.2	Describe how a conflict of interest can be addressed between the carer and an individual with dementia whilst balancing rights, choices and risk
		3.3	Describe how to ensure an individual with dementia, carers and others feel able to complain without fear of retribution
4	Be able to maintain the privacy, dignity and respect of individuals with dementia whilst promoting rights and choices	4.1	Describe how to maintain privacy and dignity when providing personal support for intimate care to an individual with dementia
		4.2	Demonstrate that key physical aspects of the environment are enabling care workers to show respect and dignity for an individual with dementia
		4.3	Demonstrate that key social aspects of the environment are enabling care workers to show respect and dignity for an individual with dementia

Unit content

1 **Understand key legislation and agreed ways of working that support the fulfilment of rights and choices of individuals with dementia while minimising risk of harm**

Key Legislation, Codes of Practice: Equalities Act 2010; Mental Capacity Act 2007; Mental Capacity Act 2007 Codes of Practice; Deprivation of Liberty Safeguards Amendment, (2009); Mental Health Act 2007

Impact of the Equalities Act 2010 on the rights of individuals: protection against direct and indirect discrimination, harm, harassment on grounds of disability; equal treatment; equal access to facilities; equal access to appropriate care and support

Impact of the Mental Capacity Act 2007, Codes of Practice and Deprivation of Liberty Amendment 2009: right to an Independent Mental Capacity Advocate (IMCA); right to make unwise decisions; right to make decisions ahead of loss of capacity; right to be judged as having capacity unless proved otherwise; right to a capacity assessment; allowing freedom to continue with activities which are important to an individual; the role of Safeguarding Vulnerable Adults Boards

Mental Health Act 2007: provision of non means tested, follow-up support for individuals who have been detained in hospital, including the payment of home care fees; appointment of guardians who can request health care, appointments with professionals

National Dementia Strategy 2011-2014, "Living Well with Dementia": provision of care in the least restrictive regimes; prevention of arbitrary decisions that deprive vulnerable people of liberty; rights of challenge against unlawful detention

Agreed ways of working that relate to rights and choices: adhering to individual care plans; involving the individual in decisions which relate to themselves; use of personal histories to take account of likes, dislikes, wants and wishes; involvement of families and carers in planning and implementing care and support; adherence to the National Dementia Strategy guidelines; adherence to organisational policies, procedures and strategies for dementia care; adaptation of environments and resources to enable active participation; recognition of an individual's right to non participation

Sharing personal information with carers and others: obtaining consent for delivery of treatment; involvement of carers and others in decisions regarding an individual; involvement of carers and others in planning care; incapacity status of the individual; Mental Capacity Act 2007; Data Protection Act; Freedom of Information Act 2000; organisational policies and procedures

2 Be able to maximise the rights and choices of individuals with dementia

Planning and delivering care and support: use of personal histories to take account of likes, dislikes, wants and wishes of an individual; taking account of and building on, current abilities; use of person-centred planning strategies, relationship circles, communication charts, the doughnut sort, sorting what is important to/for; matching key staff to individuals; use of a needs-led approach to assessment and planning

Enabling individuals exercise rights and choices: use of advocacy; use of risk assessment to assess acceptable risks; respect for the individual's capacity to make choices; involvement of relationship circles in making decisions; identifying areas where individuals choices are restricted; importance of recording decisions

Importance of not making assumptions about mental capacity: legal assumption of mental capacity unless proven otherwise; right of an individual to make decisions; avoidance of disempowerment of an individual; importance of taking time to assess an individual's ability

Reasons for fluctuation of ability to make decisions: effects of illness; effects of emotional distress; effects of external environments; presence of pain due to co-existing illnesses and conditions; effects of the condition on mental functioning

3 Be able to involve carers and others in supporting individuals with dementia

Involvement of carers and others in planning support: use of person-centred planning tools, relationship circles, one page profiles; involvement of carers and others in assessing acceptable risks; involvement of carers and others in planning meetings regarding the care and support of an individual; regular communication with carers and others; recognition of carers as partners

Addressing conflicts of interest between carers and individuals: referral to agreed plans; involvement of independent Mental Capacity Advocates; use of risk assessment to agree acceptable risks; adaptation of environments to minimise risks

Complaints procedures: production of complaints procedures which adhere to national and organisational guidelines; provision of clear information with regard to the making of complaints; accessibility of complaints procedures; preservation of anonymity where requested/required

4 Be able to maintain the privacy, dignity and respect of individuals with dementia whilst promoting rights and choices

Maintenance of privacy and dignity in personal care: use of screens, curtains; closing doors; use of privacy notices to prevent intrusion; covering of individuals during procedures; avoidance of unnecessary exposure; observation of cultural and religious requirements; avoidance of unnecessary humour; use of preferred names and titles; provision of full explanations before proceeding; obtaining of informed consent; recognition of an individual's right to refuse personal care; use of a polite tone when speaking

Key Physical Aspects of the environment: bathroom/toilet facility doors fully close; fully functional locks on doors; curtains/blinds fully close; raised toilet seats, bars to support independent use; widened doors to facilitate independent access for individuals who use wheelchairs; furniture, artefacts remain in familiar places to reduce confusion; furniture at an appropriate level to facilitate independent use; written notices are accompanied by signs/pictures to facilitate understanding; adapted eating and drinking utensils are provided to facilitate independence

Key social aspects of the environment: use of inclusive language; use of appropriate language, short words and sentences to enable individuals to participate in conversations and activities; arrangement of seating to facilitate and support friendships; use of preferred names and titles; recognition of cultural and religious needs; celebration of special days and festivals; recognition of the right of the individual to withdraw

Unit 6: Understand and Enable Interaction and Communication with Individuals who have Dementia

Unit code: Y/601/4693

Level: 3

Credit value: 4

Guided learning hours: 30

Assessment Requirements/Evidence requirements

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.

The following Learning Outcomes must be assessed in the real workplace: 2, 3 and 4

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand factors that can affect interactions and communication with individuals with dementia	1.1	Explain how different forms of dementia may affect the way an individual communicates
		1.2	Explain why physical and mental factors may need to be considered when communicating with an individual who has dementia
		1.3	Describe how to support different communication abilities of an individual with dementia who has a sensory impairment
		1.4	Describe the impact of behaviours of carers and others may have on an individual with dementia

Learning outcomes		Assessment criteria	
2	Be able to communicate with an individual with dementia, using a range of verbal and non verbal techniques	2.1	Demonstrate how to use different communication techniques with an individual who has dementia
		2.2	Show how the observation of behaviour is an effective tool in interpreting the needs of an individual with dementia
		2.3	Analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others
3	Be able to communicate positively with an individual who has dementia by valuing their individuality	3.1	Show how communication style, abilities and needs of an individual with dementia can be used to develop their care plan
		3.2	Demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness
4	Be able to use positive interaction approaches with individuals with dementia	4.1	Explain the difference between a reality approach to interactions and a validation approach
		4.2	Demonstrate a positive interaction with an individual who has dementia
		4.3	Demonstrate how to use aspects of the physical environment to enable positive interactions with individuals with dementia
		4.4	Demonstrate how to use aspects of the social environment to enable positive interactions with individuals with dementia
		4.5	Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with individuals with dementia

Unit content

1 **Understand factors that can affect interactions and communications with individuals with dementia**

Effects of different forms of dementia on communication: Alzheimer's disease, apraxia of speech; confusion of verbalisation; out of context verbalisation; dysarthria – most commonly hypokinetic dysarthria; Multi-infarct dementia (MID), aphasia; dysarthria; Pick's disease, hypokinetic dysarthria; Lewy body disease hypokinetic dysarthria

Reasons for consideration of physical and mental factors: physical factors including illness, headache, constipation, leading to discomfort, agitated behaviour, confusion; disturbed sleep patterns leading to lethargy, poor concentration; mental factors including distress, anxiety; co-existing mental illness; effects of medication-effects on ability to communicate

Supporting individuals with sensory impairment: provision of communication aids, talking mats; picture cards; appropriate use of touch; gestures; ensuring that technological aids, hearing aids are fully functional; use of advocacy

Impact of behaviour on individuals: negative, withdrawal; agitation; oppression; aggressive behaviour; appearance of depression; anxiety; positive, raised self-esteem; increased quality of life; active participation in activities

2 **Be able to communication with an individual with dementia using a range of verbal and non verbal techniques**

Use of different communication techniques: skills required, use of short, simple sentences; avoidance of direct questions; clear speech; non patronising tone; repeating words where necessary; non-threatening posture; appropriate eye contact; appropriate use of touch; respect for personal space; use of careful listening techniques

Use of observation to interpret need: skills required, covert and overt observation skills; use of check lists, written records to record observations understanding of current abilities of the individual; recognition of the individual needs of a person

Ways of responding to behaviour: calm approach; following agreed procedures and ways of working within a setting; compliance with legislative framework; awareness of the individual, importance of not raising own voice, not shouting; non-aggressive posture; awareness of other users of the service

3 Be able to communicate positively with an individual who has dementia by valuing their individuality

Developing care plans: use of life histories; use of person-centred tools with individuals including One Page Profiles, communication charts; decision making agreement; involvement of individuals in decisions about care plans; involvement of family, carers and friends

Use of individual's preferred method of communication: skills required, use of preferred method/s by professionals; use of preferred names and titles; response of individual; effects on wellbeing; effects on self-esteem

4 Be able to use positive interaction approaches with individuals with dementia

Reality approach to interactions: focusing the individual on the present; use of passive or active friendliness by professionals; use of props, calendars, clocks to support focus on reality; steering conversations to the 'here and now'

Validation approach to interactions: reciprocated communication, demonstrating respect for the individual; accepting the opinions of the individual as legitimate expressions of feelings; acceptance of the state of dementia; differences between the two approaches in terms of focus and approach to individuals with dementia

Positive interactions: skills required; use of preferred communication method/s; engagement of the individual; maintenance of eye contact; appropriate response from the individual; use of positive body language; use of appropriate tone and pitch; respect for personal space; use of language within the current ability range of the individual

Use of physical environment to enable positive interactions: provision of appropriate activities; adaptation of aspects of environment to meet the needs of individuals; use of life histories to provide appropriate activities and environments

Use of social environments to enable positive interactions: involvement of individual in group activities; utilisation of friendship groups in interactions; involvement of family; involvement of interests

Use of reminiscence techniques to facilitate positive interactions: providing a focus for conversations; familiarity of environment; use of life histories to provide a focus; use of props-familiar objects to create positive environment; supporting individuals to focus on particular topics

Unit 7: Equality, Diversity and Inclusion in Dementia Care Practice

Unit code: F/601/4686

Level: 4

Credit value: 4

Guided learning hours: 31

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in a real work environment: 3 and 4.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand that each individual's experience of dementia is unique	1.1	Explain why it is important to recognise and respect an individual's heritage
		1.2	Compare the experience of dementia for an individual who has acquired it as an older person with the experience of an individual who has acquired it as a younger person
		1.3	Describe how the experience of dementia may be different for individuals <ul style="list-style-type: none"> • who have a learning disability • who are from different ethnic backgrounds • who are at the end of life

Learning outcomes		Assessment criteria	
		1.4	Describe how the experience of an individual's dementia may impact on carers
2	Understand the importance of diversity, equality and inclusion in dementia care and support	2.1	Describe how current legislation, government policy and agreed ways of working support inclusive practice for dementia care and support
		2.2	Describe the ways in which an individual with dementia may be subjected to discrimination and oppression
		2.3	Explain the potential impact of discrimination on an individual with dementia
		2.4	Analyse how diversity, equality and inclusion are addressed in dementia care and support
3	Be able to work in a person centred manner to ensure inclusivity of the individual with dementia	3.1	Demonstrate how to identify an individual's uniqueness
		3.2	Demonstrate how to use life experiences and circumstances of an individual who has dementia to ensure their inclusion
		3.3	Demonstrate practical ways of helping an individual with dementia to maintain their dignity
		3.4	Demonstrate how to engage and include an individual with dementia in daily life
4	Be able to work with others to encourage support for diversity and equality	4.1	Work with others to promote diversity and equality for individuals with dementia
		4.2	Demonstrate how to share the individual's preferences and interests with others
		4.3	Explain how to challenge discrimination and oppressive practice of others when working with an individual with dementia

Unit content

1 Understand that each individual's experience of dementia is unique

Importance of heritage: promotion of self identity; promotion of positive self esteem; provision of needs-led support and care; promotion of overall well-being; adherence to legislative requirements; adherence to organisational requirements; avoidance of direct and indirect discrimination

Experience of dementia in younger individuals: misdiagnosis by health professionals; may be in employment; may have dependent children, financial commitments; may be physically fit; display behaviour which is challenging to others; have awareness of the condition in early stages; difficulties with accepting the loss of skills; difficulties with accessing information, support, services; effects of stigma; effects of misunderstanding by others

Experience of dementia in older individuals: misdiagnosis by health professionals; awareness of loss of skills in early stages; loss of dignity due to inappropriate care; abuse by family, carers; loss of dignity through deterioration of physical functions; emotional distress; attribution of symptoms to older age; compounding of discomfort by age related sight loss, age related hearing loss, effects of ageing process on short term memory

Experience of dementia in individuals with a learning disability: misdiagnosis by health professionals; effects of existing learning disability combined with deterioration of intellectual function, communication skills due to dementia; increased challenging behaviour, aggression; effects of co-existing conditions, hypothyroidism, diabetes; experienced frustration due to loss of skills

Experience of dementia from different ethnic backgrounds: loss of English as an additional language; reversion to total use of first language; fear to not understanding carers; need for culturally specific care and support

Experience of dementia at the end of life: loss of mobility; loss of bodily functions; extreme confusion; need for reassurance; adherence of carers to recorded decisions made in advance of loss of capacity; need for sensitive management of challenging and bizarre behaviour patterns; need for recognition of religious requirements; need for distraction and reassurance in the event of hallucinations, expressions of fear

Impact of dementia on carers: increased levels of stress; loss of employment; loss of income; loss of social activities; negative effects on relationships; stigma by association; reduced immunity to illness due to the effects on the allostatic load

2 **Understand the importance of diversity, equality and inclusion in dementia care and support**

Support of inclusive practice: protection against direct and indirect discrimination; protection against unequal and unfair treatment; provision of independent advocacy to support decision making; provision of adapted environments and resources to enable full and active participation; use of person-centred approaches to dementia care and support which involve the individual

Methods of discrimination and oppression: use of abusive language; use of eye contact to intimidate individuals; use of aggressive non verbal communication; removal of privileges as sanctions; not offering choices; restriction of activities; not adapting environments and resources; undertaking personal care tasks which could be performed by individuals; adherence to rigid routines; separation of friendships; use of medication to control behaviour;

Potential impact of discrimination and oppression on individuals: deterioration of mental function; depression; withdrawal; loss of self esteem; confusion; displays of challenging behaviour; emotional distress; agitation; non compliance

Addressing diversity, equality and inclusion in dementia care: use of inclusive language; use of preferred method (s) of communication; use of preferred names and titles; adaptation of resources and environments to enable active participation; inclusion of activities which build on the current abilities of an individual; provision of culturally appropriate care and support; recognition of religious requirements; matching use of language to current abilities of individuals

3 **Be able to work in a person centred manner to ensure inclusivity of the individual with dementia**

Identifying an individual's uniqueness: not labelling an individual; observation of an individual; use of information from family, carers when forming plans for support and care; developing a rapport with individuals; recognising differences in personality; use of active listening skills when communicating with individuals

Using life experience to ensure inclusion: provision of familiar artefacts in the environment; use of music, familiar sounds to promote reassurance; avoidance of dislikes, objects of fear and phobia; use of personal histories in individual profiles; provision of familiar activities at an appropriate level

Ways of maintaining dignity: provision of adapted resources to enable independent personal care; use of preferred method (s) of communication; use of preferred names and titles; use of short words and phrases to enable conversations; use of pictures and artefacts to support memory and intellectual function; use of polite verbal and non verbal communication; avoidance of unnecessary humour when working with individuals

Engagement and inclusion of individuals: provision of regular and simple routines; use of short words and simple sentences; use of active listening skills; use of positive, non threatening non verbal communication; flexibility of approach to match fluctuating needs of the individual; provision of activities which use the current abilities of individuals; involvement of family, friends, carers; involvement of relevant professionals, dementia nurses, physiotherapists, occupational therapists; representatives of the individual's religious or secular beliefs; involvement of individuals from the community, hobbies and friendship groups

4 Be able to work with others to encourage support for diversity and equality

Promotion of diversity and equality: identification of specific needs; adherence to national and organisational policies and agreed ways of working with individuals; modelling good practice, use of preferred method(s) of communication, use of preferred names and titles; working with team members to support inclusion strategies within a setting

Sharing an individual's preferences and interests: accurate completion of records, diaries, profiles of individuals; contributing to team discussion, case conferences, review of individuals; involvement of team members in activities with individuals

Challenging discrimination and oppressive practice of others: direct challenge of actions or words; referral of incidents and occurrences to line manager; modelling good practice; referring others to relevant legislation, policies and procedures

Unit 8: Understand and Meet the Nutritional Requirements of Individuals with Dementia

Unit reference number: T/601/9187

Level: 3

Credit value: 3

Guided learning hours: 26

Assessment requirements/evidence requirements

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. This unit must be assessed in accordance with Skills for Care and Development's assessment principles shown in *Annexe C*.

The following assessment criteria must be assessed in the workplace: 3.1, 3.2 & 3.3

Learning outcomes and assessment criteria

Learning outcomes		Assessment criteria	
1	Understand the nutritional needs that are unique to individuals with dementia	1.1	Describe how cognitive, functional and emotional changes associated with dementia can affect eating, drinking and nutrition
		1.2	Explain how poor nutrition can contribute to an individual's experience of dementia.
		1.3	Outline how other health and emotional conditions may affect the nutritional needs of an individual with dementia
		1.4	Explain the importance of recognising and meeting an individual's personal and cultural preferences for food and drink.
		1.5	Explain why it is important to include a variety of food and drink in the diet of an individual with dementia
2	Understand the effect that that mealtime environments can have on an individual with dementia	2.1	Describe how mealtime cultures and environments can be a barrier to meeting the nutritional needs of an individual with dementia
		2.2	Describe how mealtime environments and food presentation can be designed to help an individual to eat and drink
		2.3	Describe how a person centred approach can support an individual, with dementia at different levels of ability, to eat and drink
3	Be able to support an individual with dementia to enjoy good nutrition	3.1	Demonstrate how the knowledge of life history of an individual with dementia has been used to provide a diet that meets his/her preferences
		3.2	Demonstrate how meal times for an individual with dementia are planned to support his/her ability to eat and drink
		3.3	Demonstrate how the specific eating and drinking abilities and needs of an individual with dementia have been addressed
		3.4	Demonstrate how a person centred approach to meeting nutritional requirements has improved the well-being of an individual with dementia

Unit 9: Support the Use of Medication in Social Care Settings

Unit code: F/601/4056

Level: 3

Credit value: 5

Guided learning hours: 40

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in the workplace: 5, 7 and 8.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the legislative framework for the use of medication in social care settings	1.1	Identify legislation that governs the use of medication in social care settings
		1.2	Outline the legal classification system for medication
		1.3	Explain how and why policies and procedures or agreed ways of working must reflect and incorporate legislative requirements
2	Know about common types of medication and their use	2.1	Identify common types of medication
		2.2	List conditions for which each type of medication may be prescribed
		2.3	Describe changes to an individual's physical or mental well-being that may indicate an adverse reaction to a medication

Learning outcomes		Assessment criteria	
3	Understand roles and responsibilities in the use of medication in social care settings	3.1	Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication
		3.2	Explain where responsibilities lie in relation to use of 'over the counter' remedies and supplements
4	Understand techniques for administering medication	4.1	Describe the routes by which medication can be administered
		4.2	Describe different forms in which medication may be presented
		4.3	Describe materials and equipment that can assist in administering medication
5	Be able to receive, store and dispose of medication supplies safely	5.1	Demonstrate how to receive supplies of medication in line with agreed ways of working
		5.2	Demonstrate how to store medication safely
		5.3	Demonstrate how to dispose of unused or unwanted medication safely
6	Know how to promote the rights of the individual when managing medication	6.1	Explain the importance of the following principles in the use of medication <ul style="list-style-type: none"> • consent • self-medication or active participation • dignity and privacy • confidentiality
		6.2	Explain how risk assessment can be used to promote an individual's independence in managing medication
		6.3	Describe how ethical issues that may arise over the use of medication can be addressed
7	Be able to support use of medication	7.1	Demonstrate how to access information about an individual's medication
		7.2	Demonstrate how to support an individual to use medication in ways that promote hygiene, safety, dignity and active participation

Learning outcomes		Assessment criteria	
		7.3	Demonstrate strategies to ensure that medication is used or administered correctly
		7.4	Demonstrate how to address any practical difficulties that may arise when medication is used
		7.5	Demonstrate how and when to access further information or support about the use of medication
8	Be able to record and report on use of medication	8.1	Demonstrate how to record use of medication and any changes in an individual associated with it
		8.2	Demonstrate how to report on use of medication and problems associated with medication, in line with agreed ways of working

Unit 10: Purpose and Principles of Independent Advocacy

Unit code: M/502/3146

Level: 3

Credit value: 4

Guided learning hours: 25

Assessment Requirements/Evidence requirements

The nature of this unit means that most of the evidence must come from real work activities.

Simulation can only be used in exceptional circumstances for example:

Where performance is critical or high risk, happens infrequently or happens frequently but the presence of an assessor/observer would prevent the Independent Advocacy relationship developing.

Simulation must be discussed and agreed in advance with the External Verifier.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in independent advocacy.

Required sources of performance and knowledge evidence:

Direct Observation is the required assessment method to be used to evidence some part of this unit.

Other sources of performance and knowledge evidence:

The assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of the candidate's performance can be established.

- Work products
- Professional discussion
- Candidate/ reflective accounts
- Questions asked by assessors
- Witness testimonies
- Projects/Assignments/RPL
- Case studies

This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand Independent Advocacy	1.1	Define Independent Advocacy
		1.2	Explain the limits to Advocacy and boundaries to the service
		1.3	Identify the different steps within the Advocacy process
		1.4	Distinguish when Independent Advocacy can and cannot help
		1.5	Identify a range of services Independent Advocates commonly signpost to
		1.6	Explain the difference between Advocacy provided by Independent Advocates and other people
2	Explain principles and values underpinning Independent	2.1	Explain the key principles underpinning Independent Advocacy
		2.2	Explain why the key principles are important
3	Describe the development of Advocacy	3.1	Explain the purpose of Independent Advocacy
		3.2	Identify key milestones in the history of Advocacy
		3.3	Explain the wider policy context of Advocacy
4	Be able to explain different types of Advocacy support and their purpose	4.1	Compare a range of Advocacy models
		4.2	Explain the purpose of different Advocacy models
		4.3	Identify the commonalities and differences in a range of Advocacy models
5	Understand the roles and responsibilities of an Independent Advocate	5.1	Explain roles and responsibilities within Independent Advocacy
		5.2	Describe the limits and boundaries of an Independent Advocate
		5.3	Describe the skills, attitudes and personal attributes of a good Advocate
		5.4	Identify when and who to seek advice from when faced with dilemmas

Learning outcomes		Assessment criteria	
6	Understand Advocacy standards	6.1	Describe a range of standards which apply to Independent Advocacy
		6.2	Explain how standards can impact on the Advocacy role and service

Unit 11: Independent Mental Capacity Advocacy

Unit code: F/502/3295

Level: 4

Credit value: 12

Guided learning hours: 35

Assessment Requirements/Evidence requirements

The nature of this unit means that most of the evidence must come from real work activities.

Simulation can only be used in exceptional circumstances for example:

Where performance is critical or high risk, happens infrequently or happens frequently but the presence of an assessor/observer would prevent the Independent Advocacy relationship developing.

Simulation must be discussed and agreed in advance with the External Verifier.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in independent advocacy.

Required sources of performance and knowledge evidence:

Direct Observation is the required assessment method to be used to evidence some part of this unit.

Other sources of performance and knowledge evidence:

The assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of the candidate's performance can be established.

- Work products
- Professional discussion
- Candidate/ reflective accounts
- Questions asked by assessors
- Witness testimonies
- Projects/Assignments/RPL
- Case studies

This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand and use the Mental Capacity Act	1.1	Explain key principles of the Mental Capacity Act 2005
		1.2	Analyse powers within the Mental Capacity Act 2005
		1.3	Use research skills to identify a range of provisions within the Mental Capacity Act 2005
		1.4	Explain who may be affected by the Mental Capacity Act 2005 and why
		1.5	Use the Code of Practice
2	Provide Independent Mental Capacity Advocacy (IMCA)	2.1	Use the Mental Capacity Act 2005 to identify when there is a duty and a power to instruct an IMCA
		2.2	Analyse the role and responsibilities of an IMCA
		2.3	Summarise rights afforded to an IMCA within the Mental Capacity Act 2005
		2.4	Prioritise a range of case work
		2.5	Assess a range of potential challenges which IMCAs can face in practice
		2.6	Resolve practice dilemmas
		2.7	Evaluate the differences between IMCA and general Advocacy
		2.8	Assess and resolve conflicts of interest
		2.9	Summarise the role of commissioners
		2.10	Commit to using supervision
		2.11	Signpost qualifying people to other services

Learning outcomes		Assessment criteria	
3	Work with the decision maker	3.1	Identify the decision maker
		3.2	Identify good practice in partnership working between the decision maker and the IMCA
		3.3	Resolve a range of dilemmas and challenges which may be faced
		3.4	Use referral processes which identify legal requirements for accepting a new client
		3.5	Evaluate the correctness of the assessment of capacity
		3.6	Identify the requirements for accepting referral when family are involved
		3.7	Identify which IMCA service is responsible to represent an individual in different geographical areas
		3.8	Respond to decision makers who do not practice partnership working
		3.9	Present to decision makers on what an IMCA can contribute
4	Challenge decisions made by the decision maker	4.1	Map out the decision making process within each area an IMCA may be involved
		4.2	Raise concerns during the decision making process
		4.3	Highlight concerns after the decision is made
5	Work with people who lack capacity	5.1	Use a range of methods to communicate with of people who lack capacity
		5.2	Use non instructed advocacy to identify the wishes and preferences of people receiving IMCA support
		5.3	Use strategies to work with people with dementia or learning disabilities
		5.4	Ascertain the wishes and preferences of people who lack capacity

Learning outcomes		Assessment criteria	
6	Work with accommodation and care review referrals	6.1	Research information and establish options
		6.2	Evaluate the differences and similarities in a range of types of accommodation
		6.3	Identify a range of possible care packages to enable people to stay at home
		6.4	Assess the suitability of types of accommodation to individuals
		6.5	Assess the impact the decision will have on the individual
		6.6	Use a range of information sources to suggest alternative courses of action
		6.7	Explain the function of a range of regulatory bodies
7	Work with serious medical treatment referrals	7.1	Summarise the criteria for serious medical treatment
		7.2	Research and gather information
		7.3	Assess the impact the decision will have on the individual
		7.4	Use a range of information sources to suggest alternative courses of action
		7.5	Obtain a second medical opinion where appropriate
		7.6	Explain the importance of seeking a second medical opinion
		7.7	Identify risks, benefits and ethical issues connected to medical treatments
		7.8	Explain the process of referral in medical systems to access treatment

Learning outcomes		Assessment criteria	
8	Work with adult protection referrals	8.1	Identify the different stages at which the IMCA may be instructed within Adult Protection Procedures
		8.2	Identify a range of situations the IMCA may represent the individual during adult protection meetings
		8.3	Analyse and use local and national adult protection procedures
		8.4	Use the guidelines for IMCA in adult protection proceedings referrals
		8.5	Research and gather information
		8.6	Attend meetings where necessary
		8.7	Identify a range of protection plans which may be formulated within Adult Protection strategy meeting
		8.8	Summarise the issues involved in communicating with families in adult protection cases
9	Construct an IMCA written report that meets statutory requirements	9.1	Identify a range of issues that should be addressed within an IMCA report
		9.2	Identify what should never be in an IMCA report
		9.3	Write an IMCA report
		9.4	Identify good practice in recording case work
		9.5	Explain the impact of data protection legislation on the recording of work

Unit 12: Contribute to Support of Positive Risk-taking for Individuals

Unit code: A/601/9546

Level: 2

Credit value: 3

Guided learning hours: 27

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following assessment criteria must be assessed in the workplace: 4, 5 and 6

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Know the importance of risk taking in everyday life	1.1	Identify aspects of everyday life in which risk plays a part
		1.2	Outline the consequences for individuals of being prevented or discouraged from taking risks
		1.3	Explain how supporting individuals to take risks can enable them to have choice over their lives to: <ul style="list-style-type: none"> • gain in self-confidence • develop skills • take an active part in their community
2	Understand the importance of positive, person-centred risk assessment	2.1	Explain how a person-centred approach to risk assessment can support positive outcomes
		2.2	Identify the features of a person-centred approach to risk assessment

Learning outcomes		Assessment criteria	
3	Know how legislation and policies are relevant to positive risk taking	3.1	Identify how legislative frameworks and policies can be used to safeguard individuals from risks whilst promoting their rights
4	Be able to support individuals to make informed choices about taking risks	4.1	Explain the connection between an individual's right to take risks and their responsibilities towards themselves and others
		4.2	Support the individual to access and understand information about risks associated with a choice they plan to make
		4.3	Support the individual to explore the potential positive and negative consequences of the options
		4.4	Support the individual to make an informed decision about their preferred option and the associated risks
		4.5	Explain why it is important to record and report all incidents, discussions and decisions concerning risk taking
5	Be able to contribute to the support of individuals to manage identified risks	5.1	Use an individual's support plan to record identified risks
		5.2	Support the individual to test out the risk they wish to take, in line with agreed ways of working
		5.3	Explain the importance of working within the limits of own role and responsibilities
		5.4	Contribute to the review of risks in an individual's support plan
6	Be able to manage own feelings when providing support for individuals who are bereaved	6.1	Outline how the principle of duty of care can be maintained while supporting individuals to take risks
		6.2	Describe what action to take if an individual decides to take an unplanned risk that places him/herself or others in immediate or imminent danger

Unit 13: Provide Support to Continue Recommended Therapies

Unit code: A/601/9028

Level: 3

Credit value: 3

Guided learning hours: 20

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in the workplace: 2, 3, 4 and 5.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of supporting individuals to continue recommended therapies	1.1	Analyse the potential benefits of recommended therapies to an individual's health and wellbeing
		1.2	Describe barriers that may prevent individuals from continuing recommended therapies, and the possible consequences of discontinuation
2	Be able to encourage individuals to complete activities recommended by therapists	2.1	Establish agreement on an individual's needs and preferences about continuing a recommended therapy
		2.2	Provide opportunities for an individual to access information about the benefits of continuing the recommended therapy
		2.3	Describe how to overcome an individual's fears or concerns about continuing the recommended therapy

Learning outcomes		Assessment criteria	
3	Be able to support individuals to continue recommended therapy	3.1	Clarify with the therapist the information needed before providing support for the therapy
		3.2	Promote active participation during therapy
		3.3	Address difficulties encountered during therapy
		3.4	Provide constructive feedback and encouragement to the individual during therapy
4	Be able to observe, record and report on observations during recommended therapy	4.1	Establish with the individual and others what observations need to be made during therapy sessions
		4.2	Carry out agreed observations
		4.3	Record agreed observations as required
		4.4	Report on the findings of observations to individuals and others
5	Be able to contribute to evaluation and review of recommended therapies	5.1	Work with others to establish processes and criteria for evaluating the effectiveness of the therapy and the support provided
		5.2	Carry out agreed role to support the evaluation, using observations and feedback from the individual and others
		5.3	Agree changes to therapy sessions or the support provided

Unit 14: Implement Therapeutic Group Activities

Unit code: D/601/9491

Level: 3

Credit value: 4

Guided learning hours: 25

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in the workplace: 2, 3 and 4.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the principles of therapeutic group activities	1.1	Explain how participating in therapeutic group activities can benefit an individual's identity, self-esteem and well-being
		1.2	Analyse reasons why a group activity rather than one to one work may be recommended in particular circumstances
		1.3	Compare key points of theories about group dynamics
2	Be able to plan and prepare for therapeutic group activities	2.1	Work with individuals and others to agree: <ul style="list-style-type: none"> • the nature and purpose of a therapeutic group • specific activities to fit the purpose of the group

Learning outcomes		Assessment criteria	
		2.2	Address any risks that may be associated with the planned activities
		2.3	Prepare the environment for a therapeutic group activity
		2.4	Prepare equipment or resources needed for the activity
3	Be able to support individuals during therapeutic group activities	3.1	Support group members to understand the purpose and proposed activity of the group
		3.2	Support group members during the activity in ways that encourage effective communication, active participation and co-operation
		3.3	Give direction, praise, reassurance and constructive feedback during the activity
		3.4	Support the group to bring the activity to a safe and timely end
4	Be able to contribute to the evaluation of therapeutic group activities	4.1	Encourage and support individuals to give feedback during and after group activities
		4.2	Agree processes and criteria for evaluating the therapeutic benefits of the group and its activities
		4.3	Carry out own responsibilities for supporting the evaluation and agreeing any revisions
		4.4	Record and report on outcomes and any revisions in line with agreed ways of working

Unit 15: Support Individuals who are Bereaved

Unit code: A/601/7909

Level: 3

Credit value: 4

Guided learning hours: 30

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*. The following Learning Outcomes must be assessed in the workplace: 3, 4 and 6.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the effects of bereavement on individuals	1.1	Describe how an individual may feel immediately following the death of a loved one
		1.2	Analyse how the bereavement journey may be different for different individuals
2	Understand principles for supporting individuals who are bereaved	2.1	Compare the key points of theories of bereavement that assist in supporting individuals who are bereaved
		2.2	Explain the importance of acting in accordance with an individual's culture and beliefs when providing support for bereavement
		2.3	Explain the importance of empathy in supporting a bereaved individual

Learning outcomes		Assessment criteria	
3	Be able to support individuals to express their response to loss	3.1	Create an environment where the individual has privacy to express their emotions
		3.2	Demonstrate active listening skills to support the individual to express their thoughts, feelings and distress
4	Be able to support individuals who are bereaved	4.1	Assess the individual's level of distress and their capacity for resilience
		4.2	Agree a programme of support with the individual and others
		4.3	Carry out own role within the support programme
		4.4	Support the individual to identify any changes they may need to make as a result of their loss
		4.5	Explain the importance of working at the individual's pace during the bereavement journey
		4.6	Support the individual to manage conflicting emotions, indecision or fear of the future
5	Understand the role of specialist agencies in supporting individuals who are bereaved	5.1	Compare the roles of specialist agencies in supporting individuals who are bereaved
		5.2	Describe how to assess whether a bereaved individual requires specialist support
		5.3	Explain the importance of establishing agreement with the individual about making a referral to a specialist agency
6	Be able to manage own feelings when providing support for individuals who are bereaved	6.1	Identify ways to manage own feelings while providing support for an individual who is bereaved
		6.2	Use support systems to help manage own feelings

Unit 16: Support Individuals at the End of Life

Unit code: T/601/9495

Level: 3

Credit value: 7

Guided learning hours: 53

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following assessment criteria must be assessed in the workplace: 4.1, 4.2, 4.3, 4.4, 4.6, 7.2, 8.1, 8.2, 8.3, 8.4, 9.2 and 10.2.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the requirements of legislation and agreed ways of working to protect the rights of individuals at the end of life	1.1	Outline legal requirements and agreed ways of working designed to protect the rights of individuals in end of life care
		1.2	Explain how legislation designed to protect the rights of individuals in end of life care applies to own job role
2	Understand factors affecting end of life care	2.1	Outline key points of theories about the emotional and psychological processes that individuals and key people may experience with the approach of death
		2.2	Explain how the beliefs, religion and culture of individuals and key people influence end of life care

Learning outcomes		Assessment criteria	
		2.3	Explain why key people may have a distinctive role in an individual's end of life care
		2.4	Explain why support for an individual's health and well-being may not always relate to their terminal condition
3	Understand advance care planning in relation to end of life care	3.1	Describe the benefits to an individual of having as much control as possible over their end of life care
		3.2	Explain the purpose of advance care planning in relation to end of life care
		3.3	Describe own role in supporting and recording decisions about advance care planning
		3.4	Outline ethical and legal issues that may arise in relation to advance care planning
4	Be able to provide support to individuals and key people during end of life care	4.1	Support the individual and key people to explore their thoughts and feelings about death and dying
		4.2	Provide support for the individual and key people that respects their beliefs, religion and culture
		4.3	Demonstrate ways to help the individual feel respected and valued throughout the end of life period
		4.4	Provide information to the individual and/or key people about the individual's illness and the support available
		4.5	Give examples of how an individual's well-being can be enhanced by: <ul style="list-style-type: none"> • environmental factors • non-medical interventions • use of equipment and aids • alternative therapies
		4.6	Contribute to partnership working with key people to support the individual's well-being

Learning outcomes		Assessment criteria	
5	Understand how to address sensitive issues in relation to end of life care	5.1	Explain the importance of recording significant conversations during end of life care
		5.2	Explain factors that influence who should give significant news to an individual or key people
		5.3	Describe conflicts and legal or ethical issues that may arise in relation to death, dying or end of life care
		5.4	Analyse ways to address such conflicts
6	Understand the role of organisations and support services available to individuals and key people in relation to end of life care	6.1	Describe the role of support organisations and specialist services that may contribute to end of life care
		6.2	Analyse the role and value of an advocate in relation to end of life care
		6.3	Explain how to establish when an advocate may be beneficial
		6.4	Explain why support for spiritual needs may be especially important at the end of life
		6.5	Describe a range of sources of support to address spiritual needs
7	Be able to access support for the individual or key people from the wider team	7.1	Identify when support would best be offered by other members of the team
		7.2	Liaise with other members of the team to provide identified support for the individual or key people
8	Be able to support individuals through the process of dying	8.1	Carry out own role in an individual's care
		8.2	Contribute to addressing any distress experienced by the individual promptly and in agreed ways
		8.3	Adapt support to reflect the individual's changing needs or responses
		8.4	Assess when an individual and key people need to be alone

Learning outcomes		Assessment criteria	
9	Be able to take action following the death of individuals	9.1	Explain why it is important to know about an individual's wishes for their after-death care
		9.2	Carry out actions immediately following a death that respect the individual's wishes and follow agreed ways of working
		9.3	Describe ways to support key people immediately following an individual's death
10	Be able to manage own feelings in relation to the dying or death of individuals	10.1	Identify ways to manage own feelings in relation to an individual's dying or death
		10.2	Utilise support systems to deal with own feelings in relation to an individual's dying or death

Unit 17: Interact with and Support Individuals Using Telecommunications

Unit code: Y/601/8825

Level: 3

Credit value: 5

Guided learning hours: 36

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in the workplace: 2, 3, 4 and 5.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the legal and local requirements relating to the use of telecommunications when supporting individuals	1.1	Describe the legal and local requirements and policies relevant to the functions being carried out
		1.2	Explain the rights of the individual being supported using telecommunications
2	Be able to use telecommunication technology	2.1	Use different types of telecommunication technology
		2.2	Explain how interactions may differ depending on the type of telecommunication technology used
		2.3	Respond to individuals according to organisational policies
		2.4	Record details of interactions in the appropriate system

Learning outcomes		Assessment criteria	
3	Be able to engage with individuals using telecommunications	3.1	Engage with the individual without face to face interaction including: <ul style="list-style-type: none"> • providing opportunities to sustain the interaction • providing reassurance of continued interest • encouraging individuals to share their concerns • responding to the individual's immediate requirements at each stage during the interaction • recognising where anonymity may encourage them to respond
		3.2	Provide information about the service and confirm its appropriateness to the individual
		3.3	Identify the significance of the circumstances the individual is in
		3.4	Encourage callers to provide additional information about their situation or requirements
		3.5	Maintain the confidentiality of the individual, self, and colleagues according to the procedures of the service
		3.6	Comply with legal and organisational requirements and policies relevant to the functions being carried out

Learning outcomes		Assessment criteria	
4	Be able to identify and evaluate any risks or dangers for individuals during the interaction	4.1	Identify the types of risks or dangers different individuals might face
		4.2	Evaluate the implications of any risk or dangers facing an individual, including: <ul style="list-style-type: none"> • the circumstances in which the interaction is being made • the types of problems which could occur • the significance of any signs of increased stress during interactions • whether there are any constraints on individuals • the appropriate action to deal with any risks, dangers or problems
5	Be able to terminate the interaction	5.1	Demonstrate how to end interactions including: <ul style="list-style-type: none"> • identifying when to close the interaction • providing clear information to the individual on the reasons for ending the interaction • operating to the guidelines and procedures of the organisation • explaining what further action may be taken
		5.2	Identify situations where it would be dangerous or disadvantageous to the interest of the individual to terminate the interaction
		5.3	Record and check the individual's demographic details
		5.4	Identify why recording and checking details might be required before ending/transferring the call
		5.5	Use person-centred thinking to enable individuals to choose those who support them.

Learning outcomes		Assessment criteria	
		5.6	Support the individual and others involved to understand their responsibilities in achieving actions agreed.
		5.7	Demonstrate a successful person-centred review.

Unit 18: Support Person-centred Thinking and Planning

Unit code: A/601/7215

Level: 3

Credit value: 5

Guided learning hours: 41

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcome must be assessed in the workplace: 5.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the principles and practice of person-centred thinking, planning and reviews	1.1	Explain what person-centred thinking is, and how it relates to person-centred reviews and person-centred planning
		1.2	Explain the benefits of using person-centred thinking with individuals
		1.3	Explain the beliefs and values on which person-centred thinking and planning is based
		1.4	Explain how the beliefs and values on which person-centred thinking is based differs from assessment and other approaches to planning
		1.5	Explain how person-centred thinking tools can form the basis of a person-centred plan

Learning outcomes		Assessment criteria	
		1.6	Describe the key features of different styles of person-centred planning and the contexts in which they are most useful
		1.7	Describe examples of person-centred thinking tools, their purpose, how and when each one might be used
		1.8	Explain the different ways that one page profiles are used
2	Understand the context within which person-centred thinking and planning takes place	2.1	Interpret current policy, legislation and guidance underpinning person-centred thinking and planning
		2.2	Analyse the relationship between person-centred planning and the commissioning and delivery of services
		2.3	Describe how person-centred planning and person-centred reviews influence strategic commissioning
		2.4	Explain what a person-centred team is
		2.5	Explain how person-centred thinking can be used within a team
		2.6	Analyse how to achieve successful implementation of person-centred thinking and planning across an organisation
		2.7	Describe the role of the manager in implementing person-centred thinking and planning
		2.8	Explain how this relates to the role of a facilitator
3	Understand own role in person-centred planning	3.1	Explain the range of ways to use person-centred thinking, planning and reviews in own role: <ul style="list-style-type: none"> • with individuals • as a team member • as part of an organisation
		3.2	Explain the different person-centred thinking skills required to support individuals

Learning outcomes		Assessment criteria	
		3.3	Identify challenges that may be faced in implementing person-centred thinking, planning and reviews in own work
		3.4	Describe how challenges in implementing person-centred thinking, planning and reviews might be overcome
4	Be able to apply person-centred planning in relation to own life	4.1	Demonstrate how to use a person-centred thinking tool in relation to own life to identify what is working and not working
		4.2	Describe what other person-centred thinking tools would be useful in own life
		4.3	Evaluate which person-centred thinking tools could be used to think more about own community connections
		4.4	Evaluate which person-centred thinking tools or person-centred planning styles could be used to think more about own future aspirations
5	Be able to implement person-centred thinking, planning and reviews	5.1	Demonstrate the person-centred thinking and styles of person-centred planning that can be used to help individuals move towards their dreams
		5.2	Show that the plan and process are owned by individual
		5.3	Demonstrate how person-centred thinking tools can be used to develop a person-centred plan
		5.4	Use information from a person-centred review to start a person-centred plan
		5.5	Use person-centred thinking to enable individuals to choose those who support them
		5.6	Support the individual and others involved to understand their responsibilities in achieving actions agreed
		5.7	Demonstrate a successful person-centred review

Unit 19: Support Positive Risk Taking for Individuals

Unit code: L/601/9549

Level: 3

Credit value: 4

Guided learning hours: 32

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of risk taking in everyday life	1.1	Explain ways in which risk is an integral part of everyday life
		1.2	Explain why individuals may have been discouraged or prevented from taking risks
		1.3	Describe the links between risk-taking and responsibility, empowerment and social inclusion
2	Understand the importance of a positive, person-centred approach to risk assessment	2.1	Explain the process of developing a positive person-centred approach to risk assessment
		2.2	Explain how to apply the principles and methods of a person-centred approach to each of the different stages of the process of risk assessment

Learning outcomes		Assessment criteria	
		2.3	Explain how a service focused approach to risk assessment would differ from a person-centred approach
		2.4	Identify the consequences for individuals of a service focused approach to risk-assessment
3	Understand the legal and policy framework underpinning an individual's right to make decisions and take risks	3.1	Explain how legislation, national and local policies and guidance provide a framework for decision making which can support an individual to have control over their own lives
		3.2	Describe how a human rights based approach supports an individual to make decisions and take risks
4	Be able to support individuals to make decisions about risks	4.1	Support an individual to recognise potential risk in different areas of their life
		4.2	Support the individual to balance choices with their own and others' health, safety and wellbeing
		4.3	Describe how own values, belief systems and experiences may affect working practice when supporting an individual to take risks
		4.4	Record all discussions and decisions made relating to supporting the individual to take risks
5	Be able to support individuals to take risks	5.1	Complete a risk assessment with an individual following agreed ways of working
		5.2	Communicate the content of the risk assessment to others
		5.3	Support the individual to take the risk for which the assessment has been completed
		5.4	Review and revise the risk assessment with the individual
		5.5	Evaluate with the individual how taking the identified risk has contributed to their well being

Learning outcomes		Assessment criteria	
6	Understand duty of care in relation to supporting positive risk-taking	6.1	Explain how the principle of duty of care can be maintained while supporting individuals to take risks
		6.2	Describe what action to take if an individual decides to take an unplanned risk that places him/herself or others in immediate or imminent danger

Unit 20: Support Individuals in the Use of Assistive Technology

Unit code: J/601/3541

Level: 4

Credit value: 4

Guided learning hours: 32

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

The following Learning Outcomes must be assessed in the workplace: 2, 3 and 4.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the range, purpose and effectiveness of assistive technology available to support individuals	1.1	Research the range and purpose of assistive technology that is available to support individuals in own area of work
		1.2	Investigate the effectiveness of the most commonly used assistive technology in own area of work
		1.3	Explain how assistive technology can have a positive impact on the well being and quality of life of individuals
2	Be able to support the selection of assistive technology with individuals	2.1	Explain own role and the roles of others in the provision of assistive technology for individuals.
		2.2	Support an individual to access specialist information and support about assistive technology

Learning outcomes		Assessment criteria	
		2.3	Support an individual to express needs, preferences and desired outcomes in relation to the use of assistive technology
		2.4	Support an individual to select assistive technology to meet their needs and preferences
3	Be able to support the use of assistive technology aids with an individual	3.1	Prepare the environment to support the use of assistive technology with an individual
		3.2	Support the use of assistive technology following instructions or guidelines within boundaries of own role
		3.3	Record the use of assistive technology following procedures or agreed ways of working
		3.4	Explain when and to whom referrals for maintenance or repair would be made
4	Be able to evaluate the effectiveness of the use of assistive technology to meet identified outcomes	4.1	Review the effectiveness of assistive technology against identified outcomes with individuals and/or others
		4.2	Provide feedback to others on the use of assistive technology
		4.3	Revise plans to use assistive technology to achieve identified outcomes with individuals and/or others
		4.4	Evaluate own practice in using assistive technology to meet identified outcomes
		4.5	Adapt own practice to support the needs of the individual

Unit 21: Facilitate Person-centred Assessment, Planning, Implementation and Review

Unit code: H/601/8049

Level: 3

Credit value: 6

Guided learning hours: 45

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the principles of person centred assessment and care planning	1.1	Explain the importance of a holistic approach to assessment and planning of care or support
		1.2	Describe ways of supporting the individual to lead the assessment and planning process
		1.3	Describe ways the assessment and planning process or documentation can be adapted to maximise an individual's ownership and control of it
2	Be able to facilitate person centred assessment	2.1	Establish with the individual a partnership approach to the assessment process
		2.2	Establish with the individual how the process should be carried out and who else should be involved in the process

Learning outcomes		Assessment criteria	
		2.3	Agree with the individual and others the intended outcomes of the assessment process and care plan
		2.4	Ensure that assessment takes account of the individual's strengths and aspirations as well as needs
		2.5	Work with the individual and others to identify support requirements and preferences
3	Be able to contribute to the planning of care or support	3.1	Take account of factors that may influence the type and level of care or support to be provided
		3.2	Work with the individual and others to explore options and resources for delivery of the plan
		3.3	Contribute to agreement on how component parts of a plan will be delivered and by whom
		3.4	Record the plan in a suitable format
4	Be able to support the implementation of care plans	4.1	Carry out assigned aspects of a care plan
		4.2	Support others to carry out aspects of a care plan for which they are responsible
		4.3	Adjust the plan in response to changing needs or circumstances
5	Be able to monitor a care plans	5.1	Agree methods for monitoring the way a care plan is delivered
		5.2	Collate monitoring information from agreed sources
		5.3	Record changes that affect the delivery of the care plan
6	Be able to facilitate a review of care plans and their implementation	6.1	Seek agreement with the individual and others about: <ul style="list-style-type: none"> • who should be involved in the review process • criteria to judge effectiveness of the care plan
		6.2	Seek feedback from the individual and others about how the plan is working

Learning outcomes		Assessment criteria	
		6.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
		6.4	Work with the individual and others to agree any revisions to the plan
		6.5	Document the review process and revisions as required

Unit 22: Understand Models of Disability

Unit code: F/601/3473

Level: 3

Credit value: 3

Guided learning hours: 26

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the difference between models of disability	1.1	Outline the history and development of the medical, social and psycho-social models of disability
		1.2	Compare and contrast the medical, social and psycho-social models of disability
2	Understand how the adoption of models of disability can shape an individual's identity and experience	2.1	Analyse how the medical, social and psycho-social models of disability can impact on an individual's identity and experience
3	Understand how the adoption of models of disability can shape service delivery	3.1	Analyse how the medical, social and psycho-social models of disability can shape service delivery
		3.2	Evaluate how own practice promotes the wellbeing and quality of life of individuals

Unit 23: Contribute to the Care of a Deceased Person

Unit code: R/601/8256

Level: 2

Credit value: 3

Guided learning hours: 24

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Know the factors that affect how individuals are cared for after death	1.1	Outline legal requirements and agreed ways of working that underpin the care of deceased individuals
		1.2	Describe how beliefs and religious and cultural factors affect how deceased individuals are cared for
		1.3	Identify the physical changes that take place after death and how this may affect laying out and moving individuals
		1.4	Identify diseases and conditions that necessitate specialist treatment or precautions when caring for and transferring deceased individuals
		1.5	Describe the precautions needed when undertaking the care and transfer of deceased individuals with specific high risk diseases and conditions

Learning outcomes		Assessment criteria	
2	Be able to contribute to supporting those who are close to deceased individuals	2.1	Describe the likely immediate impact of an individual's death on others who are close to the deceased individual
		2.2	Support others immediately following the death of the individual in ways that: <ul style="list-style-type: none"> • reduce their distress • respect the deceased individual
3	Be able to contribute to preparing deceased individuals prior to transfer	3.1	Follow agreed ways of working to ensure that the deceased person is correctly identified
		3.2	Carry out agreed role in preparing the deceased individual in a manner that respects their dignity, beliefs and culture
		3.3	Use protective clothing to minimise the risk of infection during preparation of the deceased individual
		3.4	Contribute to recording any property and valuables that are to remain with the deceased individual
4	Be able to contribute to transferring deceased individuals	4.1	Carry out agreed role in contacting appropriate organisations
		4.2	Carry out agreed role in transferring the deceased individual in line with agreed ways of working and any wishes expressed by the individual
		4.3	Record details of the care and transfer of the deceased person in line with agreed ways of working
5	Be able to manage own feelings in relation to the death of individuals	5.1	Identify ways to manage own feelings in relation to an individual's death
		5.2	Utilise support systems to deal with own feelings in relation to an individual's death

Unit 24: Understand Mental Wellbeing and Mental Health Promotion

Unit code: F/602/0097

Level: 3

Credit value: 3

Guided learning hours: 14

Assessment Requirements/Evidence requirements

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. This unit must be assessed in accordance with the Skills for Care and Development Assessment Principles shown in *Annexe C*.

Learning outcomes and assessment criteria

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the different views on the nature of mental well-being and mental health and the factors that may influence both across the life span.	1.1	Evaluate two different views on the nature of mental well-being and mental health.
		1.2	Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: <ul style="list-style-type: none"> a biological factors b social factors c psychological factors

Learning outcomes		Assessment criteria	
		1.3	<p>Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health.</p> <p>a risk factors including inequalities, poor quality social relationships</p> <p>b protective factors including socially valued roles, social support and contact</p>
2	Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	2.1	Explain the steps that an individual may take to promote their mental well-being and mental health.
		2.2	Explain how to support an individual in promoting their mental well-being and mental health
		2.3	Evaluate a strategy for supporting an individual in promoting their mental well-being and mental health.
		2.4	Describe key aspects of a local, national or international strategy to promote mental well-being and mental health within a group or community.
		2.5	Evaluate a local, national or international strategy to promote mental well-being and mental health within a group or community

Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html
- books, software and online resources for UK schools and colleges: www.pearsonschoolsandcolleges.co.uk

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))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *BTEC UK Quality Assurance Centre Handbook*

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are also available on our website.

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

Additional resources

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

How to obtain National Occupational Standards

Please contact www.ukstandards.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 on our website.

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

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

The national programme of training we offer is on our website. You can request centre-based training through the website or you can contact one of our advisers in the Training from Pearson UK team via Customer Services to discuss your training needs.

BTEC training and support for the lifetime of the qualifications

Training and networks: our training programme ranges from free introductory events through sector-specific opportunities to detailed training on all aspects of delivery, assignments and assessment. We also host some regional network events to allow you to share your experiences, ideas and best practice with other BTEC colleagues in your region.

Regional support: our team of Curriculum Development Managers and Curriculum Support Consultants, based around the country, are responsible for providing advice and support in centres. They can help you with planning and curriculum developments.

To get in touch with our dedicated support teams please visit our website.

Your Pearson support team

Whether you want to talk to a sector specialist, browse online or submit your query for an individual response, there's someone in our Pearson support team to help you whenever – and however – you need:

- **Subject Advisors:** find out more about our subject advisor team – immediate, reliable support from a fellow subject expert
- **Ask the Expert:** submit your question online to our Ask the Expert online service and we will make sure your query is handled by a subject specialist.

Please visit our website at qualifications.pearson.com/en/support/contact-us.html

Annexe A

Wider curriculum mapping

Pearson BTEC Level 3 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 of 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 B

National Occupational Standards (NOS) Mapping

The grid below maps the knowledge covered in the Pearson BTEC Level 3 Award and Certificate in Dementia Care against the underpinning knowledge of the National Occupational Standards in Health and Social Care.

National Occupational Standards (NOS) Related to the Pearson Level 3 Award in Awareness of Dementia

Unit number	NOS reference
1	None
2	None
3	HSC21, HSC24, HSC31, HSC35, HSC41, HSC45
4	None

National Occupational Standards (NOS) Related to the Pearson Level 3 Certificate in Dementia Care

Unit number	NOS reference
1	None
2	HSC21, HSC24, HSC31, HSC35, HSC41, HSC45
3	HSC21, HSC24, HSC31, HSC35, HSC41, HSC45
4	HSC21, HSC24, HSC31, HSC35, HSC41, HSC45
5	HSC213, HSC214, HSC21, HSC24, HSC31, HSC35, HSC41, HSC45
6	None
7	HSC375, HSC221, HSC236
8	HSC23, HSC31, HSC45, HSC335, HSC336, HSC367, HSC368, HSC3111, HSC3199, H136, PE1
9	AHP17, GEN12, H16, H136, M111, HSC41, HSC45, HSC328, HSC368, HSC3199, HSC418, HSC423, HSC431, HSC434, HSC437
10	HSC240
11	HSC352
12	HSC393
13	HSC384
14	HSC385
15	HSC353 (GEN21)

Unit number	NOS reference
16	HSC36
17	HSC3117
19	HSC328, HSC329
20	Sensory services 1, 2, 3,10 and 11
21	HSC239
22	None

Annexe C

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
- 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 joint 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 (for example 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 learning outcomes 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 (for example 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 and 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 and 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

March 2017

**For more information on Edexcel and BTEC qualifications please
visit our website: qualifications.pearson.com**

BTEC is a registered trademark of Pearson Education Limited

**Pearson Education Limited. Registered in England and Wales No. 872828
Registered Office: 80 Strand, London WC2R 0RL.
VAT Reg No GB 278 537121**