

Pearson BTEC Level 4 Diploma in Adult Care (England)

Specification

BTEC Professional Combined (Competence and Knowledge) Qualification

First teaching May 2015

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 qualification websites at qualifications.pearson.com, www.btec.co.uk or www.lcci.org.uk. Alternatively, you can get in touch with us using the details on our contact us page at qualifications.pearson.com/contactus

About Pearson

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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

This qualification was previously known as:
Pearson BTEC Level 4 Diploma in Adult Care (England) (QCF)

The QN remains 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.)

All information in this specification is correct at time of publication.

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Summary of Pearson BTEC Level 4 Diploma in Adult Care (England) 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 (excluding documents from other organisations e.g. Sector Skills assessment guidance in an Annexe)	
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	3
TQT value added	3
GLH range removed and replaced with lowest GLH value for the shortest route through the qualification	3/4
QCF references removed from unit titles and unit levels in all units	27-477
Guided learning definition updated	17

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.

Purpose of this specification

The purpose of a specification as defined by Ofqual is to set out:

- the qualification's objective
- any other qualification that learners must have completed before taking the qualification
- any prior knowledge, skills or understanding that learners are required to have before taking the qualification
- units that learners must have completed before the qualification will be awarded and any optional routes
- any other requirements that learners must have satisfied before they will be assessed or before the qualification will be awarded
- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)
- the method of any assessment and any associated requirements relating to it
- the criteria against which the learner's level of attainment will be measured (such as assessment criteria)
- any specimen materials
- any specified levels of attainment.

BTEC Professional qualification titles covered by this specification

Pearson BTEC Level 4 Diploma in Adult Care (England)

The Skills Funding Agency 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 in a qualification will also have a unit code.

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

The QN for the qualification in this publication is:

Pearson BTEC Level 4 Diploma in Adult Care (England) 601/6113/9

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

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What are BTEC Level 4 Professional qualifications?

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

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

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

Sizes of Professional qualifications

For all regulated qualifications, we specify a total number of hours that learners are expected to undertake in order to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, we identify the number of Guided Learning Hours (GLH) 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.

As well as guided learning, there may be other required learning that is directed by tutors or assessors. This includes, for example, 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 Professional 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).

Key features of the Pearson BTEC Level 4 Diploma in Adult Care (England)

The Pearson BTEC Level 4 Diploma in Adult Care (England) is specifically designed for learners who are at least **18 years old**, already work in health and social care in adult settings, and want to develop their competencies to progress into job roles such as:

- community care/support officers
- community care/support officers – office based
- social care assessor
- care assessment officer
- community care assessment officers
- social services officer
- brokerage workers
- occupational assessment officer
- rehabilitation and reablement assistant
- assistive technology co-ordinator/officer.

The qualification gives learners the opportunity to develop:

- fundamental and specialist knowledge and understanding underpinning competence in their intended specialism and job role; this includes knowledge and understanding in areas such as safeguarding and protection, personalisation in care, health and safety in healthcare settings, inclusive practice and equality and diversity, dementia care, stroke care management and public funding models in adult social care
- a range of practical and cognitive skills underpinning competence in their intended job role; this includes skills such as developing and maintaining accurate records, facilitating support planning and person-centred assessment, partnership working, mentoring and advanced communication skills
- acceptable behaviours and attitudes to support competence and successful performance in their intended job role; this includes developing positive attitudes to promoting and supporting equality and diversity, appreciation and adherence to the values, principles and statutory frameworks that underpin professional practice, and acceptable and required behaviours to ensure the safeguarding of children and young people in the adult care sector.

In addition to progressing to employment in the stated job roles, learners may also progress towards Level 5 qualifications for managers and advanced practitioners, such as the Pearson Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (England).

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 Pearson BTEC Level 4 qualifications

When combining units for a Pearson BTEC Level 4 in Adult Care (England) it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Pearson BTEC Level 4 Diploma in Adult Care (England)

- 1 Qualification TQT: 700. Qualification credit value: 70 credits. GLH: 479
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 55 credits.
- 3 All credits must be achieved from the units listed in this specification.

Pearson BTEC Level 4 Diploma in Adult Care (England)

The Pearson BTEC Level 4 Diploma in Adult Care (England) is a 479 guided learning hour, 70-credit qualification that consists of 36 mandatory credits **plus** optional units that give a combined total of 70 credits (where **at least 55 credits must be at Level 4 or above**).

Learners must select a minimum of 6 credits from optional Group A and a minimum of 28 credits from optional Group B.

Pearson BTEC Level 4 Diploma in Adult Care (England)			
Unit	Mandatory units	Credit	Level
1	Advanced Communication Skills	4	4
2	Personal Development in Health, Social Care or Children and Young People's Settings	4	4
3	Equality and Diversity in Health, Social Care or Children and Young People's Settings	3	4
4	Understand Safeguarding and Protection in Health and Social Care Settings	2	3
5	Facilitate Person-centred Assessment to Support Wellbeing of Individuals	2	4
6	Facilitate Support Planning to Promote Positive Outcomes for Individuals and to Support Wellbeing	2	4
7	Understand Personalisation in Care and Support Services	4	5
8	Health and Safety in Health and Social Care Settings	3	4
9	Professional Practice in Health and Social Care for Adults or Children and Young People	3	4
10	Develop, Maintain and Use Records and Reports	3	4
11	Work in Partnership in Health and Social Care or Children and Young People's Settings	4	4
12	Safeguard Children and Young People Who Are Present in the Adult Social Care Sector	2	4

Centres should be aware that within this Level 4 qualification, learners will be required to meet the demands of units at Level 5. Centres are advised to consider the support, guidance and opportunities they give to learners to meet the demands of the higher level units during delivery and assessment of the qualification.

As the majority of total credit should ideally be at the level of the qualification, learners are encouraged to be mindful of the amount of credit that is chosen at Level 5.

Unit	Group A optional units (context or specialist knowledge units) Learners must achieve a minimum of 6 credits from this optional group.	Credit	Level
13	Understand the Process and Experience of Dementia	3	3
14	Understand the Administration of Medication to Individuals with Dementia Using a Person-centred Approach	2	3
15	Understand the Role of Communication and Interactions with Individuals Who Have Dementia	3	3
16	Diabetes Awareness	6	3
17	Understand Theories of Relationships and Social Networks	3	4
18	Understand the Factors Affecting Older People	2	3
19	Understand Parkinson's for Health and Social Care Staff	2	3
20	Understand Public Funding of Individual Care Needs in Adult Social Care	4	4
21	Understand Positive Risk Taking for Individuals with Disabilities	3	3
22	Understand How to Support Individuals with Autistic Spectrum Conditions	3	3
23	Principles of Self-directed Support	3	3
24	Understand How to Manage a Team	3	4
25	Understanding Professional Supervision Practice	3	4
26	Understand Professional Management and Leadership in Health and Social Care or Children and Young People's Settings	6	5
27	Awareness of the Mental Capacity Act 2005	3	3
28	Understand the Impact of Acquired Brain Injury on Individuals	3	3
29	Understand Stroke Care Management	4	3
30	Understand Sensory Loss	3	3

Unit	Group B optional units (competence units) Learners must achieve a minimum of 28 credits from this optional group.	Credit	Level
31	Undertake a Research Project Within Services for Health and Social Care or Children and Young People	10	5
32	Providing Independent Advocacy to Adults	5	4
33	Share Knowledge and Good Practice	3	5
34	Support the Spiritual Wellbeing of Individuals	3	3
35	Provide Support to Maintain and Develop Skills for Everyday Life	4	3
36	Support the Development of Community Partnerships	5	4
37	Support Individuals to Access and Use Services and Facilities	4	3
38	Support Individuals to Access and Manage Direct Payments	6	4
39	Support Individuals to Access Housing and Accommodation Services	4	3
40	Identify the Physical Health Needs of Individuals with Mental Health Needs and Plan Appropriate Actions	5	4
41	Work with Families, Carers and Individuals During times of Crisis	5	4
42	Implement the Positive Behavioural Support Model	8	4
43	Assess the Needs of Carers and Families	4	3
44	Provide Information, Advice and Guidance	4	4
45	Develop and Implement Reablement Plans	4	4
46	Mentoring in Social Care	2	4
47	Installation, Maintenance and Removal of Assistive Technology in Social Care	2	3
48	Assessment, Implementation and Review of Assistive Technology in Social Care	4	4
49	Promote Rights and Values in Assistive Technology in Social Care	2	3
50	Promote Assistive Technology in Social Care	4	4
51	Supporting Infection Prevention and Control in Social Care	2	3
52	Support Individuals with Autistic Spectrum Conditions	4	3
53	Promote Access to Healthcare for Individuals with Learning Disabilities	6	5
54	Promote Good Practice in the Support of Individuals with Autistic Spectrum Conditions	7	5

Unit	Group B optional units (competence units) – continued	Credit	Level
55	Lead Practice in Assessing and Planning for the Needs of Families and Carers	3	5
56	Appraise Staff Performance	5	5
57	Support People Who Are Providing Homes to Individuals	6	4
58	Facilitate the Development of Effective Group Practice in Health and Social Care or Children and Young People's Settings	6	5
59	Facilitate Change in Health and Social Care or Children and Young People's Settings	5	5
60	Manage Finance Within Own Area of Responsibility in Health and Social Care or Children and Young People's Settings	4	4
61	Manage Quality in Health and Social Care or Children and Young People's Setting	5	5
62	Promote Awareness of Sensory Loss	3	5
63	Support the Use of Assistive Technology	4	5
64	Support Individuals with Sensory Loss with Communication	5	5
65	Support Individuals with Multiple Conditions and/or Disabilities	5	5
66	Support Individuals in the Use of Assistive Technology	4	4
67	Support Individuals to Access Education, Training or Employment	4	4

Assessment

This qualification(s) contains both knowledge and competence units that are all internally assessed. Information on the methods and requirements for the assessment of these units is given later in this section.

To achieve a pass for the full qualification, learners must achieve all the units in the stated qualification structure.

Internal assessment

All units in this qualification are assessed through an internally and externally quality assured portfolio made up of evidence gathered during the course of learners' work.

Each unit has specified learning outcomes and assessment criteria. To pass each unit, learners must:

- achieve **all** the specified learning outcomes
- satisfy **all** the assessment criteria by providing sufficient and valid evidence for each criterion
- prove that the evidence is their own.

Learners must have an assessment record that identifies the assessment criteria that have been met. The assessment record should be cross-referenced to the evidence provided. The assessment record should include details of the type of evidence and the date of assessment. Suitable centre documentation should be used to form an assessment record.

It is important that the evidence provided to meet the assessment criteria for each unit is:

Valid Relevant to the standards for which competence is claimed.

Authentic Produced by learners.

Current Sufficiently recent to create confidence that the same skill, understanding or knowledge persist at the time of the claim.

Reliable Indicates that learners can consistently perform at this level.

Sufficient Fully meets the requirements of the standards.

Learners can provide evidence of occupational competence from:

- **current practice** – where evidence is generated from a current job role
- a **programme of development** – where evidence comes from assessment opportunities built into a learning programme. The evidence provided must meet the requirements of the Sector Skills Council's assessment requirements/strategy
- the **Recognition of Prior Learning (RPL)** – where learners can demonstrate that they can meet a unit's assessment criteria through knowledge, understanding or skills they already possess, without undertaking a course of development. They must submit sufficient, reliable, authentic and valid evidence for assessment. Evidence submitted based on RPL should give the centre confidence that the same level of skill, understanding and knowledge exists at the time of claim as existed at the time the evidence was produced. RPL is acceptable for accrediting a unit, several units, or a whole qualification
- a combination of these.

Further guidance is available in our policy document *Recognition of Prior Learning Policy and Process*, available on our website.

Assessment requirements/strategy

The assessment principles for the units in this qualification are given in *Annexe A*. It sets out the overarching assessment principles and the framework for assessing the units to ensure that the qualification remains valid and reliable. The assessment strategy has been developed by Skills for Care and Development, in partnership with employers, training providers, awarding organisations and the regulatory authorities.

Types of evidence

To achieve a unit, learners must gather evidence that shows that they have met the required standard specified in the assessment criteria, Pearson's quality assurance arrangements (please see the following section, *Quality assurance of centres*) and the requirements of the Skills for Care and Development assessment principles given in *Annexe A*.

In line with the assessment principles, evidence for the units can take a variety of forms as indicated below:

- direct observation of learners' performance by their assessor (O)
- outcomes from oral or written questioning (Q&A)
- products of learners' work (P)
- personal statements and/or reflective accounts (RA)
- outcomes from simulation (S) – *only acceptable where specified in the unit assessment requirements*
- professional discussion (PD)
- assignment, project/case studies (A)
- expert witness testimony (EWT)
- evidence of Recognition of Prior Learning (RPL).

Learners can use the abbreviations in their portfolios for cross-referencing purposes.

Learners can also use one piece of evidence to prove their knowledge, skills and understanding across different assessment criteria and/or across different units. It is not necessary for learners to have each assessment criterion assessed separately. They should be encouraged to reference evidence to the relevant assessment criteria. However, the evidence provided for each unit must be clearly reference the unit being assessed. Evidence must be available to the assessor, the internal verifier and the Pearson standards verifier.

Any specific evidence requirements for a unit are given in the *Assessment* section of the unit.

Further guidance on the requirements for centre quality assurance and internal verification processes is available on our website. Please see *Further information and useful publications* for details.

Assessment of knowledge

With Combined (Competence and Knowledge) qualifications, the assessment of technical and sector-related knowledge is integral to achieving the qualifications. Learners must provide evidence of their achievement of the knowledge-based learning outcomes and associated assessment criteria – the achievement of these cannot be inferred from performance. Centres must ensure that the assessment methods used are appropriate for the specific learning outcomes and assessment criteria and are in line with the assessment principles in *Annexe A*.

Assessment tasks and activities must enable learners to produce valid, sufficient, authentic and appropriate evidence that relates directly to the specified knowledge-based learning outcomes and assessment criteria within the context of the *Unit amplification*. Centres need to look closely at the verb used for each assessment criterion when devising the assessments to ensure that learners can provide evidence with sufficient breadth and depth to meet the requirements.

Centres need to provide assessment briefs for learners to show what evidence is required. Assessment briefs should indicate clearly which assessment criteria are being targeted. 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.

Centres are encouraged to create strong links between the assessment of the knowledge units and the competence units to reinforce the relationship between knowledge and understanding and the job-related competencies.

Centres can decide the form of assessment evidence (for example presentations, projects, tests, extended writing, reflective journals) as long as the methods chosen allow learners to produce valid, sufficient and reliable evidence to meet the assessment criteria. The guidance provided in the individual units will be useful in supporting centres in the assessment process.

There is more guidance about internal assessment on our website. See *Further information and useful publications*.

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 Level 4 Professional qualifications each unit has a credit value that specifies the number of credits that will be awarded to learners who have 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.

Dealing with malpractice in assessment

Malpractice means acts that undermine the integrity and validity of assessment, the certification of qualifications and/or may damage the authority of those responsible for delivering the assessment and certification.

Pearson does not tolerate actions (or attempted actions) of malpractice by learners, centre staff or centres in connection with Pearson qualifications. Pearson may impose penalties and/or sanctions on learners, centre staff or centres where incidents (or attempted incidents) of malpractice have been proven.

Malpractice may arise or be suspected in relation to any unit or type of assessment within the qualification. For further details regarding malpractice and advice on preventing malpractice by learners please see Pearson's *Centre Guidance: Dealing with Malpractice*, available on our website.

The procedures we ask you to adopt vary between units that are internally assessed and those that are externally assessed.

Internal assessment

Centres are required to take steps to prevent malpractice and to investigate instances of suspected malpractice. Learners must be given information that explains what malpractice is for internal assessment and how suspected incidents will be dealt with by the centre. The *Centre Guidance: Dealing with Malpractice* document gives full information on the actions we expect you to take.

Pearson may conduct investigations if we believe that a centre is failing to conduct internal assessment according to our policies. The above document gives further information, examples and details the penalties and sanctions that may be imposed.

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

External assessment

External assessment means all aspects of units that are designated as external in this specification, including preparation for tasks and performance. For these assessments centres must follow the JCQ procedures for set out in the latest version of *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures* (www.jcq.org.uk).

In the interests of learners and centre staff, centres need to respond effectively and openly to all requests relating to an investigation into an incident of suspected malpractice.

Learner malpractice

Heads of centre are required to report incidents of suspected learner malpractice that occur during Pearson examinations. We ask that centres do so by completing a JCQ Form M1 (www.jcq.org.uk/malpractice) and emailing this and accompanying documents (signed statements from learners, invigilator, copies of evidence, etc.) to the Investigations Team at pqsmalpractice@pearson.com. The responsibility for determining appropriate sanctions or penalties to be imposed on learners lies with Pearson.

Learners must be informed at the earliest opportunity of the specific allegation and the centre's malpractice policy, including the right of appeal. Learners found guilty of malpractice may be disqualified from the qualification for which they have been entered with Pearson.

Teacher/centre malpractice

Heads of centre are required to inform Pearson's Investigations Team of any incident of suspected malpractice by centre staff, before any investigation is undertaken. Heads of centre are requested to inform the Investigations Team by submitting a JCQ M2(a) form (downloadable from www.jcq.org.uk/malpractice) with supporting documentation to pqsmalpractice@pearson.com. Where Pearson receives allegations of malpractice from other sources (for example Pearson staff or anonymous informants), the Investigations Team will conduct the investigation directly or may ask the head of centre to assist.

Incidents of maladministration (accidental errors in the delivery of Pearson qualifications which may affect the assessment of learners) should also be reported to the Investigations Team using the same method.

Heads of centres/principals/chief executive officers or their nominees are required to inform learners and centre staff suspected of malpractice of their responsibilities and rights; see 6.15 of *JCQ Suspected Malpractice in Examinations and Assessments Policies and Procedures*.

Pearson reserves the right in cases of suspected malpractice to withhold the issuing of results/certificates while an investigation is in progress. Depending on the outcome of the investigation results/certificates may be released or withheld.

We reserve the right to withhold certification when undertaking investigations, audits and quality assurances processes. You will be notified within a reasonable period of time if this occurs.

Sanctions and appeals

Where malpractice is proven we may impose sanctions or penalties.

Where learner malpractice is evidenced, penalties may be imposed such as:

- mark reduction for affected external assessments
- disqualification from the qualification
- debarment from registration for Pearson qualifications for a period of time.

If we are concerned about your centre's quality procedures we may impose sanctions such as:

- working with you to create an improvement action plan
- requiring staff members to receive further training
- placing temporary blocks on your certificates
- placing temporary blocks on registration of learners
- debarring staff members or the centre from delivering Pearson qualifications
- suspending or withdrawing centre approval status.

The centre will be notified if any of these apply.

Pearson has established procedures for centres that are considering appeals against penalties and sanctions arising from malpractice. Appeals against a decision made by Pearson will normally be accepted only from heads of centres (on behalf of learners and/or members or staff) and from individual members (in respect of a decision taken against them personally). Further information on appeals may be found in the *Enquiries and Appeals* policy, which is located on our website. In the initial stage of any aspect of malpractice, please notify the Investigations Team via pqsmalpractice@pearson.com who will inform you of the next steps.

Quality assurance of centres

BTEC Level 4–7 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 BTEC Level 4–7 qualifications 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.

Pearson quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for BTEC Level 4–7 qualifications and units.

For all centres delivering BTEC qualifications at Levels 4–7, Pearson allocates a standards verifier (SV) for each sector offered who will conduct an annual visit to quality assure the programmes.

Approval

Centres are required to declare their commitment to ensuring the quality of the programme of learning and providing appropriate assessment opportunities for learners that lead to valid and accurate assessment outcomes. In addition, centres will commit to undertaking defined training and online standardisation activities. Centres already holding approval are able to gain qualification approval online. New centres must complete a centre approval application.

Quality assurance guidance

Details of quality assurance for BTEC Level 4–7 qualifications are available on our website.

Programme design and delivery

Mode of delivery

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

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

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

Resources

BTEC Level 4 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Pearson.

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

Delivery approach

It is important that centres develop an approach to teaching and learning that supports the vocational nature of BTEC Level 4 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 learners in the centre during their programme of study and any specific support that might be necessary to allow learners to access the assessment for the qualification. Centres should consult our policy on learners with particular requirements.

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

Access to qualifications for learners with disabilities or specific needs

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

We are committed to making sure that:

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

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

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

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

Both documents are on our website.

Restrictions on learner entry

The Pearson BTEC Level 4 in Adult Care (England) is accredited for learners aged 18 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 Disclosure and Barring Service (DBS) criminal record checks.

Recognising prior learning and achievement

Recognition of Prior Learning

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

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

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

There is further guidance in our policy document *Recognition of Prior Learning Policy and Process*, available on our website.

Unit format

All units in BTEC Level 4 Professional qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards. Each unit has the following sections.

Unit title

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

Unit reference number

Each unit is assigned a unit reference number 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 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 learners know, understand or are able to do as the result of a process of learning.

Assessment criteria

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

Unit content

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

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

Relationship between content and assessment criteria

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

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

Legislation

Legislation cited in the units is current at time of publication. The most recent legislation should be taught and assessed internally.

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.
- 'e.g.' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).
- Amplification is given only for those assessment criteria associated with knowledge-based learning outcomes. Assessment criteria for competence learning outcomes are not amplified except where the learning outcome is about the demonstration of generic skills rather than job-related competence in a specific work or organisational context.
- Where a unit has only job/role-related competence-based learning outcomes, then no amplification/content is provided for this unit and the 'Unit Content' section will not appear for that unit.

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 resource material that benchmarks the level of study.

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Unit 1: Advanced Communication Skills

Unit reference number: L/506/6053

Level: 4

Credit value: 4

Guided learning hours: 27

Unit introduction

Communication is a vital skill when supporting individuals in a social care setting. Care workers need effective communication so they can work with individuals and colleagues to plan what support is needed and to monitor and review the support.

In this unit, you will learn why individuals communicate and the different models of communication that can be used to help individuals express their views. You will learn how poor communication impacts on individuals and how to overcome barriers to communication. You will learn how to help individuals use assistive technology to help them communicate. You will learn how to work with individuals to find their preferred communication methods. Using these methods and appropriate listening skills, you will learn how to convey the individual's wishes to others and convey information back to the individual. In this unit, you will also learn the importance of confidentiality and the issues posed by legal and ethical requirements when confidentiality has been breached. Assistive technology also poses other confidentiality risks and issues, which you will explore in this unit.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand communication needs and factors affecting them</p>	<p>1.1 Analyse different models of communication:</p> <ul style="list-style-type: none"> • Transactional analysis • Lasswell's <p>1.2 Analyse why individuals communicate</p> <p>1.3 Analyse how models of communication can meet the individual's personal needs, wishes and preferences</p> <p>1.4 Explain how barriers to communication may be overcome:</p> <ul style="list-style-type: none"> • physical • social • environment • emotional <p>1.5 Analyse the effects on an individual of ineffective communication</p>
<p>2 Understand how to support the use of assistive technology to enhance communication</p>	<p>2.1 Discuss the role of assistive technology in supporting individuals to communicate</p> <p>2.2 Describe types of support that an individual may need in order to use assistive technology</p> <p>2.3 Describe the specialist services relating to assistive technology</p> <p>2.4 Explain how to ensure that communication equipment is:</p> <ul style="list-style-type: none"> • fit for purpose • correctly set up and working • able to be used by the individual

Learning outcomes	Assessment criteria
3 Be able to interact with individuals	3.1 Work in partnership with the individual and others to identify their preferred methods of communication 3.2 Use agreed methods of communication to interact with the individual 3.3 Interact with an individual using: <ul style="list-style-type: none"> • active listening • reflective listening 3.4 Monitor the individual's responses during and after the interaction to check the effectiveness of communication
4 Be able to convey information to individuals and others	4.1 Use formats that enable an individual and others to understand the information conveyed 4.2 Assess an individual's understanding of information conveyed
5 Understand the importance of confidentiality in interactions with individuals	5.1 Analyse legal and ethical tensions between maintaining confidentiality and sharing information 5.2 Analyse the implications of assistive technology for maintaining confidentiality for the individual

Unit content

1 Understand communication needs and factors affecting them

Models of communication: interactive communication model; transactional communication model; Monroe's motivated sequence; Lasswell's model of five levels of communication; McGuire's two dimensional matrix; Shannon and Weaver, linear communication model

Reasons for communication: to exercise choice, maintain independence and dignity, empowerment, to express needs; to share ideas and information; to reassure; to express feelings and/or concerns; build relationships; socialise; ask questions; share experiences

Barriers to communication: physical, e.g. hearing impairment, visual impairment, deafblindness, poor dexterity and co-ordination, autism, dementia; social, e.g. social isolation, discrimination, language, cultural, social status, lack of training in using equipment; environmental, e.g. background noise, poor lighting, lack of funding to purchase equipment, lack of equipment, broken equipment, outdated equipment, poor phone signal, slow internet speed; emotional, e.g. anger, depression, anxiety, pride, fear, guilt

Effects of ineffective communication: depersonalisation, dependency, lack of choice, waste of inappropriate resources, lack of awareness of what is around them; inability to explore or investigate; reduced opportunities for learning; delay in communication development; deterioration of wellbeing; feeling of isolation; depression

2 Understand how to support the use of assistive technology to enhance communication

Role of assistive technology: in empowering, enabling personalisation of care, independence and choice, improving quality of life; examples of assistive technology to maintain social relationships, e.g. voice recognition software on devices such as smartphones or tablets, speed dial on phones, touchscreen dialling on smartphones, video chat via programs such as Skype on smartphones or tablets and computers, use of social media such as Twitter® and Facebook®, use of digital and non-digital communication symbols such as talking mats; induction loops for hearing impaired; optical magnifiers; text to speech scanning software; talking books; ebooks such as those free from Project Gutenberg; Braille computer equipment such as keyboards and embossers

Types of support: information, training, advice and support, encouragement; ensuring equipment is fit for purpose, correctly set up and working, able to be used by the individual

Specialist services relating to assistive technology: statutory services, e.g. NHS speech and language therapists, adult social services assistive technology or telecare team, assessment by specialist occupational therapist through local social services, assisted living centres, 'third sector' services such as Alzheimer's Society, RNIB (Royal National Institute of Blind People)

5 **Understand the importance of confidentiality in interactions with individuals**

Legislation: Data Protection Act 1998, personal data; Freedom of Information Act 2000, right to request access to recorded information held by public sector organisations; Human Rights Act 1998, right to respect private and family life; Mental Capacity Act 2005

Legal and ethical tensions: duty of care; confidentiality; duty of protecting individuals and others from harm; duty to support others to make own decisions on how information is shared; duty to inform how information is obtained and used; sharing information to ensure safe care; disclosure; whistleblowing; issues of mental capacity

Implications of assistive technology for maintaining confidentiality for the individual: to benefit the individual by giving choice and enhancing quality of life, not for the benefit of carers, not for monitoring and surveillance, not to reduce human interaction; individual's choice whether to use assistive technology, informed consent; risks associated with the individual's use of online technology, such as malware, viruses, phishing scams

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

In a reflective account for learning outcome 1, learners could consider the strengths and weaknesses of transactional analysis and the strengths and weaknesses of Lasswell's model of communication. They could then examine in detail the reasons why three individuals in their care communicate, and consider the benefits and drawbacks of each model for these individuals in terms of meeting their needs, wishes and preferences. In the reflective account, learners could then explain how physical, social, emotional and environmental barriers may be overcome for the three individuals and explain in detail how ineffective communication may impact on each of them. Confidentiality must be maintained. It is suggested that learners use A, B, C when referring to the individuals concerned.

For learning outcome 2, learners need to show an understanding of the range of assistive technology for communication and how it supports an individual's needs. This may be evidenced through the creation of work products, such as leaflets, information booklets or a presentation. For AC2.2, learners could describe types of support that an individual may need and may wish to refer to individuals A, B, C and their support needs. For AC2.3, they could then describe the specialist services relating to assistive technology, both locally and nationally, including online services.

A professional discussion may be used to corroborate evidence for this learning outcome and to provide evidence for AC2.1 where learners discuss the role of assistive technology in supporting individuals to communicate. Professional discussion may also be used to evidence AC2.4 where learners explain how to ensure that communication equipment is fit for purpose, correctly set up and working and is able to be used by the individual.

For learning outcomes 3 and 4, learners need to demonstrate competence. Direct observations obtained from initial assessments, care planning and reviews may be identified to meet these performance criteria. Witness testimonies and work products such as emails, organisational records of planning and assessment may be observed by the assessor and recorded as observation of confidential records where direct observation is not appropriate.

For learning outcome 3, learners should demonstrate that they can work in partnership with the individual and others, use agreed methods of communication and demonstrate that they use both active and reflective listening, monitoring the individual's responses during and after the interaction to check the effectiveness of communication. Professional discussion could be used to support this direct observation.

Direct observation for learning outcome 4 could follow naturally from learning outcome 3, where learners use formats that enable an individual and others to understand the information conveyed and assess an individual's understanding of the information conveyed.

For learning outcome 5, a reflective account will enable learners to explore in detail the legal and ethical tensions around the need to maintain confidentiality and the requirement to share information. In the reflective account, learners could explore the issue of confidentiality when an individual uses assistive technology.

A professional discussion will further support this evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cook A M, Miller Polgar J – *Essentials of Assistive Technologies* (Mosby, 2012)
ISBN 9780323075367

Dell A G, Newton D A, Petroff J G – *Assistive Technology in the Classroom: Enhancing the School Experiences of Students with Disabilities* (Pearson, 2011)
ISBN 9780131390409

Federici S and Scherer M – *Assistive Technology Assessment Handbook – Rehabilitation Science in Practice Series* (CRC Press, 2012) ISBN 9781439838655

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services* (Hodder Education, 2012)
ISBN 9781444156089

Journal

Journal of Assistive Technologies

Websites

www.alzheimers.org.uk	Online publication factsheet: <i>Assistive technology – devices to help with everyday living</i>
www.communitycare.co.uk	Ethical issues in the use of telecare, published 7 May 2010
www.dlf.org.uk	Disabled Living Foundation – factsheets on communication and vision, including information on sources of funding
www.gov.uk	Department of Health – research and development work relating to assistive technology
www.rnib.org.uk	Royal National Institute of Blind People – <i>Beginner's guide to keyboard skills</i> – for those with visual impairment
www.ssrsg.org.uk	Social Services Research Group – assistive technology, telecare, and dementia
www.talkingmats.com	Card symbols to aid communication, also available as an app for tablets

Unit 2: Personal Development in Health, Social Care or Children's and Young People's Settings

Unit reference number: J/506/7623

Level: 4

Credit value: 4

Guided learning hours: 26

Unit introduction

In health and social care or children's and young people's settings it is important that workers are familiar with their responsibilities and duties, as well as with the changes and developments in health and social care so that they give the best possible support and care. It is not enough to do what has always been done. Care workers have a professional duty to maintain the currency of their knowledge and skills and they do this by continuing to learn and reflecting on what they do.

In this unit, you will learn what is required to function well in your own work role and how to separate your own personal feelings from your professional role. You will learn to think about and judge what you do, making improvements where necessary. You will learn to apply new ideas to your practice and work with others to develop your own personal learning plan that meets your needs for new learning, new opportunities and your professional interests. You will assess whether new ways of working, based on evidence rather than tradition, will benefit those you care for and you will learn how to use new ways of working. As part of reflective practice, you will learn to judge whether or not evidence-based practice has improved your practice.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand what is required for competence in own work role	1.1 Explain the duties and responsibilities of own work role 1.2 Explain expectations about own work role as expressed in relevant standards 1.3 Describe ways to ensure that personal attitudes or beliefs do not obstruct the quality of own work
2 Be able to reflect on practice	2.1 Explain the cyclical process of reflection 2.2 Explain the importance of reflective practice in continuously improving the quality of service provided 2.3 Reflect on day to day work practice
3 Be able to evaluate own performance	3.1 Evaluate own knowledge, understanding and performance against relevant standards 3.2 Use feedback to evaluate own performance
4 Be able to use reflective practice to contribute to personal development	4.1 Evaluate how learning activities have affected practice 4.2 Demonstrate how reflective practice has contributed to improved ways of working 4.3 Record progress in relation to personal development

Learning outcomes	Assessment criteria
<p>5 Be able to agree a personal development plan</p>	<p>5.1 Use data and information to plan and review own development</p> <p>5.2 Work with others to review and prioritise own:</p> <ul style="list-style-type: none"> • learning needs • professional interests • development opportunities <p>5.3 Work with others to agree own personal development plan</p>
<p>6 Be able to use evidence-based practice</p>	<p>6.1 Analyse how evidence-based practice can be used to inform your practice</p> <p>6.2 Apply evidence-based practice in your practice</p> <p>6.3 Evaluate use of evidence-based practice in own setting</p>

Unit content

1 Understand what is required for competence in own work role

Duties and responsibilities: contractual responsibilities, e.g. hours, lines of reporting; specific roles and responsibilities, e.g. behaviour support, supporting children and young people with special educational needs; compliance with policies and procedures of the work setting, e.g. health and safety, safeguarding, manual handling, behaviour management; keeping up to date with changes in work practices; knowledge of lines of accountability

Expectations: personal and professional behaviour, e.g. Disclosure and Barring Service (DBS) check; Care Quality Commission regulations for service providers under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Health and Social Care National Occupational Standards (NOS); codes of conduct, e.g. Skills for Care code of conduct for all healthcare support workers and adult social care workers in England; Children's Care, Learning and Development National Occupational Standards (NOS); Leadership and Management in Care Services Standards; Health and Care Professions Council standards of proficiency for social workers; Sensory Services Standards; communication, e.g. promote, maintain and support; education and development, e.g. support and promote physical, social, emotional development, access education according to relevant curriculum frameworks; health and safety, e.g. supporting individuals to be safe, promote and practise health and safety in the work setting; team working, e.g. contribute to the effectiveness of teams, develop productive working relationships with others, lead multi-agency working arrangements in childcare settings; professional development; support equality and diversity; support and maintain a service for children and families; maintain an environment to meet children's and young people's needs

Personal attitudes, beliefs and work: being trustworthy and reliable, maintaining professional boundaries, e.g. knowing difference between being friendly and being a friend, duty of care, having clear limits to what is and what is not acceptable, knowing when to refer on to others; identifying poor boundaries, e.g. accepting gifts, discussing individuals with family and friends, discussing one individual service user with another, giving out personal information; consequences of poor boundaries, e.g. failure to provide appropriate services, exploitation and abuse, burnout and disciplinary proceedings for the worker

2 Be able to reflect on practice

Process of reflection: use of cyclical and continuous models, e.g. Kolb (1984), Gibbs (1988), Morrison (2005), Bogg and Challis (2013) reflective cycles; reflective cycles, e.g. what happened, feelings experienced, evaluate what was good and what was bad, what did it mean, what could you have done differently, plan what to do if it happened again; reflection in action while giving support, reflection on action after the event; frequent reflection; recording reflection, e.g. reflective diary; reflecting on day to day events

Importance of reflective practice: benefits to individuals, e.g. appropriate identification of needs and appropriate care; benefits to worker, e.g. improved practice, develop new skills and learn new knowledge, improved employability, prevention of burnout, identification of learning needs

3 **Be able to evaluate own performance**

Knowledge, understanding and performance against relevant standards: benchmark own current practice using professional standards, including codes of practice, regulations, minimum and National Occupational Standards (NOS); identifying personal goals; prioritising targets to meet standards, e.g. gaps in own knowledge, skills and practice; personal goals; personal development

Evaluating own performance using feedback: sources of feedback, e.g. line manager, supervisor, mentor, colleagues, individuals supported; identifying areas for improvement; awareness of strengths and weaknesses

4 **Be able to use reflective practice to contribute to personal development**

Effect of learning activities on practice: advantages, e.g. improved quality of life for individuals supported, drawbacks, e.g. time spent to learn and risk assess new ways of working, time spent informing others of changes; formal and informal evaluation; self-assessment using personal documentation; assessment by others, e.g. supervisors, peer evaluation; evaluation against personal development plan (PDP); feeding results of evaluation into PDP to establish cycle of continuous improvement

5 **Be able to agree a personal development plan**

Planning and reviewing development: others, e.g. line manager, supervisor, team leader, shift leader, mentor, individuals supported; learning needs, e.g. for training; professional interests such as personalisation of care; development opportunities, e.g. shadowing, coaching, mentoring, monitoring of practice; setting of learning objectives; setting of SMART (specific, measurable, achievable, realistic, time-bound) targets; identify personal learning styles; review goals and actions in light of progress

6 **Be able to use evidence-based practice**

Evidence-based practice: evidence-based practice such as appropriate use of life story books with young people in care and with older people in care, reminiscence work with people with dementia

Application of evidence-based practice: benefits for individuals, e.g. life story work gives young people in care a better understanding of their family, reminiscence work may help people with dementia to become more reality oriented; drawbacks for individuals, e.g. life story work and reminiscence work may bring back painful memories; benefits for workers, e.g. knowing more about the background of the individuals they work with; drawbacks for workers, e.g. may need to spend time learning how to conduct sessions, may find it difficult to cope with emotions aroused in individuals; benefits and drawbacks for others such as family and other carers; best evidence in order to make decisions in current practice to support the individual needs of the adult, child or young person; person-centred approach; individualistic care; personalised service; enabling independence, choice and control; continuous care planning; working with others, e.g. family and friends, other professionals; risk assessments

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to evidence their understanding of their work role in relation to the relevant occupational standards. Evidence of demonstrating understanding could be recorded through professional discussion to support a reflective account. For AC1.2 and AC1.3, use of work products such as job descriptions, supervision and appraisal records might be considered to evidence how learners' responsibilities and attitudes have been recognised and discussed against the relevant standards.

For learning outcome 2, learners will need to show clear detail of their understanding of the cyclical process. Research into the models that support their preferred approach could be evidenced through a reflective account supported by a professional discussion. AC2.3 requires evidence of competence, which could be demonstrated through a reflective diary or reflective journal.

For learning outcome 3, learners will need to show evidence of evaluating and gaining feedback from others on their performance within the workplace. This may be shown through their reflective journal, professional discussion and work products such as supervision and appraisal records.

For learning outcome 4, a reflective journal, professional discussion and work products such as personal development plans, could show how learning has been applied to improve ways of working.

For learning outcome 5, learners are required to agree a personal development plan. This may be evidenced by their personal development plan and witness testimony if direct observation is not appropriate. Work products such as supervision records, training records and certificates would support evidence against personal development. Professional discussion and witness testimony may also be considered to gain evidence from other professionals who have supported learners to agree goals and development opportunities.

For learning outcome 6, learners are required to analyse, apply and evaluate. A reflective account supported by professional discussion could provide evidence for AC6.1 and AC6.3. This will give them an opportunity to consider the advantages and problems of applying evidence-based practice in their area of work and to apply evidence-based practice. In this reflective account, learners could consider the benefits and drawbacks for individuals, for themselves and others of the new way of working and could come to a conclusion about whether the outcomes of new ways of working are better or worse for individuals. AC6.2 could be evidenced by direct observation or through witness testimony.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

- Bassot B – *The Reflective Journal* (Palgrave Macmillan, 2013) ISBN 9781137324719
- Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106
- Gibson F – *Reminiscence and Life Story Work*, 4th edition (Jessica Kingsley Publishers, 2011) ISBN 9781849051514
- Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892
- McLean S – *The City & Guilds Pocket Guide to: Reflection and Reflective Practice* (City & Guilds; 1st edition, 2012) ISBN 9780851932316
- Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026

Websites

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| www.communitycare.co.uk | Online journal for social care |
| www.cqc.org.uk | Care Quality Commission regulations for providers under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |
| www.hcpc-uk.org.uk | The Health and Care Professions Council (HPC) (formerly the Health Professions Council)
It sets the standards expected of social workers |
| www.nmc.org.uk | Nursing and midwifery regulator – information about registration and revalidation and code of practice |
| www.nurseryworld.co.uk | Online journal for early years professionals |
| www.nursingtimes.net | Online journal for nurses |
| www.scie.org.uk | Social Care Institute for Excellence – improvement support agency and independent charity working with adults', families' and children's care and support services across the UK |
| www.skillsforcare.org.uk | Skills for Care – employer-led workforce development body for adult social care in England. Website has code of conduct for all healthcare support workers and adult social care workers in England |

www.skillsforcareanddevelopment.org.uk Skills for Care and Development – Sector Skills Council (SSC) for all UK, made up of SSCs from England, Wales, Scotland and N. Ireland

Other

SCIE Report 10: Developing the evidence base for social work and social care practice, available at www.scie.org.uk

Unit 3: Equality and Diversity in Health, Social Care or Children's and Young People's Settings

Unit reference number: J/506/7119

Level: 4

Credit value: 3

Guided learning hours: 21

Unit introduction

People working in health and social care or children's and young people's settings must treat people equally and respect individual differences. No one would like to receive a second rate service because their care worker disliked them or did not understand their needs. Treating people equally and appreciating their individual differences means that society is open for all.

In this unit, you will learn what is meant by 'equality', 'diversity' and 'inclusion'. You will learn about the legislation that governs how we treat others and about the guidelines and codes that govern our work when caring for others. You will explore how inequality affects individuals and why some people are intolerant of others. You will learn what is meant by 'inclusive practice' and how such practice can ensure people are treated equally and with respect for their individuality. You will learn how to challenge discrimination and support others to do so and you will learn how to assess the effectiveness of systems that are intended to promote equality and diversity. You will learn how the use of person-centred approaches by you and by others can support equality and diversity, using resources and sharing information to challenge discrimination.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand equality and diversity	1.1 Summarise current legislation relating to equality 1.2 Evaluate how legislation, codes of practice and policies and procedures relating to equality and diversity apply to own work role 1.3 Explain the impact on own practice of: <ul style="list-style-type: none"> • equality • diversity • inclusion 1.4 Analyse how barriers to equality impact on individuals 1.5 Explain the attitudes that may lead to discriminatory behaviour
2 Understand how inclusive practice supports equality and diversity	2.1 Explain how inclusive practice promotes equality and supports diversity 2.2 Analyse how inclusive practice respects the individual's beliefs, culture, values, preferences and life experience 2.3 Evaluate principles of inclusive practice
3 Understand how to promote equality and diversity	3.1 Explain how to challenge discrimination to promote change 3.2 Explain how to support others to promote equality and diversity 3.3 Evaluate current systems and processes to identify improvements which support equality and diversity

Learning outcomes	Assessment criteria
4 Be able to work in a way that supports equality and diversity	4.1 Use person-centred approaches to support equality and diversity 4.2 Work with others to promote equality and diversity 4.3 Challenge discrimination to promote change 4.4 Access resources to support equality and diversity practice 4.5 Disseminate information to others relating to equality and diversity 4.6 Reflect on own practice in relation to equality and diversity

Unit content

1 Understand equality and diversity

Legislation: Equality Act 2010 protected characteristics – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation; Disability Discrimination Act 2005 (Northern Ireland); European Convention on Human Rights and the Human Rights Act 1998; United Nations Convention on the Rights of the Child; Special Educational Needs and Disability Act 2001; Race Relations (Amendment) Act 2000; Data Protection Act 1998; Mental Health Act 1998; Mental Capacity Act 2005; Mental Health Act 2007 section 50 (deprivation of liberty); Health and Social Care Act 2008 (Regulated Activities)(Amendment) Regulations 2015; Health and Social Care Act 2012; Care Act 2014; Employment Equality Regulations 2003

Codes of practice, policies and procedures: of sector, e.g. Care Quality Commission Regulations for providers; Skills For Care Code of Conduct; codes of practice, e.g. Code of Practice for Social Care Workers, and Code of Practice for Employers of Social Care Workers; Care Quality Commission Fundamental Standards; National Care Standards; organisational policies and procedures; policies of workplace setting

Barriers to equality: structural, e.g. social such as discrimination faced by people with disabilities when applying for jobs, economic barriers such as being trapped on benefits because unable to get a job due to disability, environmental such as living in poor housing; institutional, e.g. organisational policies and procedures; cultural, e.g. norms and expectations such as discriminatory belief that people with learning disabilities do not make good parents; personal, e.g. individual feelings, thoughts and behaviours

Effects of inequality on individuals: disempowerment; depersonalisation; low self-esteem, poor mental and physical health, harm and abuse, social exclusion

Attitudes leading to discriminatory behaviour: fear, lack of awareness, misunderstanding; stereotyping, prejudice leading to discrimination

2 Understand how inclusive practice supports equality and diversity

Promoting equality and supporting diversity: models of practice such as Dignity in Care, personalisation agenda; equality of opportunity; privacy; independence; dignity; respect; partnerships respecting diversity; empowerment; equality of care; individual rights and choice; partnership working; support and attention for individual, family, friends and carers; meeting minimum standards; responding to national initiatives; complaints and appeals procedures

Respecting the individual's beliefs, culture, values, preferences and life experience: beliefs such as religious and political beliefs; culture such as ways of dressing, ways of interacting between men and women, e.g. in some cultures people do not shake hands; values such as attitudes to older people; preferences such as choice of language; life experience, e.g. an individual's experience of discrimination

Principles of inclusive practice: positive action empowering individuals to fully participate in society; early intervention, prevention of problems, reablement; holistic approach; seeing each person as unique and offering them person-centred care; work in a non-judgemental way; follow agreed ways of working to prevent discrimination; challenge discrimination; promote and maintain independence

3 Understand how to promote equality and diversity

Challenging discrimination to promote change: use of equality policies; referral to codes of practice and legislation

Supporting others to promote equality, diversity and inclusion: role modelling to embrace diversity and recognise equality; non-judgemental attitudes; anti-discriminatory practice; use of legislation; codes of practice and charters; staff training and continuing professional development (CPD); supervision; quality assurance systems; record keeping; monitoring and evaluation of practice

Current systems and processes: policies, e.g. equality policy; audit of procedures, e.g. assessment procedures; staff appraisals; supervision; complaints and compliments received; verbal feedback from others

4 Be able to work in a way that supports equality and diversity

Person-centred approaches: considering the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs, treating people with dignity and respect

Work with others: multidisciplinary team members, e.g. occupational therapist, educational psychologist, doctors, nurses, social workers, youth justice workers; colleagues, e.g. other care workers; relatives and friends of the individual; the individual themselves

Resources: training materials, e.g. case studies, videos, magazine articles, TV or radio programmes; other people who may have experienced and overcome discrimination; feedback from client/family questionnaires; CPD opportunities

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcome 4 must be assessed in a real work environment. Simulation is not allowed for this learning outcome.

For learning outcome 1, AC1.1 and AC1.2, learners could produce a reflective account that summarises current legislation relating to equality and then goes on to evaluate how legislation, relevant codes of practice and their own organisation's policies and procedures relating to equality and diversity apply to the learner's own work role. In their evaluation, learners could explore to what extent legislation, codes of practice, policies and procedures influence what they do, and which, if any, of these has the most immediate influence on their work.

For AC1.3, learners could explain the impact on their own practice of equality, diversity and inclusion, highlighting how they have put these ideas into practice with three different individuals. Learners could aim to cover different aspects of equality, diversity and inclusion in each example to give them an opportunity to show in-depth knowledge. Within this reflective account for AC1.4, learners could analyse how barriers to equality impact on individuals, illustrating this with anonymised case studies from their own practice. It is anticipated that learners could reflect on different aspects of structural, institutional, cultural and personal barriers to equality in each case, to ensure depth of coverage. In the analysis, learners could examine the disadvantages and any possible advantages that might arise from barriers to equality.

For AC1.5, learners could use professional discussion to explain the reasons for attitudes that may lead to discriminatory behaviour. Professional discussion could also support the reflective account produced for this learning outcome.

For learning outcome 2, a professional discussion could be used as an assessment method. For AC2.1, learners could use the professional discussion to explain what is meant by 'inclusive practice' and to explain, with examples, how inclusive practice promotes equality and supports diversity. For AC2.2, learners could use anonymised examples from their own practice to analyse how inclusive practice respects the individual's beliefs, culture, values, preferences and life experience. It is anticipated that more than one example will be required to ensure full coverage. Finally, for AC2.3, learners could, as part of the professional discussion, assess to what extent principles of inclusive practice do what is intended.

For learning outcome 3, AC3.1, learners could use professional discussion to explain, with examples from their own practice, how to challenge discrimination to promote change and how to support others to promote equality and diversity for AC3.2. Professional discussion or a reflective account could be used for AC3.3 to evaluate current systems and processes for their effectiveness and to identify improvements that support equality and diversity. Examples from learners' own practice would be useful in showing their ability to apply theory to practice.

For learning outcome 4, learners are required to show competence within the workplace. Direct observation is the preferred assessment method. Witness testimony, work products and reflective accounts could be used where direct observation is deemed inappropriate. Direct observation and witness testimony could be used to demonstrate person-centred approaches to support equality and diversity for AC4.1 and to demonstrate learners' competence in working with others to promote equality and diversity for AC4.2. Witness testimony could provide evidence that learners can challenge discrimination to promote change, for AC4.3. Direct observation and witness testimony could also provide evidence that learners access resources to support equality and diversity practice for AC4.4 and disseminates information to others on this subject, for AC4.5. Finally, a reflective account for AC4.6 would enable learners to reflect on their own practice in relation to equality and diversity, examining how far they have developed their understanding of equality and diversity since starting the job role, any problems they have encountered while developing their practice in this area, and identifying any areas they would like to explore further.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Banks S – *Ethics and Values in Social Work (Practical Social Work Series)*, 4th edition (Palgrave Macmillan, 2012) ISBN 9780230300170

Thompson N – *Anti-Discriminatory Practice: Equality, Diversity and Social Justice (Practical Social Work Series)*, 5th edition (Palgrave Macmillan, 2012) ISBN 9780230250130

Thompson N – *Promoting Equality: Working with Diversity and Difference* (Palgrave Macmillan, 2011) ISBN 9780230223431

Journal

Community Care

Websites

www.acas.org.uk

Advisory, Conciliation and Arbitration Service – free information for employers and employees about equality preventing discrimination

www.bridgingthegap.scot.nhs.uk

Bridging the Gap – health inequalities learning resource, useful for discrimination and barriers to equality

www.cqc.org.uk

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: *Regulation 9: Person-centred care and information for Fundamental Standards*

www.equalityhumanrights.com

Equality and Human Rights Commission – information about the Equality Act 2010

www.gov.uk/data-protection	Data Protection Act 1998
www.gov.uk/government/publications/uk-national-social-report	UK National Social Report – UK's main challenges and policy for social inclusion, pensions and health and long-term care
www.legislation.gov.uk	Equality Act 2010 – useful for all legislation for this unit
www.rcn.org.uk	Social inclusion and inclusive practice
www.scie.org.uk	Resources for social inclusion
www.skillsforcare.org.uk	<i>Common core strategic equality and diversity principles</i> October 2013, also Skills for Care Code of Conduct

Unit 4: Understand Safeguarding and Protection in Health and Social Care Settings

Unit reference number: F/506/7622

Level: 3

Credit value: 2

Guided learning hours: 18

Unit introduction

Anyone who works with vulnerable adults in health and social care settings will need an understanding of the legal principles that underpin safeguarding, including national guidelines and local policies and procedures. In this unit, you will demonstrate that you know how the legal framework affects your day-to-day work and your responsibilities regarding safeguarding. You will understand how to identify and respond to suspected or alleged abuse. You will develop a clear understanding of the impact that current legislation has on safeguarding adults at risk of abuse and neglect and the signs and symptoms of different forms of suspected or alleged abuse. You will be able to explain what action to take in the event of any suspicion of abuse or if an individual alleges that they are being abused and how to respond. You will also be able to explain how to raise concerns if the correct procedures have not been followed.

You will understand and be able to explain the agreed protocols for working in partnership with other agencies and organisations in ensuring the safeguarding and protection of vulnerable adults and your role in such work, including supporting them in raising concerns during the safeguarding process.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the impact of current legislation for the safeguarding of adults at risk of abuse and neglect</p>	<p>1.1 Explain the current legislative framework that underpins safeguarding of vulnerable adults within own UK home nation</p> <p>1.2 Explain how current national guidelines and local policies and procedures for safeguarding affect your day-to-day work</p> <p>1.3 Explain own responsibilities relating to the current legislative framework with regard to safeguarding</p>
<p>2 Understand how to respond to suspected or alleged abuse</p>	<p>2.1 Describe signs and symptoms associated with the following types of abuse:</p> <ul style="list-style-type: none"> • physical abuse • sexual abuse • emotional/psychological abuse • financial abuse • institutional abuse • self-neglect • neglect by others • discriminatory abuse <p>2.2 Explain actions to take if there are suspicions that an individual is being abused</p> <p>2.3 Explain actions to take if an individual alleges that they are being abused</p> <p>2.4 Explain how to raise concerns when suspected abuse has been reported but procedure does not appear to have been followed</p>

Learning outcomes	Assessment criteria
3 Understand how to participate in inter-agency, joint or integrated working in order to protect vulnerable adults	3.1 Explain agreed protocols for working in partnership with other organisations 3.2 Explain own role in partnership working
4 Understand how to support others in safeguarding	4.1 Explain how to support others to raise concerns 4.2 Explain how to support others during the safeguarding process

Unit content

1 Understand the impact of current legislation for the safeguarding of adults at risk of abuse and neglect

Legislative framework, national guidelines, local policies and procedures: legislative framework (Care Act 2014, Equality Act 2010, Mental Capacity Act 2007, Safeguarding Vulnerable Groups Act 2006, Adult Safeguarding: updated statement of government policy 2013, Disclosure and Barring Service for England, Wales and Northern Ireland, Protection of Vulnerable Groups (Scotland), Health and Care Professions Council, Social Care Institute for Excellence (SCIE), National Institute for Health and Care Excellence (NICE); policies and procedures (Local Safeguarding Adults Boards (LSAB), *Safeguarding Adults: The role of health services*, local safeguarding policies, workplace safeguarding policies, codes of behaviour)

Impact of legislation, guidelines, policies and procedures on daily work: legal rights of individuals, e.g. freedom from neglect, exploitation and abuse; legal responsibilities of individuals, e.g. maintenance of good practice, service user satisfaction, good reputation; consequences of poor practice; professional conduct; negligence; job security

Legal responsibilities relating to safeguarding: reporting; recording; sharing of information; access to information; choice; consent; equality and diversity; confidentiality; safety; maintenance of accurate records; gaining access to an individual thought to be at risk

2 Understand how to respond to suspected or alleged abuse

Signs and symptoms of abuse: physical, sexual, emotional/psychological, financial, institutional, self-neglect, neglect by others, discriminatory abuse

Responses to suspicions or allegations of abuse: action to take if the suspicion or allegation implicates any individual, someone in the individual's personal network, the learner, the learner's line manager, a colleague, self or others; understanding roles and responsibilities; importance of following legislation, policies, procedures and agreed ways of working; basic information includes who the alleged victim is, who the alleged abuser is, categories of abuse that could be happening, when abuse has happened, where abuse has happened; importance of treating all suspicions or allegations seriously; lines of communication and reporting; reporting allegations or suspicions to appropriate/named person; importance of clear verbal and accurate written reports; witness testimony; importance of not asking leading questions with individuals concerned; importance of respectful listening; confidentiality and agreed procedures for sharing information on disclosure; preservation of any evidence; importance of actual evidence and avoiding hearsay

Procedural issues: right to report concerns directly to social services or police; anyone can report a suspicion or allegation of abuse; workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures; importance of raising genuine concerns and questioning these; reassurance of protection from possible reprisals or victimisation following reporting, whistleblowing policies

3 Understand how to participate in inter-agency, joint or integrated working in order to protect vulnerable adults

Partnership working: defining interagency joint and integrated working; social services, e.g. social workers, care assistants; health services, e.g. GPs, nurses, occupational therapists; voluntary services, e.g. MIND, Age UK; the police; responsibilities for allocating a named person usually from statutory agencies in health or social care; responsibilities for overseeing the safeguarding assessment and its outcome; consulting the police regarding all safeguarding incidents; coordinating and monitoring investigations; overseeing the convening of Safeguarding Case Conferences; providing information about activities and outcomes to the safeguarding coordinator

Roles in partnership working: roles and responsibilities of each partner; ensuring partnership work is appropriate and effective; communicate information to those authorised to have it; balance sharing of information against need for confidentiality; adherence to equality, diversity and anti-discriminatory practice; monitoring and review of joint work; clear and accurate record keeping

4 Understand how to support others in safeguarding

Raising concerns: provide information about where to go to make a complaint; complaints or raising concerns policy of the workplace; provide information about whistleblowing policy of workplace; Whistleblowing Helpline; assurance of confidentiality and protection of identity

Supporting others during the safeguarding process: ensure the safety of the individual; sharing information when appropriate; confidentiality; support for family members, friends, colleagues, advocates, trade unions, professional bodies, counselling

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be designed in a variety of formats, but the brief must be clear so that learners understand what they are required to submit as their evidence.

Learners could meet all the learning outcomes for this unit through writing a case study or a reflective account of an incident during which an individual was at actual or potential risk from harm or abuse. Learners must bear in mind that if a real individual is used, they must ensure that confidentiality is maintained, so that neither the individual nor the establishment is identifiable.

For learning outcome 1, the evidence should demonstrate learners' understanding of current legislation and should also refer to local policies or procedures that were followed. The evidence could be presented in report format to enable learners to demonstrate the application of key legislation to safeguarding practice, a key area of a practitioner's work.

For learning outcomes 2 and 3, learners should be able to explain their own legal responsibility in dealing with a safeguarding issue, and should be able to identify clearly how they dealt with any allegation or suspicion of abuse, and what the signs and symptoms were. This should include the procedures they followed and the role and responsibilities of other people or agencies that were involved.

Learners could prepare a presentation or induction information to ensure they explain the key areas involved clearly – indicators of abuse and roles, responsibilities and protocols. Anonymised examples from the media or work setting could be used to facilitate the application of knowledge to practice.

For learning outcome 4, the evidence should show how the individual and others were supported in raising concerns and how the support was maintained during the subsequent process.

A professional discussion could be used to underpin the case study or reflective account to assess the application of knowledge in the given situation, enabling learners to demonstrate their understanding of their role and responsibilities in relation to safeguarding.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Hart D A – *Safeguarding Vulnerable Adults* (Russell House Publishing, 2008) ISBN 9781905541379

Mandelstam M – *Safeguarding Adults and the Law*, 2nd edition (Jessica Kingsley Publishers, 2013) ISBN 9781849053006

Morris C – *Knowledge Set for Safeguarding Vulnerable People* (Heinemann, 2008) ISBN 978435402372

Nursing Standard – *Safeguarding Adults at Risk* (RCN Publishing Co Ltd, 2013) ISBN 9780957430891

Tilmouth T, Quallington J – *Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services* (Hodder Education, 2012) ISBN 9781444156089

Journals

British Journal of Nursing

British Journal of Social Work

Journal of Adult Protection – evidence-based practice in relation to safeguarding adults

Journal of Social Work

Nursing Times

Websites

www.alzheimers.org.uk

Alzheimer's Society (2014), Deprivation of Liberty Safeguards (DoLS)

www.gov.uk/government/

Department of Health (2013) – statement of government policy on adult safeguarding

www.gov.uk/government/

Department of Health (2014) – *Transforming primary care: Safe, proactive, personalised care for those who need it most*

www.gov.uk/government/

Safeguarding Adults: The Role of Health Services

www.nhs.uk

Abuse and neglect of vulnerable adults

www.scie.org.uk/care-act-2014/

Social Care Institute for Excellence (SCIE) (2015) *Adult safeguarding – sharing information*

www.scie.org.uk/publications/

Social Care Institute for Excellence (2013) – *Adult safeguarding e-learning resource*

Other

'In our experience': Chairing and commissioning Serious Case Reviews in adult safeguarding in England, *Journal of Social Work*, January 2012, 1284–99 (First published November 8, 2010)

Unit 5: Facilitate Person-centred Assessment to Support Wellbeing of Individuals

Unit reference number: A/506/7120

Level: 4

Credit value: 2

Guided learning hours: 14

Unit introduction

Assessing what individuals need is the first step in getting the right care in place. An accurate assessment has to put the individual at the heart of the process, involving them in decisions about their care needs. Social workers and social care workers have to follow legal guidelines when assessing a person's needs. These laws were updated in the Care Act 2014. This unit will help you to understand the different ways assessments may be carried out and how the law requires them to be done.

In this unit, you will learn about the ideas that underpin assessment and how social care workers work with individuals, their carers and other professionals to find out what care they need. Social care workers can help make sure the individual's voice is heard and their needs are fully considered. In this unit, you will learn how social care workers support individuals and involve them in assessing social, emotional, cultural, spiritual and intellectual needs to ensure that care promotes an individual's health and wellbeing effectively.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand theories and principles of assessment</p>	<p>1.1 Critically review theoretical models of assessment</p> <p>1.2 Review the effectiveness of assessment tools available to support your role</p> <p>1.3 Analyse the effect of legislation and policy on assessment processes</p> <p>1.4 Explain how assessment practice can impact on individuals' lives</p>
<p>2 Be able to work in partnership with an individual and others to facilitate person-centred assessment</p>	<p>2.1 Agree with an individual and others the purpose of the assessment</p> <p>2.2 Agree with an individual and others the intended outcomes of the assessment</p> <p>2.3 Agree with an individual and others how the assessment should be carried out and who else should be involved</p> <p>2.4 Ensure that an individual is supported to carry out self-assessment process</p>

Learning outcomes	Assessment criteria
<p>3 Be able to carry out person-centred assessment that promotes social, emotional, cultural, spiritual and intellectual wellbeing</p>	<p>3.1 Analyse the interrelationship between factors that support an individual's wellbeing</p> <p>3.2 Take account of the strengths and aspirations of an individual in the assessment</p> <p>3.3 Work with an individual and others to assess requirements to support wellbeing:</p> <ul style="list-style-type: none"> • social • emotional • cultural • spiritual • intellectual • economic <p>3.4 Record the assessment in an agreed format according to organisational policies and procedures</p>

Unit content

1 Understand theories and principles of assessment

Theoretical models of assessment: to include questioning model; procedural model; exchange model; assessment of need, assessment of risk; crisis intervention model of assessment; cognitive behavioural model of assessment; Bronfenbrenner's ecological systems model; combined assessment; joint assessment; self-assessment; person-centred assessment; task-centred assessment; static models and dynamic models; appropriate and proportionate assessment

Effectiveness of assessment tools: benefits and limitations from viewpoint of individual, benefits and limitations from viewpoint of care worker

Effect of legislation and policy on assessment processes: defining what can be done, e.g. face-to-face assessment or telephone assessment; defining what must be done, e.g. assessment must be person-centred, requirement for carer's assessment where needed, involvement of advocate where individual has substantial difficulty in communicating their views, safeguarding; ensuring accountability, empowering service users; legislation to include Sections 9 to 13 of the Care Act 2014; the Care and Support (Assessment) Regulations 2014; the Care and Support (Eligibility Criteria) Regulations 2014, Data Protection Act 1998, Freedom of Information Acts 2000 and 2002, Human Rights Act 1988, Equality Act 2010; conventions, e.g. European Convention on Human Rights

Impact of assessment practice on individuals' lives: health and wellbeing, to include social, emotional, cultural, spiritual, intellectual, economic factors, and impact on carers

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 3 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes. Direct observation of the planning and conduct of an assessment is likely to be the main source of evidence for learning outcomes 2 and 3. Work products such as supplementary notes from preliminary meetings and records of outcomes might be used to support direct observation.

The evidence for learning outcome 1 could be in the form of a reflective account that underpins performance for learning outcomes 2 and 3. The purpose of a reflective account is to develop learning from experience and could follow a structure such as that described by Gibbs (1988). The reflective account for learning outcome 1 could include a critical review of theoretical models of assessment rather than a description of them. Available assessment tools could be reviewed for how well they allow the worker to make an accurate assessment. The reflective account could consider the impact of legislation and policy on assessment processes and could clarify how assessment practice impacts on individuals' lives. Such an account will give learners the opportunity to show their depth of knowledge and understanding and apply this to their workplace activities for learning outcomes 2 and 3.

For learning outcome 2, the account could start with a brief description of the situation, and explain positive and negative factors that impact on partnership working when facilitating person-centred assessment. Learners could consider how these factors affect agreement about the purpose, intended outcomes and ways of proceeding to ensure individuals are supported during self-assessment. Learners could explain their own feelings and reactions and say whether it was a positive or negative experience for them. They could analyse in detail what was really happening, draw general conclusions about how effective the process was and draw more specific conclusions about their own contribution. Finally, learners could say what they would do differently in future situations to improve their performance. For learning outcome 3, the reflective account could include factors supporting the specific individual's wellbeing, and how well the process supports the social, emotional, cultural, spiritual, intellectual and economic strengths of the individual and their aspirations.

A reflective account will give learners the opportunity to show their depth of knowledge and understanding and their ability to learn from experience as a reflective practitioner.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Gibbs G – *Learning by Doing: A guide to teaching and learning methods* (FEU, 1988) ISBN 9781853380716

Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026

Journals

British Journal of Social Work

Journal of Social Work

Websites

www.gov.uk	Care and Support Statutory Guidance issued under the Care Act 2014 Department of Health
www.communitycare.co.uk	Current issues in social care
www.scie.org.uk	Care Act 2014 Assessment and Eligibility – Ensuring assessment is appropriate and proportionate
www.scie.org.uk	Online video – Care Act 2014 A Strengths Based Approach

Other

Abendstern M, Hughes J, Clarkson P, Tucker S, Challis D – *Self-assessment processes within care management: Learning from pilot projects*, *Journal of Social Work* (2013) volume 13, pg 267–286

Abendstern M, Hughes J, Clarkson P, Tucker S, Challis D – *Exploring the Contribution of Self-Assessment to Preventative Services in Social Care*, *Br J Soc. Work* (2014) volume 44 (3), pg 729–746 first published online October 5, 2012

Hill, M – *Network Assessments and Diagrams: A Flexible Friend for Social Work Practice and Education*, *Journal of Social Work* (2002) volume 2, pg 233–254

Unit 6: Facilitate Support Planning to Promote Positive Outcomes for Individuals and to Support Wellbeing

Unit reference number: F/506/7121

Level: 4

Credit value: 2

Guided learning hours: 14

Unit introduction

Support planning is effective if it looks at the assessed needs and then focuses on what results or outcomes will meet those needs. Social workers, healthcare professionals and social care workers have to follow legal guidelines, such as those in the Care Act 2014, when planning how to meet a person's needs. They must involve the individual as much as possible in planning the care and must consider how to involve individuals who may not have the capacity to make decisions, according to the Mental Health Act 2007. Technology can help individuals during the planning process, and also in achieving outcomes, but the risks and benefits of technology should be explored for each individual. Social care workers are responsible for implementing plans, along with others such as carers. Plans should be monitored and reviewed to make sure they are achieving planned outcomes and the individual receiving the care should be central to this process. The social care worker supports the individual to express their views during monitoring and reviewing and also has a responsibility to record this process.

In this unit, you will learn about theories and ideas underpinning outcomes-based planning and how to ensure that the care planned for a person will give the best results for that person's overall happiness and comfort within legal requirements. You will learn how technology can help individuals to be proactive in their own care, how to put plans into practice and how to monitor and review them with the individual and others.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the theories and principles that underpin outcome-based practice</p>	<p>1.1 Critically review approaches to outcome-based practice</p> <p>1.2 Analyse the effect of legislation and policy on outcome-based practice</p> <p>1.3 Explain the impact of the Mental Capacity Act 2005 on support planning processes</p> <p>1.4 Explain how outcome-based practice can impact on an individual's life</p>
<p>2 Be able to develop a support plan to meet the identified needs of an individual</p>	<p>2.1 Support an individual to make choices over decisions to meet their identified needs, preferences and wishes</p> <p>2.2 Assist an individual to make informed choices about their support plan</p> <p>2.3 Evaluate risks associated with a support plan</p> <p>2.4 Assist an individual to understand the risks associated with the choices they make in their support plan</p> <p>2.5 Work in partnership with an individual and others to identify options, resources and preferences in relation to an assessment</p> <p>2.6 Record a plan according to organisational systems and processes to support information sharing</p>
<p>3 Understand the value of assistive living technology in developing a support plan</p>	<p>3.1 Analyse everyday situations where assistive technology solutions can be supportive to an individual and others</p> <p>3.2 Analyse assistive living technology for an individual in terms of:</p> <ul style="list-style-type: none"> • benefits • risks • challenges

Learning outcomes	Assessment criteria
<p>4 Be able to facilitate the implementation of support plans in partnership with the individual and others</p>	<p>4.1 Agree how a support plan will be carried out with an individual and others</p> <p>4.2 Agree the roles and responsibilities of those involved to implement the support plan</p> <p>4.3 Ensure implementation of a support plan</p>
<p>5 Be able to facilitate a person -centred review of support plans in partnership with the individual and others</p>	<p>5.1 Agree the monitoring process for a support plan:</p> <ul style="list-style-type: none"> • time • people • budget • compliance with regulators' standards <p>5.2 Use systems, procedures and practices that engage an individual and others in the review process according to agreed ways of working</p> <p>5.3 Review a support plan to include:</p> <ul style="list-style-type: none"> • feedback from an individual and others • assessed risks <p>5.4 Record review process and outcomes according to organisational systems and procedures to support information sharing</p>

Unit content

1 Understand the theories and principles that underpin outcome-based practice

Theories and principles: outcomes theory, agency theory; principles of health, wellbeing, independence and rights of individuals; dignity and respect; personalisation; use community skills, resources and networks; recognition of carers; valuing workforce

Outcomes frameworks: NHS, Public Health, Adult Social Care; Education Outcomes Framework for the whole health and care system

NHS Outcomes Framework: domain 1 – preventing people from dying prematurely; domain 2 – enhancing quality of life for people with long-term conditions; domain 3 – helping people to recover from episodes of ill health or following injury; domain 4 – ensuring that people have a positive experience of care; domain 5 – treating and caring for people in a safe environment; and protecting them from avoidable harm

Public Health Outcomes Framework 2013–2016: to improve and protect the nation's health and wellbeing and improve the health of the poorest fastest; improving the wider determinants of health; health improvement; health protection; healthcare; public health and preventing premature mortality

Adult Social Care Outcomes Framework: domain 1 – enhancing quality of life for people with care and support needs; domain 2 – delaying and reducing the need for care and support; domain 3 – ensuring that people have a positive experience of care; domain 4 – safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Issues: quality, transparency and accountability, problems measuring outcomes (differing interpretations of outcomes, difficulty measuring intangible outcomes, e.g. positive experience, subjective versus objective measures), loss of holistic approach

Legislation and policy: Health and Social Care Act 2008; the Care and Support White Paper 2012; Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies; White Paper 'Liberating the NHS'; Mental Capacity Act 2005, Care Act 2014

3 Understand the value of assistive living technology in developing a support plan

Assistive living technology: telecare technology, monitors, sensors, simple and complex systems; digital participation services, wellness services

Value: benefits such as giving independence, control and choice; risks such as malfunctioning equipment, systems not adapting to changing needs; challenges such as learning new skills, costs

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

The evidence for learning outcomes 1 and 3 could be in the form of a reflective account that underpins performance for learning outcomes 2, 4 and 5.

The achievement of learning outcomes 2, 4 and 5 would be best evidenced through direct observation of the development, implementation and review of the support plan aimed at promoting wellbeing for an individual. This may be supplemented with an examination of learners' work products such as documentation produced in the development, implementation and review of such support plans. This evidence should be corroborated with expert witness testimony from appropriate personnel in the organisation, as well a reflective account from learners, which could also be used to provide evidence for learning outcomes 1 and 3.

The reflective account for learning outcome 1 could focus on the theories and principles that underpin outcome-based practice, with a critical review, not merely a description, of approaches to outcome-based practice. The impact of legislation and policy on outcome-based practice could be considered along with an explanation of how the Mental Capacity Act 2005 impacts on support planning processes. Finally, this reflective account could explain how outcome-based practice can impact on an individual's life, preferably with anonymised examples.

The reflective account for learning outcome 3 could examine everyday situations where assistive technology solutions can be supportive to an individual and others. At least three examples would help to show the value of assistive living technology in developing a support plan. Within this reflective account learners could explore the benefits, risks and challenges posed by assistive living technology.

These reflective accounts will give learners the opportunity to show their depth of knowledge and understanding when developing, implementing and reviewing a support plan to meet the identified needs of an individual in learning outcomes 2, 4 and 5.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Banks S – *Ethics and Values in Social Work (Practical Social Work Series)*, 4th edition (Palgrave Macmillan, 2012) ISBN 97802303001

Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026

Journals

British Journal of Social Work

Journal of Social Work

Websites

www.dh.gov.uk

The Care and Support White Paper, Department of Health, July 2012

www.gov.uk

Refreshing the NHS Outcomes Framework 2015–2016 Stakeholder Engagement

www.gov.uk

The White Paper: Liberating the NHS

www.gov.uk

The NHS Outcomes Framework 2014/15

www.gov.uk

The Adult Social Care Outcomes Framework 2013/14

www.gov.uk

Mental Capacity Act – *Making decisions about your health, welfare or finances. Who decides when you can't?*

www.gov.uk

Care Act 2014 – *Care and support: What's changing?*

www.outcomestheory.org

Overview of outcomes theory

www.skillsforcare.org.uk

Assisted living technologies

www.technologytocare.org.uk

Overview of electronic assisted living technology in care

www.kingsfund.org.uk

How might older people and disabled people be using assisted living services in 2030?

Other

www.youtube.com

Technology to Care: Annie Maddocks England – social care workers and those they support talking about their experiences of using assistive technology

Unit 7: Understand Personalisation in Care and Support Services

Unit reference number: K/602/6248

Level: 5

Credit value: 4

Guided learning hours: 33

Unit introduction

One of the biggest changes in care and support services in recent times has been the shift to personalisation, and the provision of services that fund and deliver this. Workers need to fully understand this approach in order to facilitate the implementation of personalisation to meet the needs and preferences of individuals accessing care and support services.

In this unit, you will learn what personalisation means for individuals using these services and for those working within the services. You will explore key terms and the main characteristics of personalisation and what this means for individuals. You will learn how personalisation works and how this change to personalisation impacts on roles, rights and responsibilities in relation to self-directed support and personalisation. Key to this is both knowledge and competence and these aspects are addressed in the unit. You will also learn how to encourage the development of attitudes, systems and processes that promote and foster personalisation, both within the organisation and in collaboration with other practitioners.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the meaning of personalisation in social care and support services	1.1 Compare the 'professional gift', 'empowerment' and 'rights' models of service provision 1.2 Define the terms: <ul style="list-style-type: none"> • personalised service • self-commissioned service • self-directed support • micro-employer 1.3 Analyse the features of personalisation within social care and support services 1.4 Explain why the concept of 'outcomes' is central to personalisation 1.5 Identify legislative and policy drivers for personalised services
2 Understand the systems and processes that support personalisation	2.1 Describe the impact that personalisation has on the commissioning, funding and delivery of services 2.2 Compare the roles of direct payments and individual budgets in supporting personalisation 2.3 Explain the role of brokerage in commissioning and delivering personalised services 2.4 Describe types of support that individuals or their families might need in order to access personalised services
3 Understand where responsibilities lie within self-directed support	3.1 Explain why it is important to know where responsibilities lie for the delivery and quality of self-directed support 3.2 Analyse what responsibilities are held for the delivery and quality of self-directed support by: <ul style="list-style-type: none"> • direct payments recipients • commissioners • social workers/care managers

Learning outcomes	Assessment criteria
4 Know how to promote personalisation	4.1 Analyse the attitudes, approaches and skills needed in own role to implement personalisation 4.2 Evaluate the impact of personalisation on own role 4.3 Propose ways to enhance own contribution to promoting personalisation
5 Know how to develop systems and structures for personalisation	5.1 Evaluate how far systems and structures in own organisation have adapted to personalisation 5.2 Describe ways to improve systems and structures to enhance personalisation

Unit content

1 Understand the meaning of personalisation in social care and support services

Models of service provision: professional gift, empowerment, rights; advantages and disadvantages of each model for service providers and for individuals using the services

Key aspects of personalisation within social care and support services: benefits of self-determination and self-directed care, self-assessment of needs, individual choice, individual control and responsibilities, independence; impact on provision, e.g. loss of services requiring a critical mass such as day centres balanced against increased individualisation of provision; loss of group commissioning of services and discounting advantages balanced against services tailored to individual needs; training needs analysis of skills required by individuals, e.g. skills needed by micro-employers such as budget control, knowledge of employment law

Personalisation and outcomes frameworks: difference between outcomes and input frameworks; link between personalisation and outcome-based care

Legislative and policy drivers: failure of service-led provision to meet expectations and deliver improved health and social care; demand from service user movement; introduction of independent living; direct payments; individual budgets; the development of the social model of disability; work of social enterprises; Caring for our future: reforming care and support White Paper 2012, Care and Support White Paper 2012, Care Act 2014

2 Understand the systems and processes that support personalisation

Impact of personalisation on commissioning, funding and delivery of services: power shift from service providers to individual user requirements; impact of changes for commissioning such as reduction of block contracts; impact for funding such as changes to financial and management and information systems required to administer direct cash payments, third party provider account, local authority managed account; personal budgets (formerly individual budgets); impact of changes to delivery resulting from personal choice and control such as reduced need for social workers to assess needs, increased employment of personal assistants to deliver personal care; positive and negative aspects of changes, e.g. services meet individual's needs but may mean other services such as day centres are cut as demand falls

Direct payments and individual budgets: allowing individuals choice, control, and independence

Role of brokerage in commissioning and delivering personalised services: how brokers help individuals decide their needs, provide advice and information about costs of available services, enable individuals to choose care that meets their needs; support from brokers in commissioning services such as interviewing personal assistants and agreeing contracts; the advantages and disadvantages of brokerage provided by local councils, voluntary organisations and private companies

Types of support: support and training for individuals and their families on personalisation, on advantages and disadvantages of direct payments, third party provider accounts, local authority managed accounts, support for budgeting, for legal requirements when employing others, e.g. public liability insurance; advice on availability and cost of services from community organisations, user-led organisations, advice and information services, online sources

3 Understand where responsibilities lie within self-directed support

The importance of knowing where responsibilities lie for the delivery and quality of self-directed support: avoidance of misunderstanding, accountability by budget holder; lines of reporting; boundaries; limitations of role; safeguarding; duty of care

Responsibilities: to include responsibility for signing off assessments and responsibility for reviews to check the achievement of outcomes

4 Know how to promote personalisation

Requirements needed in own role to implement personalisation: attitudes, e.g. self-awareness, assertiveness; approaches, e.g. person-centred; skills, e.g. communicating changes to colleagues, individuals using services and their carers, in order to implement personalisation

Enhancing own contribution to promoting personalisation: increasing awareness and sharing good practice such as professional discussion in the workplace, attending roadshows on personalisation, sharing current policy and guidance, increase awareness of online services marketplaces

5 Know how to develop systems and structures for personalisation

Systems and structures: how policies and procedures encourage progress towards personalisation; how change is managed and led to change in this area in the organisation; how changes are implemented and reviewed; how compliance is ensured; how systems and structures in own organisation have adapted to personalisation

Ways to improve systems and structures to enhance personalisation: reducing bureaucracy, e.g. simplifying assessment forms, changing the process of signing off personal budget support plans; simplification of resource allocation systems so individuals know how budgets are worked out; increase training and improve awareness of local community networks for those supporting individuals

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

The evidence for learning outcomes 1, 2 and 3 could be in the form of a reflective account, developed further in a professional discussion to cover learning outcomes 4 and 5. The reflective account for learning outcome 1 could explore models of service provision such as 'professional gift', 'empowerment' and 'rights' models and could define terms such as 'personalised service', 'self-commissioned service', 'self-directed support' and 'micro-employer'. The reflective account could analyse features of personalisation within social care and support services and explain why 'outcomes' are central to personalisation. The legislative and policy drivers for personalised services should be identified. Learners could use anonymised examples from their work practice to illustrate the application of knowledge and the impact of key areas on the delivery of personalisation.

The reflective account for learning outcome 2 could focus on the systems and processes supporting personalisation. The reflective account could include a description of the impact that personalisation has on commissioning, funding and delivering services; a comparison of the roles of direct payments and individual budgets in supporting personalisation; and an explanation of the role of brokerage in commissioning and delivering personalised services. Within this reflective account there could be a description of the types of support that individuals or their families might need in order to access personalised services, for example interpreters or translators.

The reflective account for learning outcome 3 could explore where responsibilities lie within self-directed support and the reasons why it is important to know this, for example in relation to reporting and for specialist information and guidance. Learners should analyse the responsibilities of direct payments recipients, commissioners and social workers/care managers for the delivery and quality of self-directed support.

The professional discussion for learning outcome 4 could focus on showing how to promote personalisation and could include an analysis of the attitudes, approaches and skills needed in own role to implement personalisation, an evaluation of the impact of personalisation on own role, and suggestions for ways to enhance own contribution to promoting personalisation. This could include research, focus groups or further reading.

The professional discussion for learning outcome 5 could outline how to develop systems and structures for personalisation and should include an evaluation of how far systems and structures in learners' own organisation have adapted to personalisation. Learners could suggest ways to improve systems and structures to enhance personalisation, for example in relation to simplifying processes or raising the profile of personalisation.

These reflective accounts and professional discussions will give learners the opportunity to link and apply their knowledge and understanding to their workplace activities.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Banks S – *Ethics and Values in Social Work (Practical Social Work Series)* (Palgrave Macmillan, 2012) ISBN 9780230300170

Brannan J, Gibson A, Lishman J, Yuill C – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory* (Palgrave MacMillan, 2014) ISBN 9781137406026

Journals

British Journal of Social Work

Journal of Social Work

Websites

www.communitycare.co.uk	<i>Direct payments, personal budgets and individual budgets</i>
www.communitycare.co.uk	<i>Good practice: Creative ways to promote personalisation</i>
www.communitycare.co.uk	<i>The state of personalisation 2013</i>
www.disabilityrightsuk.org	<i>A short guide on brokerage and the role of brokers in relation to social care</i>
www.gov.uk	White Paper – <i>Caring for our future: reforming care and support</i> July 2012 Information about personalisation, employing personal assistants
www.kingsfund.org.uk	<i>Transforming the delivery of health and social care: the case for fundamental change</i>
www.scie.org.uk	Guide 47 <i>Personalisation – a Rough Guide</i>
www.scie.org.uk/socialcaretv	<i>What is Personalisation?</i>
www.shop4support.com	Online marketplace for advice, support, products and services to manage direct payments and all managed budgets

Other

ADASS (Association of Directors of Adult Social Services) (2009a) *Making progress with Putting People First: self-directed support*, London: DH/ADASS/IDeA/LGA

ADASS (Association of Directors of Adult Social Services) (2009b) *Personalisation and the law: implementing Putting People First in the current legal framework*, London: DH/ADASS

ADASS (Association of Directors of Adult Social Services) (Association of Directors of Adult Social Services) (2009c) *Common resource allocation framework*, London: DH/ADASS

- ADASS (Association of Directors of Adult Social Services) (2010) *Personalisation – What’s housing got to do with it?* London: ADASS
- ADASS (Association of Directors of Adult Social Services) (2012) *Personal budgets survey March 2012: results*, London: ADASS/Judgement Framework
- HM Government (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*, London: HM Government
- Kelly D (2011) *What does personalisation mean for care homes? Nursing and Residential Care*, vol 1, no 6, pp 299–301; Mark Allen Group
- Land H and Himmelweit S (2010) *Who cares: who pays? A report on personalisation in social care prepared for UNISON*, London: UNISON

Unit 8: Health and Safety in Health and Social Care Settings

Unit reference number: M/506/6353

Level: 4

Credit value: 3

Guided learning hours: 21

Unit introduction

Everyone is responsible for health and safety but health and social care workers must be clear about their own responsibilities if they are to maintain a safe working environment for themselves and others.

In this unit, you will learn about health and safety legislation and how this is put into practice through policies and procedures. You will learn about your own and others' health and safety responsibilities and show you can work safely, clarifying what you can only do after special training. You will be able to show safe practice by preventing and controlling the spread of infection, for example by handwashing and maintaining food safety. You will learn how to assess and manage risks such as risks to security, for example by checking the identity of workplace visitors and manage the risk of injury by moving and positioning people and equipment safely and by controlling hazardous substances. You will learn about your responsibilities for fire safety and how to maintain escape routes, learn what to do in an emergency and your responsibilities in relation to first aid. In this unit, you will learn about your responsibility for recording and reporting incidents and show how to do this. You will also develop the knowledge and skills needed to identify, manage and assess risk and to support others to work safely.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand own responsibilities, and the responsibilities of others, relating to health and safety</p>	<p>1.1 Describe current legislation relating to health and safety in own work setting</p> <p>1.2 Explain health and safety policies and procedures as agreed with the employer in relation to own role</p> <p>1.3 Explain the health and safety responsibilities of:</p> <ul style="list-style-type: none"> • self • the employer or manager • others in the work setting <p>1.4 Explain tasks that should not be carried out in own work setting without specialist training.</p>
<p>2 Understand how to carry out own responsibilities for health and safety</p>	<p>2.1 Analyse the limits of own role in relation to moving and positioning</p> <p>2.2 Analyse own responsibilities with regard to legislation and policy for:</p> <ul style="list-style-type: none"> • emergency first aid • food safety • fire safety • risk to own safety • risk to safety of others • prompting of administration of medication • infection prevention and control • hazardous substances • security <p>2.3 Explain procedures to be followed if an accident or sudden illness should occur</p> <p>2.4 Explain how to record and report health and safety incidents</p>

Learning outcomes	Assessment criteria
<p>3 Be able to work safely in health and social care settings</p>	<p>3.1 Apply current legislation relating to health and safety in own work setting</p> <p>3.2 Comply with current guidelines for:</p> <ul style="list-style-type: none"> • hand hygiene • moving and handling equipment or other objects safely • checking the identity of anyone requesting access to the work setting • maintaining evacuation routes • food safety <p>3.3 Complete health and safety records according to legal and work setting requirements</p>
<p>4 Be able to manage risk</p>	<p>4.1 Contribute to development of policies, procedures and practices which identify, assess and manage risk</p> <p>4.2 Work with others to assess potential risks</p> <p>4.3 Assess how risk taking impacts on:</p> <ul style="list-style-type: none"> • individuals • the organisation <p>4.4 Work with others to manage risks</p> <p>4.5 Evaluate own practice in leading a balanced approach to risk management</p>
<p>5 Be able to support others to work safely in relation to health and safety</p>	<p>5.1 Support others to work safely</p>

Unit content

1 Understand own responsibilities, and the responsibilities of others, relating to health and safety

Health and safety legislation: relevant, up-to-date legislation from the Health and Safety Commission and Executive (HSC/E), including local, national and European requirements for health and safety in a health and social care work setting, to include Health and Safety at Work Act 1974, Manual Handling Operations Regulations 1992, Management of Health and Safety at Work Regulations 1999, Health and Safety (First Aid) Regulations 1981, Provision and Use of Work Equipment Regulations 1998, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, Control of Substances Hazardous to Health Regulations (COSHH) 2002, *Personal Protective Equipment at Work Regulations* 1992

Policies and procedures for own role: policies to include health and safety policy, risk assessment policy, lone working policy where appropriate; impact of policies and procedures of workplace on own role; responsibility to take care of own health and safety; own responsibility in health and safety issues; relevant legislation and agreed ways of working; responsibility to undertake relevant training and updating as required; importance of cooperating with others on health and safety; importance of correct use of equipment provided for individual health, safety or welfare, e.g. protective clothing, specialised equipment

Responsibilities of people in the work setting: responsibility of employers to provide information, e.g. display of health and safety legislation poster and Employers' Liability Compulsory Insurance Certificate, display of fire procedure and fire exit signs, provision of first-aid box and appointed first aider; risks to health and safety from working practices, changes that may harm or affect health and safety, how to do the job safely, what is done to protect health and safety, how to get first-aid treatment, what to do in an emergency; the responsibility of employers to provide training to do the job safely, e.g. first-aid training, manual handling training; responsibility of employers to provide protective equipment, e.g. special clothing, gloves or masks, and health checks, e.g. vision testing; the responsibility of others including team members, other colleagues, families and carers to be mindful of health and safety issues in relation to observation, practice, reporting and recording procedures; responsibility of self and others to use equipment provided, to read information displayed and provided during induction and training and to follow correct procedures

Specialist training: requirements for specialist training to include use of equipment, first aid, fire safety, food hygiene and safety, moving and handling, safe handling of medicines, healthcare procedures, risk assessment; responsibility in ensuring the specialist training for self and others has been undertaken

2 Understand how to carry out own responsibilities for health and safety

Limits of own role in moving and positioning: the need to risk assess the situation in terms of risk to self and others and report any concerns immediately; follow appropriate systems, e.g. recognising when the task requires more people or specialist equipment and requesting it; checking equipment, labelling faulty equipment and reporting it; individual responsibility for identifying when they are not trained to perform certain tasks

Responsibilities regarding legislation and policy: own responsibility in understanding legislation and applying policies and procedures such as emergency first aid, e.g. how to call first aider, knowing where first-aid box is kept; food safety policy and procedures, e.g. handwashing, safe storage of food; what to do in the event of a fire and own responsibility to ensure clear fire exits; responsibility to assess risk to own safety and to safety of others, e.g. procedure for lone working, identifying potential abuse; responsibility for prompting of administration of medication, responsibility for infection prevention and control, e.g. notification of diarrhoea and vomiting; responsibility for control of hazardous substances, e.g. responsible for storage of hazardous substances in a locked cupboard; own responsibility for security, e.g. following procedure for identifying visitors to workplace using signing in and signing out book and ensuring locked doors are closed and locked

Procedures for accident or sudden illness: policies, procedures and agreed ways of working for the work setting; importance of procedures to be followed if an accident or sudden illness should occur; need to ensure and maintain safety for all individuals concerned and others, e.g. preventing further injury to individual and injury to others by clearing the area, safely moving equipment if possible; remaining calm; sending for help; assessing individuals for injuries; when to administer basic first aid if necessary and if trained to do so; importance of staying with the injured/sick individual until help arrives; how to observe and note any changes in an individual's condition; how to provide a full verbal report to relevant medical staff or others; how to complete a full written report and relevant documentation, e.g. accident report, incident report; procedures for sudden illness, e.g. outbreak of food poisoning to include notification to the local Health Protection Unit

Recording and reporting: requirement of Reporting of Injuries, Dangerous Diseases and Occurrences Regulations (RIDDOR) 2013; importance of recording and reporting identified risks immediately; importance of reporting any changes, e.g. to individuals, working conditions or environment; lines of communication and verbal reporting procedures; importance of written records being clear and accurate, detailing dates, times, simple description of risks identified and action taken; electronic reporting systems; importance of regular review and updating, e.g. policies, procedures and agreed ways of working; importance of accurately recording and reporting incidents to statutory bodies such as the Health and Safety Executive (HSE)

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Centres may develop their own assessment materials for this unit, ensuring that they take account of any local needs and the needs of any particular groups.

For learning outcome 1, learners could provide an outline of each of the pieces of legislation relating to health and safety, demonstrating their understanding of the meaning of each act or regulation, and giving an example of how their, their employer's and others' responsibilities could be met with regard to health and safety for each one. This could be produced in the form of a table, poster or information leaflet and could be supported by professional discussion for AC1.4 to allow learners to explore in detail the limits of their own practice and supplement information for AC1.1, 1.2 and 1.3. Work products such as relevant policies and procedures could provide a basis for discussion.

For learning outcome 2, learners could write a reflective account supported by professional discussion and work products. For AC2.1, learners could explore in detail the limits of their own role in relation to moving and positioning, giving examples from their own practice of risk assessing situations and what action they have taken when a risk was identified. For AC2.2, 2.3 and 2.4, they could include different health and safety incidents that clearly demonstrate their understanding of the need to work within health and safety legislation, including the procedures that must be followed and how each incident must be recorded and reported. Each of these situations should be covered: emergency first aid, food safety, fire safety, risk to own safety, risk to safety of others, prompting of administration of medication, infection prevention and control, hazardous substances and security. It is possible that one incident may cover more than one factor, for example in dealing with a fire safety incident learners would assess the risk to safety of self and others.

In accordance with the assessment principles, learning outcomes 3, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes. Direct observation should be the main method of assessment.

Most of learning outcome 3 should be met through direct observation of learners in the workplace undertaking hand washing, using moving and handling equipment safely, and safe food handling when providing care to an individual. Learners should also be observed checking the identity of anyone wanting access to the work setting and ensuring that evacuation routes are clear and accessible. This would provide evidence for AC3.2. Work products of records could supplement direct observation for AC3.3. In addition to this, a professional discussion should take place, during which learners can demonstrate their understanding of the relevant legislation for AC3.1.

Learning outcome 4 could be met by direct observation of a risk assessment that needs to be undertaken in the workplace. Learners should be able to demonstrate why the risk assessment is being carried out, and this could be backed up by professional discussion or work products. Witness testimony and work products could also provide evidence for AC4.1. Direct observation for AC4.2 and 4.4, supplemented by professional discussion for AC4.3 and AC4.5, would provide evidence for this outcome.

Learning outcome 5 could be met at the same time as learning outcome 4, through direct observation if learners are working with a team. Alternatively, work products supported by witness testimony could be presented as evidence, provided confidentiality is maintained.

The following are specific assessment requirements for this unit.

Work setting may include one specific location or range of locations, depending on the context of a particular work role.

Policies and procedures may include other agreed ways of working as well as formal policies and procedures.

Others may include: team members, other colleagues, those who use or commission their own health and social care services, families, carers and advocates.

Tasks for which special training is required may include: use of equipment, first aid, medication, healthcare procedures, food handling and preparation.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Golton-Davis J and Salmon B – *Food Hygiene and Safety Regulations made easy – A quick reference handbook*, (Kindle edition, Food Solutions Publishing Ltd, 2009) ASIN B0055E6XWU

Henmans Freeth LLP Solicitors – *Health and Safety at Work Essentials*, 8th Edition (Kindle edition, Lawpack Publishing Ltd, 2014) ASIN B00KQP5SZ6

St John Holt A and Allen J – *Principles of Health and Safety at Work* (Routledge, 2014) ISBN 9780901357434

Sussex F, Scourfield P and Herne D – *Advanced Health and Social Care for NVQ Level 4 and Foundation Degree* (Heinemann, 2008) ISBN 9780435500078

Journals

Occupational Safety and Health Journal

Safety and Health Practitioner (SHP)

Websites

www.hse.gov.uk

Health and Safety Executive – information on health and safety legislation, advice for employers and employees

www.iosh.co.uk

Institute of Health and Safety – chartered body for health and safety professionals

Other

Royal College of Nursing, 2005, *Good practice in infection prevention and control Guidance for nursing staff*

Department of Health, 2013, *Prevention and control of infection in care homes – an information resource*

Unit 9: Professional Practice in Health and Social Care for Adults or Children and Young People

Unit reference number: A/506/7621

Level: 4

Credit value: 3

Guided learning hours: 20

Unit introduction

Health and social care workers need to ensure that individuals have the right to choose what happens to them, while ensuring that they maintain a duty of care, both in terms of protecting the individual and others who may be affected by the individual's choices or behaviour. Sometimes conflict arises between the two, and any risks that arise from this need to be managed.

In this unit, you will explore these themes and gain the knowledge and skills to deal with such incidents, including knowing who or where to go to for support. The unit provides an overview of professional practice when working with both adults and children and young people. Everyone who works in health and social care is expected to understand and apply the principles of professional working as part of their day-to-day responsibilities. It is essential that you have a clear knowledge and understanding of the values, legislation, policies and procedures that underpin your actions, and are able to analyse them in the context of your work. You will develop the knowledge and understanding of duty of care and how it is essential that this is applied for the safeguarding of individuals who are in your care.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand theories, values, principles and statutory frameworks that underpin practice within health and social care	1.1 Analyse theories that underpin own practice 1.2 Analyse how statutory frameworks underpin service provision 1.3 Analyse how values and principles underpin service provision
2 Understand how duty of care contributes to safe practice	2.1 Explain what it meant to have a 'duty of care' 2.2 Analyse how duty of care contributes to: <ul style="list-style-type: none"> • safeguarding of individuals • supporting individuals rights and choices
3 Understand how to address conflicts that may arise between an individual's rights to choice and control and the duty of care	3.1 Explain why conflicts may arise between the duty of care and an individual's rights 3.2 Explain how to manage risks associated with conflicts between an individual's rights and the duty of care 3.3 Describe where to get support and advice about managing conflicts
4 Be able to apply values, principles and statutory frameworks that underpin service provision in own area of work	4.1 Comply with statutory frameworks that underpin service provision 4.2 Apply values and principles that underpin service provision

Unit content

1 Understand theories, values, principles and statutory frameworks that underpin practice within health and social care

Underpinning theories: theories of human growth and development, e.g. Skinner's behavioural theory, Vygotsky's social development theory; management of change and loss; management of stress and behaviour; impact of poverty, health status, education, employment status; marginalisation, exclusion, isolation; principles, e.g. rights, choice, dignity, independence, individuality, privacy, diversity; anti-discriminatory practice (diversity, culture, values); confidentiality; person-centred approach (preferences, wishes, needs, making informed choices); protection from harm, e.g. assessing risk, right to take risks

Underpinning statutory frameworks: Care Standards Act 2000, the Adult Social Care Outcomes Framework; Care Quality Commission (CQC) Fundamental Standards; Care Homes Regulations 2001; Care Homes (Wales) Regulations 2002; Residential Care Homes Minimum Standards (Northern Ireland) 2011; Children's Homes Regulations amendments 2014; Care Act 2014; National Institute for Health and Care Excellence (NICE) Social Care Guidelines and Quality Standards; The Code 2015 (Nursing and Midwifery Council); Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England; Health and Care Professions Council – Standards of Conduct, Performance and Ethics

Underpinning values and principles: importance of respecting and promoting independence, individuality, citizenship, empowerment, social inclusion, diversity, dignity, privacy, quality of life, care and protection for vulnerable people; the recognition and prevention of discrimination and disadvantage; monitoring own practice; monitoring and challenging the values and attitudes of others in practice; working within professional and organisational boundaries

2 Understand how duty of care contributes to safe practice

Duty of care: legal obligation to employer and others; acting in the best interests of individuals and others; not causing harm by failure to act (negligence by omission); acting within own competence; taking reasonable care to ensure safe, competent and professional working practices

Duty of care and safeguarding: up-to-date knowledge and skills; expected level of quality of care provided; provision of a safe service; maintaining accurate up-to-date records of care provided and assessment of capacity; supervision; ensuring competence of those providing care; ensuring protection of confidential information; disclosure of information in the public interest

Duty of care in supporting individuals: avoidance of injury and abuse; raising concerns; safeguarding individuals from harm; the right to make choices and take risks; assessment of mental capacity for purposes of consent

3 Understand how to address conflicts that may arise between an individual's rights to choice and control and the duty of care

Conflict between duty of care and rights: freedom of action versus safety of individual; ability of individual to make decisions that are in their best interest; possession of mental capacity to make decisions

Managing potential conflict: know the limits of your own role; individual's awareness of consequences of own choices; reducing risks; not compromising the rights of the individual; potential risk of harm to individual or others know how to recognise and handle adverse events, incidents, errors and near misses; know how to recognise and handle comments and complaints

Support and advice: to include employer, Care Quality Commission, independent advocates, unions, e.g. Unison, Royal College of Nursing, Unite

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcome 4 must be assessed in a real work environment. Simulation is not allowed for this learning outcome. The most appropriate assessment methods for this learning outcome would be direct observation of learners where they can demonstrate that they are able to work within appropriate legislation and can apply the values and principles that underpin service provision. This could be backed up by work products, a professional discussion or a reflective account.

For the remaining learning outcomes, centres could develop assessment opportunities around the suggestions below, or could develop their own materials, but it is essential that the evidence produced meets the requirements of all the learning outcomes.

In order to meet learning outcomes 1, 2 and 3, learners could be asked to develop a staff development resource, to help staff to develop their knowledge and understanding of professional practice. This could be produced as either a booklet or an online resource. It could be divided up into different sections to meet each of the learning outcomes. Each section could include 'Test Your Knowledge' sections for staff to complete.

To meet the requirements of learning outcome 1, the first section could include information on the underpinning theories, values, principles and statutory frameworks within health and social care. It should include an analysis of how all of these factors underpin service provision.

To meet the requirements of learning outcome 2, the second section could include an explanation of duty of care, including analysis of how duty of care helps to safeguard individuals and to support their rights and choices. Learners could include small case studies to illustrate particular points.

In order to meet learning outcome 3, learners could produce a variety of scenarios that could be discussed regarding the conflicts that might arise between a health and social care worker's duty of care and the individual's rights. This would include an explanation of why such conflicts occur, how they can be managed and where workers can access support and advice about how to manage the conflicts.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Cuthbert S and Quallington J – *Values for Care Practice* (Reflect Press, 2008) ISBN 9781906052058

Sussex F, Scourfield P and Herne D – *Advanced Health and Social Care for NVQ Level 4 and Foundation Degree* (Heinemann, 2008) ISBN 9780435500078

Thomas A and Walton A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heinemann, 2008) ISBN 9780435500207

Journals

British Journal of Social Work

The Journal of Adult Protection

Journal of Family Health

Websites

www.cqc.org.uk Care Quality Commission – safeguarding people

www.gov.uk Safeguarding children

www.legislation.gov.uk UK legislation about safeguarding

www.nmc.org.uk Nursing and Midwifery Council – information on safeguarding

www.nidirect.gov.uk Information about disclosure and barring, protecting children and vulnerable adults in Northern Ireland

www.safeguardingmatters.co.uk Information about safeguarding children and vulnerable adults in the UK

Other

What standards you have a right to expect from the regulation of your care home – available at www.cqc.org.uk

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
<p>1 Understand the legal and organisational requirements for recording information and providing reports</p>	<p>1.1 Specify own responsibilities and those of others when recording information and producing reports</p> <p>1.2 Explain the legal requirements and agreed ways of working for the security and confidentiality of information</p>
<p>2 Be able to prepare professional records and reports that meet legal requirements, and agreed ways of working</p>	<p>2.1 Support individuals to participate in the preparation of reports</p> <p>2.2 Produce accurate and coherent records and reports that can be understood by those who have a right to see them</p> <p>2.3 Maintain accurate, complete, retrievable and up-to-date records</p> <p>2.4 Ensure that records and reports comply with legal and organisational requirements</p> <p>2.5 Explain how to balance the tension between confidentiality and openness in records and reports</p> <p>2.6 Use information communication technology (ICT) systems for the collection and storage of information</p> <p>2.7 Use ICT that supports information exchange within and across disciplines and organisations</p>
<p>3 Be able to use records and reports to inform judgements and decisions</p>	<p>3.1 Clarify the accuracy of records and reports with individuals and others</p> <p>3.2 Respond to feedback from those who receive records and reports.</p> <p>3.3 Demonstrate the use of facts and evidence-based opinions within records and reports</p> <p>3.4 Evaluate how own records and reports provide evidence for the basis of judgements and decisions</p>

Unit content

1 **Understand the legal and organisational requirements for recording information and providing reports**

Legal requirements relating to recording and reporting: importance of involvement of the individual in reporting; recording to include promptness, clarity, legibility, provision of correct information including incidents reported and action taken; accuracy of spelling and grammar; documentation of professional discussions; use and storage of paper and electronic records; dating, timing and signing of records; avoidance of jargon, discriminatory language and meaningless information; how to make corrections; involvement of service user when necessary; professional accountability

Legal requirements relating to security and confidentiality: secure storage of paper and electronic records, e.g. lockable filing systems, password protected IT systems; disclosure of information, e.g. who, what, how, where and why; knowledge of information systems within own workplace/organisation; information is only used for its intended purpose; duty of care; when to breach confidentiality

Essential guidance for tutor

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 3 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners must be able to demonstrate their knowledge and understanding of the legal requirements for the recording, reporting and storage of information as well as the requirements of their own organisation. For example the documentation used and what exactly is recorded or reported, and who has access to information. Assessment for this can be in a variety of formats, and centres can design their own or use the suggested assessment activities below, adapting them to meet the needs of learners' own workplace.

Learning outcome 1 could be assessed through learners developing and delivering a presentation of how they recorded and reported an incident. This would include how information about the incident was recorded, reported and stored according to appropriate legislation and procedure. Learners could use the paperwork from their own workplace to demonstrate their actions. The incident could be based on a fictional or real individual, but if a real individual is used confidentiality must be maintained.

For learning outcome 2, it might not be appropriate to observe learners preparing a report in collaboration with an individual. An alternative could be the provision of work products, such as previously completed records, ensuring confidentiality is maintained. Learners should be able to explain in a professional discussion how they have met the legal requirements for record keeping, balancing the need to share information with the requirement for confidentiality to be maintained. In addition, learners are required to demonstrate how they use information communication technology (ICT) to collate, store and share information. This could include the use of emails or secure systems to facilitate the exchange of information internally and externally.

Learning outcome 3 can be met through direct observation, leading on from learning outcome 2, of learners working with other team members to ensure the accuracy of the information provided in the records and reports, using this review to make judgements and decisions. Learners are also required to include facts and views based on evidence in the completed records and reports; determining how these records inform decision making. Work products, reflective accounts and/or professional discussion can also be used to provide some of the evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Bond T and Mitchels B – *Confidentiality and Record Keeping in Counselling and Psychotherapy* (Sage, 2015) ISBN 9781446274514

Lynch J – *Practical Guide to Record Keeping for Health and Social Care* (CreateSpace Independent Publishing Forum, 2104) ISBN 9781482605686

Websites

systems.hscic.gov.uk/infogov	<i>Health and Social Care Information Centre</i> – Records Management NHS Code of Practice Parts 1 and 2
www.nhsprofessionals.nhs.uk	Record keeping guidelines
www.nhs.uk/healthrecords	NHS Choices – Your health and care records
www.rcn.org.uk/development	Record keeping
www.unitetheunion.org	Record keeping guidelines October 2012

Other

NHS Professionals, 2010, *CG2 – Record Keeping Guidance*, available at www.nhsprofessionals.nhs.uk

Royal College of Nursing, 2012, *Delegating record keeping and countersigning records, Guidance for nursing staff*, reviewed August 2014, London

Unit 11: Work in Partnership in Health and Social Care or Children and Young People's Settings

Unit reference number: A/602/3189

Level: 4

Credit value: 4

Guided learning hours: 26

Unit introduction

In health and social care or children and young people's settings, services are offered in line with the government's agenda of 'joined up' services. Working together means services can be offered more efficiently and there will be less duplication. Maintaining a good quality service while saving time and money is very important in a period when budgets are being cut. Children and families benefit from a common assessment framework and not having to repeat their details to all the professionals involved in supporting for them. Older people also benefit from a single assessment process that looks at their needs holistically.

In this unit, you will learn about partnership and integrated working, why it is important to work with others, and how this brings better results. You will learn how to overcome obstacles to partnership working, how to set up and maintain working relationships with colleagues, other professionals and others significant to the individual. You will learn how to clarify your role and responsibilities, agree objectives and procedures with others and assess how effective these procedures are. You will also learn how to manage any differences that arise between those working together for the benefit of the individual.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand partnership working	1.1 Identify the features of effective partnership working 1.2 Explain the importance of partnership working with: <ul style="list-style-type: none"> • colleagues • other professionals • others 1.3 Analyse how partnership working delivers better outcomes 1.4 Explain how to overcome barriers to partnership working
2 Be able to establish and maintain working relationships with colleagues	2.1 Explain own role and responsibilities in working with colleagues 2.2 Develop and agree common objectives when working with colleagues 2.3 Evaluate own working relationship with colleagues 2.4 Deal constructively with any conflict that may arise with colleagues
3 Be able to establish and maintain working relationships with other professionals	3.1 Explain own role and responsibilities in working with other professionals 3.2 Develop procedures for effective working relationships with other professionals 3.3 Agree common objectives when working with other professionals within the boundaries of own role and responsibilities 3.4 Evaluate procedures for working with other professionals 3.5 Deal constructively with any conflict that may arise with other professionals

Learning outcomes	Assessment criteria
4 Be able to work in partnership with others	4.1 Analyse the importance of working in partnership with others 4.2 Develop procedures for effective working relationships with others 4.3 Agree common objectives when working with others within the boundaries of own role and responsibilities 4.4 Evaluate procedures for working with others 4.5 Deal constructively with any conflict that may arise with others

Unit content

1 Understand partnership working

Features of effective partnership working: partners understand the local context and understand each other's organisation and culture; senior managers committed to partnership working; positive attitude; clear purpose and SMART (specific, measurable, achievable, relevant, time-bound) objectives to include best outcomes for the individual; clear timescale; mutual trust and respect; clear roles and responsibilities of all partners including the individual's roles and responsibilities; agreed structure and agreed processes such as holistic and person-centred approach for decision making, for delivering and for reporting; identifying and managing risks, e.g. risk from staff turnover, organisational changes, conflicting priorities; ongoing joint monitoring, review and evaluation against stated objectives; effective communication and information sharing both formal and informal; adequate resources allocated including time and appropriately skilled staff

Importance of partnership working for colleagues: to prevent duplication or omission of services, to ensure effective communication, to ensure equality and inclusive practice, e.g. by personalisation of care

Importance of partnership working for other professionals: meeting legal and statutory requirements for health and safety and for safeguarding, making best use of limited resources, e.g. preventing overlapping services such as nursing care and social care, reducing wastage by avoiding inappropriate allocation of services, reducing likelihood of individuals not getting services they need

Importance of partnership working for others: ensuring best outcomes for individuals and their families; needs met holistically, e.g. physical, emotional, social and spiritual needs; empowerment of individuals through active participation

Overcoming barriers: conflicts arising from attitudes such as perceived power differences or different access to information; conflict prevention by establishing an atmosphere of openness, trust and mutual respect; discussing issues as they arise with frequent and effective communication; conflict resolution by willingness to compromise and negotiate; being clear about what is possible and what is not, e.g. clarifying difference between individual's needs and wants, being clear about available resources; firm lead by chair to ensure partners neither dominate nor withdraw from their responsibilities

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners need to show an understanding of partnership working. A reflective account supported by professional discussion could provide evidence for this. Learners could identify the features of effective partnership working, for AC1.1, ideally in the context of their own work. They could explain the importance of partnership working with the individual, with colleagues such as social workers or youth workers, with other professionals such as medical or legal professionals and with others such as family and people who are important to the individual such as carers or significant others, for AC1.2. Learners should explain the advantages and challenges of partnership working in delivering better outcomes, for AC1.3, and explain, with examples, how to overcome barriers to partnership working for AC1.4. Learners could use examples from their own experience. This will support direct observation required for learning outcomes 2, 3 and 4.

The focus of learning outcome 2 is on being able to establish and maintain working relationships with colleagues. Evidence for this could be in the form of direct observation of day-to-day work practice. Expert witness testimony supported by work products such as minutes of meetings could be used as evidence when direct observation is not appropriate. Professional discussion could be used to support direct observation for AC2.1 and 2.3.

The focus of learning outcome 3 is on being able to establish and maintain working relationships with other professionals. These may include youth workers, social workers, medical staff, advocates and independent mental health advocates (IMHA) as appropriate to the learner's work situation. Direct observation of a multidisciplinary team meeting for care planning assessments or reviews could provide evidence for AC3.2, 3.3 and 3.5. Work products such as evidence from the single assessment process or the common assessment framework or minutes of multidisciplinary meetings could provide supplementary evidence. Professional discussion or the reflective account could be used for AC3.1 and 3.4 to enable learners to explore the advantages and challenges of working with other professionals and come to a conclusion about the effectiveness of the process.

The focus of learning outcome 4 is on being able to work in partnership with others. Other in this context may include carers who are not paid, family members, partners and whoever the individual deems to be significant in their lives. The individual is of course included. Direct observation supplemented by witness testimony is the preferred evidence. Where appropriate, witness testimony from individuals and their significant others could be especially useful. Professional discussion could be used to supplement direct observation, witness testimony and work products, for example where AC4.4 requires an evaluation of procedures for working with others. For this, learners could explore the advantages and challenges of working with others and come to a conclusion about the effectiveness of the process.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Glasby J and Dickinson H – *Partnership Working in Health and Social Care: What is Integrated Care and How Can We Deliver It?* 2nd edition (Policy Press, 2014) ISBN 9781447312819

Keady J et al – *Partnerships in Community Mental Health Nursing & Dementia Care: Practice Perspectives* (Open University Press, 2007) ISBN 9780335215812

Milligan I and Stevens I – *Residential Child Care: Collaborative Practice* (SAGE Publications Ltd 2006) ISBN 9781412908511

O'Dell L and Leverett S – *Working with Children and Young People: Co-constructing Practice*, (Palgrave Macmillan, 2010) ISBN 9780230280083

Pollard K et al – *Understanding Interprofessional Working in Health and Social Care: Theory and Practice* (Palgrave Macmillan, 2009) ISBN 9780230216792

Thomas J et al – *Interprofessional Working in Health and Social Care: Professional Perspectives*, 2nd edition (Palgrave Macmillan, 2014) ISBN 9780230393431

Tilmouth T and Quillington J – *Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services* (Hodder, 2012) ISBN 9781444156089

Journal

Community Care

Websites

www.communitycare.co.uk	Online article – <i>Multidisciplinary teams</i> 19 June 2008
www.cpa.org.uk	Centre for Policy on Ageing information about the single assessment process
www.gov.uk	Guidance on enabling integrated care in the NHS
www.gov.uk/government/uploads	Percy-Smith J et al – <i>Partnerships with local authorities and health agencies</i> – Department for Work and Pensions Research Report No 693 (HMSO 2010) ISBN 978184712 840 9
www.safenetwork.org.uk	The role of Local Safeguarding Children Boards (LSCB)
www.scie.org.uk	<i>SCIE Report 67: Partnership working in child protection: improving liaison between acute paediatric and child protection services</i> October 2013 Independent Mental Health Advocacy (IMHA)
www.warwickshire.gov.uk/caf	Common Assessment Framework for Children and Young People

Unit 12: Safeguard Children and Young People Who Are Present in the Adult Social Care Sector

Unit reference number: A/506/8736

Level: 4

Credit value: 2

Guided learning hours: 14

Unit introduction

Everyone has a responsibility to keep children safe but people who work in health and social care have a legal duty of care to protect and safeguard vulnerable adults, children and young people. Most of the time children and young people requiring care will be accommodated in provision suitable for their age group. Sometimes the right provision is not sufficient and children and young people may be placed in adult social care settings until appropriate provision is available. In families where there are adults receiving care for mental health problems, misuse of substances or alcohol, or where there is a violent relationship, or where parents have complex needs or have learning difficulties children be at greater risk of harm.

In this unit, you will learn about your own and other people's responsibilities to safeguard children and young people who are present in an adult social care work setting. You will learn how to develop the understanding of others about safeguarding children and young people and how to address conflicts and dilemmas associated with safeguarding children and young people in an adult social care setting.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
<p>1 Understand the responsibility to safeguard children and young people who are present in an adult social care work setting</p>	<p>1.1 Explain own responsibility to safeguard children and young people who are present in an adult social care work setting</p> <p>1.2 Explain the responsibility of others to safeguard children and young people who are present in an adult social care work setting</p>
<p>2 Be able to develop the understanding of others about safeguarding children and young people</p>	<p>2.1 Access information, advice and support to inform knowledge and practice about safeguarding children and young people</p> <p>2.2 Provide information to others on:</p> <ul style="list-style-type: none"> • indicators of harm, abuse or neglect • actions that need to be taken where there are safeguarding concerns
<p>3 Understand how to address conflicts and dilemmas associated with safeguarding children and young people</p>	<p>3.1 Analyse conflicts and dilemmas that can occur in relation to safeguarding children and young people present in an adult social care setting</p> <p>3.2 Identify actions to take when conflicts and dilemmas about safeguarding arise</p>

Unit content

1 Understand the responsibility to safeguard children and young people who are present in an adult social care work setting

Those with responsibility in adult care social care work settings: local authorities and district councils that provide children's and other types of service, including children and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services; NHS organisations, including NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts; the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London; the British Transport Police; the National Probation Service and community rehabilitation companies; governors or directors of prisons and young offender institutions; directors of secure training centres; principals of secure colleges; youth offending teams and services; parents; carers; foster carers; residential workers; social workers; psychologists; doctors; support workers; occupational therapists; speech and language therapists; education staff

Responsibilities of others: according to Section 11 of the Children Act 2004 such as establishing clear lines of accountability for commissioning and/or provision of services designed to safeguard and promote the welfare of children and young people; appointment of a board level lead responsible for the organisation's safeguarding arrangements; a culture of listening to children and taking account of their views in individual decisions and the development of services; clear whistleblowing procedures reflecting the principles of the Freedom to Speak Up review and which are included in staff training and codes of conduct; establishing a culture that enables issues about safeguarding and promoting the welfare of children to be addressed; arrangements which set out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board (LSCB); a designated professional lead for safeguarding, defined in the job description, to support other professionals to recognise the needs of children, including rescue from possible abuse or neglect; safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check; appropriate supervision and support including safeguarding training; mandatory induction including child protection responsibilities and procedures if concerned about a child's safety or welfare; regular professional reviews

Own responsibilities: duty of care; specific roles and responsibilities, e.g. behaviour support, supporting children and young people with special educational needs; protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; taking action to enable all children and young people to have the best outcomes; compliance with policies and procedures of the work setting; wishes and feelings of children to be identified and taken account of; child-centred approach; respecting children and young people; working according to legislation, national occupational standards and expectations such as the Children Act 2004, Working Together to Safeguard Children, Health and Social Care NOS, Leadership and Management in Care Services Standards, Social Work Standards, Sensory Services Standards; communication, e.g. promote, maintain

and support; education and development, e.g. support and promote physical social, emotional development, access education according to relevant curriculum frameworks; health and safety, e.g. supporting individuals to be safe, promote and practice health and safety in the work setting; team working, e.g. contribute to the effectiveness of teams, develop productive working relationships with others, lead multi-agency working arrangements in childcare settings; professional development; support equality and diversity; support and maintain a service for children and families; maintain an environment to meet children's and young people's needs

3 Understand how to address conflicts and dilemmas associated with safeguarding children and young people

Conflicts and dilemmas: conflicts such as young person not being able to legally participate in activities due to different age restrictions, e.g. drinking, sexual activity, versus care worker's duty of care; bullying; self-harming; prejudice and discrimination; restrictions and safeguarding in the use of digital and interactive technology to send and access illegal material such as pornography; dilemmas where the choice is between two or more unsatisfactory alternatives, e.g. where young people under the age of 18 in a mental health crisis are detained in a police cell as a 'place of safety' because there is no other provision for them, people under the age of 18 with mental health issues being admitted to an adult general hospital ward; assessing mental capacity to make their own decisions in line with the Mental Capacity Act 2007; dilemmas concerning young person's age of consent and use of contraception

Actions to take: listening, advising, reporting, recording, seeking advice from line manager and from other professionals in a multidisciplinary team

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcome 2 must be assessed in a real work environment. Simulation is not allowed for this learning outcome.

For learning outcome 1, learners could explain their own responsibility to safeguard children and young people present in an adult social care work setting by using professional discussion, which would satisfy the demands of AC1.1. They could explain who they report concerns to, what they should report, when they should report and how they should do this, where they are in the lines of accountability. They could also explain why they should report concerns and how this relates to their duty of care. They could use anonymised examples from their own practice supported by witness testimony from supervisors. For AC1.2, learners could explain the wider picture of responsibilities in their own organisation using professional discussion. They could explain how others in their organisation implement the requirements of Section 11 of the Children Act 2004. Work products such as an organisational chart identifying the lead for safeguarding, and the procedure to be followed, could provide supporting evidence.

For learning outcome 2, learners could provide evidence from organisational policies and procedures and reflective notes from their own safeguarding training, and could provide a file of resources for information, advice and support to inform knowledge and practice about safeguarding children and young people. While the file itself does not prove competence, the use of this file in a short teaching session would provide an opportunity for direct observation for AC2.2. Direct observation is the preferred method of assessment. Work products and witness testimony can be used when observation is not appropriate.

Learning outcome 3 could be evidenced in the form of a reflective account or professional discussion based on examples from learners' own practice of managing conflict and dilemmas. This could be supported by witness testimony. Learners could explore the nature of the dilemma presented, what options were available together with their advantages and drawbacks and explain how the final decision was reached. For conflict situations, learners should be able to present the views of each party involved, consider legal and ethical aspects of the conflict and describe what actions they took in the situation. Witness testimony and work products such as anonymised emails, supervision records, and organisational documentation could provide supporting evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Davies C and Ward H – *Safeguarding Children Across Services: Messages from Research* (Jessica Kingsley, 2011) ISBN 9781849051248

Milligan I, Stevens I – *Residential Child Care: Collaborative Practice* (SAGE Publications Ltd, 2006) ISBN 9781412908511

O'Dell L and Leverett S – *Working with Children and Young People: Co-constructing Practice* (Palgrave Macmillan, 2010) ISBN 9780230280083

Journal

Community Care

Websites

www.cqc.org.uk	Safeguarding people
www.gov.uk	<i>Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children</i> (HMSO March 2015)
www.gov.uk/dh	<i>Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing</i> – report of the work of the Children and Young People's Mental Health Taskforce (published online by DH March 2015)
www.mind.org.uk	Online information and support for children and young people with mental health problems
www.nhs.uk	A guide to mental health services in England – Children and Adolescent Mental Health Services (CAMHS)
www.rcpsych.ac.uk	Appleton S and Pugh K – <i>Planning mental health services for young adults – improving transition: A resource for health and social care commissioners</i> (published online in 2011)
www.rethink.org	Information and support for young people with mental health issues (See also Rethink Mental Illness response to HMIC report on people with mental illness held in police cells)
www.safenetwork.org.uk	What is safeguarding and why does it matter to my organisation?

Unit 13: Understand the Process and Experience of Dementia

Unit reference number: Y/506/7089

Level: 3

Credit value: 3

Guided learning hours: 22

Unit introduction

Dementia affects an increasing number of people. Knowledge of dementia and how to relate to someone with dementia is essential for those who work in health and social care, and for those who have contact with members of the public as part of their working day. Knowledge of dementia will also help people who know someone affected by dementia.

In this unit, you will learn about what happens in the brain when a person develops dementia. You will learn how dementia affects people and their families from the first diagnosis through to later stages and how different approaches can be used in supporting people with dementia and their families.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

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

Learning outcomes	Assessment criteria
<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: 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 and impact on information processing: decline in memory, reasoning and communication; changes in behaviour; loss of skills; abilities that fluctuate; movement difficulties, abilities and limitations of individuals with dementia in information processing – sensory input (sight, sound, attention); short-term memory; long-term memory; effects of different types of dementia on information processing

Impact of other factors not related to dementia: difference between dementia, depression and confusional states; sensory changes due to age-related degeneration (macular degeneration and cataracts, loss of hearing and increase of tinnitus, reduced metabolism, osteoporosis, loss of confidence)

Reasons for fluctuating abilities and needs: changes to the physical environment (moving home, starting at a day centre); changes to the social environment (changes in carers, loss of family or friends and social isolation, bereavement); changes to the emotional environment (carers become stressed, experience of abuse); personal changes to include changes in treatment, in medication, in physical condition (bacterial and viral infections), vascular changes, rapidity of onset of dementia

2 Understand the impact of recognition and diagnosis of dementia

Impact of early diagnosis and follow-up: on quality of life, (fear, 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); on social life (loss of friends, loss of community involvement, difficulty in dealing with own finances, attitudes of others); impact on health (increased risk of falls, nutrition, personal hygiene, reduced exercise); increased likelihood of abuse (emotional, neglect, physical, sexual, financial, increased likelihood of injury or harm)

Recording and reporting: difference between recording and reporting; agreed ways of recording possible signs of dementia in general and ways specific to organisation, written or electronic recording (factual, legible, dated, signed or authenticated, confidential); importance of recording possible signs or symptoms of dementia (to highlight risk, pattern, improvement or worsening of symptoms); agreed ways of reporting possible signs of dementia in general and specific to organisation (verbal, written, electronic); reasons for accurate, timely, and confidential reporting

Impact of diagnosis: on the individual – denial, anger, bargaining, depression, acceptance, fear, need for information, need for sources of support (financial support, counselling); on the individual's family and friends – denial, anger, bargaining, depression, acceptance, fear, need for information, need for sources of support (financial support, counselling); statutory and third sector sources of support (NHS, Alzheimer's Society)

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

Approaches to care: person-centred approach, principles of care (dignity, respect, choice, independence, privacy, rights, culture; involve individual in care planning; 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; holistic approach; use of assistive technologies; an enabling and safe environment, e.g. use of colour/textures; social environment that enables positive interactions with individuals with dementia; reminiscence techniques; appropriate exercise and activities, e.g. singing; alternative therapies, e.g. aromatherapy; maintaining health and wellbeing (diet and exercise, diet and fluids, appropriate use of medicines, support for personal care, social interaction, spiritual wellbeing, measures to reduce risk of infection)

Myths and stereotypes related to dementia and ways to overcome these: stigma and its impact, e.g. social isolation of individual; assumptions, e.g. unable to drive; dissatisfying professional interactions, e.g. difficulty in diagnosis; lack of information; ways to overcome fears, e.g. person-centred values, e.g. rights, choice, privacy, independence; person-centred planning and reviews; emotional support; use of support organisations, e.g. Alzheimer's Society; training (safeguarding, balancing protection and rights, dementia training); integrated working across all services involved

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcome 1 could be assessed through learners developing and delivering a presentation on 'The neurology of dementia'. Learners should include other reasons why a person's behaviour may change and appear to be symptomatic of dementia and the reasons why the behaviour of a person with dementia may vary.

Learning outcome 2 could be assessed through a scenario-based assignment, 'The impact of dementia', showing how receiving a diagnosis of dementia may affect a person and their friends and family. This should include an explanation of the importance of recording and reporting symptoms following agreed ways of working.

Learning outcome 3 could be assessed through a case study 'A person-centred approach to caring for someone with dementia', which includes ways in which individuals and carers can be supported. Extending the scenario-based assignment for learning outcome 2 to a case study for learning outcome 3 will encourage learners to integrate their learning.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Genova L – *Still Alice* (Simon & Schuster, 2015) ISBN 9781471140822

Magnusson S – *Where Memories Go: Why dementia changes everything* (Two Roads, 2015) ISBN 978144475181

Pace V, Treloar A, Scott S – *Dementia: From Advanced Disease to Bereavement* (Oxford University Press, 2011) ISBN 9780199237807

Suchet J – *My Bonnie: How dementia stole the love of my life* (Harper, 2011) ISBN 9780007328413

Whalley L J – *Understanding Brain Aging and Dementia: A Life Course Approach* (Columbia University Press, 2015) ISBN 9780231163835

Resources for health and social care professionals from www.alzheimers.org.uk

Alzheimer's Society – *Each day is different: An introduction to the care and support of people with dementia* (Alzheimer's Society, 2014) ASIN B00OP64VVY

Alzheimer's Society – *How to help people with dementia: A guide for customer-facing staff* (Alzheimer's Society, 2014) ASIN B00OP9NY2I

Alzheimer's Society – *Safeguarding people with dementia: Recognising adult abuse* (Alzheimer's Society, 2014) ASIN B00OPEYV2K

Alzheimer's Society – *The Dementia Guide: Living well after diagnosis* (Alzheimer's Society, 2013) ASIN B00LTT310M

Coleman C – *Alzheimer's Society guide to catering for people with dementia* (Alzheimer's Society, 2014) ASIN B00OP8PE1I

Evidence-based approaches for improving dementia care in care homes

Graty, C (Alzheimer's Society) – *Support and care for people with dementia at home: A guide for homecare workers* (Alzheimer's Society, 2014) ASIN B00OP9C0BO

Graty C (Alzheimer's Society) – *Taking part: Activities for people with dementia* (Alzheimer's Society, 2014) ASIN B00OP9BQZU

Heathcote J (Alzheimer's Society) – *Memories are made of this: Reminiscence activities for person-centred care* (Alzheimer's Society, 2014) ASIN B00OP864GC

Oddy R (Alzheimer's Society) – *Promoting mobility for people with dementia: A problem solving approach* (Alzheimer's Society, 2014) ASIN B00OP8PSCS

Pool J (Alzheimer's Society) – *Alzheimer's Society guide to the dementia care environment* (Alzheimer's Society, 2015) ASIN B00U2T530Q

Journals

Alzheimer's & Dementia
Dementia

Websites

www.alzheimers.org.uk Comprehensive information about dementia

www.alzheimers.org.uk *Relationships after a dementia diagnosis: Bob and Jo's story*

www.nhs.uk/conditions/dementia-guide Brief overview of dementia

www.open.edu/openlearn Open Learn – *Designing space for dementia care*

www.scie.org.uk/socialcaretv SCIE Social Care TV video (2013) – *Getting to know the person with Dementia*

Other

Still Alice (2015) DVD or available online for download

Unit 14: Understand the Administration of Medication to Individuals with Dementia Using a Person-centred Approach

Unit reference number: K/601/9199

Level: 3

Credit value: 2

Guided learning hours: 15

Unit introduction

Dementia affects an increasing number of people and as yet there is no cure, but research continues. Medication can at best slow down the progress of dementia. Understanding the role of medication in treating dementia is vital for those working in health and social care. They can then support people and families affected by dementia appropriately.

In this unit, you will learn what medicines may be used for a person with dementia, the advantages and disadvantages of such medicines, and what other medicines may relieve symptoms of dementia. You will learn how these medicines may be given in a way that respects the person as an individual and the role of advocacy in representing the views of a person with dementia.

This unit will provide you with the knowledge and understanding of how medicines may help individuals who experience dementia. It will develop your underpinning knowledge of suitable medicines, their risks, benefits, how they may be given and the rights of individuals with dementia. The unit also addresses methods of recording adverse reactions to prescribed medication.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the common medications available to, and appropriate for, individuals with dementia</p>	<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>
<p>2 Understand how to provide person-centred care to individuals with dementia through the appropriate and effective use of medication</p>	<p>2.1 Describe person-centred ways of administering medicines whilst adhering to administration instructions</p> <p>2.2 Explain the importance of advocating for an individual with dementia who may be prescribed medication</p>

Unit content

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

Types of medication used to treat symptoms of dementia and their effects: antipsychotic drugs; acetylcholinesterase inhibitors, e.g. donepezil, rivastigmine and galantamine; N-methyl-D-Aspartate (NMDA) receptor antagonists, e.g. memantine; other drugs to reduce symptoms, including analgesics to include the effects, risks and benefits of each; limitations of antipsychotic drugs in some types of dementia; awareness of current research into the overuse and increased risks of antipsychotic drugs; use of pain relief to reduce restlessness, anxiety and aggression in people with dementia; types of medication that can be given as required, their advantages and their possible side effects

Importance of recording and reporting side effects/adverse reactions to medication: difference between recording and reporting; reasons why recording and reporting is important, e.g. recognition of side effects of medication; treatment of side effects, e.g. adjusting diet to cope with constipation; elimination of other factors, e.g. headache due to eyesight issues, constipation due to dehydration or inactivity or poor diet

The use of 'as required' (PRN) medication: pain relief; calming effect; reducing stress; relieving anxiety

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

Person-centred care: principles of care including dignity, respect, choice, independence, cultural awareness, privacy, rights, e.g. rights under the Mental Capacity Act 2005; use of aids, e.g. pill box; ease of administration, e.g. use of patches, oral drops, slow release tablets; importance of enabling the person with dementia and their carers to ask questions about medication before starting a course; the importance of listening to the individual and observing their reaction to drugs; the importance of discussion with a doctor if the person with dementia decides to stop treatment

Advocacy for individuals with dementia: to include upholding the person's rights to fair and equal treatment, access to services, ensuring decisions are taken after considering all relevant factors including the individual's preferences; NICE guidelines when considering whether to start or stop drug treatment, use of broad-based assessment, considerations of carer's views at the start of drug treatment and at check-ups, regular assessment of the person's mental abilities, behaviour and ability to cope with daily life, treatment started by a doctor specialising in dementia; Mental Capacity Act 2005, role of the Independent Mental Capacity Advocate (IMCA)

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcome 1 could be assessed through a scenario-based assignment requiring learners to produce a report on 'The use and impact of different types of medication with individuals with dementia'. Learner reports should explore commonly used medications, including 'as required' (PRN) and anti-psychotic medication, and the associated benefits and risks. Learners should also explore why it is necessary to accurately record and report any identified side effects or adverse reactions to medication.

Learners could use evidence from the workplace to support their assignment and demonstrate the application of knowledge.

Learning outcome 2 could be assessed through learners developing and delivering a presentation on the approaches to using medication effectively to provide person-centred care to individuals with dementia. Learners should include the role of advocacy in the use of these approaches, and the importance of advocacy in such situations. The context for this presentation can be integrated in the scenario for learning outcome 1 to encourage learners to relate their learning.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Baker C – *Developing Excellent Care for People Living with Dementia in Care Homes (Bradford Dementia Group Good Practice Guides)* (Jessica Kingsley Publishers, 2014) ISBN 9781849054676

Brooker D – *Person-Centred Dementia Care: Making Services Better (Bradford Dementia Group)* (Jessica Kingsley Publishers, 2006) ISBN 9781843103370

Websites

www.alzheimers.org.uk	Drug treatments for Alzheimer's disease factsheet
www.nhs.uk	<i>What is the Mental Capacity Act?</i>
www.nice.org.uk	NICE Clinical Guidelines 42 (Nov 2006, reviewed April 2012) – <i>Dementia: Supporting People with Dementia and their Carers in Health and Social Care</i>
www.nice.org.uk	Social care tailored resources: Dementia
www.nice.org.uk	NICE (April 2013) <i>Supporting people to live well with dementia</i> , Quality Standard 30, statement 9 Independent advocacy
www.scie.org.uk/socialcaretv	<i>Mental Capacity Act: the role of the IMCA (Independent Mental Capacity Advocate)</i> , SCIE Social Care TV video (2011)

Other

Husebo BS et al (2011) – Efficacy of treating pain to reduce behavioural disturbances in residents of nursing homes with dementia: cluster randomised clinical trial. *BMJ* 343:4065 cited in '*Reducing agitation through pain relief*' (October 2011) *Living with Dementia* – magazine of the Alzheimer's Society

Unit 15: Understand the Role of Communication and Interactions with Individuals Who Have Dementia

Unit reference number: L/506/7090

Level: 3

Credit value: 3

Guided learning hours: 26

Unit introduction

Communicating and interacting with individuals who have dementia is an increasingly important skill in all job roles in health and social care and those with skills in this area are in demand as care becomes more specialised.

In this unit, you will learn about the importance of communication for people who have dementia. You will learn how people with dementia may have difficulty in expressing their views but how, with support from carers, they can make their wishes known and can have a better quality of life.

This unit will give you an understanding of how people with dementia may express themselves through behaviour, how this may be misunderstood, and how dementia impacts on communication skills. The unit examines the contribution that beneficial activities can have on a person's quality of life, factors that can affect these interactions, and how the behaviour of carers and others can influence the effectiveness of communication.

Learning outcomes and assessment criteria

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

On completion of this unit learners 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
2 Understand the importance of positive interactions with individuals with dementia	2.1 Give examples of positive interactions with individuals who have dementia 2.2 Explain how positive interactions with individuals who have dementia can contribute to their wellbeing 2.3 Explain the importance of involving individuals with dementia in a range of activities 2.4 Compare a reality orientation approach to interactions with a validation approach

Learning outcomes	Assessment criteria
<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

The effect of dementia on communication: barriers to communication related to the type of dementia (fronto-temporal dementia and language skills, rate of loss of language skills, delayed or impaired information processing); barriers to communication related to stage of dementia

Ways people with dementia may communicate through behaviour: non-verbally (body language, restlessness, agitation, inappropriate behaviour); verbally (use of incorrect words, shouting, verbal aggression, swearing)

Reasons for misinterpreting communication: misreading non-verbal cues; not knowing the person or their preferences; cultural misunderstanding; variability of communication skills from day to day

Importance of effective communication to sense of identity: the ability to express choices such as choice of food or clothes; communication to enable social activities that enhance quality of life such as participation in a conversation or in singing; communication to express emotions; to enable individuals to communicate physical discomfort; communication to maintain intellectual abilities such as the ability to speak a second language; communication to express individuality

2 Understand the importance of positive interactions with individuals with dementia

Reasons for involving individuals with dementia in a range of activities: maintaining health and sense of wellbeing; physical benefits to health, social benefits to health, emotional benefits to health

Positive interactions: verbal and nonverbal communication where message is received, understood and responded to positively; activities (reminiscence activities, singing, simple exercise, and gardening); communicating needs in a way that supports dignity and choice; positive interactions between individual and carer, positive interactions between individual and family or friends

Approaches: reality orientation approach, advantages and disadvantages for individual, advantages and disadvantages for carers and family; validation approach, advantages and disadvantages for individual, advantages and disadvantages for carers and family

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

Factors negatively affecting interactions and communication with individuals with dementia: physical and mental health needs, eyesight problems, e.g. cataracts, altered prescription for glasses; hearing loss, hearing aid problem; ill-fitting or absent dentures; depression; pain, discomfort, illness, side effects of medication; social isolation; sensory impairment (sight, hearing); environmental factors (background noise, lighting, position of speaker, number of speakers, distractions); behaviour of carers or others doing other tasks while communicating; speaking too quickly or too quietly; unfamiliar accents; unfamiliar words; carer or others shouting; speaker and listener at different levels, carer or others not facing individual when speaking; tone of voice; facial expressions, e.g. impatience; body language, e.g. sudden movements; inappropriate use of formal or technical language; use of unfamiliar dialect; unfamiliar accent; over familiarity on the part of the carer, e.g. use of 'dear' or first name; language differences; using multiple options when asking a question

Factors positively affecting interactions and communication with individuals with dementia: physical comfort, e.g. correct spectacles, hearing aid working, clean dentures; sense of wellbeing, e.g. rested, feeling safe; appropriate environment with reduced distractions, good lighting; carers and others listening, sitting facing individual, being patient, use of visual clues to communicate, e.g. pictures; checking back to ensure they have understood correctly, observing body language

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcomes 1, 2 and 3 could be assessed through a scenario-based assignment requiring learners to produce a report based on the importance of effective communication for individuals with dementia. Communication is an important aspect of all our lives, and none more so than for individuals with dementia. The impact of dementia on communication can be varied so time must be taken to assess needs and adapt communication methods in order to meet a person's needs, abilities and preferences.

To address learning outcome 1, learners should include ways in which individuals with dementia communicate through their behaviour, exploring how this is not always understood by others. Learners should also explore the impact that different forms of dementia can have on the way individuals communicate, highlighting the need for communication that is appropriate to the abilities of the individual with dementia.

To cover learning outcome 2, learners are asked to examine positive interactions with individuals, stating how these contribute to an individual's wellbeing. Learners are also asked to explore how involving individuals with dementia in activities is important, contrasting a reality orientation approach to interactions with a validation approach.

Using the same assignment, learning outcome 3 asks learners to identify the physical, mental health and sensory needs they need to take into account when communicating with an individual with dementia, also considering how the environment, language used and other carers' behaviour can affect communication.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Argyle M – *The Psychology of Interpersonal Behaviour*, 5th edition (Penguin, 1994) ISBN 9780140172744

Graty C – *Taking part: Activities for people with dementia* (Alzheimer's Society, 2014) ASIN B00OP9BQZU

Heathcote J – *Memories are made of this: Reminiscence activities for person-centred care*, (Alzheimer's Society, 2014) ASIN B00OP864GC

Oddy R – *Promoting mobility for people with dementia: A problem solving approach* (Alzheimer's Society, 2014) ASIN B00OP8PSCS

Pool J – *Alzheimer's Society guide to the dementia care environment* (Alzheimer's Society, 2015) ASIN B00U2T530Q

Journals

Osman SE, Tischler V, Schneider J – '*Singing for the Brain*': A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers in *Dementia* (London). Nov 24 2014; PubMed

Websites

www.alzheimers.org.uk

Factsheet: Communicating

www.alzheimers.org.uk

Singing for the Brain

www.alzheimers.org.uk

Staying Involved and Active

www.open.edu/openlearn/health-sports-psychology/social-care/dementia-care-louises-story

Open Learn–Dementia Care: Louise's story

www.open.edu/openlearn/health-sports-psychology/dementia-care-modelling-good-care

Dementia care: Modelling good care

www.scie.org.uk

SCIE Research briefing 3: *Aiding communication with people with dementia* (2005)

Other

www.scie.org.uk/socialcaretv

Dementia videos on Social Care TV

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand diabetes and the associated implications	1.1 Define diabetes 1.2 Identify prevalence rates for different types of diabetes 1.3 Describe possible key long-term complications to health as a result of having diabetes 1.4 Explain what is meant by the term hyperglycaemia 1.5 Explain what is meant by the term hypoglycaemia 1.6 Explain the procedure of referring an individual with diabetes to others
2 Know the most common types of diabetes and their causes	2.1 Describe key features of Type 1 diabetes 2.2 Describe key features of Type 2 diabetes 2.3 List the most common possible causes of diabetes: <ul style="list-style-type: none"> • Type 1 • Type 2 2.4 Describe the likely signs and symptoms of diabetes 2.5 Outline contributing risk factors that may lead to the development of Type 2 diabetes

Learning outcomes	Assessment criteria
<p>3 Understand how to implement a person-centred approach when supporting individuals with diabetes</p>	<p>3.1 Define person-centred support</p> <p>3.2 Explain the importance of using individualised care plans to support individuals with diabetes</p> <p>3.3 Explain the care pathway for the individual with newly diagnosed Type 2 diabetes</p> <p>3.4 Explain what self-care skills are</p> <p>3.5 Explain how to work with an individual, and or their carer, to optimise self-care skills</p> <p>3.6 Explain the importance of supporting individuals to make informed decisions</p>
<p>4 Understand the nutritional needs of individuals with diabetes</p>	<p>4.1 Explain the principles of a balanced diet</p> <p>4.2 Analyse how different carbohydrates affect blood glucose level</p> <p>4.3 Explain the role of the nutritional plan and how to report any related problems</p>
<p>5 Understand factors relating to an individual's experience of diabetes</p>	<p>5.1 Describe how different individuals may experience living with diabetes</p> <p>5.2 Explain the impact that the attitudes and behaviours of others may have on an individual with diabetes</p> <p>5.3 Explain how an individual can manage their diabetes through different aspects of their lifestyle</p>

Learning outcomes	Assessment criteria
<p>6 Understand the importance of monitoring diabetes</p>	<p>6.1 Explain the importance of accurately measuring blood pressure when supporting individuals with diabetes</p> <p>6.2 Identify the normal parameters for blood pressure</p> <p>6.3 Explain the purpose of accurate blood glucose monitoring for individuals with diabetes</p> <p>6.4 State the normal blood glucose range</p> <p>6.5 Explain the purpose of accurate urine monitoring for individuals with diabetes</p> <p>6.6 Describe the annual review checks needed to screen for long-term complications</p>
<p>7 Understand the links between diabetes and other conditions</p>	<p>7.1 Explain the links between diabetes and:</p> <ul style="list-style-type: none"> • dementia • depression • pregnancy

Unit content

1 Understand diabetes and the associated implications

Definition of diabetes: definition in relation to glucose and insulin levels, hyperglycaemia, hypoglycaemia

Prevalence rates: different types, e.g. Type 1, Type 2, gestational diabetes, maturity onset diabetes of the young (MODY), neonatal diabetes, Wolfram or DIDMOAD syndrome with diabetes insipidus, diabetes mellitus, optic atrophy and deafness, Alström Syndrome

Long-term complications: retinopathy, nephropathy, neuropathy

Referral procedures: how referrals are made, e.g. self-referral to GP, referral by others, e.g. healthcare professionals to GP; GP referral to endocrinologist, referral to diabetic nurse specialist; routine referral, emergency referral

2 Know the most common types of diabetes and their causes

Type 1 diabetes: key features, e.g. age of onset, speed of onset; causes, e.g. genetic, auto-immune response to viral infection, failure of pancreatic function; signs and symptoms, e.g. thirst, increased urination, weight loss, tiredness, blurred vision, yeast infections, slow healing; risk factors, e.g. family history

Type 2 diabetes: key features, e.g. age of onset, speed of onset; causes, e.g. decreased pancreatic function; signs and symptoms, e.g. thirst, increased urination, blurred vision, tiredness; risk factors, e.g. lifestyle factors such as obesity and lack of exercise, ethnic factors, age, medical factors, e.g. a history of high blood pressure, heart attack or stroke

3 Understand how to implement a person-centred approach when supporting individuals with diabetes

Person-centred support: individual's needs as opposed to service-led approach; holistic, equality, independence, informed choice, rights; use of individualised care plans

Possible care pathway for individual newly diagnosed with Type 2 diabetes: assessment of individual; provision of information and advice; psychological support; implementation of care package including treatment of individual, dietary advice; initial care; monitoring and review

Self-care: self-care skills, e.g. activities of daily living including administering medication, managing the relationships between food, activity and medications; self-monitoring of blood glucose, blood pressure and having retinal screening carried out; individual need, e.g. around foot care; weight loss, injection technique and self-monitoring activities; applying sick day rules when ill, or what to do if going into hospital; understanding diabetes, what care to expect and how to access services; managing acute complications such as hypoglycaemia and hyperglycaemia; understanding legislative issues such as those related to employment and driving

Support for individual: to develop self-care skills through person-centred planning, access to information, structured education, emotional and psychological support, support from peers, friends, family and carers, access to healthcare professionals and specialist support when needed

Making informed decisions: providing options regarding individual's care and treatment; importance of ensuring individual knows advantages and disadvantages of each option suggested; supporting individual to make informed choices based on information given; importance of supporting the individual through the process

4 **Understand the nutritional needs of individuals with diabetes**

Balanced diet: balance of proteins, carbohydrates, fats, vitamins and minerals; the Eat Well Plate

Different carbohydrates: simple and complex carbohydrates; glycaemic index and glycaemic load of different carbohydrates; effect on blood glucose levels

Nutritional planning: how to develop a nutritional plan for an individual with diabetes; why the plan should be followed; use of a food diary; identification of problems relating to the nutritional plan, e.g. poor appetite, difficulties in keeping to the plan, culturally inappropriate items on plan, shift work

5 **Understand factors relating to an individual's experience of diabetes**

Individual experience: shock, denial, fear, anger, depression, acceptance, moving on

Response of others: attitudes and behaviours shown by family members, peer groups, other friends or work colleagues such as positive responses, e.g. acceptance, understanding, willingness to change diet and eating patterns to support individual, or negative responses such as continuing to cook carbohydrate rich meals, pressing the individual to eat more than they should

Managing the condition: ability to make appropriate lifestyle changes, e.g. diet, increase in exercise taken, weight management; regular check of blood glucose levels; taking medication regularly; gaining support from friends, family and support groups

6 **Understand the importance of monitoring diabetes**

Blood pressure: accurate measurement, recording and reporting; why this is important in diabetes; normal parameters in order to identify abnormalities in measurement; establishing what is normal for the individual

Blood glucose: accurate measurement, recording and reporting; why this is important in diabetes; normal range of blood glucose measurement

Urine testing: when to take; what it measures; how to test

Review: importance of annual review; checks to be carried out to include HbA1c, foot checks, blood pressure checks; recording and reporting; medication review; possible long-term complications to include retinopathy, heart disease, nephropathy, neuropathy

7 Understand the links between diabetes and other conditions

Link to dementia: possible genetic link between the two conditions, possible changes in brain proteins; link between Type 2 diabetes, cognitive impairment and increased risk of dementia; possible treatment

Link to depression: incidence of depression among diabetics; why depression is more common in diabetics than the general population; ability to cope with diagnosis; diabetes distress/burnout; possible treatment

Link to pregnancy: preparation for pregnancy for diabetic women, e.g. diabetic preconception clinic, possible issues that may arise, e.g. change in blood glucose levels and HBA1c, changes to medication, retinopathy, smoking and alcohol, immunisation, possible effects on foetus; gestational diabetes to include definition, diagnosis, causes, possible complications to mother and baby, prevention, long-term implications

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Although assessment for this unit can be carried out in a number of ways, an appropriate way of assessing the unit could be for learners to produce an information booklet for an individual and their family. This might be presented in paper or electronic format, and could, with supporting professional discussion, provide evidence to meet all the learning outcomes.

Learning outcomes 1, 2 and 6 could be met in one section of the booklet that could include an explanation of what diabetes is, the signs, symptoms and key features of both Type 1 and Type 2 diabetes, the incidence, causes and contributing factors of different types of diabetes, a definition of hypo and hyperglycaemia, how to refer someone with diabetes and the possible long-term complications of having diabetes. It could also include the importance of monitoring blood pressure, blood glucose, glucose levels in the urine, what normal parameters are and the need for annual reviews and screening.

Learning outcome 3 could be met in a second section, which could demonstrate learners' understanding of what is meant by a person-centred approach to supporting individuals with diabetes. This could include the importance of using individual care plans to support people with diabetes, and an explanation of how an individual with diabetes could be supported to be as self-caring as possible.

Learning outcome 4 could be met in a third section, which could explain the need for individuals with diabetes to maintain a balanced diet and what is meant by a balanced diet. This could also include a clear explanation of different types of carbohydrate and their effect on blood glucose levels. It could also include an example of a nutritional plan for a week to demonstrate what foods are suitable for a person with diabetes. Learners could consider potential problems an individual might face in adhering to the diet plan. Consideration could be given to diets for people with special requirements such as a diabetic who is vegetarian, or those with other dietary restrictions.

Learning outcomes 5 and 7 could be incorporated into the final section, using anonymised case studies with information about the experiences of individuals with diabetes. Examples could include one where the individual receives support from family and friends, and one where they have little support. In each case study, learners could explore the emotional and psychological effects of diagnosis on individuals and explore the change process they experience while adapting to their condition, including changes to lifestyle. The booklet could also include information on links between diabetes and dementia, depression and pregnancy.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Baker G – *First Year: Type 2 Diabetes*, 3rd Edition (Da Capo Lifelong Books, 2015) ISBN 9780738218601

Cowap N and Parry N – *Diabetes (My Modern Health Series)* (Mercury Learning and Information, 2015) ISBN 9781938549182

Hillson R – *Diabetes Care: A Practical Manual*, 2nd Edition (Oxford University Press, 2015) ISBN 9780198705635

Levy D – *Type 1 Diabetes (Oxford Diabetes Library)* (Oxford University Press, 2011) ISBN 9780199553211

Nash J – *Diabetes and Wellbeing: Managing the Psychological and Emotional Challenges of Diabetes Types 1 and 2* (Wiley-Blackwell, 2013) ISBN 9781119967187

Smith T – *Living with Type 1 Diabetes (Overcoming Common Problems)* (Sheldon Press, 2010) ISBN 9781847090522

Thynne A et al – *Clinical Pocket Reference: Diabetes*, 2nd Edition (Pennant Health Publishing, 2011) ISBN 9780954306564

Journals

Community Care

Diabetologia

Websites

www.diabetes.org.uk	Diabetes UK – UK charity for people affected by diabetes
www.diabetes.co.uk	Diabetes.co.uk – community of people with diabetes who provide support and knowledge to diabetics and their families
www.drwf.org.uk	The Diabetes Research and Wellness Foundation – a charity to raise public awareness of diabetes
www.nhs.uk	NHS website with information about diabetes, diabetic community, clinical trials
pathways.nice.org.uk/pathways/diabetes	National Institute for Clinical Health and Excellence – information on the management of diabetes
www.rcn.org.uk	Royal College of Nursing – Diabetes – self-management and self-care
www.scie.org.uk	Personalisation – a rough guide, Guide 47. Social Care Institute for Excellence

Unit 17: Understand Theories of Relationships and Social Networks

Unit reference number: Y/601/8579

Level: 4

Credit value: 3

Guided learning hours: 29

Unit introduction

Relationships and social networks can impact positively or negatively on mental health and wellbeing. Understanding how relationships are formed and influenced, and how they are maintained, is vital for those who come into contact with other people in their working lives.

In this unit, you will learn how relationships affect the everyday lives of individuals, carers and colleagues and how relationships impact on your own life too. In developing an understanding of relationships and social networks you will gain an insight into how best to maintain the self-esteem and wellbeing of yourself and others.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the relevance of relationship theories to health and social care practice	1.1 Compare key principles of relationship theories 1.2 Analyse ways in which an understanding of relationship theories can enhance health and social care practice
2 Understand the impact of relationships and social networks on well-being and self-esteem	2.1 Describe the benefits of supportive relationships and social networks for an individual's wellbeing and self-esteem 2.2 Describe the possible impact of difficult or dysfunctional relationships on an individual's wellbeing and self-esteem 2.3 Analyse the features of supportive relationships and dysfunctional relationships
3 Understand factors that can influence the process of a relationship	3.1 Explain the processes involved in the development, maintenance and breakdown of relationships 3.2 Analyse how the development, maintenance and breakdown of relationships can be influenced by: <ul style="list-style-type: none"> • social factors • economic factors • cultural factors • psychological factors • physical factors

Unit content

1 Understand the relevance of relationship theories to health and social care practice

Key principles of relationship theories: Levinger's stage theory; Bowlby's attachment theory; social exchange theory; Bandura's social learning theory; Bronfenbrenner's social ecological model; Erikson's psychosocial model; Cooley's Looking Glass Self; Mead's theory of social behaviourism; Tuckman's group theory; interpersonal relationships; intrapersonal relationships

Relevance of relationship theories to current health and social care practice: relationships between individual and professional; relationships between individuals; how relationship theories can enhance health and social care practice

2 Understand the impact of relationships and social networks on well-being and self-esteem

Relationships: face to face, through social media, e.g. Twitter®, Facebook®; between individual and health and care worker; between individual service users; within support networks, e.g. day centres, interest groups, family networks; supportive relationships; dysfunctional relationships, e.g. abusive relationships

Impact: positive, e.g. improved self-esteem and wellbeing; negative, e.g. loss of self-esteem, depression, aggression

3 Understand factors that can influence the process of a relationship

Stage theory: Tuckman's group theory, forming, storming, norming, performing, adjourning; Levinger's stage theory, acquaintance, build up, continuation, deterioration, ending

Influence of factors: social, e.g. social inequality; economic, e.g. poverty; cultural, e.g. different cultural expectations; psychological, e.g. depression; physical, e.g. geographical distance

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcome 1 could be assessed through learners developing and delivering a presentation on 'The relevance of relationship theories to health and social care practice.' Learner presentations should reference at least three different theories, compare and contrast the key principles and analyse their links to current practice. The context for this presentation can be integrated into the scenarios for learning outcomes 2 and 3 to encourage learners to approach their learning in a holistic way.

Learning outcomes 2 and 3 could be assessed through learners producing a scenario-based assignment showing the positive impact of relationships and social networks for one individual and the negative impact of relationships and social networks for a different individual. At least three different types of relationship should be included for each scenario, for example face to face or through electronic media; between individual and health and care worker; between individual service users; within support networks; supportive relationships; dysfunctional relationships, for example abusive relationships. Details of the positive and the negative impact in each scenario could cover the impact on self-esteem and wellbeing.

For learning outcome 3, for each scenario, learners could apply at least one stage theory and include an explanation of at least three different factors that influence the process of a relationship. Factors could be selected from the following: social, economic, cultural, psychological, and physical.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cardwell M, Clark L and Meldrum C – *Psychology for AS level* (Harper Collins, 2000) ISBN 9780003224764

Gross R – *Psychology: The Science of Mind and Behaviour* (Hodder Education, 2010) ISBN 9781444108316

Journals

British Journal of Psychology

The Psychologist

Websites

www.changingminds.org

Relationships and stage theory

www.open.edu/openlearn

Open Learn: Body-Mind, Home comforts, Impact of family relationships on children

www.scie.org.uk

IMCA involvement in accommodation decisions and care reviews – Maintaining relationships, Guide 39

Unit 18: Understand the Factors Affecting Older People

Unit reference number: D/504/2243

Level: 3

Credit value: 2

Guided learning hours: 17

Unit introduction

Healthcare improvements have resulted in people living longer, and, as a result of this, health and social care services are changing to offer a more personalised service. Understanding factors affecting older people will help those working in health and social care to shape services so they meet the needs of older people in the 21st century.

In this unit, you will learn the factors that affect older people as a result of ageing and the factors that affect them as a result of societal attitudes. Social isolation can have a negative impact on health and wellbeing and you will learn about the importance of independence to older people and how a person-centred approach to assessment, planning and delivery of care can have a positive influence on the wellbeing of older people. This unit also outlines the positive contribution older people can make to society when they maintain their independence.

This unit will give you the knowledge and understanding of how a person-centred approach in a variety of job roles may help individuals who are ageing. It will develop your underpinning knowledge of how best to ensure the wellbeing of those ageing individuals who are part of our society.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the impact of the ageing process on older people</p>	<p>1.1 Describe changes that may come with ageing</p> <p>1.2 Explain how the experience of the ageing process is unique to each individual</p> <p>1.3 Analyse the potential impact of factors associated with ageing on older people to include:</p> <ul style="list-style-type: none"> • physical • emotional • social • cognitive • environmental • financial/economic <p>1.4 Describe how a positive approach to ageing can contribute to the health and wellbeing of an individual</p>
<p>2 Understand attitudes of society to older people</p>	<p>2.1 Describe the contributions to society made by older people</p> <p>2.2 Explain what is meant by age discrimination</p> <p>2.3 Explain how societal attitudes and beliefs impact on older people</p> <p>2.4 Describe strategies that can be used to challenge stereotypes and discriminatory attitudes towards older people</p>

Learning outcomes	Assessment criteria
<p>3 Understand the importance of using person-centred approaches with older people</p>	<p>3.1 Describe how the effects of ageing can affect the day-to-day life of older people</p> <p>3.2 Describe ways of using a person-centred approach to support older people to maintain health and wellbeing in day-to-day life</p> <p>3.3 Explain the importance of social inclusion for older people</p> <p>3.4 Outline barriers to social inclusion for older people</p> <p>3.5 Describe ways of using a person-centred approach to enable older people to make positive contributions to their community</p>
<p>4 Understand the importance of independence for older people</p>	<p>4.1 Explain how independence can contribute to the wellbeing of older people</p> <p>4.2 Describe how to support older people to maintain independence</p> <p>4.3 Describe how older people can be in control of decision making about their care and support needs</p> <p>4.4 Explain how to encourage older people to take positive risks</p>

Unit content

1 Understand the impact of the ageing process on older people

Ageing process: changes to physical, emotional, social, cognitive, environmental, financial/economic conditions, gender differences in ageing and life expectation

Impact on older people: impact of positive approach to ageing on health and wellbeing, impact of a negative approach to ageing on health and wellbeing, Erikson's life stage theory, the potential impact of changes to physical, emotional, social, cognitive, environmental, financial /economic condition

2 Understand attitudes of society to older people

Contributions made by older people: within the family, e.g. caring for relatives and friends, providing childcare, providing financial help; within local community, e.g. voluntary work with charities; within wider community, e.g. campaigning for change such as Crisis in Care

Impact of societal beliefs and attitudes on older people: impact of stereotyping; impact of positive age discrimination, e.g. free local travel; impact of negative age discrimination, e.g. labelling 'bed blockers'; impact of cultural variations in attitudes to older people such as ghettoisation, marginalisation or integration

Ways of challenging attitudes: finding similarities within communities, e.g. mixed age group working on projects such as road safety, improving local environment or sharing computer skills; personalisation of care, personal budgets, direct payments, advocacy, brokerage, individuals and groups taking positive action, Dignity and Respect programmes; review of organisational policies and procedures to eliminate discrimination; media education

3 Understand the importance of using person-centred approaches with older people

Impact of ageing on day-to-day life: physical, e.g. deteriorating eyesight may mean loss of driving licence, mobility problems may limit walking; emotional, e.g. depression; social, e.g. social isolation; cognitive, e.g. memory loss; environmental, e.g. home adaptations; financial/economic condition, e.g. reduced income

Person-centred support to maintain health and wellbeing: physical, e.g. use of local subsidised door-to-door bus service to maintain independence, gentle exercise such as walking, gardening; emotional, e.g. local involvement such as lunch clubs, church, mosque, temple; social, e.g. involvement in local activities such as University of Third Age, volunteering with Age UK, attending Age UK Friendship Centres; cognitive support, e.g. Alzheimer's Society, Dementia Friends, Digital Eagle computer skills ; environmental, e.g. help with home adaptations, help with range of options such as sheltered housing, extra care housing; financial /economic support, e.g. awareness of entitlements, awareness of scams, consumer advice

Social inclusion: importance to wellbeing, benefits of social inclusion to include physical, emotional, social, cognitive, financial/economic factors; barriers to social inclusion to include attitudes, cultural differences, rural and urban differences in access to facilities and the internet, financial, emotional, social, cognitive

Making a positive contribution: valuing an individual's unique set of skills, e.g. using organisational skills on Neighbourhood Forums, parish councils, Neighbourhood Watch, using gardening skills to benefit the local environment, volunteering language skills or local knowledge to advise visitors new to the area

4 Understand the importance of independence for older people

Independence and wellbeing: impact on self-esteem and wellbeing of maintaining choice and control in decisions affecting own life; empowerment, enabling choice, awareness of options, improving access to information electronically and in hard copy in accessible formats, encouragement to take positive risks such as joining a new group, taking up a new activity such as walking or swimming

Supporting older people to maintain independence and control in decision making about their care: use of person-centred care, improving awareness of personalisation agenda to include personal individual budgets, their different forms of management, and direct payments

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcomes 1 and 2 could be assessed through a professional discussion requiring learners to show in-depth understanding of 'The impact of the ageing process on older people and attitudes in society towards them'. Learners would need to carry out research in preparation for the professional discussion.

The professional discussion for learning outcome 1 could include a critical examination of changes attributed to the ageing process such as physical, emotional, social, cognitive, environmental changes, as well as changes in financial/economic conditions. Learners should analyse the impact of these changes and examine gender differences in ageing and life expectation. The impact of a positive approach to ageing could be compared with the impact of a negative approach, for instance by applying Erikson's life stage theory to examples from practice.

For learning outcome 2, the professional discussion should lead on from learning outcome 1 and be extended to an analysis of the attitudes of society towards older people, for example in terms of their contribution to the community or to the economy. Learners could explain the potential impact of positive and of negative stereotyping of older people by society and could consider cultural variations in attitudes to older people. They could suggest ways of challenging negative attitudes effectively.

Learning outcomes 3 and 4 could be assessed through a scenario-based assignment requiring learners to produce a report on 'The importance of using person-centred approaches to foster independence.' Learner reports could utilise examples from work practice and show how and why person-centred approaches meet an individual's needs and maintain their independence. Key to this is social inclusion and learners should explore methods of overcoming barriers to this for older people. Links to learning outcomes 1 and 2 could be included, where appropriate, to ensure a holistic approach to assessment.

For learning outcome 4, the assignment should address the value of independence for older people and how this is linked to wellbeing. Learners should also identify the support older people need to enable them to take positive risks, maintain independence and determine how their care needs and preferences should be met. Again, examples from work practice could be used to illustrate key points.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Akhtar M – *Positive Psychology for Overcoming Depression* (Watkins Publishing, 2012) ISBN 9781780281049

Barkham E and Cave A – *Edexcel AS/A Level Psychology* (Pearson Education, 2015) ISBN 9781447982463

Brain, C – *Edexcel Psychology for A Level Book 1 (Edexcel A Level Psychology)* (Hodder Education, 2015) ISBN 9781471835384

Gross R – *Psychology: The Science of Mind and Behaviour* (Hodder Education, 2010) ISBN 9781444108316

Levenson R – *Auditing age discrimination: A practical approach to promoting age equality in health and social care* (King's Fund, 2003) ISBN 9781857174724

Journal

Ageing & Society

Websites

www.ageuk.org.uk	General resource on ageing positively
www.actiononhearingloss.org.uk	Advice on managing the effects of hearing loss
www.bbc.co.uk	BBC Schools Personal, Social, Health and Economic Education (PSHE) and citizenship: Perceptions of youth and old age (video clip)
www.cpa.org.uk	Centre for Policy on Ageing reviews on age discrimination commissioned by the Department of Health
www.equalityhumanrights.com	Equality and Human Rights Commission – information on equal rights, and challenging discrimination
www.mentalhealth.org.uk	<i>All things being equal: Age equality in mental healthcare for older people in England</i>
www.scie.org.uk	Guide 35, <i>Age equality and age discrimination in social care: An interim practice guide</i>

Other

Department of Health (2004)	A toolkit for older people's champions: a resource for non-executive directors, councillors and older people acting as older people's champions
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Unit 19: Understand Parkinson's for Health and Social Care Staff

Unit reference number: R/506/6054

Level: 3

Credit value: 2

Guided learning hours: 14

Unit introduction

Parkinson's is a progressive neurological disease that affects approximately one in 500 people. Signs and symptoms and the rate of progression vary among individual people, although most people experience difficulties with movement. There is currently no cure for the disease, but there are treatments that are used to manage the symptoms. Drugs are most commonly used, but some people benefit from surgery or complementary therapies. Due to the nature of the disease, individuals, their families and carers may require support from health and social care workers in supporting them to manage the disease and cope with the emotional effects of caring for someone with a progressive disease.

In this unit, you will learn about the signs and symptoms of the disease, how it is diagnosed and treated, and the common drugs used in the treatment of the disease, including side effects and how to alleviate them. You will understand the impact on an individual's quality of life of motor and non-motor symptoms, of fluctuating symptoms and the impact on their relationships. You will understand how to access services and ensure individuals are given choices, as well as how communication and cognitive function are affected, the impact on the individual of the changes they might experience and how these changes can be managed.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the signs, symptoms and progression of Parkinson's</p>	<p>1.1 Define Parkinson's</p> <p>1.2 Explain what causes Parkinson's to develop</p> <p>1.3 Describe key symptoms of Parkinson's:</p> <ul style="list-style-type: none"> • motor • non-motor <p>1.4 Identify the common age of onset of Parkinson's</p> <p>1.5 Describe the typical phases and timeframe of the progression of Parkinson's</p> <p>1.6 Identify conditions within Parkinsonism</p>
<p>2 Understand the impacts of Parkinson's on the individual and others</p>	<p>2.1 Describe the impacts on quality of life of:</p> <ul style="list-style-type: none"> • motor symptoms • non-motor symptoms <p>2.2 Explain impacts of Parkinson's on an individual's relationships with others</p> <p>2.3 Explain impacts of fluctuations in Parkinson's on an individual and others</p>

Learning outcomes	Assessment criteria
<p>3 Understand the processes, procedures, methods, techniques and services used to manage Parkinson's</p>	<p>3.1 Describe the processes, procedures and services involved in diagnosis and referral</p> <p>3.2 Describe how to access local, community and statutory agencies, support services and networks appropriate to the individual with Parkinson's</p> <p>3.3 Describe methods, practices and possible interventions used to support individuals to manage their symptoms</p> <p>3.4 Explain how an individual's preferences are taken into account when supporting them to manage their Parkinson's</p> <p>3.5 Explain how challenges in the management of diet and fluids can be overcome</p>
<p>4 Understand the issues associated with Parkinson's medication</p>	<p>4.1 Explain the consequences when medication is not taken or given on time</p> <p>4.2 Explain the consequences for the individual of common side effects of Parkinson's medication</p> <p>4.3 Describe how to alleviate the side effects of Parkinson's medication</p>
<p>5 Understand communication and cognitive challenges associated with Parkinson's at different stages</p>	<p>5.1 Describe the communication and cognitive challenges at different stages of Parkinson's</p> <p>5.2 Describe the impact on the individual and others of:</p> <ul style="list-style-type: none"> • communication challenges • cognitive challenges <p>5.3 Explain how to implement techniques used to address:</p> <ul style="list-style-type: none"> • communication challenges • cognitive challenges

Unit content

1 Understand the signs, symptoms and progression of Parkinson's

Definition of Parkinson's: nerve cells, dopamine

Causes: to include idiopathic Parkinson's disease, vascular Parkinsonism, drug induced Parkinsonism, dementia with Lewey bodies, inherited Parkinson's and young onset Parkinson's

Onset and progression: age of onset; physiological development of disease; timeframe and different phases

Signs and symptoms: signs to include early warning signs; symptoms to include motor, e.g. tremor, stiffness, slowness and non-motor, e.g. bladder and bowel problems, dizziness, difficulty swallowing

Parkinsonism: difference from and links to Parkinson's; conditions that may occur in Parkinsonism

2 Understand the impact of Parkinson's on the individual and others

Impact on quality of life: impact of motor symptoms such as tremor, slowness of movement and rigidity on social life, e.g. reluctance to join in social events such as walking with friends; emotional impact, e.g. frustration, anger; psychological, e.g. loss of independence and loss of self-esteem; impact of non-motor symptoms such as bladder and bowel problems, swallowing problems, dizziness may lead to reduced social interaction, emotional anxiety, psychological depression

Impact on relationships with others: reduced social contact with friends, increased dependency on family and carers, e.g. increased psychological and emotional demands of caring; dealing with change in condition, e.g. speed, severity, level of care required, level of support required

Impacts of fluctuations: on individual, e.g. emotional impact of changing abilities, social impact; on others, e.g. increased need for understanding fluctuations in condition, sensitivity in balancing individual's need to retain independence while offering support when required

3 Understand the processes, procedures, methods, techniques and services used to manage Parkinson's

Diagnosis: difficulty diagnosing; symptoms and medical history; use of scans, e.g. PET, MRI, CT

Management of interventions: types of treatment available, e.g. medication, physiotherapy, speech and language therapy, occupational therapy, surgery

Access to professional support: self-referral to healthcare professionals; professional referral to healthcare professionals to include neurologists, Parkinson's specialist nurses, dieticians, occupational therapists, pharmacists, psychologists, counsellors, physiotherapists, speech and language therapists

Access to other support: Parkinson's UK personnel to include information and support workers, peer support service, self-management programme

4 Understand the issues associated with Parkinson's medication

Taking prescribed medication: importance of taking drugs on time; keeping records of drugs taken and effect on symptoms; drugs to avoid with Parkinson's drugs; consequences of not taking medication; reporting and recording usage

Side effects: types, e.g. dizziness or faintness, sleepiness, changes in behaviour; importance of recording and reporting side effects, impulsive and compulsive behaviour, hallucinations and delusions, dyskinesia; management ~of side effects, e.g. psychotherapy for impulsive or compulsive behaviour, dose amendment for hallucinations and delusions and dyskinesia, stress management; interaction of medication with other drugs or herbal and complementary therapies; short- and long-term consequences of side effects; management of side effects in consultation with professionals

5 Understand communication and cognitive challenges associated with Parkinson's at different stages

Communication: verbal e.g. face to face, telephone; non-verbal, e.g. body language, facial expression, eye contact; changes in communication ability as disease progresses, e.g. slurred speech, reduced body language, facial expressions; impact of changes on individual and others; implementation of strategies and techniques to support communication, e.g. use of email, internet, adapting environment, slowing down communication, speech and language therapy

Cognition: changes to cognitive ability, e.g. distraction, disorganisation, reduced ability to carry out tasks; speed of memory and thinking; impact of cognitive changes on individual and others; implementation of strategies and techniques to support changes in cognitive ability

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Although the assessment opportunity can take a variety of forms, centres could use the assessment activities below, adapting them to suit the needs of learners or to meet local requirements.

In order to meet all the learning outcomes for this unit, learners could design and produce a booklet or web page about Parkinson's for individuals and their families and carers. For learning outcome 1, learners could write an introductory description of the signs and symptoms of the disease.

For learning outcome 2, learners could write a second section that includes information about how the disease progresses and its impact on the individual and their families, friends and carers. Additional evidence in the form of a professional discussion or reflective account could be used for learning outcome 2 to explain the impacts of Parkinson's on the individual and others.

Learning outcomes 3 and 4 could be met by a third section on the management of the disease, to include methods of diagnosis, access to support and services, care and treatment, and the management of medication and its side effects. Additional evidence in the form of a professional discussion or reflective account could be used for learning outcome 3 to explain how individual preferences are taken into account and challenges with eating and drinking are managed. A professional discussion would allow learners to explain issues associated with Parkinson's medication for learning outcome 4 and how to implement techniques when cognitive and communication challenges are present.

For learning outcome 5, learners could provide information about issues surrounding the communication and cognitive abilities of the individual and how these would affect themselves and others.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Clarke C – *Parkinson's Disease in Practice*, 2nd Edition (CRC Press, 2007)
ISBN 9781853157455

Leader G and Leader L – *Parkinson's Disease: The Way Forward!*
(Denor Press, 2003) ISBN 9780952605683

Weiner W J and Shulman L M – *Parkinson's Disease: A Complete Guide for Patients and Families*, 3rd Edition (Johns Hopkins University Press, 2013)
ISBN 9781421410760

Journals

Journal of Parkinson's Disease

Parkinson's Disease

Website

www.parkinsons.org.uk

UK charity providing support for people with Parkinson's and their friends and family

Unit 20: Understand Public Funding of Individual Care Needs in Adult Social Care

Unit reference number: M/506/6367

Level: 4

Credit value: 4

Guided learning hours: 29

Unit introduction

The cost of health and social care has risen dramatically and continues to do so. Paying for care is an increasingly difficult problem that society has to tackle if we are to maintain the quality of service we would like our family to receive. Recent changes to welfare benefits and funding for care will impact on all of us, so it is important to know how the system works for those we support professionally and for ourselves.

In this unit, you will learn about the changes to welfare benefits, the legislation underpinning the welfare benefits system, how an individual's needs for healthcare and social care are assessed and funded differently, and how those individuals who lack mental capacity can have their interests represented. Finally, you will learn how and when to refer individuals for legal and financial advice to achieve the best outcomes for their care.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the welfare benefit system	1.1 Describe the current legislation relating to the welfare benefits system 1.2 Explain eligibility criteria of current means tested benefits 1.3 Explain eligibility criteria of current non means tested benefits 1.4 Explain how changes of circumstances may affect benefit entitlement
2 Understand the processes relating to local authority funding for individual care needs	2.1 Describe current legislation relating to local authority funding 2.2 Explain current eligibility criteria 2.3 Explain local authority funding levels for care needs 2.4 Explain local authority financial assessment processes
3 Understand the processes relating to National Health Service (NHS) funding for individual care needs	3.1 Explain NHS funding eligibility criteria 3.2 Explain the process for challenging NHS funding decisions
4 Understand ways in which others can manage financial affairs of an individual	4.1 Explain aspects of the Mental Capacity Act (MCA) 2005 which relate to managing the financial affairs of an individual 4.2 Explain the application of: <ul style="list-style-type: none"> • enduring power of attorney • lasting power of attorney • Court of Protection Deputy • Department of Work and Pensions Appointee
5 Understand how to signpost and refer to professional advice services	5.1 Explain when to refer to: <ul style="list-style-type: none"> • financial advice • legal advice 5.2 Explain how to refer to specialist: <ul style="list-style-type: none"> • financial advice • legal advice

Unit content

1 Understand the welfare benefit system

Current legislation: Welfare Reform Act 2012; Care Act 2014 to include changes from April 2015, e.g. deferred payments, and changes from April 2016, e.g. care accounts

Types of benefit: benefits for families, e.g. Child Trust Funds, childcare, Sure Start Maternity Grant; carers and disability benefits, e.g. Disability Living Allowance and the replacement Personal Independence Plans, Carer's Allowance, Employment and Support Allowance; child benefit; death and benefits, e.g. Widowed Parent's Allowance, Bereavement Payment, Funeral Payment; heating and housing, e.g. Cold Weather Payment, Winter Fuel Payment; Jobseeker's Allowance and low income benefits, e.g. Income Support, budgeting loans, Pension Credit and changes to Pension Credit; Tax Credit, e.g. Working Tax Credit, Child Tax Credit; Universal Benefit replacing Job Seeker's Allowance, Working Tax Credit, Child Tax Credit, Income Support, Housing Benefit, Employment and Support Allowance

Eligibility: eligibility criteria for means tested benefits; eligibility criteria for non-means tested benefits

Changes of circumstances: circumstances to include admission to hospital, discharge from hospital, admission to care home

Change in status: changes to include housing, marital, medical, physical, immigration, death, income/capital/savings, employment, imprisonment

2 Understand the processes relating to local authority funding for individual care needs

Current legislation: relevant section of Care Act 2014, local authority responsibilities to provide or arrange services, provide information and advice, prevent or delay dependency; legal responsibility to provide a care and support plan (or a support plan in the case of a carer); national standard not unequal provision; individual's legal entitlement to personal budget and direct payments; legal duty for local authority to provide independent advocate if required and duty to review plan

Eligibility criteria: eligible needs identified (care and support needs resulting from physical or mental condition, because of those needs, they cannot achieve two or more of the outcomes specified, as a result, there is a significant impact on their wellbeing); residency status, one of five situations apply (the care and support they need is free, they cannot afford the full cost of care and support, they ask the local authority to meet their needs, the person does not have mental capacity, and has no one else to arrange care for them, or their total care and support costs exceed the cap)

Funding care: social care not free; individual contributions before April 2016 and after April 2016; after April 2016 cap on costs excluding daily living costs, extension to means tested payments; financial assessments to include income, assets, e.g. house, savings, investments; deferred payment scheme; extending choice of accommodation and top-up payments

Processes: appropriately trained assessor, assessment of needs focused on individual's desired outcomes, self-assessment, financial assessment, determination of eligibility according to eligible needs, support the person to make own decisions about how their needs are met, prepare a care and support plan for individuals and separate plan for carers

3 Understand the processes relating to National Health Service (NHS) funding for individual care needs

NHS funding: national framework for determining eligibility for NHS continuing healthcare and for NHS-funded nursing care; checklist to determine whether full assessment needed to determine eligibility; role of Clinical Commissioning Group and role of multidisciplinary team in assessment; Decision Support Tool and 11 types of need, e.g. mobility, nutrition, and behaviour; eligibility decided by team; Fast Track Tool assessment by clinician; review of care needs; alternatives to NHS funded care, e.g. joint package, self-funded, local authority funded

Care needs: NHS-funded nursing care

Challenging NHS funding decisions: role of Clinical Commissioning Group; independent review; role of National Commissioning Board; role of Independent Complaints Advocacy Service (ICAS)

4 Understand ways in which others can manage financial affairs of an individual

Mental Capacity Act (MCA) 2005: capacity assessment; protection; safeguarding; duty of care; person-centred empowerment

Roles/responsibilities: enduring power of attorney; lasting power of attorney; Court of Protection Deputy; Department of Work and Pensions Appointee

5 Understand how to signpost and refer to professional advice services

When to refer: for independent advice on funding or eligibility, issues of mental capacity

Referral processes: formal referral using agreed ways of working, informal

Professional advice services: financial advice, legal advice, e.g. Citizens Advice

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required. However, below are the specific assessment requirements for this unit.

Changes of circumstances may include:

- admission to hospital
- discharge from hospital
- admission to care home
- change in status
 - housing
 - marital
 - medical
 - physical
 - immigration
 - death
 - income/capital/savings
 - employment
 - imprisonment.

Others may include:

- carers
- family
- friends
- solicitors
- corporate deputies.

In the light of these requirements a professional discussion and a reflective account could be used to show an in-depth understanding of learning outcomes 1, 2, 3, 4 and 5.

A reflective account for learning outcome 1 should describe the current legislation relating to the welfare benefits system, explain the eligibility criteria of current means tested benefits and current non-means tested benefits, and explain how changes of circumstances may affect benefit entitlement. The impact of recent changes could also be considered. Learners could use examples from work practice to highlight key points, for example the impact of legislation on the welfare benefits systems.

Learning outcome 2 could be evidenced by a reflective account that describes current legislation relating to local authority funding, explains current eligibility criteria, and local authority funding levels for care needs and local authority financial assessment processes. Learners should explore the differences in local authority funding and could apply them to examples from work practice.

For learning outcome 3, the reflective account could focus on processes relating to National Health Service (NHS) funding for individual care needs, explaining NHS funding eligibility criteria and the process for challenging NHS funding decisions. Reflective accounts for learning outcomes 2 and 3 could be strengthened with anonymised examples from real work situations.

The reflective account for learning outcome 4 could be based on anonymised case studies from practice to show ways in which others can manage the financial affairs of an individual with a particular focus on aspects of the Mental Capacity Act (MCA) 2005. This reflective account could explain the different roles of those with enduring power of attorney, of lasting power of attorney, the roles of Court of Protection Deputy and Department of Work and Pensions Appointees.

For learning outcome 5, a professional discussion on how to signpost and refer to professional advice services should include an explanation of when to refer individuals to financial advice and to legal advice, and how to carry out each of these referrals.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Johnstone S – *Private funding for Long Term Care* (Joseph Rowntree Foundation, 2005) ISBN 9781859353516

Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory* (Palgrave MacMillan, 2014) ISBN 91137406026

Websites

www.ageuk.org.uk	Guide to Care Act 2014 <i>Personal budgets and direct payments in adult social care</i> , Factsheet 24 April 2015
www.citizensadvice.org.uk	Changes to welfare benefits
www.citizensadvice.org.uk	Initial advice on legal and funding issues
www.cqc.org.uk	Care Quality Commission – independent regulator of health and social care in England
www.gov.uk	<i>Care and Support: What's changing?</i> 2014
www.gov.uk	Guidance: Care Act 2014 part 1 factsheets February 2015
www.gov.uk	NHS Continuing Healthcare and NHS-funded Nursing Care public information leaflet
www.gov.uk	Overview of welfare benefits
www.gov.uk	Universal credit videos

Unit 21: Understand Positive Risk Taking for Individuals with Disabilities

Unit reference number: J/601/6293

Level: 3

Credit value: 3

Guided learning hours: 25

Unit introduction

Risk taking is a part of all our lives on a daily basis but when we are supporting individuals with disabilities we need to ensure that the risks they choose to take are positive, and meet their preferences, through the use of a person-centred approach. Positive risk taking enables individuals to develop new skills, learn new things and work in partnership to achieve a balanced approach to risk taking.

This unit provides the knowledge behind positive risk taking. In this unit you will learn the importance of positive risk taking for individuals with disabilities. The unit also explores how to take a person-centred approach to enabling individuals to take risks and how to balance risk taking with duty of care.

In this unit, you will learn about the rights of individuals with disabilities to make decisions and take risks in a legislative context, enabling you to apply it effectively when supporting individuals to make decisions in relation to risk taking.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand that individuals with disabilities have the same right as everyone else to take risks</p>	<p>1.1 Explain ways in which risk is an integral part of everyday life</p> <p>1.2 Explain why, traditionally, people with disabilities have been discouraged or prevented from taking risks</p> <p>1.3 Describe the links between risk-taking and responsibility, empowerment and social inclusion</p>
<p>2 Understand the importance of a positive, person-centred approach to risk assessment</p>	<p>2.1 Explain the process of developing a positive person-centred approach to risk assessment</p> <p>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</p> <p>2.3 Explain how a service focused approach to risk assessment would differ from a person-centred approach</p> <p>2.4 Identify the consequences for the individual of a service focused approach to risk assessment</p>
<p>3 Understand the legal and policy framework underpinning an individual with disabilities right to make decisions and take risks</p>	<p>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</p>

Learning outcomes	Assessment criteria
<p>4 Understand the importance of considering with an individual with disabilities the risks associated with the choices they make</p>	<p>4.1 Analyse why individuals with disabilities may be at risk of different forms of abuse, exploitation and harm in different areas of their lives</p> <p>4.2 Explain how to support individuals to recognise and manage potential risk in different areas of their lives</p> <p>4.3 Explain the importance of balancing the choices of the individual with their own and others' health and safety</p> <p>4.4 Describe how own values, belief systems and experiences may affect working practice when supporting individuals to take risks</p> <p>4.5 Explain the importance of recording all discussions and decisions made</p>
<p>5 Understand the importance of a partnership approach to risk taking</p>	<p>5.1 Explain the importance of a person-centred partnership approach</p> <p>5.2 Describe ways of handling conflict when discussing and making decisions about risk</p>

Unit content

1 Understand how individuals with disabilities have the same right as everyone else to take risks

Types of risk in everyday life: lifestyle, e.g. smoking, gambling; social, e.g. playing sports; organisational, e.g. legal, insurance; environmental, e.g. emissions, waste

Barriers that prevent people with disabilities from taking risks: risks in everyday life; traditional roles and activities; carer controls; health and safety, compensation culture; exclusion; duty of care' defensive practice

How risk taking and responsibility promotes empowerment and social inclusion: maximising quality of life while maintaining safety; responsibilities to self and others, social, emotional, physical; the right to make 'bad' decisions; planning alternatives; perception and understanding of risk; task analysis; perception of the views of others; creates awareness of actual and likely danger and harm arising from choices made; respects health and lifestyle choices; promotes empowerment, decision making, freedom of choice, the importance of accountability

2 Understand the importance of a positive, person-centred approach to risk assessment

Person-centred approach to risk assessment: decision-making processes; risk minimisation and preparation; short-term risk, long-term gain; guidance, support and involvement; promoting opportunity; consequences for the individual of a service-focused approach to risk-assessment

Applying a person-centred approach to risk assessment: the five steps to risk assessment – identifying the hazard, deciding who may be harmed and how, evaluating the risks and deciding on precautions, recording findings and implementing them, reviewing assessments and updating if necessary; recognition of hazards; display risks to individuals; implications of a duty of care; evidence of unacceptable risks; acceptable risks; provide objective evidence; factual information to make reasoned decisions on, apply proportionality and reasoning; effective communication

Differences between service-focused and person-centred approaches to risk assessment:

- *service-focused:* needs of the service; resource provision; not person-centric; exclusion; lack of choice; limited development; needs/preferences not met; frustration; boredom
- *person-centred:* specific preferences of the individual; what the individual prefers/needs; focus on individual abilities; self-esteem; skills development

3 Understand the legal and policy framework underpinning an individual with disabilities right to make decisions and take risks

Legislation, national and local policies and guidance supporting decision making and risk taking: Human Rights Act 1998; Mental Capacity Act 2005; Mental Health Act 2007; UN Convention on the Rights of Persons with Disabilities 2008, Deprivation of Liberty Safeguards Amendment 2009; Equality Act 2010; Health and Social Care Act 2012; Care Act 2014; Valuing People Now

How legislation underpins the ability of individuals with disabilities to make decisions and take risks: 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; 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 that are important to an individual

4 Understand the importance of considering with an individual with disabilities the risks associated with the choices they make

Supporting an individual with disabilities to explore the impact of risk taking: monitoring; carers' knowledge and competence; sensory needs affecting awareness of harm; impact of communication difficulties; lack of resources; needs not met; physical ability; cognitive ability; emotional resilience; stress, prejudice, discrimination, socio-economic factors; balancing; advocacy; direct payments; personalised services; person-centred planning, support planning

Recognising own and others' health and safety: risk assessment; level of risk; who might be harmed and how; why individuals with disabilities may be at risk of different forms of abuse, exploitation and harm in different areas of their lives; opportunity; choice; needs; preference; resource availability; supporting individuals to manage potential risk

The influence of own views and experiences on risk management: traditional medical model of disability, the person as an object, restricting, inhibiting, negative; person-centred social model of disability, enabling, empowering, informing, positive; decision-making processes; risk minimisation and preparation; short-term risk, long-term gain; guidance, support and involvement; promoting opportunity; a negative focus: situation avoidance; potential for harm; social and cultural barriers, discrimination, exclusion

Recording risk management: legal requirement; progression; outcomes; continuity; monitoring; accountability; responsibility; individual, collective; confidentiality

5 **Understand the importance of a partnership approach to risk taking**

Implementing a person-centred partnership approach: decreasing the likelihood of abuse by working in a person-centred way; implementing the key values of privacy, dignity, independence, choice, rights and fulfilment; decreasing vulnerability by increasing confidence; promoting empowerment, independence and autonomy; involving individuals in making their own decisions and choices; respectful communication; active listening; main principles that all adults have the right to live their lives free from violence, fear and abuse, the right to be protected from harm and exploitation, the right to independence and the right to justice

Addressing disagreements in relation to risk: balance between health and safety and an individual's human rights and freedoms; concept of 'mental capacity'; rights of the individual to make decisions about own care; tensions between individual choice and keeping safe from harm; conflict between confidentiality and need to share information in the interest of the individual or public safety; advocacy; review of risk assessment; person-centred approach

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

For learning outcome 1, an assignment utilising research carried out or a reflective account could be used to enable learners to explore the important role risk plays in everyday life; explaining why, in the past, people with disabilities may not have been encouraged to take risks and how risk taking and responsibility, empowerment and social inclusion are linked. The assignment/account should give a clear definition of risk, how it occurs in everyday life, historic approaches to risk for individuals with disabilities and the importance of risk taking in the context of the individual rights, responsibility, empowerment and inclusion and the benefits of positive risk taking.

For learning outcome 2, learners will need to demonstrate an understanding of the value of a person-centred approach to risk assessment. Learners might choose to use examples from their work experience in a reflective account or generate their evidence through researching an organisation or through a relevant case study.

For learning outcome 3, learners will need to demonstrate an understanding of the legal and policy frameworks supporting the rights of individuals with disabilities to determine the level of risk they take. A report or reflective account could be used to provide evidence for learning outcome 3 where learners will be required to explore the links between the legal and policy frameworks and risk management; examining the role of rights in making decisions in relation to taking risks. Learners should be encouraged to interact with the concepts as required by the assessment criteria and indicate how this knowledge and understanding impacts on their current work practices or past experience. Learners should then consider how they could potentially use this knowledge and understanding in their job role to inform their practice.

For learning outcomes 4 and 5, learners will need to demonstrate an understanding of the importance of partnership working and making an individual with disabilities aware of the risks associated with the choices they wish to make. A reflective account or a report could be used for AC4.1, AC4.2, AC5.1 and AC5.2 where learners will need to analyse reasons why individuals with disabilities may be more vulnerable to abuse, exploitation or harm and explain how individuals with disabilities can be supported to maintain their own safety. The reflective account or report could include an explanation of the need to collaborate with individuals and of balancing the choices an individual makes with their and others' health and safety, the impact learners' own values and beliefs might have on their work practice and why all decisions made in relation to individuals taking risks must be fully recorded. This would address AC4.3, AC4.4 and AC4.5.

Learners are asked to explore the role a person-centred approach plays in risk taking and methods of addressing areas of conflict that might arise when decisions are being made about risk. Learners might choose to use examples from their workplace or generate their evidence through researching an organisation or through a relevant case.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Barnes C and Mercer G – *Exploring Disability* (Polity Press, 2010)
ISBN 9780745634869

Cameron C – *Disability Studies: A Student's Guide* (SAGE Publications Ltd, 2013)
ISBN 9781446267677

Swain J et al – *Disabling Barriers – Enabling Environments* (SAGE Publications Ltd, 2013) ISBN 9781446258996

Woodward P – *Positive Risk Taking for Individuals with Disabilities: A Care Quality Guide for Health and Social Care Staff and Carers* (Pavilion Publishing (Brighton) Ltd, 2014) ISBN 9781910366059

Journals

Community Care Journal

The British Journal of Learning Disabilities

Websites

www.bihhr.org.uk

The British Institute of Human Rights – aims to increase awareness of human rights

www.bild.org.uk

British Institute of Learning Disabilities

www.disabilityrightsuk.org/how-we-can-help/independent-living

Disability Rights UK – advice on independent living

www.equalityhumanrights.com

The Equality and Human Rights Commission – advice and support about discrimination and human rights

www.hse.gov.uk/disability

The Health and Safety Executive – guidance that will help those employing people with disabilities to understand their health and safety responsibilities

www.mencap.co.uk

Leading organisation for people with learning disabilities

Unit 22: Understand How to Support Individuals with Autistic Spectrum Conditions

Unit reference number: T/601/5317

Level: 3

Credit value: 3

Guided learning hours: 28

Unit introduction

Autism is increasingly recognised as a complex condition, and while many people with autism function adequately or even excel in specific areas, others do not. It is important that those working in care understand something of autistic spectrum conditions so they can work effectively with individuals who may be autistic.

This unit focuses on the effective support of individuals with autistic spectrum disorders. In this unit, you will learn about the main features of autistic spectrum conditions, how these vary between individuals, and how autism is diagnosed. You will also learn how autistic spectrum conditions can affect individuals and those around them and how the attitudes of others can add to the challenges faced by them and their families. You will learn about different explanations of the causes of autism and the debates surrounding interventions and the search for a cure. As part of this unit, you will learn about the legislation and guidance used to ensure effective support for people with autistic spectrum conditions. Finally, you will learn how to communicate effectively with individuals with an autistic spectrum condition, adapting your methods to suit the individual, and understanding the communication difficulties that can lead individuals to behave in ways that others find inappropriate.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the main characteristics of autistic spectrum conditions	1.1 Explain why it is important to recognise that each person on the autistic spectrum has their own individual abilities, needs, strengths, gifts and interests 1.2 Analyse the main diagnostic features of autistic spectrum conditions, commonly known as the 'triad of impairments' 1.3 Explain the meanings of the term 'spectrum' in relation to autism by reference to the notions of sub-conditions and individual variation within the autistic spectrum 1.4 Describe the sensory and perceptual difficulties commonly experienced by individuals with an autistic spectrum condition 1.5 Describe other conditions that may be associated with the autistic spectrum 1.6 Describe how language and intellectual abilities vary between individuals and sub-groups across the spectrum

Learning outcomes	Assessment criteria
<p>2 Understand how autistic spectrum conditions can impact on the lives of individuals and those around them</p>	<p>2.1 Describe ways in which autism can impact on the everyday lives of individuals, their parents/carers and siblings, and others close to them</p> <p>2.2 Explain how autistic spectrum conditions can impact on individuals differently according to factors such as their gender, ethnicity and social, cultural and religious environment</p> <p>2.3 Explain how stereotyped views, discrimination and a lack of understanding of autistic spectrum conditions can compound the difficulties already experienced by individuals and their families</p> <p>2.4 Describe ways of helping an individual and/or their parent/carer/siblings/partner to understand their autistic spectrum condition</p>
<p>3 Understand different theories and concepts about autism</p>	<p>3.1 Explain theories about autism related to:</p> <ul style="list-style-type: none"> • brain function and genetics • psychology <p>3.2 Explain why there are alternative choices of terminology used to describe the autism spectrum</p> <p>3.3 Describe the strengths and limitations of different types of terminology</p> <p>3.4 Explain the contributions of autism rights groups and the implications of their views for the support of individuals with an autistic spectrum condition</p> <p>3.5 Outline controversies concerning the search for cures and interventions for autistic spectrum conditions and for pre-natal diagnosis</p> <p>3.6 Explain why it is important to take into account individual differences in views of what is important in life, and how this might be especially important when supporting individuals on the autistic spectrum</p>

Learning outcomes	Assessment criteria
<p>4 Understand the legal and policy framework that underpins good practice in the support of individuals with autistic spectrum conditions</p>	<p>4.1 Identify what legislation and national and local policy and guidance exists.</p> <p>4.2 Explain what individuals or situations the legislation, national and local policy and guidance applies to</p> <p>4.3 Explain how the ways in which legislation and national and local policy and guidance apply to individuals on the autistic spectrum may differ according to their particular needs</p>
<p>5 Understand how to achieve effective communication with individuals with an autistic spectrum condition</p>	<p>5.1 Give examples of how 'challenging behaviour' can be a way of expressing emotions where there are communication differences</p> <p>5.2 Describe methods and systems used to develop and support an individual's communication</p> <p>5.3 Explain how to maximise the effectiveness of communication by making adaptations to own verbal and non-verbal communication style</p>
<p>6 Understand how to support individuals with an autistic spectrum condition</p>	<p>6.1 Explain why it is important to establish a person-centred plan catering to an individual's specific preferences and needs</p> <p>6.2 Explain why consultation with families/parents/carers is important in person-centred planning and support</p> <p>6.3 Describe different techniques and approaches to support individuals with an autistic spectrum condition to learn and develop new skills</p> <p>6.4 Explain how to reduce sensory overload, or increase sensory stimulation, by making adaptations to the physical and sensory environment</p> <p>6.5 Explain ways of helping an individual with an autistic spectrum condition to protect themselves from harm</p> <p>6.6 Explain how needs change for individuals and their families at different stages of their lives</p> <p>6.7 Describe the role that advocacy can play in the support of individuals with an autistic spectrum condition</p>

Unit content

1 Understand the main characteristics of autistic spectrum conditions

Importance of recognising individual abilities, needs, strengths, gifts and interests: the promotion of choice; autonomy; service delivery; appropriate resources; engaging the individual in appropriate activities; planning; assessment; development; skills; staff competence/training; methods of communication; inclusion

Meaning of the term 'spectrum' in relation to autism: definition of autistic spectrum; autism-wide range of symptoms and their severity; sub-conditions and individual variation, e.g. Asperger syndrome, pervasive developmental disorder (not otherwise specified), atypical autism, semantic-pragmatic disorder, pathological demand avoidance

Main diagnostic features of autistic spectrum conditions: triad of impairments (social and emotional interactions; language and communication; imagination, or flexibility of thought)

Sensory difficulties: hypersensitivity; hyposensitivity; sensory overload

Perceptual difficulties: Gestalt perception; fragmented perception; delayed processing; distorted perception; sensory shutdown; compensation

Other conditions that may be associated with the autistic spectrum: dyslexia; dyspraxia; Asperger syndrome; Tourette syndrome; hyperkinetic disorder; attention deficit hyperactivity disorder (ADHD); disorder of attention, motor coordination and perception; learning disability; epilepsy

How language and intellectual abilities vary across the spectrum: language delay; limited abilities; minor difficulties; support needs range from full support to minimal support; wide range of abilities and difficulties

2 Understand how autistic spectrum conditions can impact on the lives of individuals and those around them

Impact of autism on everyday lives of individuals with autism: difficulties with social communication such as not understanding jokes, finding it hard to make conversation, not reading non-verbal signals; difficulties with social interaction such as finding it hard to make friends, preferring to be alone, unaware of unwritten social rules; difficulties with social imagination such as not realising when they upset someone, not being able to understand or interpret others' feelings, thoughts or emotions

Impact of autism on other individuals: support needs; parents/carers and siblings' roles and responsibilities; effect on individual's parents/carers and siblings' daily lives; privacy; dignity; resources; accommodation; service delivery; funding; stigma; support networks; service availability; resourcing; communication; the environment; staff competence and understanding; needs/wishes/preferences being met

How autistic spectrum conditions can impact on individuals differently: factors such as gender, e.g. more males than females are autistic; ethnicity and social factors such as experiencing double discrimination because of ethnicity and disability; factors in the cultural and religious environment such as the individual with autism refusing to take part in rituals such as accepting food, or singing hymns during sermon, or interrupting people praying

Impact of stereotyping, discrimination and a lack of understanding: access to services/facilities/resources; communication issues; needs not met; assessment not effective; developmental delay; individuals and families may become socially isolated

Enabling an individual and/or their parent/carer/siblings/partner to understand their autistic spectrum condition: e.g. partnership working; advocacy; assessment; inclusion; use of appropriate methods of communication; networking; clear information and guidance; consistency of approach; accessing resources; peer support

3 Understand different theories and concepts about autism

Brain function and genetics: links to medical conditions including fragile X syndrome, congenital rubella syndrome; some children are born with a susceptibility to autism; complications during pregnancy/delivery; environmental factors such as viral infections, metabolic imbalances; exposure to chemicals

Psychology: people with autistic spectrum conditions may think in certain ways that contribute towards their symptoms; specific issues with the development of the brain and nervous system could contribute to the symptoms of autism

Terminology related to the autism spectrum: terminology such as spectrum, high functioning, low functioning, pervasive developmental disorders, used to highlight that there are common features; broad range of abilities; different areas of strength and weakness; generic terms; does not define abilities/strengths; can be seen as stereotyping; treatment/services may not focus on individual needs; can be service-led; specific service provision; accessing treatment/services; easier/more difficult when accessing resources

Role of autism rights groups and implications for the support of individuals: terminology; research; networking; increased opportunities; awareness raising; resources; advice/guidance; support/treatment; best practice; implications such as empowerment, dignity, enabling individuals to have a voice, reduced isolation, increased wellbeing

Issues relating to research on autistic spectrum conditions: promote acceptance; further stigma attached to intervention; identity; risk linked to cures/interventions; allocation of funds/resources

Controversies on cures: alternative therapies such as chelation therapy; non-vaccination; early intensive behavioural intervention; implications of prenatal diagnosis.

Importance of taking into account individual differences: wide variation in autistic spectrum disorders, wide variation in type of support and amount of support required by individuals, personalisation of care and self-directed support, appropriate support, e.g. web based such as Asperger syndrome Meetups, face-to-face support such as circle networks

4 Understand the legal and policy framework that underpins good practice in the support of individuals with autistic spectrum conditions

Legislation and national and local policy and guidance: Human Rights Act 1998; Mental Capacity Act 2005; Mental Health Act 2007; UN Convention on the Rights of Persons with Disabilities 2008, Deprivation of Liberty Safeguards Amendment 2009; Autism Act 2009; Equality Act 2010; Health and Social Care Act 2012; Care Act 2014; Valuing People Now; Think Autism 2014 (built on Fulfilling and Rewarding Lives 2010)

The application of legislation, national and local policy and guidance: capacity; sensory needs; communication ability; age; access to diagnosis/treatment/resources/budgets; strength; diagnosis; access to treatment/services; needs; abilities; sensory needs; mobility; support network; advocacy input; level of communication

Variation according to needs: more support such as advocacy for individuals with autism and other learning disabilities such as support to live independently; individuals with Asperger syndrome may need support to explain their condition to employers and assistance with work related issues; all may need support to live fulfilling lives

5 Understand how to achieve effective communication with individuals with an autistic spectrum condition

Challenging behaviour as a method of communication: frustration at not being able to communicate; unfamiliar situation; change in routine; not wanting to do something; oversensitivity to noise, smells, touch, sight; under-sensitivity so searching for sensory input from pinching or slapping; not feeling well; impatience

Supporting effective communication: language; spatial awareness, touch and body language, use of signs and symbols, technological aids; communication cycle – ideas occur, message coded, message sent, message received, message decoded, message understood; counselling, social stories, comic strip conversations, SPELL (Structure, Positive (approaches and expectations), Empathy, Low arousal, Links), TEACHC (Treatment and Education of Autistic and Communication Handicapped Children)

Adapting own verbal and non-verbal communication style: active listening; facial expressions; eye contact; clarifying; repeating; appropriate language; tone; pace; proximity; addressing misunderstandings

6 Understand how to support individuals with an autistic spectrum condition

Using a person-centred approach to support an individual's specific preferences and needs: personal growth; promoting independence; providing support; control; self-advocacy; self-determination; independence; integration; consistent approach; assessment/review of abilities; partnership working; continuity; build on existing strengths and abilities; recognition of changing needs

Consultation with families/parents/carers in person-centred planning and support: inclusion; input; review; feedback; involvement; acknowledgement of their role; consistency; gathering information; the role of an advocate

Techniques and approaches to support individuals: counselling, social stories, comic strip conversations, SPELL (Structure, Positive (approaches and expectations), Empathy, Low arousal, Links), TEACHH (Treatment and Education of Autistic and Communication Handicapped Children)

Use of adaptations to the physical and sensory environment: reducing sensory overload, e.g. reducing distractions such as noise, visual stimuli; increase sensory stimulation, e.g. focusing on one sense such as listening for sounds, feeling textures with closed eyes

Ways of helping an individual with an autistic spectrum condition to protect themselves from harm: awareness raising; role modelling; alarm system; effective communication; involving individuals in making their own decisions and choices; active listening; risk assessment

Changing needs: needs pre-school, e.g. language skills, school age, e.g. social skills, secondary school, e.g. social and relationship skills or coping with bullying, post school and in employment such as team working

Role of advocacy: in promoting choice, rights and independence, e.g. self-advocacy, peer advocacy, group advocacy, citizen advocacy, professional advocacy, legal advocacy, statutory advocacy, uninstructed advocacy

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

For learning outcome 1 learners could use a reflective account to show their understanding of the main characteristics of autistic spectrum conditions. For AC1.1, using evidence from their background reading, they could give examples of successful individuals with autism to support an explanation of why it is important to recognise that each person on the autistic spectrum has their own individual abilities, needs, strengths, gifts and interests. For AC1.2 they could explain in detail the 'triad of impairments' used to diagnose autistic spectrum disorders, and support this with examples. This could be extended for AC1.3 to include an explanation of the term 'spectrum' in relation to autism. Learners could refer to variations such as Asperger syndrome to explore the various sub-conditions and individual variation within the autistic spectrum. For AC1.4, learners could use anonymised case studies to describe the sensory and perceptual difficulties commonly experienced by individuals with an autistic spectrum condition and, for AC1.5, they could use case studies to describe other associated conditions such as ADHD. For AC1.6, where learners describe how language and intellectual abilities vary between individuals and sub-groups across the spectrum, the same case studies could support their descriptions, for instance Person A may be socially awkward, very intelligent, articulate yet be dyslexic and have Asperger syndrome, Person B may have a hearing impairment, learning difficulties and limited language skills. A minimum of three case studies could be used within this reflective account. Learners could use these case studies within a reflective account for other learning outcomes, where appropriate.

For learning outcome 2, learners could continue their reflective account to show the effect autistic spectrum conditions can have on individuals and others. For AC2.1, learners could use case studies to describe ways in which autism can impact on the everyday lives of individuals, their parents/carers and siblings, and others close to them, giving anonymised examples from practice or from their own reading around the topic. For AC2.2, learners could develop their case studies and explain how autistic spectrum conditions can impact on individuals differently according to factors such as their gender, ethnicity and social, cultural and religious environment. Learners may need to give extra examples to cover the range of factors but, where appropriate, these factors could be drawn out of the principal case studies. For AC2.3, learners could use the case studies to explain how stereotyped views, discrimination and a lack of understanding of autistic spectrum conditions can compound the difficulties already experienced by individuals and their families. Learners could use the same case studies to describe ways of helping an individual and/or their parent/carer/siblings/partner to understand their autistic spectrum condition, for AC2.4. Learners could reflect on the methods they have applied in such situations and whether the methods worked or required some adjustment.

For learning outcome 3, learners could use a reflective account or prepare and deliver a presentation to colleagues to demonstrate their understanding of theories and concepts about autism. It is anticipated that learners will read around the topic to gather relevant material for this. AC3.1 requires learners to explain theories about autism in relation to brain function, genetics and psychology. For AC3.2, learners could explain, with examples, why there are alternative choices of terminology used to describe the autism spectrum and, for AC3.3, they could describe the strengths and limitations of these different types of terminology from the individual's viewpoint. For AC3.4, learners could explain the contributions of autism rights groups and the implications of their views for the support of individuals with an autistic spectrum condition, for example in ensuring education for young people with autism, or Network Autism for professionals with autism. For AC3.5, learners could read around the topic and present information about controversies surrounding the search for cures and interventions for autistic spectrum conditions and for prenatal diagnosis. Learners could explore in detail the risks and benefits of three different interventions and examine the arguments for and against prenatal screening. For AC3.6, learners could explain, with examples, why it is important to take into account individual differences in views of what is important in life, and how this might be especially important when supporting individuals on the autistic spectrum. Reference could be made to the personalisation agenda and to self-directed support.

For learning outcome 4, learners could use a reflective account to show they understand the legal and policy framework that underpins good practice in the support of individuals with autistic spectrum conditions. For AC4.1, learners could identify what legislation and national and local policy and guidance exists, giving the latest versions of policies and legislation and outlining the key points of each. It is likely that Think Autism, the Care Act 2014 and Autism Act statutory guidance would be among those identified. For AC4.2, learners could explain what individuals or situations the legislation, national and local policy and guidance applies to, giving examples to illustrate their points. For AC4.3, learners could explain, with examples, how the application of legislation and national and local policy and guidance may vary according to the particular needs of individuals on the autistic spectrum. Examples could be from practice, from reading around the topic or could link back to case studies used earlier in this unit.

For learning outcome 5, learners could use a reflective account and case studies to show their understanding of how to achieve effective communication with individuals with an autistic spectrum condition. For AC5.1, they could use examples from practice or from their case studies to show how 'challenging behaviour' can be a way of expressing emotions where there are communication differences. For AC5.2, learners could describe methods and systems they have used to develop and support an individual's communication, for example by adjusting the environment to suit the needs of the individual in terms of sensory stimulation, calming an overstimulated individual, or by the use of pace and tone of voice, or by more structured methods such as SPELL (Structure, Positive (approaches and expectations), Empathy, Low arousal, Links) and TEACHH (Treatment and Education of Autistic and Communication Handicapped Children). For AC5.3, learners could give examples of how they maximise the effectiveness of communication by making adaptations to their own verbal and non-verbal communication style.

For learning outcome 6, learners could use a reflective account and case studies to show how to support individuals with an autistic spectrum condition. For AC6.1, learners could give at least three reasons why it is important to establish a person-centred plan that caters to an individual's specific preferences and needs, explaining the benefits of doing so and the drawbacks of not having a person-centred plan. Learners could explain why consultation with families/parents/carers is important in person-centred planning and support, for AC6.2, giving the benefits and possible challenges posed by such consultation. For AC6.3, learners could give examples from practice or from their reading to describe at least three different techniques and approaches to support individuals with an autistic spectrum condition to learn and develop new skills. Techniques could include social stories, comic strip conversations, SPELL, TEACHH. For AC6.4, learners could give at least three different ways to reduce sensory overload, and three different ways to increase sensory stimulation, by making adaptations to the physical and sensory environment, explaining the reasons for doing so. AC6.5 requires an explanation of ways of helping an individual with an autistic spectrum condition to protect themselves from harm. Learners could base this on case studies they have already introduced for this unit, giving at least three examples from a range of ways such as awareness raising; role modelling; alarm system; effective communication; involving individuals in making their own decisions and choices; active listening. Learners could say why each particular method meets the needs of the individual. For AC6.6, learners could expand the case studies to consider how needs change for individuals and their families at different stages of their lives, looking forward to anticipate the changing needs of the people they have studied. For AC6.7, learners could then describe the role that advocacy can play in the support of individuals with an autistic spectrum condition, basing this on the individuals in their case studies and their changing needs, whether for advocacy support for increasing independence or for advocacy in claiming and exercising their rights.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Atherton H L and Crickmore D J – *Learning Disabilities: Towards Inclusion* (Churchill Livingstone, 2011) ISBN 9780702051876

Boucher J – *The Autistic Spectrum: Characteristics, Causes and Practical Issues*, 6th edition (SAGE Publications Ltd, 2008) ISBN 9780761962120

Haddon M – *The Curious Incident of the Dog in the Night-time* (Vintage, 2004) ISBN 9780099450252

Higashida N – *The Reason I Jump: one boy's voice from the silence of autism* (Sceptre, 2014) ISBN 9781444776775

Rivers C – *Autism: Revealed! The Ultimate Information Book (Autism, Autistic Children, Autistic Adults, Autism Spectrum Disorders)* (JR Kindle Publishing, 2014) ASIN B00ICC4F1I

Journals

Autism

British Journal of Learning Disabilities

Community Care

Focus on Autism and Other Developmental Disabilities

Websites

www.advocacymatters.co.uk	Advocacy Matters – advice about providing advocates
www.autism.org.uk	The National Autistic Society – information, support and pioneering services, and campaign for people with autism
www.bild.org.uk	British Institute of Learning Disabilities – advice and support
www.disabilitynow.org.uk	Disability Now – news site offering featured articles, questions and answers and details of disability-related events
www.gov.uk/government/	Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015
journals.rcni.com/journal/ldp	An online resource for professionals working with people with learning disabilities
www.livingautism.co.uk	Living Autism – advice and support
www.scope.org.uk	Support for a variety of conditions such as learning disabilities, autism spectrum disorders, cerebral palsy

Unit 23: Principles of Self-directed Support

Unit reference number: M/601/7048

Level: 3

Credit value: 3

Guided learning hours: 26

Unit introduction

In 2007, driven by the increasing health needs of an ageing population and the need for efficiency, the government published 'Putting People First'. As a result of this, how we support individuals has changed. People are no longer prescribed a one-size fits all service where what is offered may not suit their needs and where services may be wasted. Instead individuals are supported to identify what they need, plan their own care and purchase the required services, using a personal budget. Personalisation means that individuals are required to take some responsibility for their care. This unit is about the support they made need in managing this personalised approach to care.

In this unit, you will learn about the principles, legislation, policy and guidance underpinning self-directed support and how this differs from traditional support; the benefits for individuals and the possible barriers to self-directed support. You will clarify the meaning of terms such as indicative allocation, supported self-assessment, support plan and outcome focused review. You will learn how to guide an individual to direct their own support and develop their own plan, and you will explore the ways people can use their personal budget. You will also learn about outcome focused reviews.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand self-directed support	1.1 Explain the principles underpinning self-directed support and how this differs from traditional support 1.2 Explain the benefits of an individual having self-directed support 1.3 Explain how legislation, policy or guidance underpin self-directed support 1.4 Explain what the following terms mean: <ul style="list-style-type: none"> • indicative allocation • supported self-assessment • support plan • outcome focused review 1.5 Outline the possible barriers to self-directed support
2 Understand how to support an individual to direct their own support and develop their support plan	2.1 Explain how to use person-centred thinking to enable individuals to think about what is important to them, and how they want to be supported 2.2 Explain how individuals can direct their own support if they do not have a personal budget 2.3 Explain how person-centred planning can be used to inform a support plan 2.4 Explain the roles of others who can assist individuals in developing their support plan 2.5 Describe different ways that individuals can develop a support plan 2.6 Describe a range of person-centred thinking tools that can be used to help individuals think about different ways they can spend their personal budget 2.7 Describe what might be included in the costings for a support plan

Learning outcomes	Assessment criteria
<p>3 Understand the different ways that people can use their personal budget</p>	<p>3.1 Explain the different ways that individuals can use their personal budget to buy support</p> <p>3.2 Research innovative ways that individuals can spend their personal budget other than buying social care services</p> <p>3.3 Explain what restrictions may be imposed on personal budgets</p> <p>3.4 Describe the criteria that are used to sign off a support plan</p> <p>3.5 Describe a person-centred approach to risk that ensures that individuals have what is important to them whilst staying healthy and safe</p>
<p>4 Understand the outcome focused review process.</p>	<p>4.1 Explain the process of an outcome focused review.</p> <p>4.2 Explain how to enable someone to prepare for their outcome focused review.</p>

Unit content

1 Understand self-directed support

Principles underpinning self-directed support: personalisation agenda; choice, dignity, independence, empowerment; person at the centre of the planning process

Traditional support: service-led; generalised not individualised; restricted choice, dependence, power with the professionals

Benefits of self-directed support: choice; power; autonomy; based on the individual; control in the hands of the individual; making decisions; focusing on individuals

Impact of legislation, policy or guidance on self-directed support: Care Act 2014; Our health, our care, our say: a new direction for community services, Department of Health (2006); Putting People First (2007); Think Local Act Personal (2011); Personalisation through Person-centred Planning (Department of Health 2010); the 7 essential criteria of support planning; assessment procedure; implementation; monitoring; planning; review; direct payments agreement; duty of care; safeguarding; appointing an authorised person; authorised person agreement; partnership working

Understanding of key terms: indicative allocation, supported self-assessment, support plan, outcome focused review

Barriers to self-directed support: organisational barriers such as local authorities slow to implement self-directed support; professional barriers such as reluctance on the part of professionals to engage with the process; individual barriers such as mental capacity or reluctance to take ownership of the process; issues of control; risks involved; dealing with personal issues; accepting constructive criticism from colleagues, users of the service; conflicting values; setting boundaries; resistance to change/fear of change

2 Understand how to support an individual to direct their own support and develop their support plan

Person-centred thinking: helping the person think about what they need, putting the individual at the centre of the process

If individuals do not have a personal budget: alternative forms of support such as third sector volunteers; private finance such as to employ private help; using local authority provision and identifying which local services they would need, e.g. whether they need a carer to put them to bed

How person-centred planning can be used to inform a support plan: defining roles and responsibilities; matching staff to individual users of the service; identifying actions; identifying and managing risks; involving significant others in the planning process; self-directed support

Others who can assist individuals in developing a support plan: family; carers; friends; practitioners; social workers; advocate; interpreter services

Ways of developing a support plan: use of appropriate thinking tools; acting as facilitator to establish required support; importance of positive communication; listening skills; individual at the centre of the process; enabling self-directed support; use of relationship circles; recording plans and identified actions; following up identified actions

Person-centred thinking tools: important to/for (recorded as a one-page profile); the doughnut sort; matching staff; relationship circles; circles of support; communication charts; learning logs; four plus 1 questions; decision-making agreements; presence to contributions; dreaming; citizenship tool; working/not working; good day/bad day; Making Action Plans (MAPs); Planning Alternative Futures (PATH)

Costing a support plan: costs may include brokerage, cost of support needed, length of support needed; funding streams; personal budget

3 Understand the different ways that people can use their personal budget

Using personal budgets: services are directly commissioned and/or managed by the local authority/Northern Ireland health and social care trust; third-party managed accounts (usually an SPO); a direct payment held and managed by the personal budget holder; a mixture of these options; used to buy services/equipment the individual has identified they need; help with cleaning or laundry; employing a personal assistant; respite/short-term stay in a residential setting; to fund a day care service place or daytime activities; payment for a translator or communicator; aids and adaptations in the home; innovative ways such as purchasing a computer, buying a bike, gym membership

Restrictions on the use of personal budgets: minimum requirements are that the public money is spent on goods or services that are legal, and which meet the customer's needs

Criteria used to sign off a support plan: agreed objectives; inclusion of individual; management; monitoring; review; use of budget; identification of how needs will be met

Person-centred approach to risk: identification of level of risk; responsibility balancing; advocacy; direct payments; personalised services; person-centred planning, support planning; decision making processes; risk minimisation and preparation; short-term risk, long-term gain; guidance, support and involvement; promoting opportunity

4 Understand the outcome focused review process

The process of an outcome focused review: based on social model of disability; focus on achievement of personal goals such as walking to the shop, getting a job; purpose is to review progress in using a personal budget to achieve the outcomes set out in the person's support plan; share learning about what has been tried and worked or not worked; identify next steps to achieve these goals; update the support plan; make clear if the person's support needs have changed, and help the council to check if the person is still eligible for social care; process involves a visit by the care manager or reviewing officer, review of outcomes organised in categories such as 1) community life: leisure, learning and work, 2) managing money, 3) family and relationships, 4) choices and changes, 5) living safely and taking risks, 6) health and wellbeing, 7) everyday tasks; use of performance indicators such as progress towards three most important personal goals; key question of whether the way they have spent the money has helped them achieve their personal goals fully, partly or not at all; follow-up action, e.g. reassessment required, or safeguarding issues; wider use of results to inform commissioning, to check effectiveness of self-directed support

Preparation for an outcome focused review: information about the process of the review, encourage individual to talk to carers and think about their progress or lack of progress on the top three personal goals and their progress in categories before the review, encourage individuals to consider why progress has been achieved or delayed and how delayed progress can be improved, encourage individuals to identify further goals, encourage individuals to make notes prior to the review

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

For learning outcome 1, learners could use a reflective account to show their understanding of self-directed support. For AC1.1, learners could explain key principles guiding self-directed support, identifying differences between this and traditional support. For AC1.2, learners could use examples from work practice to highlight the benefits of self-directed support and, for AC1.3, explain how legislation, policy or guidance underpins self-directed support. Learners could give examples of one piece of legislation, one policy and one example of guidance to support their account. For AC1.4, learners could explain the concepts of indicative allocation, supported self-assessment, support plan and outcome focused review, giving examples. Finally, for AC1.5, learners could identify three different barriers to self-directed support. Examples from research or from practice would be useful in supporting the reflective account.

Learning outcome 2, could be evidenced in a professional discussion supported by anonymised examples. For AC2.1, learners could use a case study to explain how to use person-centred thinking to enable individuals to think about what is important to them, and how they want to be supported. The case study could be used to provide evidence for AC2.2 to AC2.5. Learners could use a planning form to support their discussion for AC2.7 and, for AC2.6, they could use a selection of person-centred thinking tools and explain their use.

For learning outcome 3, learners could use the research from learning outcome 2 as a starting point and go on to explore ways in which individuals can and cannot use their personal budget to meet their support needs, for AC3.1 and AC3.3. Evidence could be in the form of a presentation for colleagues or a reflective account. For AC3.2, learners could research three examples of the innovative use of personal budgets, and explain how they help individuals. For AC3.4, learners could give examples and describe the criteria that are used to sign off a support plan, using professional discussion. As part of their reflective account learners could use examples to describe a person-centred approach to risk that ensures that individuals have what is important to them whilst staying healthy and safe, for AC3.5. Learners should explain how any risks are addressed in a person-centred manner to support choice but minimise risk.

For learning outcome 4, learners will need to demonstrate an understanding of the concepts involved in the outcome focused review process, including the support needed to prepare for the review. An assignment, professional discussion or reflective account could be used to enable learners to explain the concepts in practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Glasby J – *Direct payments and personal budgets: Putting Personalisation into Practice* (Policy Press, 2009) ISBN 9781847423177

Greaves I – *Disability Rights Handbook Edition 40 – 2015–16 (Disability Rights UK, 2015)* ISBN 9781903335680

Pearson C – *Direct Payments and Personalisation of Care (Policy and Practice in Health and Social Care Series)* (Dunedin Academic Press, 2006) ISBN 9781903765623

Journal

Community Care

Websites

researchbriefings.files.parliament.uk

Jarrett T – *Social care: Direct Payments from a local authority (England) Briefing paper Number 03735, 20 May 2015*

www.ageuk.org.uk

Self-directed support: making care personalised

Factsheet 41: Social care assessment, eligibility and care planning (August 2015)

Factsheet 24: Personal budgets and direct payments in adult social care August 2015

www.communitycare.co.uk

Personalisation briefing 2008/08/07

www.cpa.org.uk

Centre for Policy in Ageing – independent charity promoting the interests of older people through research, policy analysis and the dissemination of information

Our health, our care, our say: a new direction for community services Department of Health 2006

Putting People First: A shared vision and commitment to the transformation of Adult Social Care published by Department of Health 2007

The Personalisation Agenda, Direct Payments and Individual Budgets 2015

www.disabilityrightsuk.org	Disability Rights UK– advice and guidance about direct payments and independent living
www.gov.uk/government/publications	Care Act 2014 part 1 factsheets/Factsheet 4 Personalising Care And Support Planning Also application information about direct payments
www.nao.org.uk	National Audit Office report, 2011 Users of Social Care Personal Budgets Ipsos MORI report for the National Audit Office study on the Department of Health’s regulatory oversight of care markets
www.nhs.uk	NHS Choices – information about eligibility and direct payments
www.penderelstrust.org.uk	Charity providing advice on planning care such as Sheffield Support Planning and Brokerage
www.thinklocalactpersonal.org.uk	National partnership of more than 50 organisations, including the NHS, committed to transforming health and care through personalisation and community-based support Think Local Act Personal At a glance 10: Personalisation briefing: Implications for carers Personalisation through Person-centred Planning DH Outcome-focused reviews: A practical guide (updated 2011)

Unit 24: Understand How to Manage a Team

Unit reference number: D/602/3170

Level: 4

Credit value: 3

Guided learning hours: 20

Unit introduction

An effective team is one where there is a positive and supportive culture. Within health and social care and children and young people's setting it is an expectation that the team has a shared vision to meet the agreed objectives.

In this unit, you will gain the knowledge and understanding to manage team performance and development. You will analyse conflict and its effect on team performance, as well as review approaches to practice to support a shared purpose within a team.

By comparing models and stages of team development you will be expected to identify the links within your own role and how you show support to others to participate in team development, to overcome barriers and establish trust and accountability within a team. You will learn how team working means taking responsibility for your own work as well as respecting and supporting the work of your colleagues.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the attributes of effective team performance	1.1 Define the key features of effective team performance 1.2 Compare the models used to link individual roles and development with team performance
2 Know how to support team development	2.1 Analyse the stages of team development 2.2 Identify barriers to success and how these can be overcome 2.3 Analyse the effect group norms may have on team development 2.4 Differentiate between beneficial conflict and destructive conflict in teams 2.5 Evaluate methods of dealing with conflict within a team 2.6 Compare methods of developing and establishing trust and accountability within a team
3 Know how to promote shared purpose within a team	3.1 Evaluate ways of promoting a shared vision within a team 3.2 Review approaches that encourage sharing of skills and knowledge between team members
4 Know how to promote a 'no-blame culture' within a team	4.1 Define the meaning of a 'no blame culture' 4.2 Evaluate the benefits of a 'no blame culture' 4.3 Describe how systems and processes can be used to support a no blame culture 4.4 Describe strategies for managing risks associated with a no blame culture
5 Understand different styles of leadership and management	5.1 Compare different styles of leadership and management 5.2 Reflect on adjustments to own leadership and management style that may be required in different circumstances

Unit content

1 Understand the attributes of effective team performance

Aspects of team performance: Syer and Connolly cycle of developing teamworking skills; Tuckman's team dynamics; induction; retention of staff; Belbin's team roles; allocation of workloads; GROW model; coaching; Parslow and Wray; Clutterbuck and Megginson; clear goals; structure; skilled workforce; quality assurance; strong leadership; motivation; resources

2 Know how to support team development

Management theorists: Tuckman (forming, storming, norming, performing and adjourning); Leigh and Maynard (starting, sorting, stabilising, striving, succeeding, stopping)

Barriers and conflict in team development: communication; planning; training; skills; experience; budgets; changes in the workplace, e.g. management, management styles, roles and responsibilities, policies and procedures, work environment; personality traits; rivalry; personality clash; workloads; beneficial conflict (creates discussion, activates, goals, achieve targets); destructive conflict (creates tension, negative environment, effects productivity, goals, targets)

Methods of dealing with conflict: management styles, e.g. Thomas and Kilmann, Rahim; addressing conflict; gathering and sharing information; listening to team members; agreeing problems; reaching consensus; building trust

Trust and accountability: use of supervision; team meetings; shared goals; delegation and allocation of roles and responsibilities; analysing methods used, e.g. comparing outcomes to objectives/goals

3 Know how to promote shared purpose within a team

Promoting a shared vision: shared methods of working; communication; values and beliefs; closer working methods between organisations and departments; valuing contribution from others; inclusive practice; sharing of information; listening to others; making sure the team works to a common goal/objective

Systems and processes: shared records; team meetings; supervision and appraisals; staff training

4 Know how to promote a 'no-blame culture' within a team

No blame culture and the benefits: recognition of a blame culture; acknowledgement of a problem; review and reflect; open discussion; listening support; enables learning; reflection; mediation; introduce policy and procedure; joint approach; resolve rather than blame; support the emotional health of individuals

Systems and strategies for supporting no blame culture: procedures in the work setting are communication procedures; line of management and accountability; recording policies and procedures; quality assurance; incentives; risk assessments

5 Understand different styles of leadership and management

Styles of leadership and management: autocratic; democratic; laissez-faire; classic; trans-functional; participative

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

The following are specific assessment guidance for this unit.

Models may include:

- team development activities
- induction into a new team.

Approaches may include groups such as quality circles.

For learning outcome 1, learners will be required to complete research on the theories and models of team development and team working. Findings could be recorded through a professional discussion, an assignment or from a question and answer session. A reflective account may be used to link the comparisons of the findings to team performance and own roles within a team.

For learning outcomes 2 and 3, learners could prepare a presentation for colleagues. The presentation could include an analysis of the key stages of team development using, for example, Tuckman's model. Learners should then explore barriers, conflicts and group norms impacting on successful team development, facilitating the establishment of trust, accountability, the sharing of skills and knowledge and a shared vision. Learners could use examples from work practice to illustrate key points.

Finally, the presentation should address conflict, how it can be beneficial and destructive and ways of addressing conflict.

Learning outcome 4 explores a 'no-blame culture', which is vital when establishing an effective team. Learners could use a case study, or workplace examples, to demonstrate the meaning of a no-blame culture, the positive aspects of this and how organisations can promote and manage this, and associated risks.

For learning outcome 5, learners are asked to make comparisons, therefore they need to provide evidence of research on styles of leadership and management, which could be presented in report format. This report could inform a reflective account identifying any changes to learners' leadership and management style that would be needed in different situations. This could be linked to the issues explored in learning outcomes 2, 3 or 4. This may be shown through a reflective account, assignment or professional discussion.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J, Langridge E, Morgan B, Platts R, Rowe J and Scragg T – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012)
ISBN 9781408518106

Liraz M – *How to Improve Your Leadership and Management Skills – Effective Strategies for Business Managers* (Liraz Publishing, 2013, Kindle edition)
ASIN B00EA0Q3PW

Thomas A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heineman, 2008) ISBN 9780435500207

Websites

www.businessballs.com	Learning and development resource for people and organizations
www.teambuilding.co.uk	Event management
www.belbin.com	Resources on Team Role theory and management courses

Unit 25: Understanding Professional Supervision Practice

Unit reference number: H/602/3185

Level: 4

Credit value: 3

Guided learning hours: 22

Unit introduction

Supervision is a legal and regulatory requirement of health and social care and children and young people's settings. This unit covers theories relating to supervision, the purpose and processes of professional supervision together with performance management and methods of managing and addressing conflict. You will show evidence of understanding to support the development of good practice within supervision, which will enhance the experience of the child, young person or adult and contribute to the improvement of quality and safety within the setting. Your role and responsibilities as a supervisor will enable you to demonstrate work practices in supporting others within the organisation's cycle of performance management. You will learn about models of supervision and analyse and evaluate which model meets the needs of your practice and development needs. In this unit you will also explore how legislation, codes of practice, policies and procedures influence the supervision process, informing current and safe practice.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the purpose of supervision	1.1 Evaluate theoretical approaches to professional supervision 1.2 Analyse how the requirements of legislation, codes of practice, policies and procedures impact on professional supervision
2 Understand how the principles of supervision can be used to inform performance management	2.1 Explain key principles of effective professional supervision 2.2 Analyse the importance of managing performance in relation to: <ul style="list-style-type: none"> • governance • safeguarding • key learning from critical reviews and inquiries
3 Understand how to support individuals through professional supervision	3.1 Analyse the concept of anti-oppressive practice in professional supervision 3.2 Explain methods to assist individuals to deal with challenging situations 3.3 Explain how conflict may arise within professional supervision 3.4 Describe how conflict can be managed within professional supervision

Learning outcomes	Assessment criteria
<p>4 Understand how professional supervision supports performance</p>	<p>4.1 Explain the responsibility of the supervisor in setting clear targets and performance indicators</p> <p>4.2 Explain the performance management cycle</p> <p>4.3 Compare methods that can be used to measure performance</p> <p>4.4 Describe the indicators of poor performance</p> <p>4.5 Explain how constructive feedback can be used to improve performance</p> <p>4.6 Evaluate the use of performance management towards the achievement of objectives</p>

Unit content

1 Understand the purpose of supervision

Theories and models of supervision: Carl Rogers, client centred; Kadushin, agency model; Erskin's developmental model; Proctors's interactive model; orientation-specific model; supervisory alliance model; discrimination model

Requirements of legislation, codes of practice, policies and procedures: the requirement for supervision to be carried out; roles and responsibilities; regularity; planning; recording; aims and outcomes; confidentiality; safeguarding

2 Understand how the principles of supervision can be used to inform performance management

Key principles: receive guidance in role and responsibility; realise expectations of role and responsibility; receive recognition of good practice; gain support and constructive advice for poor work; support for gaining greater responsibility; encouragement for continuous professional development; share work experiences; discuss issues, pressures, stress in the workplace

Influences on performance management: governance, agreed ways of working; duty of care; communication; collaboration

Safeguarding: roles and responsibilities; reporting; recording; vigilance; currency of knowledge; safe practice

Critical reviews and inquiries: implementation of recommendations; impact on staff competence and knowledge, training needs; ways of working; partnership working; duty of care; reflective practice; mentoring; monitoring and review of practice

3 Understand how to support individuals through professional supervision

Concept of anti-oppressive practice in supervision: understand the impact of diverse needs on the experiences and outcomes for individuals receiving supervision; awareness of the Equality Act 2010; apply the principles of anti-discriminatory and anti-oppressive practice, including a sound understanding of cultural competence.; understand and identify the power relationships and dynamics involved in work practice, including the impact of diversity on those relationships; recognise risk factors and how these interact with the concept of cultural sensitivity; reflect on and identify further learning or development needs

Assist individuals to deal with challenging situations: direct to policy and procedures; access to training; understanding positive strategies; listening; encourage reflection

Areas of conflict: task-based conflict, e.g. when a person relies on someone else's cooperation, disagreement in approaches to work; team members who have to deal with different leaders with different approaches throughout a day; lack of clarity of role and responsibility; unfair distribution of work; poor communication; relationship-based conflict, e.g. clash of personality, differences in principles and values

Conflict resolution: confidentiality; perspective; constructive conversation; committing to improvements; negotiation; mediation; diplomacy, empathy; assertiveness; change; track

4 Understand how professional supervision supports performance

Professional supervision responsibilities: to agreed ways of working; recording; confidentiality; areas for development; key issues; positive feedback; planning and preparation; constructive approach

Set work objectives with team members based on agreed team objectives: e.g. based on learning needs and staff development; through supervision and appraisals; comparing skills and requirements; setting SMART objectives (specific, measurable, achievable, realistic, time-bound)

Performance cycle: plan; develop; perform; review

Performance management: monitoring and indicators of performance levels to include supervision, observations, reviews, interview, client feedback, recording processes, deadlines, cost, quality, quantity; objectives set are consistent with roles and responsibility, organisational aims and objective; clearly expressed; SMART

Indicators of poor performance: poor/unsafe work practice; lack of teamwork; reliance on others to carry out role/tasks; time off work; ineffective communication; conflict; unwillingness to participate in training/tasks

Evaluation approaches: feedback within supervision as part of process; anonymous questionnaire; adapt approach to supervision based on feedback

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Throughout all the learning outcomes in this unit learners are asked to analyse, explain and evaluate. There will be an expectation of reading and research of theories and models of professional supervision. This unit may be evidenced through the preparation of a training resource or assignment. Work products such as supervision records and organisational policy and procedure may be used to support and consolidate knowledge and understanding of supervision practice. Reflective accounts, professional discussion and question and answers are other appropriate methods of assessment to evidence this unit.

Learning outcome 1 introduces the role and importance of supervision. Learners could prepare a training resource for staff that explores supervision and what underpins its implementation. The resource should include theoretical approaches to supervision and the impact legislation, codes of practice, policies and procedures have on supervision, for example the process and regularity of supervision.

Learning outcome 2 has a focus on performance management and how supervision supports this. The resource could include details of the process of supervision and work products could be used to illustrate key areas. In addition, learners should provide an analysis of how performance is managed in relation to governance, safeguarding and key learning from critical reviews and inquiries, for example the identification of areas for development.

Learning outcome 3 explores the actual implementation of supervision and methods of supporting staff effectively. The training resource could continue on to include how to ensure anti-oppressive practice is demonstrated during the supervision process, and how this can be done. Often supervisees bring areas of concern to supervision for discussion and learners are asked to identify how staff can be supported to address these, and to express how areas of conflict can be managed.

Adding to the resource, learning outcome 4 addresses how supervision actually support performance. Learners should include how supervisors can set agreed targets and performance indicators in order to inform the performance management cycle. Examples of ways of measuring performance should be presented, indicating how these can support performance development, as should examples of poor performance supervisors should be aware of. Constructive feedback is key and the resource should include examples of this and the effect it can have on performance.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin PJ, Langridge E, Morgan B, Platts R, Rowe J, Scragg T – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012)

ISBN 9781408518106

Gray L and Field R – *Effective Leadership, Management and Supervision in Health and Social Care (Post-Qualifying Social Work Practice)* (Learning Matters, 2010)

ISBN 9781844451814

Liraz M – *How to Improve Your Leadership and Management Skills – Effective Strategies for Business Managers* [Kindle Edition] (Liraz Publishing, 2013)

ASIN B00EA0Q3PW

Thomas A and Walton A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heinemann, 2008) ISBN 9780435500207

Websites

www.scie.org.uk

Putting effective supervision into practice: Sector expectations regarding supervision

www.scie.org.uk/publications

SCIE Research briefing 43: Effective supervision in social work and social care, 2012

www.skillsforcare.org.uk

Skills for Care – guidance on supervision and standards

Unit 26: Understand Professional Management and Leadership in Health and Social Care or Children and Young People's Settings

Unit reference number: F/504/2218

Level: 5

Credit value: 6

Guided learning hours: 50

Unit introduction

Professional management and leadership is vital in the efficacy and success of health and social care or children and young people's settings, and requires an understanding of a variety of skills, from enhancing performance in staff and team members, to meeting agreed objectives that satisfy the needs of practitioners and individuals within those settings.

This unit will support your learning in the interdependencies between leadership and management. You will explore the management of processes and systems related to meeting organisational aims and objectives and how to recognise your personal style and preferred model in leading a team. You will compare methods on how to address conflict within a team. Conflict is not uncommon but when resolved effectively can result in the team becoming stronger and more productive as the team works towards the same goals. You will gain knowledge and understanding of how to use your skills to become an effective manager and an effective leader.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand theories of management and leadership and their application to health and social care or children and young people's settings</p>	<p>1.1 Research theories of management and leadership</p> <p>1.2 Analyse how theoretical models of management and leadership can be applied to a range of situations in a work setting</p> <p>1.3 Analyse how the values and cultural context of an organisation influence the application of management and leadership models</p>
<p>2 Understand the relationship between professional management and leadership</p>	<p>2.1 Evaluate the interdependencies between leadership and management</p> <p>2.2 Analyse the conflicts between the application of management and leadership models</p> <p>2.3 Describe how conflicts between management and leadership models can be addressed</p>
<p>3 Understand the skills of professional management and leadership in health and social care or children and young people's settings</p>	<p>3.1 Analyse the skills required to be an:</p> <ul style="list-style-type: none"> • effective manager • effective leader <p>3.2 Explain why managers in health and social care or children and young people's settings need both management and leadership skills</p> <p>3.3 Analyse how leadership skills can influence the values of an organisation</p> <p>3.4 Explain why leadership styles may need to be adapted to manage different situations</p>
<p>4 Understand the impact of policy drivers on professional management and leadership in health and social care or children and young people's services</p>	<p>4.1 Identify factors that influence policy drivers</p> <p>4.2 Analyse emerging themes and trends that impact on management and leadership of health and social care and children or young people's services</p>

Unit content

1 Understand theories of management and leadership and their application to health and social care or children and young people's settings

Leadership and management: perspectives on leadership, e.g. influencing others, having followers; definitions of management, e.g. planning, organising, coordinating, controlling; differences between management and leadership in terms of behaviours e.g. Adair, Bennis, Covey, Drucker

Theories: universal theories, e.g. transformational leadership, transactional leadership (Bennis, Bass), charismatic leadership (Weber, Conger and Kanungo); contingency theory, e.g. Fiedler; situational theories, e.g. Hersey and Blanchard, Vroom and Yetton; emotional leadership styles, e.g. Goleman's six styles, Hay and McBer's Emotional Competence Inventory, Dulewicz and Higgs Leadership

Organisational culture: classification of organisational culture, e.g. power culture, role culture, task culture, person culture; cultural norms and symbols; values and beliefs; development of organisational culture, cultural issues

2 Understand the relationship between professional management and leadership

Links between leadership and management: knowledge of when to lead and when to manage; levels of communication; roles/responsibilities; influence; delegation; motivation; competence; knowledge

Conflict resolution: boundary management; risk assessment; knowledge of issues; implementation of appropriate models/theories

Models and styles of leadership and management: Continuum of Leadership Manager-Non-Manager Behaviour (Tannenbaum and Schmidt, 1973); leadership styles, e.g. authoritarian, democratic and laissez-faire; functional approach; situational approach; Fiedler's Contingency Model; Thomas and Kilman; Rahim

3 Understand the skills of professional management and leadership in health and social care or children and young people's settings

Management skills: clear communication skills; communicate effectively with people at all levels; organisational qualities; development of systems and procedures; development of team members

Leadership skills: setting direction; influencing others; motivational skills; effective communication; listening to others; trust to delegate; ability to inspire trust

Influence on organisational values: ambition; competency; individuality; equality; service; responsibility; accuracy; respect; diversity; improvement; enjoyment/fun; loyalty; credibility; honesty; teamwork; quality; challenge; influence; learning; compassion; friendliness; discipline/order; generosity; persistency; optimism; dependability; flexibility

4 Understand the impact of policy drivers on professional management and leadership in health and social care or children and young people's services

Emerging themes and trends: Department of Health; recognition of guidance to promote health and wellbeing; Youth Justice Board (YJB), national standards for youth offending teams (YOT); Royal College of Paediatrics and Child Health (RCPCH), healthcare standards for children and young people in secure settings; Department for Education (DfE) Standards – in secure children's homes (SCHs); NICE

Factors that influence policy and practice: recognition of guidance to promote health and wellbeing; significant failings; national enquiries; service user complaints, feedback; surveys; health trials

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

For learning outcomes 1 and 2, learners will need to carry out research into the theories and models of management and leadership, and their implementation in health and social care or children and young people's settings. Utilising the most appropriate theory or model is imperative for effective team performance and learners should include the interdependencies that exists between leadership and management. Findings from this research may be recorded through professional discussion, assignment or question and answers.

Learners could use case study material or examples from own work setting to examine the application of theoretical models of management and leadership in certain situations and how conflicts that may exist can be addressed, exploring the impact the values and cultural context have on the application of the identified management and leadership models. A reflective account could be used to link the comparisons of the findings to own roles within the team's performance.

For learning outcome 3, learners are asked to analyse the differences between the skills required of a manager and those required by a leader. This could be evidenced through a reflective account, professional discussion, assignment or a question and answer session. The evidence should explore why managers may be required to have both management and leadership skills and how leadership skills can impact on organisational values. Evidence should also address reasons why leadership styles may need to be flexible when managing different issues, for example safeguarding or conflict.

Finally, for learning outcome 4, learners could research and analyse recent and current trends and policy drivers that impact on management and leadership roles, for example inquiries or investigations into practice in the sector. This evidence can be included in the reflective account, professional discussion, assignment or a question and answer session.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Adair J – *The Inspirational Leader: How to Motivate, Encourage and Achieve Success* (Kogan Page, 2009) ISBN 9780749454784

Calpin PJ et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Gold G, Thorpe R, Mumford A – *Leadership and Management Development* (Chartered Institute of Personnel and Development, 2010) ISBN 9781843982449

Liraz M – *How to Improve Your Leadership and Management Skills – Effective Strategies for Business Managers* (Liraz Publishing, 2013, Kindle Edition)
ASIN B00EA0Q3PW

Mullins L J – *Management and Organisational Behaviour* (FT Publishing International, 2013) ISBN 9780273792642

Thomas A and Walton A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heinemann, 2008) ISBN 9780435500207

Websites

www.businessballs.com Free ethical learning and development resource for people and organisations

www.leadershipnow.com Online resource for articles and blogs on leadership challenges

Unit 27: Awareness of the Mental Capacity Act 2005

Unit reference number: L/504/8409

Level: 3

Credit value: 3

Guided learning hours: 28

Unit introduction

For those who work in people-centred support roles, it is vital to know how to manage difficult behaviour especially when individuals may be confused, withdrawn or aggressive. Knowing what can be done to protect people who may not be able to make their own decisions, knowing how these situations can be legally managed, and knowing what guidance exists gives confidence and ensures safe practice.

In this unit, you will learn how it is decided whether someone has capacity, what processes must be followed, when restraint is appropriate and when it is lawful for people to be deprived of their basic human right to liberty. Restraint and deprivation of liberty are serious matters. It is essential that anyone involved in supporting vulnerable adults is aware of the Mental Capacity Act 2005 and Mental Capacity Act 2005 Code of Practice so that they work within the law that protects both the worker and those they support.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the importance of the Mental Capacity Act 2005	1.1 Explain why legislation is necessary to protect the rights of individuals who may lack the capacity to make decisions for themselves 1.2 Describe the factors which may lead to an individual lacking the capacity to make a particular decision for themselves 1.3 Explain how the Mental Capacity Act 2005: <ul style="list-style-type: none">• empowers people to make decisions for themselves• protects people who lack capacity by placing them at the heart of the decision making process 1.4 Describe why effective communication is important when working with a person who may lack capacity to make a particular decision for themselves

Learning outcomes	Assessment criteria
<p>2 Understand the key elements of the Mental Capacity Act 2005</p>	<p>2.1 Define the five statutory principles included in the Mental Capacity Act 2005</p> <p>2.2 Describe when a worker must comply with the Mental Capacity Act 2005</p> <p>2.3 Explain how the Mental Capacity Act 2005 gives legal protection to workers providing care and treatment for someone who lacks capacity</p> <p>2.4 Explain 'capacity' as defined in the Mental Capacity Act 2005</p> <p>2.5 Explain 'best interests' as defined in the Mental Capacity Act 2005</p> <p>2.6 Explain what actions needs to be taken to ensure a worker acts in an individual's 'best interests'</p> <p>2.7 Identify whose responsibility it is to assess 'capacity' and 'best interests'</p> <p>2.8 Identify the type of 'day to day' decisions a worker may find themselves making on behalf of a person who lacks capacity to make those decisions themselves</p> <p>2.9 Explain the circumstances when an Independent Mental Capacity Advocate (IMCA) should be appointed</p> <p>2.10 Explain how the Mental Capacity Act 2005 can assist a person to 'plan ahead' for a time when they may not have capacity to make certain decisions</p>

Learning outcomes	Assessment criteria
<p>3 Understand 'restraint' as defined in the s6(4) Mental Capacity Act 2005</p>	<p>3.1 Identify the range of actions that amount to restraint</p> <p>3.2 Identify the factors which make restraint lawful under the Mental Capacity Act 2005</p> <p>3.3 Describe the circumstances where the restrictions or restraint being used amount to a person being 'deprived of their liberty'</p> <p>3.4 Describe the actions that are necessary to ensure that a person is lawfully 'deprived of their liberty'</p> <p>3.5 Explain why a worker should raise their concerns with their supervisor/manager when they think a person may be being 'deprived of their liberty'</p>
<p>4 Understand the importance of complying with the Mental Capacity Act 2005 Code of Practice when working with individuals who lack capacity</p>	<p>4.1 Explain the legal status of the Mental Capacity Act 2005, Code of Practice</p> <p>4.2 Explain the purpose of the Mental Capacity Act 2005, Code of Practice</p> <p>4.3 Explain how the Mental Capacity Act 2005 Code of Practice effects the day to day activities of a worker when making decisions for individuals who lack the capacity to make those decisions for themselves</p>

Unit content

1 Understand the importance of the Mental Capacity Act 2005

Reasons for legislation: protection from abuse, maintaining human rights, prevention of harm

Factors: functional impairment in mind or brain, functional disturbance in mind or brain; permanent, temporary

Empowerment: choice, control

Communication: verbal in appropriate language, e.g. own language, simplified language; non-verbal, e.g. sign language; other means, e.g. communication boards; effective communication, understand information, retain information, communicate wishes

2 Understand the key elements of the Mental Capacity Act 2005

Statutory principles: assume capacity unless established otherwise; all practicable steps tried first without success before assuming incapacity; freedom to make unwise decisions; acts and decisions in best interests of person; explore alternatives to achieve purpose that do not restrict person's rights and freedom of action

Legal compliance: those required to comply with the Mental Capacity Act 2005 including family carers, other carers and everyone who looks after someone who lacks capacity; those legally required to comply with the Mental Capacity Act 2005 and also follow the Code of Practice: an attorney under a lasting power of attorney (LPA), deputy appointed by the new Court of Protection, Independent Mental Capacity Advocates, those carrying out research approved in accordance with the Act; professionals acting in their official role (doctors, dentists, nurses, therapists, radiologists, paramedics), social care staff (social workers, care managers), others such as ambulance crew, housing workers, or police officers; people who are being paid for acts for or in relation to a person who lacks capacity, including care assistants in a care home, care workers in domiciliary care services, contractors providing a service to people who lack capacity

Capacity: determined by two stage test, stage 1 – proof of impairment that affects the way their mind or brain works, e.g. physical or medical conditions that cause confusion, drowsiness or loss of consciousness; stage 2 – whether the person is able to make a specific decision when required by understanding and retaining relevant information, using that information to make a decision and communicating their decision (by any means); assessment of capacity by person directly concerned with the individual at the time the decision needs to be made, e.g. care worker assessing if the person can agree to being fed

Legal protection: protection from liability; limitations to this protection, e.g. unlawful deprivation of liberty or disproportionate restraint

Best interests: unbiased comprehensive assessment of all relevant circumstances including the person's past and present feelings, any relevant written statement made by them when they had capacity, such as advance decisions, their beliefs and values and the views of anyone named by the person as someone to be consulted on the matter; in decisions concerning life-sustaining treatment not be motivated by a desire to bring about the person's death; likelihood and time of future capacity; encourage the person to participate, or improve their ability to participate; assessment by persons to

include family, carers, care workers, healthcare and social care staff, attorneys appointed under a lasting power of attorney or registered enduring power of attorney, deputies appointed by the court to make decisions on behalf of someone who lacks capacity, and the Court of Protection; all aspects of financial, personal welfare and healthcare

Role of Independent Mental Capacity Advocate (IMCA): for people lacking capacity who have no-one else to support them, other than paid staff, in situations such as when the NHS proposes serious medical treatment; NHS or local authority propose arranging accommodation (or a change of accommodation) in hospital or a care home, for hospital stays longer than 28 days, or in a care home for more than eight weeks

Planning ahead: role of lasting power of attorney; role of enduring power of attorney; role of attorneys (duties and responsibilities, standards required), measures for dealing with attorneys who do not meet appropriate standards

3 **Understand 'restraint' as defined in the s6 (4) Mental Capacity Act 2005**

Restraint: use of or threat of force to secure the doing of an act which the person resists, restriction of person's liberty of movement, whether or not the person is resisting

Lawful restraint: protection from harm, proportionate to risk, limits on lawful restraint

Deprivation of liberty: amendments under the Mental Health Act 2007 section 50, difference between actions that restrict someone's liberty and those that result in a deprivation of liberty; the European Court of Human Rights decision on degree of intensity, e.g. type of care provided, how long the situation lasts, its effects, the way a particular situation came about

Lawful deprivation of liberty: when giving effect to a relevant decision of the court concerning personal welfare; for life-sustaining treatment; for doing any vital act

Reasons for concern: breach of human rights; judgements by European Court of Human Rights, e.g. restraint used, including sedation, to admit a person who is resisting; professionals exercised complete and effective control over care and movement for a significant period; professionals exercised control over assessments, treatment, contacts and residence; the person would be prevented from leaving if they made a meaningful attempt to do so; a request by carers for the person to be discharged to their care was refused; the person was unable to maintain social contacts because of restrictions placed on access to other people; the person lost autonomy because they were under continuous supervision and control

4 **Understand the importance of complying with the Mental Capacity Act 2005 Code of Practice when working with individuals who lack capacity**

Importance of complying: code provides guidance and information about the Act, worker's legal duty to comply with the law, professional duty, duty of care, enabling person-centred care and safe practice

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

The following is specific assessment guidance for this unit.

Deprived of their liberty – see Chapter 2 of the Mental Capacity Act 2005, Deprivation of Liberty, Code of Practice.

Best interests – when making decisions or carrying out an action on behalf of an individual who is assessed as lacking capacity to make that decision.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to meet local needs or the needs of particular groups of learners. Centres need to provide a clear assessment brief for learners to show what evidence is required.

Learning outcomes 1, 2, 3 and 4 could be assessed through a professional discussion with particular attention to the specific assessment guidance listed above. This could be supported by a reflective account showing how these learning outcomes are applicable in their work situation. Linking the learning outcomes, but clearly identifying which evidence relates to which learning outcome, would provide a holistic approach.

The professional discussion for learning outcome 1 could focus on the importance of the Mental Capacity Act 2005 and learners could explain, with supporting examples, the reasons for this legislation. They could explain relevant factors that determine when the Act is applicable and how an individual's empowerment may be maximised. Learners should explain the different types of communication that may be employed to ensure individuals are empowered and why this range is important. The professional discussion for learning outcome 2 could focus on the key elements of the Mental Capacity Act 2005. Learners could explain the statutory principles and the reasons for them. They could explain who is legally required to comply with the Mental Capacity Act 2005, and who, in addition, is legally required to follow the associated Code of Practice. Learners could explain who is protected from legal liability under the Act and the limitations of this protection. Learners could explain the two-stage test for determining mental capacity, who can make this assessment and in what circumstances. They could explain what is meant by 'best interests', who may be involved in decision making and what decisions may be covered. Learners could explain which motives of decision-makers are unacceptable. The role of Independent Mental Capacity Advocates (IMCA), and role of the Court of Protection and of attorneys involved, including those who hold lasting power of attorney or enduring power of attorney, could be explained along with measures for dealing with attorneys who do not meet appropriate standards.

The professional discussion for learning outcome 3 could focus on the understanding of 'restraint' as defined in the s6 (4) Mental Capacity Act 2005. Learners could give a clear definition of what is meant by restraint and explain when restraint is lawful. Learners could explain what is meant by 'deprivation of liberty' and relevant amendments under the Mental Health Act 2007 section 50. This could include the difference between actions that restrict someone's liberty and those that result in a deprivation of liberty. Learners could illustrate their answers with reference to the European Court of Human Rights' decision on degree of intensity. Learners should explain clearly when deprivation of liberty is lawful and also what might give reason for concern. In view of the importance of this unit, it is expected that learners would cover all the reasons given in the specification and would illustrate their answers with examples from judgements by the European Court of Human Rights, such as the *Bournewood* ruling, or from Supreme Court rulings such as the *Cheshire West* case.

The professional discussion for learning outcome 4 could focus on the importance of complying with the Mental Capacity Act 2005 Code of Practice when working with individuals who lack capacity. Learners could give a clear explanation of the relationship between the Mental Capacity Act 2005 Code of Practice and the Act, and explain their own duty to comply with these. They could explain what is meant by their duty of care, their professional duty and how these duties enable person-centred care and safe practice. Examples would help to illustrate their responses.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Eales M – *Mental Capacity Act and Deprivation of Liberty Workbook* (Create Space Independent Publishing Platform, 2013) ISBN 9781491268933

Graham M – *A Practical Guide to the Mental Capacity Act 2005: Putting the Principles of the ACT into Practice* (Jessica Kingsley Publishers, 2015) ISBN 9781849055208

Great Britain Ministry of Justice – *Deprivation of liberty safeguards: code of practice to supplement the main Mental Capacity Act 2005 code of practice (Final Edition)* (Stationery Office, 2008) ISBN 9780113228157

Journal

Community Care

Websites

www.gov.uk	Positive and proactive care reducing restrictive interventions: Helping health and care services manage difficult patient behaviour
www.gov.uk	No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
www.gov.uk	Reference guide to consent for examination or treatment, second edition (including advance decisions to refuse treatment)
www.gov.uk	Independent Mental Capacity Advocacy service (IMCAs)
www.gov.uk	Mental Capacity Act 2005 Code of Practice
www.legislation.gov.uk	Mental Capacity Act 2005

Other

www.bjhealthlawyers.com	Deprivation of Liberty – the ‘acid test’ in the courts and potential liabilities webinar April 2015
www.bjhealthlawyers.com	Implications of Cheshire West – Mental Capacity Act and Deprivation of Liberty Safeguards webinar June 2014

Unit 28: Understand the Impact of Acquired Brain Injury on Individuals

Unit reference number: Y/601/6167

Level: 3

Credit value: 3

Guided learning hours: 28

Unit introduction

Thousands of adults and children and their families in the UK are affected by an acquired brain injury every year. The effects can range from a short-term minor injury with full recovery to a severe injury that causes complex long-term difficulties. However, it is important that health and social care workers understand that what might be termed a minor injury can have long-term consequences.

In this unit, you will learn about acquired brain injury, and the impact on the individual and their carers. You will also be able to explain how a traumatic brain injury differs from other forms of acquired brain injury.

You will develop a knowledge and understanding of the impact that an acquired brain injury can have on an individual's ability to communicate and the specialist techniques used to support them, as well as personality changes that could cause an individual to display challenging behaviour. You will learn about the impact of these changes on friends, family and carers, and about the strategies and techniques used to support the individual and their carers. You will also develop an understanding of the skills needed to manage challenging behaviour and the processes that should be followed when reporting and referring challenging behaviour.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand acquired brain injury	1.1 Define acquired brain injury 1.2 Describe possible causes of acquired brain injury 1.3 Explain the difference between a traumatic brain injury and other forms of acquired brain injury 1.4 Describe brain injuries that are: <ul style="list-style-type: none"> • mild • moderate • severe
2 Understand the impact on individuals of acquired brain injury	2.1 Discuss initial effects of acquired brain injury on the individual 2.2 Explain the long term effects of acquired brain injury to include: <ul style="list-style-type: none"> • physical • functional • cognitive • behavioural effects 2.3 Explain the concepts of loss in relation to acquired brain injury for individuals and carers
3 Understand the specialist communication needs of an individual with acquired brain injury	3.1 Define dysphasia and dysarthria 3.2 Explain the effects of dysphasia and dysarthria on communication 3.3 Compare the different techniques required to support an individual with dysphasia and dysarthria 3.4 Evaluate different intervention strategies and assistive tools that support communication

Learning outcomes	Assessment criteria
<p>4 Understand the impact that personality changes can have on an individual and those providing support</p>	<p>4.1 Explain the impact of personality changes on the individual</p> <p>4.2 Explain the impact of personality changes on those caring for the individual</p> <p>4.3 Explain how lack of self-awareness/insight may affect the individual</p> <p>4.4 Explain the skills needed to support the individual and family/carers to come to terms with personality changes</p>
<p>5 Understand the impact of challenging behaviour</p>	<p>5.1 Explain behaviours which are considered challenging</p> <p>5.2 Analyse the importance of own attitudes, values and skills when supporting an individual to manage their behaviour</p> <p>5.3 Explain measures that should be taken to manage the risk from challenging behaviour</p> <p>5.4 Explain the process for reporting and referring challenging behaviour</p>

Unit content

1 Understand acquired brain injury

Acquired brain injury: different types of acquired brain injury such as traumatic brain injury, e.g. due to road traffic accident, fall or assault; brain injury acquired through aneurysm, brain haemorrhage, brain tumour, stroke, encephalitis, hydrocephalus, hypoxic and anoxic brain injury; characteristics of different types of acquired brain injury, e.g. first immediate brain injury, second brain injury that develops over hours, third type of brain injury caused by bleeding, bruising or swelling in the brain or by blood clots; levels of severity, e.g. mild, moderate, severe

2 Understand the impact on individuals of acquired brain injury

Initial effects of acquired brain injury: coma, concussion, loss of ability to move, memory loss, sensory loss, effects determined by location of damage in brain, e.g. left sided brain damage affects right side of body and speech, damage to frontal lobes affects behaviour

Long-term effects: physical effects, e.g. movement, balance, co-ordination, loss of taste and smell, speaking and swallowing disorders, incontinence, epilepsy; functional effects, e.g. executive dysfunction such as problems with motivation, with planning and organising, problems making decisions and multi-tasking; cognitive effects, e.g. memory loss, attention and concentration problems, slower speed of information processing, visual and spatial and perception difficulties; behavioural effects, e.g. agitation, anger, impulsivity, lack of awareness, self-centredness, obsessional behaviour, sexual problems; other long-term problems such as coma

'Loss': initial denial, e.g. denial of severity of injury; anger with self or others; bargaining such as 'if only it had been me...'; depression; acceptance of new situation by individual and others and working through pain, adjusting to the new situation, remembering the person as they used to be while accepting them as they now are or alternatively by rejection and escape from situation by others, e.g. divorce, separation, rejection of situation by individual, e.g. suicidal thoughts

Effects on individual and carers: physical loss, e.g. individual's loss of independence in activities of daily living, personal care given by carers; emotional, e.g. individual's loss of self-esteem, carers may feel trapped in carer role; social, e.g. loss of friends for individual and for carer; economic effects, e.g. individual may be unable to continue working so loss of income affects them and their carer

3 Understand the specialist communication needs of an individual with acquired brain injury

Dysphasia: receptive dysphasia, expressive dysphasia; effect on communicating with others, e.g. in receptive dysphasia fluent but meaningless speech and failure to understand others, in expressive dysphasia difficulty in articulating words but fully understand others; techniques, e.g. speech and language therapy tailored to individual needs

Dysarthria: to include definition, effect on communicating with others, e.g. slurred speech, poor articulation; techniques, e.g. speech and language assessment followed by individual exercises and use of alternative communication

Intervention strategies and assistive tools: speech and language assessment by therapist, individual speech and language exercises; alternative communication tools, e.g. communication board, medical passport, ICOON global picture dictionary

4 Understand the impact that personality changes can have on an individual and those providing support

Personality changes: explosive anger and irritability; lack of awareness and insight; impulsivity and disinhibited behaviour; emotional lability; self-centredness; apathy; depression; anxiety; obsessional behaviour

Impact on others: on spouse/partner, children, parents, siblings, friends, carers; embarrassment, unsure how individual will react, giving for lost person the individual used to be, loss of trust, broken relationships

Impact on individual: increased anxiety and confusion, frustration, lack of self-awareness/insight in how their behaviour affects others may lead to them being physically assaulted or verbally abused and socially isolated

Skills needed to support individuals and carers: advice and information, counselling, contact with support groups, behavioural management programme for impulsive or disinhibited behaviours, stress management skills to reduce anxiety

5 Understand the impact of challenging behaviour

Behaviours that are considered challenging: those which jeopardise the safety of the individual and others, e.g. physical or verbal aggression, sexual disinhibition, alcohol or drug abuse, financial irresponsibility

Own attitudes, values and skills: attitude of unconditional positive regard, trying to understand the reason for the behaviour; respect for the individual; unacceptable behaviour not unacceptable person

Supporting the individual to manage their behaviour: full assessment to find out the reason for the behaviour; change the environment, e.g. turn off a noisy television; give feedback about the behaviour, e.g. 'that upsets me'; changing or reducing demands placed on the person, e.g. expectation they will sit at the table to eat their food; changing how others react to the behaviour, e.g. instead of reacting fearfully when individual is agitated, asking the individual what is wrong

Risk management: assessing risk; reducing risk, e.g. knowing the individual and their triggers for challenging behaviour, use of positive reinforcement to encourage positive behaviours, teaching alternative ways of behaving such as calming techniques when frustrated rather than getting angry; monitoring the effect of actions taken to reduce risk

Reporting and referring: workplace policy and process for reporting behaviour issues, e.g. timeliness, verbal and written report; referral to appropriate personnel, e.g. to supervisor, to doctor

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres may design their own assessment or can use the suggested assessment activities below, adapting them as necessary to assess learner knowledge and understanding.

For learning outcome 1, learners could produce a presentation on acquired brain injury, defining the term, describing possible causes and explaining the difference between a traumatic brain injury and other forms of acquired brain injury. They could then describe brain injuries that are mild, moderate or severe.

For learning outcome 2, learners could extend the presentation to include the impact on individuals of acquired brain injury discussing initial and long-term physical, functional, cognitive and behavioural effects acquired brain injury on the individual. Using anonymised examples from practice where possible they could explain the concepts of loss in relation to acquired brain injury for individuals and carers.

For learning outcome 3, learners could extend their presentation to explore the specialist communication needs of an individual with acquired brain injury, defining dysphasia and dysarthria, explaining the effects of dysphasia and dysarthria on communication and comparing different techniques required to support an individual with dysphasia and dysarthria. This presentation could include anonymised examples from practice. Finally, learners could evaluate different intervention strategies and assistive tools that support communication, examining the advantages and disadvantages for individuals and for service providers of three strategies and three different tools.

For learning outcome 4, learners could use an anonymised case study to show the impact that personality changes can have on an individual and those providing support. They could also explain how lack of self-awareness/insight may affect the individual. Finally, learners could explain the skills needed to support the individual and family/carers to come to terms with personality changes, exploring three different skills in detail.

For learning outcome 5, learners could extend their presentation to understand the impact of challenging behaviour, explaining behaviours that are considered challenging and measures that should be taken to manage the risk from challenging behaviour. They could explain the process for reporting and referring challenging behaviour. Learners may wish to analyse the importance of their own attitudes, values and skills when supporting an individual to manage their behaviour as part of the presentation or, alternatively, they could use professional discussion or a reflective account to allow them to consider the strengths and areas for improvement in their own practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Elbaum J and Benson D – *Acquired brain injury: An Integrative Neuro-rehabilitation Approach* (Springer, 2010) ISBN 9781441922779

Newby G et al – *Practical Neuropsychological rehabilitation in Acquired brain injury* (Karnac Books Ltd, 2013) ISBN 9781855757226

Journals

Community Care

Journal of Neurology, Neurosurgery and Psychiatry

Websites

www.childbraininjurytrust.org.uk	UK charity that supports children, young people, families and professionals to deal with the effects of acquired brain injury
www.braininjuryhub.co.uk	The Children's Trust –UK charity for children with brain injury
www.bsrm.co.uk	The British Society of Rehabilitation Medicine – registered charity for doctors practising in rehabilitation medicine
www.headway.org.uk	UK charity set up to provide support to improve life after brain injury Factsheet: <i>Challenging Behaviour following an Acquired brain injury</i>
www.speakability.org.uk	National charity supporting people with aphasia

Unit 29: Understand Stroke Care Management

Unit reference number: J/503/7165

Level: 3

Credit value: 4

Guided learning hours: 36

Unit introduction

Stroke is the leading cause of severe disability and the third biggest killer in the UK. Every year over 150,000 people have a stroke, and the effects vary depending on the part of the brain that is affected and the extent of the damage. The effects can be relatively mild with full recovery, or an individual can experience catastrophic loss of movement and speech with other physical problems such as difficulty with swallowing and sensory impairment. Other effects can be emotional and psychological, such as anger and frustration, grieving the loss of lifestyle and freedom and loss of confidence.

In this unit, you will learn about how to support people who have experienced a stroke. This will include developing knowledge and understanding of relevant legislation, policies and guidance and specific factors that could affect individuals following a stroke. These include communication factors and physical emotional and psychological factors, and the effect they have on the individual. You will gain an understanding of the impact of such factors on activities of daily living, and any additional complications that may arise following a stroke. You will also be able to discuss the importance of person-centred care in caring for someone who has had a stroke.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand how to support individuals to manage stroke according to legislation, policy and guidance</p>	<p>1.1 Summarise current legislation, policy and guidance related to supporting individuals with stroke</p> <p>1.2 Explain what current best practice is in the initial stages of stroke care management</p> <p>1.3 Explain how an individual could be encouraged to review their lifestyle and promote their own health and wellbeing</p> <p>1.4 Describe the potential implications of mental capacity for an individual following a stroke</p>
<p>2 Understand specific communication factors affecting individuals following a stroke</p>	<p>2.1 Evaluate the effects of stroke on the brain in relation to the ability to communicate</p> <p>2.2 Describe a range of common communication methods and aids to support individuals affected by a stroke</p> <p>2.3 Analyse methods of facilitating communication using supported conversation techniques</p> <p>2.4 Identify any pre-existing illnesses or disabilities that need to be taken into account when addressing communication</p> <p>2.5 Describe the effects on the individual of experiencing communication difficulties</p> <p>2.6 Identify additional agencies and resources to support with communication needs</p>

Learning outcomes	Assessment criteria
<p>3 Understand changing physical needs of individuals affected by stroke</p>	<p>3.1 Describe the changes in the brain of an individual affected by a stroke</p> <p>3.2 Describe the physical effects of stroke on an individual</p> <p>3.3 Explain the impact a stroke may have on swallowing and nutrition</p> <p>3.4 Describe the possible effects of stroke on sensory ability</p> <p>3.5 Analyse the fluctuating nature of effects of stroke on an individual</p>
<p>4 Understand the impact of the effects of stroke on daily living</p>	<p>4.1 Explain the use of daily activities to promote recovery and independence</p> <p>4.2 Explain the importance of repetition to promote recovery</p> <p>4.3 Identify the effects of fatigue in stroke rehabilitation</p> <p>4.4 Describe the implication of stroke on lifestyle</p>
<p>5 Understand the associated complications for an individual with stroke</p>	<p>5.1 Explain the psychological and emotional effects on the individual with stroke</p> <p>5.2 Describe the cognitive needs of the individual with stroke</p> <p>5.3 Describe the health needs that may be associated with stroke</p>
<p>6 Understand the importance of adopting a person-centred approach in stroke care management</p>	<p>6.1 Explain how person-centred values must influence all aspects of stroke care management</p> <p>6.2 Explain the importance of working in partnership with others to support care management</p> <p>6.3 Describe the importance of working in ways that promote active participation in stroke care management</p>

Unit content

1 Understand how to support individuals to manage stroke according to legislation, policy and guidance

Legislation, policies and guidance: legislation to include Human Rights Act 1998, Mental Capacity Act 2005, Mental Health Act 2007 section 50, Manual Handling Regulations 1995, Equality Act 2010, Care Act 2014; policies to include policies of workplace, local health and social care policies; guidance from other organisations, e.g. NICE, The Stroke Association

Best practice: rapid assessment identifying stroke and transient ischaemic attack (TIA); validated assessment tools to include Face, Arms, Speech, Time (FAST), and ROSIER scale to assess weakness in face, arms, legs, speech and visual disturbance, loss of consciousness, seizure activity; exclusion of other causes of symptoms, e.g. hypoglycaemia; initial treatment to include imaging, medication, assessment of swallowing function

Lifestyle changes: health promotion to include healthy diet, exercise, monitoring of alcohol intake, cessation of smoking; reasons for change to lifestyle; support from healthcare professionals and voluntary organisations

Implications of mental capacity: definition of mental capacity; assumed to have capacity given sufficient and appropriate information; types of decision that can be delegated and those that cannot, e.g. whether to continue treatment; who can assess mental capacity; right to advocate or Independent Mental Capacity Advocate; acting in best interests; temporary factors affecting capacity; right to mental capacity assessment; appointment of lasting power of attorney (LPA); role of Court of Protection; role of Office of the Public Guardian

2 Understand specific communication factors affecting individuals following a stroke

Effects of stroke on brain: location of stroke in brain, e.g. left side; size of area of brain affected; type of stroke, e.g. haemorrhagic, ischaemic, transient ischaemic attack

Communication: verbal to include dysphasia, dysarthria, dyspraxia of speech, aphasia to include receptive and expressive; other effects to include emotional content, perception, tiredness, memory, concentration, personality change; non-verbal to include ability to use signs or facial expression; effects on individual, e.g. fear, frustration, helplessness, anger, tiredness

Communication aids: communication board, medical passport, ICOON global picture dictionary; electronic aids; software programmes; communication aid centres; speech and language therapists

Supported conversation techniques: body language and gesture, drawings, pictographs in addition to spoken and written words; ask, wait, listen technique for aphasia

Pre-existing illnesses or disabilities: illnesses such as dementia; disabilities such as hearing loss, visual impairment

Effects on the individual: physical, e.g. restricted independence, inability to communicate wishes; social, e.g. social isolation; emotional, e.g. frustration, anger, depression

Additional agencies and resources: statutory, private and third sector agencies; tangible resources, e.g. communication boards; intangible resources, e.g. advice and information, internet resources

3 Understand changing physical needs of individuals affected by stroke

Changes in the brain and physical effects: right hemisphere controls left side of body, non-verbal communication, emotions and spatial orientation or sense of body position; left hemisphere controls right side of body, language, analytical thinking; effect of ischaemic (clot) stroke, of haemorrhagic (bleeding) stroke, of transient ischaemic attack on brain, e.g. permanent cell death or temporary oxygen starvation of cells until supplied by other blood vessels

Impact on swallowing and nutrition: dysphagia, involuntary aspiration of food and fluids, reduced nutritional intake, requirement for thickened fluids or tube feeding

Effects on sensory ability: loss of sense of taste, loss of sense of smell and touch, increased risk of scalds, burns and other injuries, loss of spatial orientation and ability to balance, visual impairment, e.g. inability to see objects on affected side

Fluctuating nature: impact of short- and long-term improvement and deterioration

4 Understand the impact of the effects of stroke on daily living

Activities of daily living: breathing, eating and drinking, elimination, maintaining a safe environment, communicating, washing and dressing, maintain body temperature, mobilisation and functional mobility, work and play, sleeping, death and dying, expressing sexuality; activities to promote recovery, e.g. practice in getting dressed, breathing exercises, support to maintain personal hygiene; walking practice, practice in transferring from bed to chair or chair to chair

Repetition: short, frequent repetitions to build muscle strength, recover control and avoid effects of fatigue, e.g. exhaustion, depression, demotivation

Impact of stroke on lifestyle: physical, social, emotional, psychological, sexual, economic impacts; implications for individual, carers and others

5 Understand the associated complications for an individual with stroke

Emotional/psychological complications: emotional to include anger, frustration, depression, anxiety, fear; psychological to include impact on self-esteem and self-image, impact on mental health

Cognitive needs: need for assessment of cognitive ability to include memory, attention, perception, planning, making decisions, social cognition; need for support, e.g. from clinical psychologists, occupational therapists, memory clinic, stroke clubs, friends and family; need for strategies to compensate for loss of memory, e.g. keeping to a routine, breaking tasks into manageable chunks, keeping things in the same place, making a note of things to remember or doing it at once; strategies to compensate for communication difficulties, e.g. use of prompts or aids such as photos, drawing or writing things on paper, taking time and not getting stressed, questions requiring yes/no answers, telling others what helps

Health needs: physical such as need for appropriate diet, e.g. semi-solid food easy to swallow without choking, need for safe environment free from trip hazards, need for support to exercise, e.g. walking frame; support with washing and personal hygiene needs, e.g. having a seat in the shower and non-slip flooring, safely controlled water temperature; need for temperature control, e.g. heating or cooling to maintain a healthy ambient temperature; mental health needs, e.g. need for love and belonging, including support from family and friends, need for self-esteem, need to maximise their potential

6 Understand the importance of adopting a person-centred approach in stroke care management

Importance of person-centred approach: equal partnership between individual, carers and others; flexibility of services to meet needs; meeting needs and preferences of individual; continuity between services; access to appropriate care; involvement of family and others; communication, information and education

Importance of partnership working: to achieve best outcomes for individual, to use resources efficiently; partnerships between health professionals, social care professionals, individual and their support network of family and friends

Importance of working in ways that promote active participation: empowerment of individual and their ownership of the rehabilitation process, improved likelihood of compliance and successful rehabilitation, professionals develop a holistic approach to planning and delivering care; professionals gain greater understanding of each other's roles; improvement in quality of care, health status, and health outcomes

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Assessment for this unit may be in a variety of formats. Centres can use or adapt the assignment suggestion below to assess evidence submitted by learners, but could devise their own which can be submitted in a variety of formats.

In order to meet all the learning outcomes for this unit, learners could produce a guide to stroke management. This can be produced as a printed booklet or an electronic resource such as a website.

To meet learning outcome 1, learners could write an introductory section that summarises current legislation, policy and guidance regarding the support of individuals who have had a stroke. They should include an explanation of current best practice in the initial care of individuals who have had a stroke, and a description of how an individual's mental capacity might be affected.

Learners should also include an explanation of how an individual can review their lifestyle and improve their health. This should include information on the risk factors that contribute to a stroke and how they can be reduced.

For learning outcome 2, learners should address communication factors affecting individuals following a stroke. They could evaluate how any change to the brain after a stroke can affect the ability to communicate, and any effects that communication difficulties could have on an individual. They should also describe the range of methods and aids that can be used to support the individual and analyse their effectiveness. Learners should show that they have taken into account any pre-existing illnesses or disabilities that might affect an individual's ability to communicate, and identified resources to support someone with communication needs. Examples from practice, suitably anonymised, would enable learners to show they can apply their knowledge to practice.

To meet learning outcome 3, learners could describe the physical changes that take place following a stroke. This should include both the changes to the brain as well other physical effects that can occur, in particular the effect on swallowing and nutrition and sensory ability. They should also explore in detail reasons why there might be variations in the effects of a stroke on an individual.

Learning outcomes 4 and 5 can be met in one section that could address the impact of having a stroke. Learners might explain how a stroke can affect an individual's lifestyle and how taking part in daily activities can aid recovery, giving suggestions for appropriate activities. There should also be an explanation as to why this needs to be done repetitively and the effects that fatigue can have on recovery. Learners should also describe the psychological and emotional effects of experiencing a stroke and the health and cognitive needs that individuals may have and how these can be addressed.

For learning outcome 6, learners should show their understanding of the importance of adopting a person-centred approach in stroke care management. They could explain how this approach influences stroke care management, how partnership working is an important part of the management, and how active participation is important in supporting individuals in managing their care. This guide would be enhanced by including suitable examples from practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Morrison K – *Fast Facts for Stroke Care Nursing: An Expert Guide in a Nutshell (Fast Facts Series)* (Springer Publishing Co Inc, 2014) ISBN 9780826127174

Spence D and Barnett HJM – *Stroke prevention treatment and rehabilitation* (McGraw-Hill Medical, 2012) ISBN 9780071762359

Williams J and Perry L – *Acute Stroke Nursing* (Wiley-Blackwell, 2010) ISBN 9781405161046

Journals

British Medical Journal

Community Care

Journal of Stroke and Cerebrovascular Diseases

Stroke Research and Treatment

Websites

www.chss.org.uk (Scotland)

Chest Heart and Stroke Scotland – advice and information

www.differentstrokes.co.uk

UK charity for young people who have had a stroke

www.healthtalk.org

Free, reliable information about health issues, by sharing people's real-life experiences.

www.mentalhealth.org.uk

Information about the Mental Capacity Act 2005

www.nhs.uk

Act FAST pages – advice about stroke care

www.nichs.org.uk (Northern Ireland)

The Northern Ireland Chest Heart and Stroke charity – advice and information

www.stroke.org.uk

UK charity supporting people who have had a stroke (See Aphasia Ask, Wait, Listen technique for communicating with people with aphasia)

Other

Department of Health, 2008, *National Stroke Strategy*, available at webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Healthcare/Longtermconditions/Vascular/Stroke/DH_099065

www.youtube.com Aphasia Etiquette – Ask Wait Listen

Unit 30: Understand Sensory Loss

Unit reference number: M/601/3467

Level: 3

Credit value: 3

Guided learning hours: 21

Unit introduction

There are many people in the UK who have experienced a level of sensory loss. Some people have difficulties with loss of touch (tactile agnosia), taste (ageusia) and smell (anosmia), but many more experience sight loss, hearing loss or dual sensory loss.

In this unit, you will investigate sensory loss relating to sight, hearing and dual sensory loss or deafblindness. You will gain the knowledge and understanding to be able to analyse how different factors, attitudes and beliefs have an impact on people who have sensory loss, and also the impact these things can have on service provision.

You will learn about the different methods of communication that can be used by people with sensory loss, and how these can help them to maintain contact with people. You will also be able to explain the signs and causes of a variety of different sensory conditions, identifying the difference between congenital and acquired disorders, and explain how demographic factors have an influence on sensory loss in the general population. Finally, you will be able to explain what actions should be taken if you identify sensory loss and how to access sources of support.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the factors that impact on an individual with sensory loss	1.1 Analyse how a range of factors can impact on individuals with sensory loss 1.2 Analyse how societal attitudes and beliefs impact on individuals with sensory loss 1.3 Explore how a range of factors, societal attitudes and beliefs impact on service provision
2 Understand the importance of effective communication for individuals with sensory loss	2.1 Explain the methods of communication used by individuals with: <ul style="list-style-type: none"> • sight loss • hearing loss • deafblindness 2.2 Describe how the environment facilitates effective communication for people with sensory loss 2.3 Explain how effective communication may have a positive impact on lives on individuals with sensory loss
3 Understand the main causes and conditions of sensory loss	3.1 Identify the main causes of sensory loss 3.2 Define congenital sensory loss and acquired sensory loss 3.3 Identify the demographic factors that influence the incidence of sensory loss in the population

Learning outcomes	Assessment criteria
<p>4 Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken</p>	<p>4.1 Identify the indicators and signs of:</p> <ul style="list-style-type: none"> • sight loss • hearing loss • deafblindness <p>4.2 Explain actions that should be taken if there are concerns about onset of sensory loss or changes in sensory status</p> <p>4.3 Identify sources of support for those who may be experiencing onset of sensory loss</p>

Unit content

1 Understand the factors that impact on an individual with sensory loss

Definition of sensory loss: sight; hearing; deafblindness; dual sensory loss

Impact of sensory loss: on communication; on obtaining information; on daily routine; on mobility

Impact on the individual: beliefs and attitudes of society, e.g. intellectual capacity, inconsiderate behaviour, ability to gain employment

Impact on service provision: person-centred care; involvement of individual to include provision of information and choice; personal budgets; sharing of information with other healthcare professionals

2 Understand the importance of effective communication for individuals with sensory loss

Importance of effective communication: prevention of isolation; maintaining control, independence and dignity; preventing loss of interest in activities; prevention of discrimination; economic wellbeing

Aids for sight loss: printed matter, e.g. Royal National Institute of Blind People (RNIB) Clear Print Guidelines, Braille; assistive technology, e.g. computers and software, electronic magnifiers, scanners, talking books and newspapers, big button telephone; communicating, e.g. speaking directly to individual, use of touch, taking sufficient time, giving specific information

Aids for hearing loss: British Sign Language; Makaton; lip reading; speech to text reporters; telephone relay service; hearing aids and loop systems; cochlear implants; communicating, e.g. field of vision, volume and speed of speech, rephrasing if lack of understanding

Aids for deafblindness: tactile communication; tactual communication to include Tadoma; Deafblind Manual Alphabet; Moon Alphabet; Objects of Reference

Facilitating effective communication: environmental changes to include movement of furniture or obstacles, reduction of noise and background noise, use of colour, changing size, brightness and boldness of objects

3 Understand the main causes and conditions of sensory loss

Sight conditions: causes, signs, and symptoms of macular degeneration, glaucoma, diabetic eye disease, cataract

Hearing conditions: causes, signs, and symptoms of conductive hearing loss, sensorineural hearing loss, tinnitus

4 Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken

Sight loss indicators: changes in behaviour, e.g. becoming more cautious; squinting or moving head to see; difficulty recognising people or objects; frequent changes to spectacles; brightness of environment; disorientation and/or confusion

Hearing loss indicators: changes in behaviour, e.g. not responding when spoken to from behind, difficulty hearing in a crowd, use of telephone, high volume on television or radio, not answering doorbell

Appropriate action: approach individual to discuss problems; access services to assess and provide assistance/aids, e.g. Royal National Institute of Blind People (RNIB), Action on Hearing Loss, specialist sensory support workers, Citizens Advice

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

Centres can use the assessment opportunity included below, but are free to devise their own assignment with a variety of evidence collection methods.

In order to meet learning outcomes 1 and 2, learners could write a report on sensory loss. This should include an analysis of the factors that can have an effect on the wellbeing of an individual with sensory loss, and the impact of attitudes and beliefs on an individual with sight, hearing or deafblindness. They could also discuss how all of these factors can have an effect on service provision, for example an increase or decrease in facilities and resources. The report should include methods of communication used by individuals with a sensory loss, why effective communication is so important and how the environment can impede or promote effective communication. Learners could use case studies or examples from work practice to demonstrate the application of knowledge.

For learning outcomes 3 and 4, learners could provide a resource for staff induction that identifies the main causes of sensory loss. Sensory loss is often linked with just sight or just hearing, but other aspects are encompassed in the title. The resource should include a definition of congenital and acquired sensory loss, the indicators of sensory loss and an account of the demographic factors that influence sensory loss. The resource should also address what should be done if a worker thinks they have identified the onset of sensory loss or changes in sensory status and who they can contact for support, key aspects of a worker's role and responsibilities.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Nolan Y, Pritchatt N and Railton D – *Level 3 Health and Social Care (Adults) diploma: Candidate Book (Level 3 Work Based Learning Health and Social Care)* (Heinemann, 2011) ISBN 978043503197X

Walsh M, Mitchell A, Millar E and Rowe J – *Health and Social Care Diplomas – Level 3 Diploma Candidate Handbook* (Collins Educational, 2011) ISBN 9780007430536

Journals

Journal of Speech, Language and Hearing Research

Journal of Visual Impairment and Blindness

The British Journal of Visual Impairment

The Hearing Journal

Websites

www.actionforblindpeople.org.uk	Practical and emotional advice and support to people who are blind or partially sighted and their friends and family
www.deafblind.org.uk	Membership organisation of, and governed by, people who are deafblind or have both a sight and hearing loss
www.blindchildrenuk.org	Blind Children UK – charity for children and young people with sight loss
www.british-sign.co.uk	Online resource for learning sign language
www.britishsignlanguage.com	Online resource for learning sign language
www.guidedogs.org.uk	Guide dog services for the blind and partially sighted
www.ndcs.org.uk	The National Deaf Children's Society – charity dedicated to creating a world without barriers for deaf children and young people
www.rnib.org.uk	Royal National Institute of Blind People – practical and emotional advice and support to people who are blind or partially sighted and their friends and family
www.royalblindsociety.org	Royal Blind Society – charity supporting blind children
www.sense.org.uk	Charity that supports and campaigns for children and adults who are deafblind or have sensory impairments

Unit 31: Undertake a Research Project Within Services for Health and Social Care or Children and Young People

Unit reference number: J/602/3499

Level: 5

Credit value: 10

Guided learning hours: 80

Unit introduction

How do we know what is good practice? Research tells us what works and what does not work in any area of life. Basic research isn't very complicated, but it can be useful if we want to get better at what we do.

In this unit you will learn how to undertake a research project. It may not be a perfect piece of research, but ask any researcher and they will tell you that research isn't perfect. There will always be something they wish had gone better but, more often than not, there will also be something that was useful. Research brought us antibiotics; research showed us that germs transmit disease; research shows us that diet and exercise make a difference to our health. So go ahead and research – you may even enjoy it!

This unit involves the identification of a research topic and takes you right through to applying your research findings in practice. The process involves the planning and preparation of a project, data collection and analysis.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Be able to justify a topic for research within services for health and social care or children and young people	1.1 Identify the area for the research project 1.2 Develop the aims and objectives of the research project 1.3 Explain ethical considerations that apply to the area of the research project 1.4 Complete a literature review of chosen area of research
2 Understand how the components of research are used	2.1 Critically compare different types of research 2.2 Evaluate a range of methods that can be used to collect data 2.3 Identify a range of tools that can be used to analyse data 2.4 Explain the importance of validity and reliability of data used within research
3 Be able to conduct a research project within services for health and social care or children and young people	3.1 Identify sources of support whilst conducting a research project 3.2 Formulate a detailed plan for a research project 3.3 Select research methods for the project 3.4 Develop research questions to be used within project 3.5 Conduct the research using identified research methods 3.6 Record and collate data
4 Be able to analyse research findings	4.1 Use data analysis methods to analyse the data 4.2 Draw conclusions from findings 4.3 Reflect how own research findings substantiate initial literature review 4.4 Make recommendations related to area of research 4.5 Identify potential uses for the research findings within practice

Unit content

2 Understand how the components of research are used

Types of research: quantitative; qualitative; primary; secondary; action research, e.g. Kurt Lewin's change model, Argyris's action science model, Schön's reflexive practice model, Heron and Reason's cooperative inquiry model, Paulo Freire's participatory action research; scientific research, e.g. classical model

Methods: primary sources to include questionnaires, e.g. single or multiple response, open or closed questions, ranked or rated responses, avoiding leading questions, self-administered or researcher administered; structured and unstructured interviews, scientific experiment, formal and informal observation, measurements; secondary sources to include information literacy, e.g. website, journals, media, books, e-resources

Validity: of methods, of data collection, reduction of bias

Reliability: replicability of study, generalisability of findings

4 Be able to analyse research findings

Data analysis: qualitative, e.g. content analysis; quantitative, e.g. tables, graphs, bar charts, histograms, pie charts, mean, median, mode, use of statistical analysis packages, e.g. SPSS

Analysis of findings: patterns, relationships, correlation

Conclusions: compared with aims, bias, error, relationship of results to current research and literature review, uses of findings, limitations of research, potential areas for further development, recommendations, implications for the sector

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 1, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

All the learning outcomes could be assessed holistically, as they offer a linear approach to carrying out a research project. For learning outcome 1, evidence could come from a professional discussion with a supervisor on the learner's choice of research topic and ethical considerations. This would support the actual development of a research topic and its aims and objectives. Learners are also required to complete a literature review in relation to their area of research and a record of this should be completed, following academic conventions for referencing.

The evidence for learning outcome 2 could be in the form of a reflective account that underpins performance for learning outcomes 1, 3, and 4. Learners could explain the difference between quantitative, qualitative, primary and secondary research and compare at least three different models of research outlining their theoretical backgrounds. Reflecting on this information they could outline the type of research they will conduct. Learners could briefly explain the appropriate uses of three different primary research methods, and give reasons why their chosen methods are appropriate for their research. They could also explain reasons for their choice of three secondary sources they may use in their research. The reflective account could, where appropriate, include a consideration of the chosen sample size and how representative it is of the general population. Learners could consider the validity of methods and of data collection and explain how they will reduce bias in the research. Learners could also explain how replicable the study will be and how reliable the findings are in relation to the chosen sample. Learners could explain the importance of validity and reliability in research.

For learning outcome 3, evidence could come from the learner's research diary supplemented with evidence from work products. The diary could provide evidence of sources of support, drafts of the research question and the final version of the research question, the research plan and reasons for the choice of research methods. Work products might include planning notes, samples of pilot questionnaire or interview schedules, completed questionnaires or interview notes, printouts of tally charts or graphs of collated data.

Evidence for learning outcome 4 may come from work products such as printouts of data analysis showing patterns, relationships and any correlation or evidence may come from a content analysis of interview notes. It is anticipated that learners will produce a final written report summarising their literature review, presenting the question to be researched, outlining research methods, data analysis and findings, drawing conclusions, making recommendations and identifying potential uses for the research findings. This work product will provide evidence of the use of data analysis methods, evidence of drawing conclusions from findings and of making recommendations. Within this report learners should reflect on how their own research findings substantiate or challenge the initial literature review.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Bell J – *Doing Your Research Project: A Guide for First-time Researchers* (Open University Press, 2014) ISBN 9780335264469

Denscombe M – *The Good Research Guide: For Small-scale Social Research Projects* (Open University Press, 2014) ISBN 9780335264704

Journals

British Journal of Social Work

Health Service Journal

Websites

www.cqc.org.uk

Research in health and social care

www.nuffieldtrust.org.uk

Infographics – graphical representation of information

www.qualitywatch.org.uk

Independent scrutiny into how the quality of health and social care is changing over time

www.scie.org.uk

Effective supervision in social work and social care – research briefing 43

Unit 32: Providing Independent Advocacy to Adults

Unit reference number: R/502/3298

Level: 4

Credit value: 5

Guided learning hours: 35

Unit introduction

Advocacy is about making sure people can express their views and make their voice heard. It is about challenging discrimination and making sure everyone's views are listened to. Advocacy is important in all aspects of health and social care – if we listen to the views of those who receive services, we can start to improve those services.

In this unit, you will demonstrate advocacy skills that are part of your role. You will be assessed in the workplace, therefore these are skills that you should perform routinely as part of your work. You will need to be able to promote and provide independent advocacy to support adults to self-advocate to overcome any negative impact of the setting and to apply local or national standards. You will need to treat people as individuals, acknowledging your own personal values and recognising common assumptions and myths that may negatively impact on the individual. You will need to adapt your communication methods to meet their needs, supporting individuals to explore choices and the consequences of their choices. This may involve a series of meetings with different people. Throughout the process you will support the individual to make their own choices while working within legal guidelines and ensuring their safety.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Provide Independent Advocacy support to adults in a range of settings	1.1 Identify a range of settings and their impact on adults who may require the support of an Advocate 1.2 Analyse and address the potential negative impact of the environment 1.3 Promote the Advocacy service in a range of settings 1.4 Identify and address a range of dilemmas Advocates can face in practice 1.5 Support adults to self-advocate 1.6 Apply local or national standards
2 Treat the individual receiving Advocacy support as an individual	2.1 Identify personal values 2.2 Use communication methods appropriate to the individual 2.3 Resolve barriers that can prevent people being treated as an individual 2.4 Use underpinning Advocacy principles of empowerment and person-centred to treat people as individuals 2.5 Describe how cultural backgrounds can impact on the Advocacy relationship 2.6 Recognise common myths and assumptions about different people 2.7 End the Advocacy relationship a positive manner
3 Assist the individual receiving Advocacy support to explore choices and potential consequences	3.1 Help individuals to access a range of sources of information on options available 3.2 Support an individual to explore options available and make choices 3.3 Use UK and European legislation to identify human, service and legal rights 3.4 Act on the choices and preferred options of an individual

Learning outcomes	Assessment criteria
4 Support adults through a range of meetings	4.1 Explain the purpose and function of a range of meetings 4.2 Describe the roles and responsibilities of a range of people who attend meetings 4.3 Support an individual to participate in a range of meetings 4.4 Review and take further steps as appropriate
5 Work safely	5.1 Use supervision to identify good practice and areas for improvement 5.2 Maintain accurate records 5.3 Summarise local adult protection procedures 5.4 Use adult protection procedures to identify when it is appropriate to disclose information and breach confidentiality 5.5 Respond to disclosures of abuse

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 1, 2, 3, 4 and 5 must be assessed in a real work environment.

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 standards 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 and/or expert witness testimony are the required assessment methods to be used to evidence some part of this unit.

If the assessor is unable to observe the learner they will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities and this is likely to provide most of the evidence for the assessment criteria for 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 learner's performance can be established.

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

For learning outcome 1, to supplement the direct observation, learners could use a reflective account to identify the range of their work settings and reflect on the impact of those settings on those requiring advocacy. Learners could then reflect on the potential negative effects of each environment and give examples of ways they have overcome the issues. Learners could include examples of how they have promoted the advocacy service in more than two settings and could also give examples of different dilemmas they have faced or might face in practice. They could reflect on how they have supported adults to self-advocate using local or national standards.

For learning outcome 2, learners should be directly observed in the workplace. In addition, they could present a reflective account outlining their personal values, and how they have overcome barriers that can prevent people being treated as an individual. Within this reflective account learners could outline how cultural backgrounds can impact on the advocacy relationship and could consider at least three common myths and assumptions about different people. This could be supported by a case study showing where they have used appropriate communication methods for an individual, used underpinning advocacy principles of person-centred empowerment and how they have ended the advocacy relationship in a positive manner.

For learning outcomes 3, 4 and 5, the assessor or expert witness will observe the learner in real work activities for most or all of these outcomes. For learning outcome 3, direct observation and/or expert witness testimony could be supplemented by evidence in the form of work products, for example information on options available and choices made by individuals; information about human, service and legal rights; notes from a variety of meetings.

For learning outcome 4, direct observation and/or expert witness testimony could also be supplemented by evidence in the form of a professional discussion describing the roles and responsibilities of different participants, decisions made and the outcome of reviews. Learners could also explain the level of support required by an individual in a range of meetings.

For learning outcome 5, direct observation and/or expert witness testimony could be supplemented by work products such as accurate records, or a professional discussion that focuses on working safely, where learners summarise local adult protection procedures and give at least three examples of when it is appropriate to disclose information and breach confidentiality. Learners could then explain the procedure for responding to disclosures of abuse.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Bateman N – *Advocacy Skills for Health and Social Care Professionals* (Jessica Kingsley Publishers, 2000) ISBN 9781853028656

Wilks T – *Advocacy and Social Work Practice* (Open University Press, 2012) ISBN 9780335243037

Journal

Community Care

Websites

www.mencap.org.uk	Empower Me: Advocacy services for people with learning disabilities
www.mencap.org.uk	Advocacy video
www.mind.org.uk	Advocacy and mental health
www.nhs.uk	NHS social care and support guide to services including advocacy
www.qualityadvocacy.org.uk	Advocacy charter
www.voiceability.org	Advocacy services

Unit 33: Share Knowledge and Good Practice

Unit reference number: A/602/6237

Level: 5

Credit value: 3

Guided learning hours: 20

Unit introduction

Knowledge and good practice help people who access services maintain their independence, health and wellbeing so it is important that when care workers find something that works well they share it.

In this unit, you will plan to share knowledge and good practice by identifying what can be gained by doing so, by identifying what can usefully be shared within the organisation and beyond, and by agreeing ways of sharing that meet the stated outcomes, the needs of the organisation and legal requirements.

Sharing knowledge and information is only useful if you put into practice what you have learned, so you will need to take opportunities to learn new knowledge and improve your practice. You will need to assess the usefulness of the information and, if it is useful, integrate it into your own practice. The process of sharing new knowledge and practice is not always well organised. You will need to evaluate the process and recommend improvements to the process of sharing new knowledge and information, based on current benchmarks.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Plan to share knowledge and good practice	1.1 Identify outcomes to be achieved through sharing knowledge and good practice 1.2 Identify areas of knowledge and good practice that should be shared within and outside the organisation 1.3 Agree methods to share knowledge and good practice that will meet outcomes and comply with legal and organisational requirements 1.4 Demonstrate actions to overcome or reduce barriers to sharing knowledge and good practice
2 Be able to share knowledge and good practice	2.1 Implement agreed arrangements for sharing knowledge and good practice 2.2 Develop opportunities to share knowledge and good practice within and outside the organisation
3 Be able to incorporate new knowledge into own practice	3.1 Take opportunities to learn about good practice of others within and beyond the organisation 3.2 Evaluate the transferability of new knowledge to own practice 3.3 Use new knowledge to improve own practice
4 Be able to evaluate the sharing of knowledge and good practice	4.1 Evaluate processes for sharing knowledge and good practice within and outside the organisation 4.2 Research benchmarks for the sharing of knowledge and good practice 4.3 Recommend improved processes for the sharing of knowledge and good practice

Unit content

1 Plan to share knowledge and good practice

Outcomes: identify opportunities for improved performance, improved service, possibilities for joint working, and possibilities for better management of resources such as staff, equipment and time

Underlying principles: promotion of creating, sharing and applying knowledge; incorporating valuable lessons learned and best practices into the organisation's processes; applying a collaborative and integrated approach

Quality of knowledge: features, e.g. accurate, detailed, classified, fit for purpose, complete, accessible

Scope: individual, group and organisation levels; tacit and explicit knowledge; systems and procedures to capture, document and disseminate information

Knowledge and good practice: that which should be shared within the organisation; that which could be shared outside the organisation

Areas of knowledge and good practice: legal changes, e.g. impact of the Care Act 2014; impact of the introduction of living wage; managing finances; sharing good practice, e.g. implementing personalisation, personal budgets, and advocacy, knowledge to improve organisation's performance

Methods: face-to-face meetings, e.g. team meetings; electronic e.g. webinar, blog, email; journals

Legal and organisational requirements: data protection, confidentiality, information specific and confidential to the organisation, e.g. restructuring of roles; requirements for organisations in the private sector, organisations in the public sector, and organisations in the third sector

Barriers: lack of time, e.g. due to shift patterns; lack of human resources, e.g. insufficient staff; attitudes, e.g. resistance to change

2 Be able to share knowledge and good practice

Agreed arrangements: methods of sharing information, timing of information, recipients, e.g. line manager or all staff

Opportunities: formal, informal; networking, e.g. professional development events, multiagency meetings

3 Be able to incorporate new knowledge into own practice

Opportunities to learn: face to face, e.g. meetings, professional development events; using electronic media, e.g. webinars, reading online professional journals

4 **Be able to evaluate the sharing of knowledge and good practice**

Evaluate: the value to individuals using service, value to own practice, value to organisation, value to wider society

Importance of sharing: improving the organisation's advantage; reduces reinvention of the wheel; minimises loss of corporate memory through attrition and retirement; increases scope for innovation in services and processes; identifies critical resources and critical areas of knowledge; supports risk management; better efficiency and enhanced effectiveness; cost reduction

Benchmarking: working together to improve services, e.g. NHS benchmarking, SCIE benchmarking

Improved processes: organisational culture, e.g. trust and willingness to share; organisational structure, e.g. flexible, collaborative and decentralised; people with the right skills and attitudes, e.g. T-shaped skills; effective information and technology systems, e.g. intranets, extranets, groupware, databases; use of knowledge to strengthen the strategic plan

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 1, 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Assessment for learning outcome 1 could be by direct observation, supported by a learner diary to show the planning that underpins practice in learning outcomes 2, 3 and 4. Learners' diaries could record what knowledge and good practice they have shared, and when and how this took place. Learners should record any new knowledge they gained and they should reflect on the sharing experience, evaluating the benefits for themselves, their organisation and for society. This will link to Schön's model of reflective practice by reflecting on action. They should also suggest improvements to the process where relevant.

Assessment for learning outcome 2 could be by direct observation or by expert witness testimony supported by examination of work products such as notes from meetings, annotated notes from presentations given or attended, learning logs/diaries or any other relevant documentation produced in sharing knowledge and good practice.

For learning outcome 3, direct observation could be used, supported by professional discussion or learning logs/diaries or any other relevant documentation to evidence the incorporation of new knowledge into practice.

Learning outcome 4 could be evidenced by direct observation, supported by professional discussion, learning logs/diaries or a reflective account from learners, which could also be used to provide evidence for learning outcome 1. Learners should show how they appraise systems used to disseminate knowledge and practice internal to the organisation and external to the organisation, for example with colleagues from another setting or discipline. Learners should also explore benchmarks used for the dissemination of knowledge and practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Book

Andreadis J, Liebowitz J, Schieber R – *Knowledge Management in Public Health* (CRC Press, 2009) ISBN 9781439806005

Journal

Community Care

Websites

www.nhsbenchmarking.nhs.uk	Benchmarking Network NHS to share good practice
www.scie.org.uk	<i>Essence of Care: patient-focused benchmarks for clinical governance</i> (Guide 15)
www.scie.org.uk	<i>The involvement of users and carers in social work education: a practice benchmarking study</i> (Report 54)

Unit 34: Support the Spiritual Wellbeing of Individuals

Unit reference number: M/503/8133

Level: 3

Credit value: 3

Guided learning hours: 26

Unit introduction

When providing person-centred care, it is important to use a holistic approach to ensure that the individual's needs are met, and this includes provision for the individual to express and practise their religious and spiritual beliefs. This is of particular importance when caring for individuals who may have conditions that are life-changing, life limiting or terminal. Care workers should be able to support all who need care, regardless of whether they share those beliefs.

In this unit, you will learn about the importance of spirituality for individuals, the difference between spirituality and religion and the links between spirituality, faith and religion. You will learn how spirituality may be affected by previous experiences and how it may contribute to a person's identity. You will learn how to assess the spiritual needs of an individual and incorporate those needs in their care plan. You will explore your own and others' values and beliefs and how these may impact on the individual when meeting their spiritual needs. You will need to show that you can support the spiritual wellbeing of individuals by using resources and information, creating a spiritually enabling environment and supporting them to participate in their chosen activities. You may need to work in partnership with faith and non-religious communities.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the importance of spirituality for individuals	1.1 Outline different ways in which spirituality can be defined 1.2 Define the difference between spirituality and religion 1.3 Describe different aspects of spirituality 1.4 Explain how spirituality is an individual experience 1.5 Explain how spirituality defines an individual's identity 1.6 Outline the links between spirituality, faith and religion 1.7 Explain how an individual's current exploration of spirituality may be affected by their previous experience of spirituality, faith or religion
2 Be able to assess the spiritual needs of an individual	2.1 Support the individual to identify their spiritual needs and how and by whom these can be addressed 2.2 Identify how an individual's emphasis on spirituality may vary at different stages of their life experience 2.3 Take action to ensure that the individual's spiritual wellbeing is recognised appropriately in their care plan
3 Understand the impact of values and beliefs on own and an individual's spiritual wellbeing	3.1 Analyse how your own values and beliefs may impact on others when communicating about the individual's spiritual wellbeing 3.2 Identify how the values and beliefs of others may impact on the individual 3.3 Identify the effects on own values and beliefs when meeting the spiritual needs of individuals and others

Learning outcomes	Assessment criteria
<p>4 Be able to support individuals' spiritual wellbeing</p>	<p>4.1 Access resources and information to support the individual's spiritual wellbeing</p> <p>4.2 Contribute to the creation of an environment that enables individuals to express aspects of their spiritual wellbeing</p> <p>4.3 Support the individual to take opportunities to explore and express themselves in ways that support their spiritual wellbeing</p> <p>4.4 Support the individual to participate in their chosen activities to support their spiritual wellbeing</p> <p>4.5 Access any additional expertise required to meet the individual's spiritual needs</p> <p>4.6 Outline the benefits of working in partnership with faith and non-religious communities to support the spiritual needs and preferences of the individual</p>

Unit content

1 Understand the importance of spirituality for individuals

Spirituality: wider than religion, e.g. people can be spiritual and not be religious or can be spiritual and religious; variations of spirituality, e.g. a feeling of oneness and fulfilment, purpose in life, may or may not believe in one or many higher forces; aspects of spirituality, e.g. tolerance, being grounded, coping well with stress, individual approach, hope and strength, trust, meaning and purpose, forgiveness, belief and faith in self and others, values, relationships, morality, creativity and self-expression

Faith: a belief founded on conviction rather than on proof

Religion: Durkheim's definition, e.g. an ordering system for society, distinguishing between sacred and profane, using rituals to unite followers; belief in a supreme being; organised social system, often male dominated; collective approach to belief sharing common beliefs in order to belong

Links between spirituality, faith and religion: faith present in religious belief and also present in spirituality; religion may include spirituality and faith; spirituality may include faith without a fixed religion

Context within the individual's life: importance given to it by the individual, e.g. central or peripheral to their lives, whether they pay lip service to it or whether beliefs guide their actions

Influences on individual's spirituality: age, gender, social class, beliefs, life experience; previous experience of spirituality, faith or religion, e.g. negative such as being forced to attend religious events and disliking it, or positive experience such as having a role model who had faith, religion, or spirituality

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

Own values and beliefs: religious beliefs, spiritual beliefs, avoidance of religion or spirituality, ideas of privacy of beliefs

Impact of own values and beliefs on others when communicating: positive impact, e.g. understanding of their beliefs, potentially common values such as tolerance, positive body language, e.g. nodding, smiling; negative impact, e.g. lack of awareness such as why someone does not eat pork or drink alcohol, or why people refrain from food and drink by fasting, unwillingness to learn about different beliefs, stereotyping and prejudice inhibiting communication, negative body language such as crossing arms, avoiding eye contact

How the values and beliefs of others may impact on the individual: others such as family, friends, health professionals, other carers, religious leaders; approval or disapproval

Impact of own beliefs and values when meeting the spiritual needs of individuals and others: differences in beliefs and values; ensuring rights of individuals despite differences to include respect, individuality, dignity, privacy, protection from harm

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Centres can use the assignment below to meet learning outcomes 1 and 3, but there are a variety of methods that can be used to assess learners' knowledge and understanding.

For learning outcome 1, learners could produce a reflective account on spirituality. This could include an overview of how spirituality can be defined and a description of different aspects of spirituality, the differences and the links between spirituality, faith and religion. They should explain how spirituality is an individual experience and how it can define an individual's identity influenced by their previous experience of spirituality, faith and religion. Learners could use examples from their own experience to illustrate the points made and this might provide useful evidence of reflective practice for other units where personal development and equality are involved.

Learning outcome 2 could be met through direct observation and professional discussion, in which learners support the individual to identify and plan to meet their spiritual needs, for AC2.1. Direct observation of learners taking action to ensure that the individual's spiritual wellbeing is recognised appropriately in their care plan could provide evidence for AC2.3. For AC2.2, learners could use professional discussion to explain how an individual's emphasis on spirituality may vary at different stages of their life.

In order to meet learning outcome 3, learners could continue their reflective account, demonstrating their understanding of how values and beliefs can have an impact on spiritual wellbeing. For AC3.1, they could examine in detail how their own values and beliefs may impact on others when communicating about the individual's spiritual wellbeing and, for AC3.2, how the values and beliefs of others may impact on the individual. For AC3.3, learners could reflect on the effects of their own values and beliefs when meeting the spiritual needs of individuals and others. Relevant examples from their own experience would provide evidence of reflective practice and personal and professional development.

For learning outcome 4, direct observation that learners are able to support an individual's spiritual wellbeing is the preferred form of evidence. Work products and witness testimony could provide evidence for AC4.1 and AC4.5 where learners are required to access resources, information and expertise. Direct observation of AC4.2, AC4.3 and AC4.4 could show how learners helped to create a suitable environment and appropriate opportunities for individuals to express their spirituality and beliefs. For AC4.5, evidence could be a professional discussion in which learners outline the benefits of working in partnerships with different communities to support the spiritual needs of individuals.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Fitchett G et al – *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy* (Jessica Kingsley Publishers, 2015) ISBN 9781849059763

Giddens A and Sutton P – *Sociology*, 7th edition (Polity Press, 2013) ISBN 9780745652931

Gilbert P – *Spirituality Values and Mental Health: A handbook for service users, carers and staff wishing to bring a spiritual dimension to mental health services*, (Pavilion Publishing, 2012) ISBN 9781908066008

Greenstreet W – *Integrating Spirituality in Health and Social Care: Perspectives and Practical Approaches* (CRC Press, 2006) ISBN 9781857756463

Haralambos M and Holborn H – *Sociology Themes and Perspectives*, 8th edition (Collins Educational, 2013) ISBN 9780007498826

Lindridge A – *Keeping the Faith: Spirituality and Recovery from Mental Health Problems* (Mental Health Foundation, 2007) ISBN 9781906162085 (Free to download from MHF website)

MacKinlay E – *Palliative Care Ageing and Spirituality: A Guide for Older People, Carers and Families* (Jessica Kingsley Publishers, 2012) ISBN 9781849052900

Journals

Community Care

Health and Social Care Chaplaincy

Journal of Religion and Health

Journal for the Scientific Study of Religion

Research in Nursing and Health

Websites

www.gov.uk

Spiritual Care at the End of Life: a systematic review of the literature published by Department of Health 2011

www.mentalhealth.org.uk

Mental health charity – information about spirituality, free download of *Keeping the Faith*

www.rcn.org.uk

Royal College of Nursing – *Spirituality in nursing care: a pocket guide*

Unit 35: Provide Support to Maintain and Develop Skills for Everyday Life

Unit reference number: L/601/8028

Level: 3

Credit value: 4

Guided learning hours: 28

Unit introduction

There are many reasons why an individual may require support to maintain and develop skills for everyday life in a variety of care settings. Individuals who have been injured may lose skills and people with learning disabilities may have never developed the skills that could enable them to live more independent lives. It is important that care workers can help these individuals regain their independence, achieve health and wellbeing and go on to fulfil their potential.

In this unit, you will examine the reasons why individuals may need help to maintain, regain or develop skills for everyday life and the methods for doing so. You will learn how to support individuals to plan for maintaining and developing skills and how to support them while they achieve this. You will also learn how to assess progress and decide to what extent the support has been helpful in assisting the individual to achieve their aims.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the context of supporting skills for everyday life</p>	<p>1.1 Compare methods for developing and maintaining skills for everyday life</p> <p>1.2 Analyse reasons why individuals may need support to maintain, regain or develop skills for everyday life</p> <p>1.3 Explain how maintaining, regaining or developing skills can benefit individuals</p>
<p>2 Be able to support individuals to plan for maintaining and developing skills for everyday life</p>	<p>2.1 Work with an individual and others to identify skills for everyday life that need to be supported</p> <p>2.2 Agree with the individual a plan for developing or maintaining the skills identified</p> <p>2.3 Analyse possible sources of conflict that may arise when planning and ways to resolve them</p> <p>2.4 Support the individual to understand the plan and any processes, procedures or equipment needed to implement or monitor it</p>
<p>3 Be able to support individuals to retain, regain or develop skills for everyday life</p>	<p>3.1 Provide agreed support to develop or maintain skills, in a way that promotes active participation</p> <p>3.2 Give positive and constructive feedback to the individual during activities to develop or maintain their skills</p> <p>3.3 Describe actions to take if an individual becomes distressed or unable to continue</p>

Learning outcomes	Assessment criteria
<p>4 Be able to evaluate support for developing or maintaining skills for everyday life</p>	<p>4.1 Work with an individual and others to agree criteria and processes for evaluating support</p> <p>4.2 Carry out agreed role to evaluate progress towards goals and the effectiveness of methods used</p> <p>4.3 Agree revisions to the plan</p> <p>4.4 Record and report in line with agreed ways of working</p>

Unit content

1 Understand the context of supporting skills for everyday life

Methods: doing things for an individual; doing things with an individual ensuring active participation of individual

Skills: skills for activities of daily living, e.g. controlling body temperature, maintaining a safe environment, breathing, eating and drinking, elimination, personal hygiene and dressing, mobilising, sleeping, communication, work and play, expressing sexuality, death and dying

Reasons why individuals may need support: temporary reasons such as a broken hip; permanent reasons such as brain injury, dementia; physical reasons such as paralysis, social reasons such as social isolation, psychological reasons such as depression, intellectual reasons such as learning disabilities or autism

Benefits for individuals: dignity, choice, gain or maintain independence, prevent learned helplessness, improved self-esteem, self-confidence and self-concept, reablement

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes. There are a variety of methods that can be used to assess learning outcome 1, but centres can opt to use the suggested assignment below.

For learning outcome 1, learners could produce a reflective account describing different methods to develop and maintain skills for everyday life. They could compare the advantages and drawbacks of these methods for the individual and for the carer, for AC1.1. For AC1.2, learners could use examples to consider in detail the reasons why individuals may need support to maintain, regain or develop skills for everyday life. Examples could include the support needed by an individual with a learning disability to develop social skills, or a person who has to regain speech after a stroke, or a person with limited mobility after a road traffic accident who has to maintain what mobility they still have. Learners could include a range of skills required to support the activities of everyday living. For AC1.3, learners could use examples to explain how different individuals benefit by maintaining, regaining or developing skills. Professional discussion could establish that learners have the knowledge and understanding of all three aspects (maintain, regain, develop) for this learning outcome.

Learning outcome 2 could be met by direct observation supported by expert witness testimony of learners working with an individual and others to identify skills that need to be supported, for AC2.1, and of them agreeing the plan with the individual. Direct observation could also be used to provide evidence that learners can support the individual to understand the plan and anything needed to implement or monitor it. For AC2.3, learners could use professional discussion to explain in detail possible sources of conflict that may arise when planning and ways to resolve them.

For learning outcome 4, direct observation of AC4.1 would provide evidence that learners work with an individual and others to agree criteria and processes for evaluating support; for AC4.2, that learners carry out their agreed role to evaluate progress towards goals and the effectiveness of methods used and, for AC4.3, learners agree revisions to the plan. Work products or witness testimony for AC4.4 could be appropriate methods of providing evidence that learners have recorded and reported appropriately. Professional discussion could also be used to supplement the evidence provided elsewhere.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

- Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106
- Lishman J, Yuill C, Brannan J and Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892
- Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026
- Spence D and Barnett HJM – *Stroke prevention treatment and rehabilitation* (McGraw-Hill Medical, 2012) ISBN 9780071762359
- Tilmouth T and Quallington J – *Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services* (Hodder Education, 2012) ISBN 9781444156089
- Woodward P – *Positive Risk Taking for Individuals with Disabilities: A Care Quality Guide for Health and Social Care Staff and Carers* (Pavilion Publishing, 2014) ISBN 9781910366059

Journals

- British Journal of Community Nursing*
- British Journal of Social Work*
- Community Care*
- Journal of Social Work*

Websites

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| www.ageuk.org.uk | UK charity providing support for the ageing population and those who care for them |
| www.alzheimers.org.uk | UK charity that supports and advises people with Alzheimer's, their families and carers |
| www.citizensadvice.org.uk | UK charity that provides a service offering advice to members of the public on a range of subjects affecting employment, housing and legal matters |
| www.disabilityrightsuk.org | Disability Rights UK – advice on independent living |
| www.downs-syndrome.org.uk | UK charity that supports people who are affected by Down's Syndrome |
| www.gov.uk | Think Autism – an update to the government adult autism strategy |
| www.headway.org.uk | UK charity set up to provide support to improve life after brain injury |
| www.mencap.org.uk | UK charity providing support and advice about learning disabilities |

www.ncvo.org.uk

The National Council for Voluntary Organisations – an umbrella body that supports the voluntary sector in the UK

www.scope.org.uk

UK charity that provides support and information to people with disabilities and their families

www.stroke.org.uk

UK charity providing support for people who have had a stroke, their carers and families

Other

Disability – Working Together Booklet, 2010, The Health and Safety Group, ASIN B003SZ4GIQ

Unit 36: Support the Development of Community Partnerships

Unit reference number: M/601/9494

Level: 4

Credit value: 5

Guided learning hours: 33

Unit introduction

Community partnerships play a key role in providing services for individuals accessing facilities and resources. Ensuring partnerships are effective is key to quality service delivery and this includes agreeing roles and responsibilities and accessing resources.

In this unit, you will develop the knowledge and skills required to support the development and implementation of community partnerships. You will explore the value and role of community partnerships in supporting a variety of needs, identifying when and why community partnerships might be effective. This includes who might be involved in a community partnership and how this would work to reach shared goals.

The unit also supports you to address the setting up, running and review of community partnerships, enabling you to demonstrate good practice in these vital areas.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the role of community partnerships	1.1 Explain the concept of community partnerships 1.2 Analyse the benefits of community partnerships 1.3 Describe the range of agencies, networks, organisations and individuals who may be involved in community partnerships
2 Be able to identify where community partnerships could inform and support practice	2.1 Work with others to identify needs that could be met through community partnerships 2.2 Gather and disseminate information about existing community partnerships that may meet identified needs 2.3 Contribute to evaluating information about existing community partnerships and identifying gaps 2.4 Work with others to determine how a community partnership could fill a gap in provision
3 Be able to bring people together to set up community partnerships	3.1 Identify individuals, agencies, organisations and networks who might wish to be involved in a partnership to fill a gap in provision 3.2 Disseminate information about the proposed partnership to those identified 3.3 Invite participation in the proposed partnership

Learning outcomes	Assessment criteria
<p>4 Be able to support the setting up of community partnerships</p>	<p>4.1 Gather information about good practice from partnerships with similar purposes</p> <p>4.2 Gather information on potential costs and sources of funding for the partnership</p> <p>4.3 Provide information gathered to potential members of the partnership</p> <p>4.4 Work with others to agree:</p> <ul style="list-style-type: none"> • membership of the partnership • aims and objectives • roles and responsibilities • activities and practices
<p>5 Be able to contribute to the running of community partnerships</p>	<p>5.1 Carry out own responsibilities to support the purpose of the partnership</p> <p>5.2 Support the community partnership to operate effectively</p> <p>5.3 Describe ways to support the partnership when a member disengages</p>
<p>6 Be able to contribute to the review of community partnerships</p>	<p>6.1 Support members of the partnership to monitor its activities</p> <p>6.2 Support members of the partnership to agree processes, participants and criteria for evaluating its effectiveness in meeting objectives</p> <p>6.3 Contribute to evaluating the partnership</p> <p>6.4 Contribute to agreeing changes to the partnership's practice</p>

Unit content

1 Understand the role of community partnerships

Concept of community partnerships: community based; partnership between local NHS, other statutory agencies, third and private sector providers, users and carers and the wider local community; Putting People First guidance

Benefits of community partnerships: needs led, maximising independence, empowerment; reaching potential, partnership, person-centred, choice; shared action; duty of care; shared resources; shared knowledge; increased access to resources; wider pool of knowledge; flexibility; collaboration; local knowledge; efficient use of shared resources; practitioner input; shared goals; sustainability; inclusion; consistency; choice

Practitioners involved in community partnerships: public, private, third sector organisations, e.g. for advocacy, for housing, for community safety such as police, for transport, for inclusivity to promote a healthy neighbourhood and empowering individuals; healthcare; social care; home help/care/personal assistant; respite; day care; night-sitting services; care in a care home; provision of aids, adaptations and equipment to help with daily living tasks and home safety; community transport; provision of home adaptations; social and cultural needs; pre-prepared meals; meal delivery; social activities; employment; education; advice and information about services and welfare benefits; preventive and rehabilitation services; services to meet psychological needs; assisting with placements; third sector support, e.g. day care, advice/guidance on funding

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in Annexe A.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to demonstrate an understanding of the context of community partnerships, the benefits of such partnerships and the agencies who might be involved. Reflective accounts or reports resulting from research could be used and learners should be encouraged to interact with the concepts as required by the assessment criteria and indicate how this knowledge and understanding impacts on their current work practices or past experience. They should then consider how they could potentially use this knowledge and understanding in their job role to inform best practice.

A reflective account or report could be used to provide the evidence for AC1.1, AC1.2 and AC1.3 where learners will need to explain the notion behind community partnerships, analysing the benefits involved for individuals and for service delivery. For AC1.3, learners could produce a report for colleagues describing practitioners and organisations involved in community partnerships.

For learning outcome 2, learners will need to demonstrate an understanding of instances where community partnerships would be valuable in developing and complementing existing practice and service delivery. Evidence covering learning outcome 2 and AC3.1 can be provided from direct observation. There should be sufficient evidence over time to ensure that learners have met all of the requirements. The observation should demonstrate learners collaborating with others to identify how and when a community partnership can have a positive influence on the provision of services, suggesting suitable partnerships to meet the needs identified.

A reflective account, professional discussion or a report could be used to support the observation. This could be extended to include an analysis of the available community partnerships best able to provide the required support, and how this can best be provided.

For learning outcomes 3 and 4, learners will need to demonstrate an understanding of how to effectively facilitate community partnership working, using the outcomes from learning outcome 2 to identify appropriate partnership members. Evidence is required from direct observation, which should demonstrate the necessary support provided to facilitate community partnerships, accessing suitable partnership members. The observation should include the provision of information and invitations to potential partners to inform the setting up process and the assembling of good practice examples from existing community partnerships, identification of costings and sources of incomes for the proposed partnership and informing others to enable agreement to be made about the assembly and activities of the intended partnership.

For learning outcome 5, learners will need to demonstrate an understanding of the support needed to implement an effective community partnership. For learning outcome 5, evidence is required from direct observation, covering AC5.1 and AC5.2. The observation should demonstrate learners supporting positive interaction with community partnerships. The use of a reflective account for AC5.3 will allow learners to interact with the procedures involved when a member disengages from the partnership.

Learning outcome 6 focuses on the evaluation of community partnerships. For this learning outcome, evidence is required from direct observation and product review where learners are asked to participate in reviewing the effectiveness of community partnerships, agreeing the criteria for evaluation and any resulting amendments to practice or service delivery.

A reflective account, professional discussion or a report could be used to support product and observational evidence where learners evaluate community partnership activities, identifying any necessary changes to be made.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Dickinson H and Glasby J – *Partnership Working in Health and Social Care: What is Integrated Care and How Can We Deliver It?* 2nd edition (Policy Press, 2014) ISBN 9781447312819

Keady J et al – *Partnerships in Community Mental Health Nursing & Dementia Care: Practice Perspectives* (Open University Press, 2007) ISBN 9780335215812

Oliver B – *Engaging Communities and Service Users: Context, Themes and Methods* (Palgrave Macmillan, 2013) ISBN 9780230363076

Pollard K et al – *Understanding Interprofessional Working in Health and Social Care: Theory and Practice* (Palgrave Macmillan, 2009) ISBN 9780230216792

Thomas J et al – *Interprofessional Working in Health and Social Care: Professional Perspectives*, 2nd edition (Palgrave Macmillan, 2014) ISBN 9780230393431

Journals

Community Care

Health and Social Care in the Community

Websites

webarchive.nationalarchives.gov.uk	<i>Putting People First – a shared vision and commitment to the transformation of Adult Social Care 2007</i>
www.commpartnership.co.uk	A group of charities working together to maximise health and wellbeing in Richmond on Thames, London
www.scie.org.uk	<i>Windows of opportunity: prevention and early intervention in dementia</i> Interventions: Building social capital – Case studies, e.g. Connected Care model connects health and social care services with housing, education, employment, community safety, transport and other services
www.thinklocalactpersonal.org.uk	Putting people first briefing

Unit 37: Support Individuals to Access and Use Services and Facilities

Unit reference number: F/601/7927

Level: 3

Credit value: 4

Guided learning hours: 25

Unit introduction

Individuals may not be able to access the services and facilities they need either because they do not know what is available, how to get access to them or because they lack confidence. People can also encounter barriers that prevent them from using the services that they need.

In this unit, you will learn about the benefits of having access to different services and facilities, and you will learn about what some of the barriers are.

You will also demonstrate that you have the knowledge and skills to provide the support needed to access the facilities that individuals need, and how to support them to challenge any barriers to access. You will also be able to show that you can support individuals to review and evaluate the services and facilities that they have accessed, and provide assistance to make any adjustments to the access they have. This may also include assisting them to raise concerns or complaints.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand factors that influence individuals' access to services and facilities</p>	<p>1.1 Describe how accessing a range of services and facilities can be beneficial to an individual's wellbeing</p> <p>1.2 Identify barriers that individuals may encounter in accessing services and facilities</p> <p>1.3 Describe ways of overcoming barriers to accessing services and facilities</p> <p>1.4 Explain why it is important to support individuals to challenge information about services that may present a barrier to participation</p>
<p>2 Be able to support individuals to select services and facilities</p>	<p>2.1 Work with an individual to identify a range of services and facilities likely to meet their assessed needs</p> <p>2.2 Agree with an individual their preferred options for accessing services and facilities</p> <p>2.3 Work with an individual to select services or facilities that meet their assessed needs and preferences</p>
<p>3 Be able to support individuals to access and use services and facilities</p>	<p>3.1 Identify with an individual the resources, support and assistance required to access and use selected services and facilities</p> <p>3.2 Carry out agreed responsibilities to enable the individual to access and use services and facilities</p> <p>3.3 Explain how to ensure individuals' rights and preferences are promoted when accessing and using services and facilities</p>

Learning outcomes	Assessment criteria
<p>4 Be able to support individuals' to review their access to and use of services and facilities</p>	<p>4.1 Work with an individual to evaluate whether services or facilities have met their assessed needs and preferences</p> <p>4.2 Support an individual to provide feedback on their experience of accessing and using services or facilities</p> <p>4.3 Work with an individual to evaluate the support provided for accessing and using services or facilities</p> <p>4.4 Identify and agree any changes needed to improve the experience and outcomes of accessing and using services or facilities</p>

Unit content

1 Understand factors that influence individuals' access to services and facilities

Benefits to individual: physical such as help to mobilise and to maintain or regain mobility after a stroke; social benefits, e.g. getting out and seeing friends; emotional benefits, e.g. avoiding depression, having a sense of purpose; psychological benefits, e.g. feeling valued, having an increased sense of wellbeing

Needs of individual: support individual to identify needs to include prompting, listening skills, level of support, working at individual's pace; identifying strengths and weaknesses, interests, realistic expectations; benefits of accessing services and facilities

Availability of information: local, e.g. Citizens Advice Bureau, Council for Voluntary Services; special interest groups, e.g. Age UK, the Alzheimer's Society, Mencap, Scope; individual's lack of knowledge; information to include format, clarity, relevance, up to date

Barriers to access: environmental, e.g. lack of ramps, lifts, accessible toilet facilities, high risk location, distance, cost; communication, e.g. lack of information to include format, language, translators, loop system, effective staff; psychological, e.g. lack of confidence, fear, anxiety, unwillingness to accept help; discrimination, e.g. race, gender, disability

Enabling access: individual's consent; support individual to challenge barriers, e.g. misleading, inaccurate, discriminatory information; suitable travel arrangements, alternative facilities, alternative access; level of support required; raising concerns; alternative sources of support to access information

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Centres can design their own assessment opportunity to meet learning outcome 1, but could also use the assignment suggested below. Adaptations may need to be made to meet the differing needs of the people that learners care for and take into account the availability of services and facilities in their local area.

To meet learning outcome 1, learners could plan and produce a learning resource for colleagues to inform them about how to support individuals in their care to access and use services and facilities. This should include how to meet the needs of the individual, what information might be available locally, any barriers or challenges that might affect an individual's ability to access the services and how they can be supported to challenge and overcome the barriers. This learning resource could be paper based, or electronically produced. A learner diary recording descriptions of the activity, or a professional discussion, could be used as evidence for this learning outcome.

Learning outcomes 2 and 3 could both be assessed through direct observation of a meeting between the learner and an individual, concentrating on establishing the services and facilities that will meet the needs of the service user, and then discussing how the individual would access the selected services. Learning outcome 4 could be met by a reflective account of a meeting between the learner and the individual where they evaluate the services selected.

Although the preferred method of providing evidence to meet the assessment criteria for learning outcomes 2 and 3 is direct observation, alternative evidence such as work products could be presented. This could include records made in an individual's care plan, although learners must ensure that confidentiality is maintained and that the individual cannot be identified in any material submitted. Professional discussion can also be used to provide additional evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Ayling P – *Health and Social Care Diploma Level 3 Course Companion* (Nelson Thornes, 2012) ISBN 9781408515365

Beresford P and Carr S – *Social Care, Service Users and User Involvement: Research Highlights in Social Work* (Jessica Kingsley Publishers, 2012) ISBN 9780857002648

Nolan Y, Pritchatt N, Railton D – *Level 3 Health and Social Care (Adults) Diploma: Candidate Book (Level 3 Work Based Learning Health and Social Care)* (Heinemann, 2011) ISBN 9780435031978

Journals

British Journal of Community Nursing

British Journal of Social Work

Community Care

Nursing Times

Websites

www.ageuk.org.uk	UK charity providing support for the ageing population and those who care for them
www.alzheimers.org.uk	UK charity that supports and advises people with Alzheimer's, their families and carers
www.citizensadvice.org.uk	UK charity that provides a service offering advice to members of the public on a range of subjects affecting employment, housing and legal matters
www.cqc.org.uk	<i>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 Person-centred care</i>
www.mencap.org.uk	UK charity providing support and advice about learning disabilities
www.ncvo.org.uk	The National Council for Voluntary Organisations – an umbrella body that supports the voluntary sector in the UK
www.scope.org.uk	UK charity that provides support and information to people with disabilities and their families
www.shaw-trust.org.uk	The Shaw Trust – charity providing support to people who need help to be independent, economically active and to contribute to society

Other

Disability – Working Together Booklet, 2010, The Health and Safety Group, ASIN B003SZ4GIQ

Unit 38: Support Individuals to Access and Manage Direct Payments

Unit reference number: H/601/7905

Level: 4

Credit value: 6

Guided learning hours: 40

Unit introduction

Direct payments are key to providing independence to individuals in care, and the management of this is critical when supporting people who have been assessed as needing help. It is important to know what direct payments can and cannot be used for and how services can be accessed.

In this unit, you will be introduced to the support individuals often require in order to access and manage direct payments. The unit explores the reasons for direct payments, the legislation and policy underpinning their use and the information and guidance available to help an individual make decisions about their suitability and their use.

The unit also addresses how you can enable individuals to address any issues they encounter relating to direct payments, and how to enable them to manage and monitor their implementation and use.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the role of direct payments	1.1 Explain the purpose of direct payments 1.2 Explain how direct payments relate to legislation and policies for providing care and support 1.3 Identify the range of services for which direct payments may be used
2 Be able to support individuals to decide whether to use direct payments	2.1 Identify sources of information and advice about using direct payments 2.2 Provide information and advice about direct payments in a way that is accessible to an individual and others 2.3 Access specialist guidance about using direct payments 2.4 Work with the individual and others to decide: <ul style="list-style-type: none"> • whether a direct payment would be beneficial in meeting the individual's needs • the level and type of support needed to manage the direct payment
3 Be able to provide support to select services to be purchased with direct payments	3.1 Provide accessible information about services that are likely to meet the individual's needs 3.2 Work with the individual and others to select support that meets their needs within resources available 3.3 Support the individual to check and understand documents produced by service providers selected

Learning outcomes	Assessment criteria
<p>4 Be able to provide support for completing paperwork associated with direct payments</p>	<p>4.1 Contribute to completing paperwork to apply for direct payments, in a way that promotes active participation</p> <p>4.2 Support the individual to make payments for services purchased, in a way that promotes active participation</p> <p>4.3 Contribute to submitting claims and monitoring documents for direct payments, in a way that promotes active participation</p>
<p>5 Understand how to address difficulties, dilemmas and conflicts relating to direct payments</p>	<p>5.1 Explain how dilemmas may arise between duty of care and an individual's rights in the context of direct payments</p> <p>5.2 Identify practical difficulties and conflicts that may arise in relation to direct payments</p> <p>5.3 Describe strategies to resolve or minimise such difficulties, dilemmas and conflicts</p>
<p>6 Be able to contribute to reviewing the support provided through direct payments</p>	<p>6.1 Agree with the individual how the support they purchase will be evaluated</p> <p>6.2 Work with the individual and others to evaluate the support they have purchased</p> <p>6.3 Agree any changes needed to the support purchased</p> <p>6.4 Provide feedback to organisations about the support purchased</p>
<p>7 Be able to contribute to reviewing the management of direct payments</p>	<p>7.1 Work with the individual and others to review the management of the direct payment</p> <p>7.2 Agree any changes to the type and level of support needed for managing a direct payment</p> <p>7.3 Provide feedback to people and organisations about the management of the individual's direct payment</p>

Unit content

1 Understand the role of direct payments

Purpose of direct payments: person-centred; control; choice; flexibility; independence; consistency; continuity; active participation; personalised; self-directed

Using direct payments: to buy services/equipment the individual has been assessed as needing; help with cleaning or laundry; employing a personal assistant; for short-term needs to support a return to independence; respite/short-term stay in a residential setting; to fund a day care service place or daytime activities; payment for a translator or communicator; aids and adaptations in the home

Legislation and policies underpinning the provision of direct payments: Community Care (Direct Payments) Act 1996; the Health and Social Care Act 2001; the National Health Service (Direct Payments) Regulations 2013 as amended by the National Health Service (Direct Payments) (Amendment) Regulations 2013; the Care and Support (Direct Payments) Regulations 2014; Care and Support Statutory Guidance (October 2014) supporting implementation of the Care Act 2014; the Care Act 2014

Policies: appointing an authorised person; authorised person agreement; assessment procedure; direct payments agreement; duty of care; safeguarding

5 Understand how to address difficulties, dilemmas and conflicts relating to direct payments

Conflicts between duty of care and the individual's rights: use of direct payments; recruitment; safety; employment checks; understanding of the direct payments process; record keeping; monitoring; not utilising authorised person; ability to give consent

Implementation issues: access; assessment; mismanagement of budget; purchasing non-authorised services/items; inappropriate recruitment; refusal to accept direct payments; ability to manage; changing needs

Addressing difficulties, dilemmas and conflicts: advocacy; interpreter services; guidance; information; practitioner involvement; appointment of authorised person; regular reviews; accessing information in appropriate format to aid understanding; ongoing assessment and review

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 6 and 7 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to demonstrate an understanding of the concepts and elements involved in the achievement of direct payments. A report based on research or a reflective account could be used to enable learners to explain the concepts in practice, and then consider how they could potentially use this knowledge and understanding in their job role to inform their practice.

Learners should explain the role of direct payments, the services that can be purchased and the importance of them for the individuals accessing them. Learners should also explain the legislation and policy underpinning direct payments and their administration.

For learning outcomes 2 and 3, learners will need to demonstrate an understanding of approaches supporting the implementation of direct payments. Evidence for these learning outcomes is required from direct observation and assessment of work products, and should demonstrate learners preparing and providing information to an individual to support them in making a decision about accessing direct payments. Learners should also demonstrate how they support individuals to determine the type of support they would like when utilising direct payments. A reflective account, professional discussion or a report could be used to support the observation or work products. The reflective account, professional discussion or report could include an analysis of available information about direct payments and how this supports individuals to make decisions.

For learning outcome 4, evidence is required from direct observation or assessment of work products, and this should demonstrate the provision of support individuals need to complete a direct payments application, ensuring their involvement throughout, and the submission of payments and the required monitoring documentation.

For learning outcome 5, learners will need to demonstrate an understanding of the requirement to address dilemmas and difficulties relating to direct payments. The main source of evidence for all assessment criteria in learning outcome 5 can be evidence relating to their own place of work or, alternatively, learners could generate their evidence through a relevant case study. For example, for AC5.1 and AC5.2, learners could produce a report for colleagues explaining how areas of concern involving an individual's rights can arise when facilitating the implementation of direct payments. This report could include a description of approaches to overcoming the difficulties identified in AC5.2, which would provide evidence for AC5.3.

Learning outcomes 6 and 7 focus on evaluating the effectiveness of direct payments in meeting an individual's assessed needs through the provision of the support or services purchased. For this learning outcome evidence is required from direct observation or the assessment of work products, covering AC6.1, AC6.2, AC6.3 and AC6.4 and AC7.1, AC7.2 and AC7.3 where learners are asked to involve the individual in agreeing how purchased services or support will be reviewed. The review will be carried out and learners should demonstrate how any identified changes are agreed and feed back to the relevant service providers. The observation should demonstrate the necessary support provided to facilitate a review of how the direct payment was managed, identifying any necessary changes and feeding back to practitioners and services, as appropriate.

A reflective account, professional discussion or a report could be used for AC6.1 and AC6.2 where learners explain how they support individuals to review service provision and its effectiveness in meeting their needs.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Disability Rights UK – *Disability Rights Handbook Edition 40 2015/16* (Disability Rights UK, 2015) ISBN 9781903335 680

Glasby J – *Direct payments and personal budgets: Putting Personalisation into Practice* (Policy Press, 2009) ISBN 9781847423177

Pearson C – *Direct Payments and Personalisation of Care (Policy and Practice in Health and Social Care Series)* (Dunedin Academic Press, 2006) ISBN 9781903765623

Websites

www.disabilityrightsuk.org	Disability Rights UK – advice and guidance about direct payments and independent living
www.gov.uk	Application information about direct payments
www.nhs.uk	NHS Choices – information about eligibility and direct payments

Unit 39: Support Individuals to Access Housing and Accommodation Services

Unit reference number: K/601/7906

Level: 3

Credit value: 4

Guided learning hours: 24

Unit introduction

Appropriate housing and accommodation is important for everyone, and nowhere more so than in health and social care where individuals have a wide range of needs and preferences to be met.

In this unit, you will gain the knowledge and skills needed to support individuals to identify and access housing and accommodation to meet their needs and preferences.

The unit also gives you the opportunity to work with those in housing and accommodation services to meet the preferences and needs of individuals and work in collaboration to monitor and review the services provided.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand support available to access housing and accommodation services	1.1 Identify sources of funding and benefits that are available for housing and accommodation services 1.2 Analyse the range of housing and accommodation services available 1.3 Explain how and where to access specialist information and advice about housing and accommodation services
2 Be able to work with individuals to identify housing and accommodation services that meet their needs	2.1 Work with an individual to identify their accommodation requirements 2.2 Work with the individual to understand the range of accommodation services that could meet their needs 2.3 Support the individual to understand requirements that may be made by housing and accommodation services
3 Be able to work with individuals to plan to access housing and accommodation services	3.1 Work with the individual and others to agree a plan for accessing housing and accommodation services 3.2 Establish with an individual which housing and accommodation services will be approached
4 Be able to work with individuals to access housing and accommodation services	4.1 Support the individual to prepare to attend meetings with housing and accommodation services 4.2 Work with the individual to provide accurate and complete information to express their requirements and preferences 4.3 Support the individual to understand the outcome of decisions made by a housing or accommodation service 4.4 Describe ways to challenge discrimination in accessing housing and accommodation services

Learning outcomes	Assessment criteria
<p>5 Be able to work with housing and accommodation services to meet the needs of individuals</p>	<p>5.1 Provide housing and accommodation services with information about own role and responsibilities</p> <p>5.2 Demonstrate continued contact with housing and accommodation staff to ensure individual needs are being met</p>
<p>6 Be able to contribute to the review of housing and accommodation services for individuals</p>	<p>6.1 Work with the individual and others to:</p> <ul style="list-style-type: none"> • monitor the effectiveness and consistency of the service in meeting the individual's needs and preferences • identify any additional support needed <p>6.2 Consult with others about any problems and proposed solutions</p> <p>6.3 Record and report on the review in line with agreed ways of working</p>

Unit content

1 **Understand support available to access housing and accommodation services**

Housing and accommodation services: supported lodgings; residential support; hostels; foyers; supported flats or housing; floating support; housing associations; estate agencies

Funding and benefits available for housing and accommodation services: housing benefit; direct payments; Discretionary Housing Payments; Personal Independence Payment; Council Tax Support/Exemption; Incapacity Benefit; Employment and Support Allowance; Budgeting Loan; Budgeting Advance; Universal Credit; Short-term Benefit Advance; house share; room rental/lettings

Information and advice about housing and accommodation services: local council; estate agents; housing associations; Citizens Advice Bureau; Advance Housing; Shelter

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to demonstrate an understanding of the support that can be accessed in relation to housing and accommodation options. An assignment, based on research carried out, or reflective account could be used to explain the concepts in practice. Learners should identify funding and benefits that could be accessed for an individual seeking housing or accommodation, analyse the housing and accommodation options available and explore the specific advice and guidance available to an individual.

For learning outcomes 2 and 3, learners will need to demonstrate an understanding of approaches to supporting individuals to source housing and accommodation services to meet their needs and preferences. Evidence for these learning outcomes should be from direct observation and should demonstrate learners working with an individual to ascertain their accommodation needs and preferences. A reflective account, professional discussion or a report could be used to support the observation, and could include an analysis of approaches used to support individuals during the search for housing and accommodation.

For learning outcome 4, evidence is required from direct observation, covering AC4.1, 4.2 and 4.3. The observation should demonstrate learners supporting an individual to apply for housing and accommodation services. Learners should show how they enable the individual to provide the information required to apply and prepare for the final decision made by the housing or accommodation service. This evidence can be supplemented with a reflective account, covering AC4.4, asking learners to describe how they would challenge any decisions made or actions taken by housing or accommodation services they thought to be discriminatory.

For learning outcome 5, learners will need to demonstrate an understanding of the requirement to provide a service that encourages learning. Evidence for this should come from direct observation, and should demonstrate how learners work with housing or accommodation services to ensure they are aware of the worker's role and responsibilities and to provide continuity of information and support for the individual and housing or accommodation services. A reflective account or report could include an explanation of how this continuity is provided and how learners' responsibilities are explained to service providers.

Learning outcome 6 focuses on the monitoring and review of the chosen housing or accommodation service. Evidence for this should come from direct observation, where learners are asked to work with the individual and others to evaluate the service to ensure it meets the needs of the individual, agreeing any additional services or support necessary. Evidence of the evaluation must be provided to support the observational evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Astin D – *Housing Law Handbook* (Legal Action Group, 2015) ISBN 9781908407566

Brafield H and Eckersley T – *Service User Involvement: Reaching the Hard to Reach in Supported Housing Paperback* (Jessica Kingsley Publishers, 2007)

ISBN 9781843103431

Websites

www.advanceuk.org

Advance Housing – charitable organisation providing housing, support, employment and other services for people in the community who have a mental health problem or learning difficulty

www.equalityhumanrights.com/

The Equality and Human Rights Commission – advice and guidance in order to challenge discrimination

www.sanctuary-housing.co.uk/

Sanctuary Housing Association – national charity that provides high quality support and housing services

www.shelter.org.uk

Shelter – free, expert housing advice

www.turning-point.co.uk

Turning Point – social care organisation providing services including supported housing for people with complex needs

Unit 40: Identify the Physical Health Needs of Individuals with Mental Health Needs and Plan Appropriate Actions

Unit reference number: A/601/9174

Level: 4

Credit value: 5

Guided learning hours: 35

Unit introduction

During your working life you may gain experience of working with people with mental health problems, even if you never work in a mental health setting. Some individuals with mental health problems manage their condition and medication well, but they may experience physical health problems on occasions. This unit will help you to understand the link between physical and mental health needs, and how one may affect the other.

In this unit, you will develop your knowledge and understanding of how to make an assessment based on the needs of the individual and how to use person-centred planning to meet these needs. You will also be required to demonstrate that you can work according to the required legislation, policies and guidelines, and are competent in assessing, recording and planning actions to meet the physical health needs of a person with mental health needs. You also need to be able to identify the appropriate resources and services that can be accessed and make referrals to other services.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand how to assess the physical health needs of individuals with mental health needs	1.1 Analyse how physical and mental health needs may be linked and may impact on one another 1.2 Describe needs-led assessment and person-centred planning 1.3 Describe legislation, policies and procedures that apply to the assessment process
2 Be able to carry out assessments of the physical health needs of individuals with mental health needs	2.1 Obtain valid consent 2.2 Carry out an assessment of an individuals' physical health needs in line with agreed ways of working 2.3 Communicate accurate information in a way that is sensitive to the personal beliefs and preferences of the individual 2.4 Explain why it is important to consider all information gathered during the assessment process as a whole 2.5 Identify where the outcomes of the assessment require further advice, investigation or referral
3 Be able to record the outcome of assessments	3.1 Record assessments in line with agreed ways of working 3.2 Explain why agreement on sharing of information with others may conflict with the wishes of the individual 3.3 Discuss the content of the assessment records with the individual
4 Be able to plan actions needed following physical health assessments	4.1 Describe the actions that could be taken to meet the individual's needs identified by the assessment 4.2 Identify the risks attached to various courses of action 4.3 Plan actions to be taken in line with agreed ways of working

Learning outcomes	Assessment criteria
5 Be able to identify resources and services needed by individuals following physical health assessments	5.1 Identify the resources and/or services required by the individual as a result of the assessment 5.2 Give an example of a situation where an individual's needs should be met even when it is difficult to secure resources
6 Be able to make referrals	6.1 Obtain and record valid consent where referral is required 6.2 Make referrals in line with agreed ways of working 6.3 Describe why a referral may be refused

Unit content

1 Understand how to assess the physical health needs of individuals with mental health needs

Physical health needs: medical condition; physical disability; lifestyle, e.g. diet, exercise, mobility, alcohol use, substance misuse, living conditions; impact on mental health status and needs

Mental health status: state of mental health; behaviour; level of understanding; mental capacity; personal beliefs and preferences; impact on physical health status and needs

Assessment: past medical history; multi-disciplinary team involvement; observation; level of risk to individual, others, practitioners; needs led assessment; person-centred planning

Legislation, policies and procedures: legislation, e.g. Mental Health Act 2007, Mental Capacity Act 2005, Data Protection Act 1998, Domestic Violence Crime and Victims Act 2004, Health Act 2006, Human Rights Act 1998, NHS and Community Care Act 1990, Disability Discrimination Act 2005, Equality Act 2010; policies and procedures of workplace and organisation

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Centres could use the assessment opportunity included below, but there are a variety of ways in which learning outcome 1 could be assessed.

The assessment process can be complex in order to ensure an individual is able to voice their needs and have them met in an effective, person-centred way. To meet learning outcome 1, learners could devise a guidance document for the workplace explaining how to assess an individual with both physical and mental health needs, which could include reference to relevant legislation, and the factors that practitioners need to assess, including the rationale behind them. The guidance document could include the assessment of physical and mental needs and how they impact on each other, an explanation of needs-led assessment and person-centred planning and of how needs-led assessment and person-centred planning can meet the needs of the individual.

As the assessment process is linear, a holistic observation could be carried out for learning outcomes 2, 3, 4, 5 and 6, supported by a reflective account or professional discussion.

During the observation learners should show they obtain valid consent prior to the assessment. Learners should then demonstrate the actual assessment of an individual's physical health needs, ensuring communication is ongoing and meets the individual's needs and preferences, requesting further information as appropriate and recording all information. Learners should also show how they discuss the assessment with the individual and agree how identified needs will be met.

There may be risks inherent in some choices the individual wishes to make and learners should demonstrate how they enable the individual to manage these risks.

Learners should then show, through observation or the provision of workplace evidence, how they ensure they have valid consent from the individual when a referral is necessary and the procedures for making referrals.

The reflective account or professional discussion should include the importance of considering all information gathered during the assessment process as a whole, the process of agreeing information sharing with others and how resources are identified and accessed for more difficult to meet needs. Finally, the reflective account or professional discussion should include reasons why a referral may not be accepted.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Hart C – *A Pocket Guide to Risk Assessment and Management in Mental Health* (Routledge, 2014) ISBN 9780415702591

Nolan Y – *Level 3 Diploma Health and Social Care (Adults) 3rd Edition* (Heinemann, 2011) ISBN 9780435031978

The British Medical Association and The Law Society – *Assessment of Mental Capacity 3rd Edition* (The Law Society, 2009) ISBN 9781853287784

Tilmouth T and Quallington J – *Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services* (Hodder Education, 2012) ISBN 9781444156089

Tilmouth T – *Mental Health Care A Care Worker Handbook* (Hodder Education, 2013) ISBN 9781444183795

Walker S and Carpenter D – *Assessment and Decision Making in Mental Health Nursing* (Learning Matters, 2013) ISBN 9781446268209

Journals

British Journal of Mental Health Nursing

Journal of Psychiatric and Mental Health Nursing

Mental Health Practice

Websites

www.mentalhealthlaw.co.uk

Information about UK mental health law

www.mind.org.uk

UK mental health charity

Other

Department of Health – *No Health without Mental Health: A Cross Governmental Health Outcomes Strategy for People of All Ages* (2011)

Roberts L – *Meeting the Physical Needs of Mental Health Clients* (Nursing Times 2011, 107, 25)

Unit 41: Work with Families, Carers and Individuals During Times of Crisis

Unit reference number: F/601/9029

Level: 4

Credit value: 5

Guided learning hours: 35

Unit introduction

In society today there are many pressures on families, carers and individuals. These pressures can combine to make a situation critical. Informal support networks of friends, neighbours and extended families may be weaker due to geographical distance, time pressures and family break up. Once we might have asked friends or family for help but now, in times of crisis, with fewer support networks, we may seek help from social services, health services or voluntary organisations.

In this unit, you will learn about relevant laws, guidance and ways of working with individuals, carers and families in times of crisis. You will need to show you can develop risk management strategies in such situations, assessing risks and planning a way forward with families, carers and individuals, based on your assessment. You will need to show you can respond during times of crisis, by assessing the seriousness and urgency of requests for action and then planning and putting into practice a suitable response. Finally, you will need to show that you can review the outcomes of interventions and analyse the results to guide future risk management strategies and actions.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

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

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

Unit content

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

Legislation relating to risk assessment and risk management: Health and Safety at Work etc. Act 1974, Manual Handling Operations 1992, COSHH 1994 (amended 2002), Human Rights Act 1998, Management of Health and Safety Regulations 1999 (amended 2003), Equality Act 2010

Legislation, policy and practice relating to information recording, storing and sharing: Data Protection Act 1998; Freedom of Information Act 2000; Common Law Duty of Confidentiality; Health and Social Care Act 2012, codes of practice relevant to the sector

Legislation relating to care: legislation relating to families, e.g. Children Act 1989, Children Act 2004, Safeguarding Vulnerable Groups Act 2006, Protection of Freedoms Act 2012, Children and Families Act 2014, Education Act 2002, Adoption and Children Act 2002, Children and Adoption Act 2006, Children and Young Persons Act 2008, Borders, Citizenship and Immigration Act 2009, Education Act 2011; legislation relating to carers, e.g. Carers and Disabled Children's Act 2000, Carers (Equal Opportunities) Act 2004; legislation relating to individuals, e.g. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)

Policy and practice: Working together to safeguard children (2015) A guide to inter-agency working to safeguard and promote the welfare of children; Department of Health Best Practice in Managing Risk 2007 principles and guidance for best practice in the assessment and management of risk to self and others in mental health services; Nothing Ventured, Nothing Gained: Risk Guidance for people with dementia 2010; Working alone – Health and safety guidance on the risks of lone working

Practice relating to paper-based information: use of secure storage facilities, locked cabinets, shredding papers no longer required, disposing of sensitive waste securely; practice relating to electronic information– use of secure passwords, not leaving computer screens unattended; verbal confidentiality; not repeating information without permission; adherence to the confidentiality policies and procedures of the setting; adherence to the principles of the Data Protection Act 1998

Support and intervention available in times of crisis: for mental health crises alternatives to hospital admission such as recovery houses with 24-hour support and 'open door' policy, community-based crisis support teams for people with dementia; crisis intervention for families with key worker support, family mediation; third sector support such as telephone helplines; models of intervention such as Gilliland 6 step model, Myer Triage Assessment System, Roberts 7 stage model, Assessment Crisis and Trauma Treatment model, diffusing the immediate crisis

Factors that influence the kinds of support offered: economic factors, resource availability, practitioner skills and knowledge, whether services are culturally appropriate, perceived social stigma, any illnesses the individual may have, legal requirements such as appointment of an Independent Mental Health Advocate, legal restrictions such as Deprivation of Liberty Safeguards, risk assessment, awareness of range of services

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to demonstrate an understanding of the legal and policy frameworks supporting practice when working with individuals and others during times of crisis. A reflective account could be used to provide this evidence. For AC1.1, learners could describe current legislation relevant to risk assessment and risk management in relation to their area of work, for example government guidelines on risk assessment for mental health professionals or risk guidance for people with dementia. For AC1.2, learners could describe legislation, policy and practice relating to the recording, storing and sharing of information by a service provider, referring to current legislation and guidance, explaining how it relates to their practice. For AC1.3, learners could explain and give examples of the different types of support and intervention available to individuals, carers and families in times of crisis. Learners could explain what services are available and how they are obtained, for example by self-referral or professional referral. Learners could explain at least three different types of support and intervention, giving examples, to show their understanding of the range of services on offer. For AC1.4, learners could reflect on the factors that influence the kinds of support offered, giving at least three examples from their own practice or work situation.

For learning outcome 2, learners will need to develop risk management strategies when working with individuals, carers and families in times of crisis. Learning outcome 2 requires evidence from direct observation and assessment of work products. For AC2.1, learners could present examples of documentation where they record their assessment of the risk of crisis situations occurring. Professional discussion could support these work products. For AC2.2, learners could be directly observed encouraging the participation of individuals, carers and families during the agreement and review of a risk management strategy. Permission should be obtained from all parties for this observation. For AC2.3, the same direct observation could be evidence that learners provide opportunities for individuals, carers and families to contribute to the identification and agreement of a risk management strategy and that learners formulate a risk management strategy using risk assessments, for AC2.4. Learners could be directly observed making sure that activities, roles and responsibilities within a risk management strategy are agreed, clarified and understood by all parties, for AC2.5, and they could be observed completing documentation in line with agreed ways of working, for AC2.6.

For learning outcome 3, learners could use work products such as records, reports and case notes to show they can respond during times of crisis. For AC3.1, learners could use documentation from the most recent case where they have responded in a crisis, to show how they evaluate the seriousness and urgency of a request for action. Professional discussion and witness testimony may also be useful in supporting this documentary evidence. Records from the same case could be used to provide evidence that learners can work with families, carers and individuals to agree the response to a crisis situation for AC3.2, which they can record and communicate agreed actions, for AC3.3, and put them into effect promptly in line with agreed ways of working, for AC3.4.

For learning outcome 4, learners must be able to review the outcomes of requests for action during times of crisis. Learners could use professional discussion to explain how to conduct a valid, reliable and comprehensive review, for AC4.1 and then use work products such as reports and anonymised case notes to show they review outcomes of actions taken and decisions made, for AC4.2. A workplace report generated by learners could provide evidence that they analyse the results of the review to inform future risk management strategies and actions to be taken, AC4.3.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Landy S and Menna R – *Early Intervention with Multi-risk Families: An Integrative Approach* (Brookes Publishing Co, 2006) ISBN 9781557666918

Thompson N – *Crisis intervention (Theory into Practice)* (Russell House Publishing Ltd, 2011) ISBN 9781905541676

Vincent S – *Early Intervention: Supporting and Strengthening Families (Protecting Children and Young People)* (Dunedin Academic Press, 2015) ISBN 9781780460369

Yeager K and Roberts A and Yeager K – *Crisis Intervention Handbook: Assessment, Treatment, and Research* (OUP USA, 2015) ISBN 9780190201050

Journals

British Journal of Social Work

Community Care

Journal of Social Work

Websites

www.actionforchildren.org.uk

Action for Children – flexible services for families in crisis, helping them overcome their problems and get back on track

www.childline.org.uk

Free confidential support for children and young people – help with coping with bullying, help with self-esteem

www.dementiacare.org.uk

Information about Carers (Recognition and Services) Act 1995

www.emotionalwellbeing.southcentral.nhs.uk	NHS website about services for emotional wellbeing, mental health issues and learning disability
www.gov.uk	Department of Health publication ' <i>Nothing Ventured, Nothing Gained</i> ': <i>Risk Guidance for people with dementia</i> <i>Working together to safeguard children – A guide to inter-agency working to safeguard and promote the welfare of children</i> , March 2015 HSE Working alone – Health and safety guidance on the risks of lone working
www.legislation.gov.uk	Children and Families Act 2014, role of the Children's Commissioner; Child Poverty Act 2010; Mental Health Act 2007; Modern Slavery Act 2015
www.mhs.manchester.ac.uk	Department of Health – <i>Best Practice in Managing Risk 2007 – A Guide for Mental health professionals working with service users to assess risk</i>
www.nhs.uk/NHSEngland/AboutNHSservices	Guide to mental health services England – information on outreach teams
www.nspcc.org.uk	National children's charity fighting abuse – child protection legislation, policy and guidance
www.patient.co.uk/doctor/crisis-intervention	Patient – advice and guidance on crisis intervention
www.samaritans.org	Confidential counselling service 24 hours a day, 365 days a year, free to call
www.thecalmzone.net	Campaign Against Living Miserably started by the Department of Health in Manchester in 1997 Supporting men at risk of suicide
www.thesilverline.org.uk	Free confidential support for older people, befriending, signposting to services, empowering individuals

Unit 42: Implement the Positive Behavioural Support Model

Unit reference number: T/601/9738

Level: 4

Credit value: 8

Guided learning hours: 61

Unit introduction

The Positive Behavioural Support Model utilises strategies and methods to minimise the risks involved in incidents of challenging behaviour, providing a person-centred approach. It is important to know about prevention strategies and how each one should be utilised with individuals.

This unit is aimed at those working with individuals who have complex needs/continuing healthcare/severe challenging behaviour. The unit provides you with the knowledge and skills required to understand and implement the Positive Behavioural Support model.

The unit also enables you to explore how to promote positive behaviour and respond appropriately to incidences of challenging behaviour.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the context of the Positive Behavioural Support model	1.1 Explain how Positive Behavioural Support has been influenced by: <ul style="list-style-type: none"> • Applied Behaviour Analysis (ABA) • Social Role Valorisation (SRV) 1.2 Summarise current legislation and policy guidance relating to Positive Behavioural Support
2 Understand the term 'challenging behaviour'	2.1 Define the term 'challenging behaviour' 2.2 Explain the reasons for the term challenging behaviour coming into use 2.3 Analyse key factors that lead to a behaviour being defined as challenging
3 Understand the context in which challenging behaviour occurs	3.1 Summarise key environmental risk factors for challenging behaviours 3.2 Explain how slow and fast triggers contribute to challenging behaviour 3.3 Analyse the role of reinforcement in maintaining behaviour 3.4 Explain the time intensity model

Learning outcomes	Assessment criteria
<p>4 Be able to contribute to the functional analysis in relation to an individual's challenging behaviour</p>	<p>4.1 Describe the key components of functional analysis</p> <p>4.2 Explain the key methods of analysing behaviour</p> <p>4.3 Complete accurate records of behaviour using a structured method</p> <p>4.4 Identify environmental risk factors for an individual's challenging behaviour</p> <p>4.5 Identify possible slow and fast triggers for an individual's challenging behaviour</p> <p>4.6 Identify factors that may contribute to reinforcement of an individual's challenging behaviour</p> <p>4.7 Evaluate the importance of functional analysis in effective person-centred behavioural intervention for individuals</p>
<p>5 Understand the key characteristics of Positive Behavioural Support</p>	<p>5.1 Describe the key characteristics of Positive Behavioural Support</p> <p>5.2 Explain the role within Positive Behavioural Support of:</p> <ul style="list-style-type: none"> • primary prevention strategies • secondary prevention strategies • non-aversive reactive strategies <p>5.3 Explain the importance of social validity in the Positive Behavioural Support model</p>

Learning outcomes	Assessment criteria
<p>6 Be able to implement primary prevention strategies</p>	<p>6.1 Summarise the key primary prevention strategies</p> <p>6.2 Implement an agreed primary prevention strategy using least restrictive practice, respecting the individual's dignity, rights and choice</p> <p>6.3 Explain the importance of effective communication and positive interaction in primary prevention for individuals</p> <p>6.4 Positively interact with an individual by providing the level of help and reinforcement that enables them to participate in an activity</p> <p>6.5 Use effective communication with an individual to promote positive behaviour</p> <p>6.6 Evaluate the social validity of an agreed primary prevention strategy for an individual</p>
<p>7 Be able to use a person-centred approach to develop plans that promote participation</p>	<p>7.1 Explain how Active Support can help prevent challenging behaviour by improving an individual's quality of life</p> <p>7.2 Analyse the role of structure and daily planning in primary prevention for individuals</p> <p>7.3 Review an individual's daily activities to identify areas for increasing participation and choice</p> <p>7.4 Review an individual's routine to identify opportunities for increasing participation and choice</p> <p>7.5 Develop a participation plan with an individual that contributes to the reduction of challenging behaviour by actively supporting their engagement in a specific task</p> <p>7.6 Work with an individual to identify skills that could be developed to enable greater participation in day-to-day activities</p>

Learning outcomes	Assessment criteria
<p>8 Be able to implement secondary prevention strategies</p>	<p>8.1 Summarise key secondary prevention strategies</p> <p>8.2 Explain when secondary prevention strategies should be used with individuals</p> <p>8.3 Identify early warning signs of behavioural agitation in an individual</p> <p>8.4 Identify possible secondary prevention strategies that may be used with an individual</p> <p>8.5 Implement an agreed secondary prevention strategy using least restrictive practice, respecting the individual's dignity, rights and preferences</p>
<p>9 Be able to implement non-aversive reactive strategies</p>	<p>9.1 Explain when reactive strategies should be used with individuals</p> <p>9.2 Describe the key characteristics and types of reactive strategies</p> <p>9.3 Assess the risks in the use of reactive strategies</p> <p>9.4 Identify possible reactive strategies that may be used for an individual</p> <p>9.5 Implement an agreed non-aversive reactive strategy using least restrictive practice, respecting the individual's dignity, rights and preferences</p> <p>9.6 Establish an individual's preferred post-incident support</p> <p>9.7 Identify own preferred post-incident support</p>
<p>10 Be able to understand and implement Positive Behavioural Support Plans</p>	<p>10.1 Explain the purpose and importance of Positive Behaviour Support Plans for individuals</p> <p>10.2 Identify the key components of a Positive Behaviour Support Plan for individuals</p> <p>10.3 Implement agreed procedures in an individual's Positive Behavioural Support Plan</p> <p>10.4 Contribute to the review of an individual's Positive Behavioural Support Plan</p>

Unit content

1 Understand the context of the Positive Behavioural Support model

Influences on Positive Behavioural Support: Applied Behaviour Analysis (ABA) – used to bring about positive behaviour change, use of learning theory, identifies causes of behaviour; Social Role Valorisation (SRV) – ways of working designed to support socially valued roles that will promote equality and facilitate choice and participation

Legislation and policy relating to Positive Behavioural Support: as applicable to own home nation; Health and Safety at Work etc. Act 1974; Human Rights Act 1998; Data Protection Act 1998; Mental Capacity Act 2005; Equality Act 2010; Care Act 2014

2 Understand the term 'challenging behaviour'

'Challenging behaviour': problem behaviours shown by individuals with a learning disability, which may put the individual or others at risk

Defining behaviour as challenging: the impact this behaviour can have on the individual, others and the environment, behaviour preventing individuals from participating in activities of daily living

3 Understand the context in which challenging behaviour occurs

Risk factors for challenging behaviours: rigid routine; lack of routine; support networks; environmental aspects; anxiety; frustration; staff competence and understanding

Slow triggers: routines or activities that do not always take place prior to an incident, setting events

Fast triggers: incident or event that happens immediately before an incident takes place

Maintaining behaviour: positive and negative reinforcement, outcomes of behaviours on self and others, affecting change, realising consequence of behaviours

The time intensity model: baseline- how a person behaves most of the time, behaviour escalates, moving away from baseline behaviour, crisis when challenging behaviour may take place

5 Understand the key characteristics of Positive Behavioural Support

Characteristics of Positive Behavioural Support: risk assessment; person-centred; monitoring; review; assessment; reinforcement of positive behaviour; increased opportunities/choices; identification of antecedents

Primary prevention strategies: identification of strategies to bring about changes to activities, routines, environments to reduce incidents of challenging behaviour

Secondary prevention strategies: methods implemented to prevent an incident of challenging behaviour escalating

Non-aversive reactive strategies: methods of addressing incidents of challenging behaviour when they take place; harm and risk reduction; assessment of risk; harm reduction; may include agreed physical interventions following the British Institute of Learning Disabilities (BILD) code of practice for the use of physical interventions

Social validity in the Positive Behavioural Support model: duty of care; safe approaches; consideration of ethics/values; agreed interventions

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in Annexe A.

In accordance with the assessment principles, learning outcomes 4, 5, 6, 7, 8, 9 and 10 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcomes 1 and 2, learners will need to demonstrate an understanding of the concepts and elements of 'challenging behaviour' and the Positive Behavioural Support model. An assignment, based on research carried out, or reflective account could be used to enable learners to explain the concepts in practice, and then consider how they could potentially use this knowledge and understanding in their job role to inform their practice.

A professional discussion or reflective account could be used to provide the evidence for learning outcome 1 where learners will need to explain concepts and the legislation and policy guidance underpinning Positive Behavioural Support. A reflective account could be linked to learning outcome 2 where learners could explore the impact Positive Behaviour Support has on incidents of challenging behaviour. Learners are also asked to explain actions or events that can lead to challenging behaviour.

For learning outcome 3, learners will need to demonstrate an understanding of the context of challenging behaviour. Reflective accounts could be used as evidence, examining risk factors, slow and fast triggers, reinforcement, and the time intensity models as methods of intervention.

For learning outcome 4, evidence is required from direct observation, or assessment of work products can also be used. To cover AC4.3, AC4.4, AC4.5 and AC4.6, the observation should demonstrate learners completing the records required for functional analysis, the identification of environmental and risk factors and slow and fast triggers for challenging behaviour. This evidence can be supplemented with a reflective account, covering AC4.1, AC4.2 and AC4.7. The account, or report, should explain the process of functional analysis, how this is recorded and how functional analysis contributes to person-centred behavioural intervention for individuals.

For learning outcome 5, learners can relate their evidence to their own workplace or, alternatively, they could generate their evidence through research or through a relevant case study.

For learning outcome 6, learners will need to demonstrate an understanding of the concepts involved in the use of primary prevention strategies. An assignment, professional discussion or reflective account could be used to enable learners to explain the concepts in practice, and then consider how they could potentially use this knowledge and understanding in their job role to inform their practice. This will address AC6.1, AC6.3 and AC6.6.

Learning outcome 6 also requires evidence from direct observation or work products, covering AC6.2, AC6.4 and AC6.5. There should be sufficient evidence over time to ensure that learners have met all the requirements. The observation or work products should demonstrate the effective use of an agreed primary prevention strategy, reinforcement as necessary and the use of effective communication.

For learning outcome 7, learners will need to demonstrate an understanding of the importance of using a person-centred approach when agreeing and developing plans to promote active participation. Learning outcome 7 requires evidence from observation or the assessment of work products, covering AC7.3, AC7.4, AC7.5 and AC7.6. Learners should demonstrate, through observation or the production of work-based evidence, how the monitoring and review of an individual's activities and routine informs a participation plan.

For AC7.1 and AC7.2, learners can relate their evidence to their own workplace or, alternatively, they could generate their evidence through research or a relevant case study that explains the role of Active Support, daily planning and structure in primary prevention for individuals.

For learning outcome 8, a professional discussion, report or reflective account could be used to provide evidence for AC8.1 and AC8.2 where learners will need to explain secondary prevention strategies and their use. For AC8.3, AC8.4 and AC8.5, the observation or products should demonstrate learners recognising and responding to early warning signs of behavioural agitation, suggesting and implementing secondary prevention strategies.

For learning outcome 9, learners will need to demonstrate an understanding of the importance of ensuring appropriate non-aversive reactive strategies are identified and implemented. A reflective account, professional discussion or a report could be used where learners will need to identify protocols for imposing restrictions and the features of types of reactive strategy, addressing AC9.1 and AC9.2.

Learning outcome 9 requires evidence from direct observation or work product evidence, covering AC9.3, AC9.4, AC9.5, AC9.6 and AC9.7. The observation and workplace products should demonstrate learners assessing the safety and feasibility of reactive strategies for an individual and implementing an agreed non-aversive reactive strategy. Learners are also required to support an individual post-incident; exploring their own preferred approach to post-incident support.

Learning outcome 10 requires evidence from direct observation or the assessment of work product evidence, covering AC10.3 and AC10.4. For learning outcome 10, learners will need to demonstrate implementation of an agreed Positive Behaviour Support plan for an individual; adhering to workplace policies and procedures.

A reflective account, professional discussion or a report could be used, where learners will need to identify the role and structure of Positive Behaviour Support Plans for individuals.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

British Institute of Learning Disabilities (BILD) – *Easy Guide to Physical Interventions: for People with Learning Disabilities, Their Carers and Supporters* (British Institute of Learning Disabilities, 2014) ISBN 9781902519975

Karim S – *A Human Rights Perspective on Reducing Restrictive Practices in Intellectual Disability and Autism* (British Institute of Learning Disabilities, 2014) ISBN 9781905218349

Lyon C and A – *Interventions and the Law* (British Institute of Learning Disabilities, 2004) ISBN 978 1 904082 73 6

Paley S – *Promoting Positive Behaviour: When Supporting People with a Learning Disability and People with Autism* (Learning Matters, 2012) ISBN 9780857257130

Journal

International Journal of Positive Behavioural Support

Websites

www.aboutlearningdisabilities.co.uk/what-positive-behaviour-support.html	About Learning Disabilities – advice about positive behaviour and relevant strategies
www.bild.org.uk	British Institute of Learning Disabilities (BILD) – information about Positive Behaviour Support
www.challengingbehaviour.org.uk	The Challenging Behaviour Foundation – information about Positive Behaviour Support

Unit 43: Assess the Needs of Carers and Families

Unit reference number: T/504/2216

Level: 3

Credit value: 4

Guided learning hours: 28

Unit introduction

Carers and families play an essential role in providing care for individuals, and it is important that their needs are identified and met as far as possible. Assessment will highlight key areas and methods of supporting these needs and preferences. These could range from resources to training to respite care.

In this unit, you will learn to establish the strengths, vulnerabilities, needs and circumstances of carers and families and use this information to assess their support needs.

The unit also enables you to explore the key role played by carers and families who have an active and ongoing informal role in caring for the individual. In addition, you will be encouraged to engage with families and carers in order to identify and agree a support plan, enabling them to access the required resources. The unit also covers developing and presenting the assessment, along with preferred options for addressing the needs identified.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the contribution that families and carers make in caring for individuals</p>	<p>1.1 Analyse the role of families and unpaid carers in health and social care or the care of children and young people to include demographic information</p> <p>1.2 Explain the rights of families and carers providing care to individuals</p> <p>1.3 Describe the benefits to society of family and unpaid carers providing care</p> <p>1.4 Describe the benefits and challenges faced by family and unpaid carers in providing care</p>
<p>2 Be able to engage with families and carers who are providing care</p>	<p>2.1 Support families and carers to speak about their experiences of providing care to individuals</p> <p>2.2 Use active listening skills to identify unspoken feelings and emotions</p> <p>2.3 Support families and carers to understand their rights</p> <p>2.4 Support families and carers in their caring role</p> <p>2.5 Explain to families and carers the additional support that is available</p> <p>2.6 Gain consent from families and carers to speak with others about their circumstances</p>

Learning outcomes	Assessment criteria
<p>3 Be able to assess the needs of families and carers</p>	<p>3.1 Support families and carers to identify the support they need to meet the needs of an individual</p> <p>3.2 Identify with families and carers the areas of care which they want to retain</p> <p>3.3 Support families and carers to identify their wishes and needs for their own wellbeing</p> <p>3.4 Gather additional information from agreed others</p> <p>3.5 Share the record of assessment with families and carers</p>
<p>4 Be able to identify a plan to support families and carers</p>	<p>4.1 Support families, carers and others to identify resources to address needs and wishes</p> <p>4.2 Support families, carers and others to develop a plan of action to access resources</p> <p>4.3 Support families, carers and others to implement the plan of action</p>

Unit content

1 Understand the contribution that families and carers make in caring for individuals

Roles in the provision of care: carer; volunteer; educator; facilitator; responsible adult; mediator; advocate; interpreter; localised support; respite care

Benefits to society: frees up funding; continuity of care; knowledge input; accessibility; flexibility; use of skills; commitment

Families and carers' rights: access; support; funding; assessment; evaluation; monitoring; review; equality; confidentiality; resources; support planning; personal budget

Benefits and dilemmas experience by family and unpaid carers:

- *benefits* – consistency of care; knowledge of needs/preferences/choices; monitoring; assessment; review; level of commitment; flexibility; location; use of home
- *dilemmas* – funding; change of role; accessibility; own needs/abilities; limited resource availability; untrained; monitoring can be limited; own role/responsibilities; commitment to own job role; invasive; lack of privacy; access

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to demonstrate an understanding of the vital role played by families and unpaid carers and the rights they have when providing care. An assignment, professional discussion or reflective account could be used to enable learners to explain the concepts in practice, and then consider how they could potentially use this knowledge and understanding in their job role to inform their practice.

A report, based on research carried out, or reflective account could be used to provide the evidence for learning outcome 1 where learners will need to analyse how families and unpaid carers contribute to the care and support of individuals, exploring families and carers' rights and the benefits and drawbacks experienced by families and unpaid carers.

For learning outcome 2, learners will need to demonstrate an understanding of approaches to interacting with families and carers who support individuals, which can be assessed through observation. The observation should demonstrate learners fostering a culture of effective and supportive communication, enabling families and carers to understand their rights as carers and the support available to them.

For learning outcomes 3 and 4, learners will need to demonstrate an understanding of the importance of assessing the needs of families and carers, which can be assessed through observation. The observation should demonstrate learners collaborating with families and carers to identify and agree their support needs, using information gathered to inform this process. Learners will also need to demonstrate how they disseminate assessment records to families and carers and use the results of the assessment to plan how to access the necessary resources to support families and carers.

This evidence can be supplemented with a reflective account, identifying how learners identify and agree the needs of families and carers in relation to meeting the needs of the individual.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cameron R J – *Achieving Positive Outcomes for Children in Care*
(Sage Publications, 2009) ISBN 9781847874498

Chivers L and Trodd L – *Interprofessional Working in Practice: Learning and working together for children and families* (Open University Press, 2011)
ISBN 9780335244478

Dunhill A et al – *Effective Communication and Engagement with Children and Young People, their Families and Carers* (Learning Matters, 2009) ISBN 39781844452651

Websites

www.carersuk.org	Carers UK – help and advice about funding, the support available for carers and guidance on being a carer
www.gov.uk/carers-uk	Advice and support for carers and the people they care for

Unit 44: Provide Information, Advice and Guidance

Unit reference number: T/506/6368

Level: 4

Credit value: 4

Guided learning hours: 26

Unit introduction

Information, advice and guidance are important to all of us but ensuring that individuals in care environments access the most appropriate resources is vital. Information is available on a range of issues, for example benefits, housing or health and social care services.

In this unit, you will gain the knowledge and skills related to working with clients to map their needs to the most appropriate service, outlining the advantages and disadvantages for the possible solution within own or other service.

The unit also focuses on how you can assist the client either by using your own service or by referring them to other services, ensuring the information, advice and guidance provided is current and valid and meets their needs. Finally, the unit addresses the importance of reviewing your own practice, using the outcomes to inform practice development.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the importance of providing accurate information, advice and guidance in a person-centred way</p>	<p>1.1 Explain the relationship between information, advice and guidance</p> <p>1.2 Explain the importance of respecting different values, diversity, cultures, beliefs, expertise and experience in providing information, advice and guidance</p> <p>1.3 Analyse the risks in supporting individuals and others to access information, advice and guidance</p> <p>1.4 Explain why accurate, timely and relevant information, advice and guidance is important</p> <p>1.5 Outline the impact on individuals and others of information, advice and guidance in enabling informed decisions</p>
<p>2 Understand provision of information, advice and guidance in own practice</p>	<p>2.1 Analyse own role, responsibilities and boundaries in provision of information, advice and guidance</p> <p>2.2 Analyse ethical principles and their impact on own practice</p>

Learning outcomes	Assessment criteria
<p>3 Be able to provide accurate information advice and guidance using a range of sources</p>	<p>3.1 Establish requirements for information, advice and guidance with individuals and others</p> <p>3.2 Provide person-centred information, advice and guidance to individuals and others</p> <p>3.3 Support individuals and others to access information, advice and guidance from different sources</p> <p>3.4 Signpost individuals and others for specialist advice</p> <p>3.5 Discuss any potential risk in information, advice and guidance given with individuals and others</p> <p>3.6 Summarise information, advice and guidance offered</p> <p>3.7 Check the understanding of information, advice and guidance offered</p> <p>3.8 Record information, advice and guidance offered including identified risks in ways agreed by the organisation</p>
<p>4 Be able to review own practice in information, advice and guidance</p>	<p>4.1 Review how the interaction with individuals and others met their information, advice and guidance needs</p> <p>4.2 Evaluate own knowledge and practice in providing information, advice and guidance</p> <p>4.3 Implement plan to develop own knowledge and practice in providing information, advice and guidance</p>

Unit content

1 Understand the importance of providing accurate information, advice and guidance in a person-centred way

Provision of information, advice and guidance: information, e.g. information on learning and work opportunities provided through printed matter, audio visual materials or computer software; advice, e.g. providing an immediate response to the needs of clients, clients who have an enquiry that requires more than a straight forward information response and can include signposting; guidance, e.g. an in-depth interview or other activity carried out by an adviser that helps clients to explore a range of options, to make decisions about their career; all aspects linked to each other; inform each other; a linear process; can be accessed separately

Values, diversity, cultures, beliefs, expertise and experience in practice: respect; legal requirement; provision of appropriate information, advice and guidance; free from bias; use of appropriate language/terminology; suitability of information, advice and guidance provided; appropriate roles; informed decisions; client led; the boundaries of confidentiality; professional boundaries; data protection; adopting an open approach; legal requirements; presenting material in timely and appropriate format

Risks in supporting individuals and others: unachievable goals; access; not meeting needs; insufficient resources

Provision of accurate, timely and relevant information, advice and guidance: currency of information; efficiency of service; availability; choice; risk management; meeting expectations; service delivery; agreement of targets/objectives based on currency of information

Supporting informed decisions: empowerment; role change; change to financial situation; sponsorship; accommodation; funding; opportunity; choice; interests; abilities; assessment; planning; review

2 Understand the provision of information, advice and guidance in own practice

Responsibilities and boundaries of practice: identifying client requirements; accessing current information; providing information in an appropriate format/language; signposting; identifying and agreeing objectives with clients; monitoring; evaluation; review; liaison with employers/educators; assessment; boundaries of confidentiality

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

The following is specific assessment guidance for this unit.

Others may include:

- carers
- families
- friends
- care and support workers.

Sources may include:

- leaflets
- libraries
- GP
- advisory agencies
- internet
- other media sources, e.g. DVD
- social media.

For learning outcome 1, learners could produce a report using the results of research carried out, and should be encouraged to interact with the concepts as required by the assessment criteria and indicate how this knowledge and understanding impacts on their current work practices or past experience. A professional discussion or reflective account could be used to provide evidence for learning outcome 1 where learners will be required to explore the support given when providing information, advice and guidance, ways of working which respect values, diversity, culture and experience and the influence the provision of accurate and current advice and guidance can have on individuals. For learning outcome 2, learners will need to demonstrate an understanding of their own role and how practice is influenced by ethics and values in the setting. A reflective account or a report, using sourced research, could be used, where learners will need to identify protocols at work in relation to ethical principles and identify the limits of their role and responsibilities. For learning outcome 3, learners will need to demonstrate an understanding of the importance of ensuring appropriate support and guidance is given to individuals in order to meet their needs, preferences and aspirations.

Learning outcome 3 requires evidence from direct observation or assessment of work products. The observation or work products should demonstrate learners supporting the individual to identify their information, advice and guidance requirements, enabling them to access the required information in a way which meets their needs and preferences, ensuring any risks are highlighted and managed appropriately. Learners should also demonstrate how they ensure individuals understand the information, advice and guidance provided, recording the necessary details according to agreed ways of working.

For learning outcome 4, learners will need to demonstrate an understanding of the importance of reviewing their own practice, identifying areas for development from a practice review of the interaction carried out in learning outcomes 2 and 3. This can be evidenced by direct observation or the presentation of work products.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Bolles R and Dale S – *Job-hunting for the So-called Handicapped: Or People Who Have Disabilities* (Ten Speed Press, 2000) ISBN 9781580081955

Duggan M – *Career Interventions and Techniques: A Complete Guide for Human Service Professionals* (Pearson, 2006) ISBN 9780205452385

Strauser D – *Career Development, Employment, and Disability in Rehabilitation: From Theory to Practice* (Springer Publishing Co Inc., 2013) ISBN 9780826195630

Websites

www.citizensadvice.org.uk/ Citizens Advice – information, advice and guidance on a wide variety of topics, including employment and benefits

www.equalityhumanrights.com Guidance on the Equality Act 2010

www.nhs.uk NHS Choices guide to care and support

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand reablement	1.1 Explain the current legislation relating to reablement 1.2 Analyse the evidence base for current policy drivers towards reablement 1.3 Explain how the following principles support reablement: <ul style="list-style-type: none"> • independence • empowerment • personalisation • choice and control 1.4 Explore the cultural shift in working to support individuals and their families to learn how to meet their own needs
2 Understand the importance of activities of daily living for individuals	2.1 Explain basic and complex activities of daily living 2.2 Explain how activities of daily living support individual roles and identity 2.3 Explore the barriers to activities of daily living: <ul style="list-style-type: none"> • environmental • social • physical • emotional • sensory impairment • cognitive • finance
3 Understand resources available to support reablement	3.1 Explain a range of techniques that can be adopted for successful reablement 3.2 Describe how different equipment can be used to support reablement 3.3 Explain how technology can support reablement

Learning outcomes	Assessment criteria
<p>4 Be able to contribute to the development of plans for reablement</p>	<p>4.1 Work in partnership with individuals and others to set outcome focussed goals using assessment information</p> <p>4.2 Address barriers identified in reablement plan</p> <p>4.3 Identify resources needed to implement reablement plan</p> <p>4.4 Assess risks associated with the agreed reablement plan</p> <p>4.5 Evaluate positive risk taking when working towards outcomes focussed goals</p> <p>4.6 Develop contingency plans to reduce the likelihood of identified risks</p>
<p>5 Be able to implement reablement plan</p>	<p>5.1 Enable optimum participation in activities of daily living</p> <p>5.2 Enable learning and engagement with individuals and their families</p> <p>5.3 Work in partnership with individuals and others to monitor progress against the outcome focussed goals</p> <p>5.4 Work in partnership with individuals and others to agree any changes to reablement plan</p> <p>5.5 Record agreed changes to reablement plan</p>

Unit content

1 Understand reablement

Legislation supporting reablement: the Human Rights Act 1998; the Equality Act 2010; the Health and Social Care Act 2012; the Care Act 2014

Evidence base: prolongs ability to live at home, prolongs independence and improves wellbeing, potential for reduced costs; Department of Health review mentioned in Social Care Institute for Excellence (SCIE) Report 49: Maximising the potential of reablement (2013)

Policy drivers relating to reablement: 2006 Government White Paper Our Health, Our Care, Our Say; Putting People First Transforming Adult Social Care 2007; A Vision for Adult Social Care: Capable Communities and Active Citizens 2010; Caring for our Future White Paper July 2012; Integrated care and support: Our Shared Commitment launched May 2013—driving the change to policy for care and support to meet individual needs; the personalisation agenda; the National Adult Social Care outcomes framework 2015/2016

Principles supporting reablement: independence, e.g. level of support, own home, accessing familiar settings/networks, not reliant on service delivery; empowerment, e.g. at centre of decision making, flexibility, agreeing objectives, planning, assessment, review; personalisation, e.g. to meet the specific needs of the individual, allocation of funding/resources to meet needs, regaining skills; choice and control, e.g. monitoring activities, agreeing goals/objectives, valuing small/large changes/achievements

Approaches to service provision: e.g. less dependence on service providers, lowering of dependence on practitioners, allocation of funding, collaboration, direct payment resource, an increase in ability to carry out daily living tasks, assesses and planned support needs; cultural shift of individual's expectations; cultural shift of service providers

2 Understand the importance of activities of daily living for individuals

Basic and complex activities of daily living: basic – eating; washing/bathing; toileting; dressing; feeding; complex – shopping; cooking; managing finances; travelling

Supporting individual roles and identity: choice; person-centred; independence; achievement; planning; skill development; roles, e.g. spouse, parent, grandparent, partner; identity, e.g. part-time store worker, community volunteer

Barriers to daily living: environmental, e.g. access, risk management; social, e.g. integration, inclusion, exclusion, expectations; physical, e.g. ability, level of fitness, wellbeing; emotional, e.g. coping strategies, risk assessment; sensory impairment, e.g. mobility, support needs, aids/adaptations; cognitive, e.g. planning/preparation, awareness of abilities/needs/preferences; finance, e.g. expenditure, limited income, accessing funding/benefits, prioritising; attitudes of others

3 **Understand resources available to support reablement**

Techniques for reablement: initial, intensive support; assessment and planning; addressing holistic needs; self-directed support; collaboration; group work; monitoring; review; focus on achievements

Equipment to support reablement: aids/adaptations; assessment of ability/needs; increase in confidence; to support communication/daily living skills

Technology to support reablement: telemedicine; telehealth; telecare services; assistive technology and equipment; monitoring; independence; communication; independence's motivation; self-esteem; assessment; progression

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

The following is specific assessment guidance for this unit.

Others may include: carers, families, friends, care workers, colleague, manager, social worker, occupational therapist, GP, speech and language therapist, physiotherapist, pharmacist, nurse, psychologist, admiral nurses, independent mental capacity advocate, community psychiatric nurse, dementia care advisors, advocate, support groups.

Range of techniques may include: pacing, grading, energy conservation, times and lengths of calls, spacing between visits.

For learning outcome 1, learners will need to demonstrate an understanding of the concepts and elements relating to reablement and the legislation and policy underpinning reablement. A report or reflective account could be used for this learning outcome to enable learners to explain the concepts in practice, and then consider how they could potentially use this knowledge and understanding in their job role to inform their practice. Learners should explain legislative and policy drivers of reablement, exploring the culture and principles underpinning work practice in the support of reablement. Research could be used to prepare a report exploring key drivers of reablement.

For learning outcome 2, learners will need to demonstrate an understanding of the role of daily living activities in supporting reablement.

The main source of evidence for all assessment criteria in learning outcome 2 can be evidence relating to their own place of work or, alternatively, learners could generate their evidence through a relevant case study. For example, learners could produce a report for colleagues explaining basic and complex activities, how these activities support and identify and ways of overcoming barriers to daily living.

Learning outcome 3 focuses on the resources and approaches used for reablement. A reflective account, professional discussion or a report could be used for AC3.1, 3.2 and 3.3 where learners explore effective techniques used for reablement and the range of technology and equipment available to support this.

For learning outcome 4, evidence is required from direct observation or the preparation of work products. The observation or work products should demonstrate learners collaborating with individuals and others to identify and agree plans for reablement, ascertaining the resources necessary to support the achievement of the plan. The observation or work products should include the identification and assessment of any risks linked to the reablement plan, including any necessary contingency plans.

For learning outcome 5, learners will need to demonstrate an understanding of the process of implementation of the agreed reablement plan.

For learning outcome 5, evidence is required from direct observation or the provision of work products. The observation or work products should demonstrate the necessary support provided to facilitate an individual's learning and engagement with reablement activities; monitoring achievement and agreeing and recording any necessary amendments to the reablement plan.

This evidence can be supplemented with a reflective account that asks learners to review approaches to collaboration with individuals to enable them to fully participate in their reablement plan.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Mansell J et al – *Person-centred Active Support: a Handbook* (Pavilion Publishing, 2010) ISBN 9781841962726

Sanderson H – *A Practical Guide to Delivering Personalisation: Person-Centred Practice in Health and Social Care* (Jessica Kingsley Publishers, 2012) ISBN 9781849051941

Strauser D – *Career Development, Employment, and Disability in Rehabilitation: From Theory to Practice* (Springer Publishing Co Inc, 2013) ISBN 9780826195630

Websites

www.citizensadvice.org.uk	Citizens Advice – information, advice and guidance on a wide variety of topics, including employment and benefits
www.communitycare.co.uk/2010/09/20/what-is-reablement	Guide to reablement
www.equalityhumanrights.com	Guidance on the Equality Act 2010 but nothing on reablement
www.nhs.uk	NHS Choices guide to care and support
www.scie.org.uk	SCIE Guide 49: <i>Maximising the potential of reablement</i>

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand own role and responsibilities in relation to mentoring in social care</p>	<p>1.1 Compare models for mentoring.</p> <p>1.2 Explain the role of a mentor in social care</p> <p>1.3 Analyse the skills and qualities required for a mentoring role</p> <p>1.4 Analyse how own values, behaviours, attitudes and emotional awareness can impact on a mentoring role</p> <p>1.5 Explain why in a mentoring relationship it is important to establish:</p> <ul style="list-style-type: none"> • ground rules for engagement • boundaries • responsibilities and autonomy of mentee <p>1.6 Explain the importance of working to ethical and professional standards</p> <p>1.7 Discuss sources of support to deal with issues which are outside of own expertise and authority</p>
<p>2 Understand the use of mentoring in a social care setting</p>	<p>2.1 Explain legal and organisational requirements relating to:</p> <ul style="list-style-type: none"> • data protection • privacy • confidentiality • safeguarding and disclosure <p>2.2 Analyse the benefits of mentoring to the organisation</p> <p>2.3 Analyse impacts of mentoring on the learning and development of the mentee</p>
<p>3 Understand techniques for establishing a mentoring relationship</p>	<p>3.1 Compare techniques for mentoring</p> <p>3.2 Analyse communication techniques used in mentoring relationships</p> <p>3.3 Examine the role of confidentiality in maintaining mentoring relationships</p>

Learning outcomes	Assessment criteria
<p>4 Be able to agree goals and outcomes in partnership with the mentee</p>	<p>4.1 Establish a mentoring agreement with a mentee to include:</p> <ul style="list-style-type: none"> • ground rules for engagement • boundaries • responsibilities and autonomy of mentee <p>4.2 Agree goals and outcomes with a mentee</p> <p>4.3 Agree processes for recording interactions and progress to support information sharing</p>
<p>5 Be able to mentor in social care</p>	<p>5.1 Plan activities for mentoring based on identified goals and outcomes</p> <p>5.2 Use mentoring techniques in order to maintain a working relationship with the mentee</p> <p>5.3 Use communication techniques that develop the mentoring relationship</p> <p>5.4 Provide constructive feedback to mentee</p>
<p>6 Be able to review the progress and achievements of a mentee in partnership with them</p>	<p>6.1 Review progress with mentees in a way that places the responsibility on the mentee to clarify their own goals and facilitate their achievement</p> <p>6.2 Review strategies for motivating mentees</p> <p>6.3 Agree ongoing mentoring support to take place following review</p> <p>6.4 Use reflective feedback from mentees to evaluate own mentoring practice to identify areas for development</p>

Unit content

1 Understand own role and responsibilities in relation to mentoring in social care

Models for mentoring: one-to-one mentoring; apprenticeship model; reflective model; competency model; formal mentoring; informal mentoring; developmental model; sponsoring model; three stage model of exploration then new understanding and action planning (Alred)

Role of mentor in social care: duty of care; ongoing and long term; a supportive form of development; focuses on helping an individual manage their career and improve skills; personal issues can be discussed; meetings can be informal or formal; mentoring activities have both organisational and individual goals; mentor passes on knowledge and experience; agenda agreed; an action plan is negotiated

Requirements of a mentoring role: skills to include listening skills, asking open questions; negotiating an agenda; listening and challenging, asking open and closed questions, ability to recognise strengths and weaknesses, establish priorities, establish developmental needs, give information and advice, share experience, encourage creative and new thinking, help to make decisions, agree action plans, monitor progress, evaluate outcomes; qualities to include enthusiasm; motivated; supportive; knowledgeable; competent in subject skills/practices; creative thinker; reflective; analytical; approachable

Influence of values, behaviours, attitudes and emotional awareness: positive influence; negative influence; values such as respect for others, equality; behaviours such as positive or negative discrimination, intimidating, encouraging, supportive; attitudes such as prejudice, stereotyping and bias; emotional awareness such as self-awareness, awareness of others, emotional intelligence;

Establishing:

- *ground rules for engagement:* partnership working; meeting times/duration; either person can dissolve mentoring partnership; ending partnership; agreeing objectives; conflict of interest
- *boundaries:* roles and responsibilities; confidentiality; record keeping; frequency/location/duration of meetings; meeting content; monitoring progress
- *responsibilities and autonomy of mentee:* rights; complaints procedure; review; person-centred; motivation; to attend meetings or cancel; time keeping; open communication; honesty

Importance of establishing ground rules, boundaries, and responsibilities: avoid misunderstanding, maintain relationship, prevent abuse, prevent burn-out of mentor

Ethical and professional standards: professionalism; trust; establishing a positive mentoring partnership; role modelling; benchmarking; accountability

Addressing issues outside of role and responsibility: line manager; supervision; formal training and development; human resources personnel; information, advice and guidance services, counselling

2 Understand the use of mentoring in a social care setting

Legal and organisational requirements: for data protection such as the Data Protection Act 1998; confidentiality such as confidentiality policy; privacy such as the Human Rights Act 1998; safeguarding and disclosure such as duty of care and whistleblowing, Health and Safety at Work etc Act 1974

Benefits of mentoring to organisations: development of the mentee; practice development; induction is more efficient and effective; reduced staff turnover; employees understand job role better; level of commitment

Impact of mentoring on the mentee: positive impact such as mentee feels valued, increased self-esteem, increase in confidence, sense of achievement, supports learning and application of knowledge, engaged with learning and development; negative impact, e.g. time needed, weight of expectations such as mentor and line manager's expectations, may feel coerced into being mentored, demands of mentoring may detract from time needed to learn other aspects of their job

3 Understand techniques for establishing a mentoring relationship

Techniques for mentoring: engagement; interpersonal skills; trust; establishing boundaries; measuring success; identification of skill level/requirements; agreement of objectives; reflection; positive feedback

Communication techniques: SOLER skills such as sitting facing each other, open body language, leaning towards mentee, appropriate eye contact, relaxed; active listening; use of open and closed questions; empathetic listening; summarising; reflecting back; appropriate challenging; congruence between body language and words spoken; acceptance; encouraging reflection; ensuring appropriate register such as degree of informality; trust; openness

Role of confidentiality: clarity about what is and is not confidential, clarity about when confidentiality may be broken, e.g. harm to self or harm to others; confidentiality promoting openness and trust and reflective practice

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could use a reflective account supported by professional discussion to demonstrate an understanding of the purpose and meaning of mentoring in relation to their role in social care. For AC1.1, learners could compare at least three different models of mentoring, examining the strengths and weaknesses of each model. AC1.2 requires an explanation of the role of a mentor in social care. Learners could explain how mentoring may differ in another sector, such as in business, and how mentoring in social care may have specific requirements around safeguarding. For AC1.3, learners could examine in detail the skills and qualities required for a mentoring role and how their own values, behaviours, attitudes and emotional awareness can impact on a mentoring role, for AC1.4. Learners could use examples of their own values, behaviours, and attitudes to illustrate their answer and to show their own emotional awareness. For AC1.5, learners could use professional discussion to explain why it is important in a mentoring relationship to establish ground rules for engagement, boundaries and the responsibilities and autonomy of mentee. Learners could give examples of what might happen should these not be established clearly. For AC1.6, learners could use professional discussion to explain why it is important to work to ethical and professional standards, giving examples of the codes of conduct relevant to their area of work. For AC1.7, learners could discuss sources of support to deal with issues that are outside of their own expertise and authority, giving examples of support both within and outside their organisation.

For learning outcome 2, learners could use a reflective account to demonstrate their understanding of the use of mentoring in a social care setting. For AC2.1, learners could use information from research and from their own organisation to explain legal and organisational requirements relating to data protection, privacy, confidentiality, safeguarding and disclosure. They could apply their findings to examples from practice. For AC2.2, learners could examine in detail the benefits of mentoring to the organisation, giving examples. For AC2.3, they could examine the positive and the negative impact of mentoring on the learning and development of the mentee, giving examples from practice.

For learning outcome 3, learners could use a reflective account to show their understanding of techniques for establishing a mentoring relationship. For AC3.1, learners could compare at least three techniques for mentoring, examining their advantages and limitations and, for AC3.2, they could examine the advantages and drawbacks of at least three different communication techniques used in mentoring relationships, giving examples. As part of the reflective account learners could examine the role of confidentiality in maintaining mentoring relationships by giving examples of what might happen should confidentiality be inappropriately breached.

Learners could clearly explain when it is appropriate to breach confidentiality, giving examples.

For learning outcome 4, learners could use direct observation to show they are able to agree goals and outcomes in partnership with the mentee. They could be observed establishing a mentoring agreement with a mentee to include ground rules for engagement, boundaries and the responsibilities and autonomy of the mentee for AC4.1, and, for 4.2, agreeing goals and outcomes with a mentee, and then agreeing processes for recording interactions and progress to support information sharing, AC4.3. Consent would need to be obtained from the mentee for this observation. Witness testimony could provide some part of this evidence.

For learning outcome 5, learners could use direct observation, perhaps with the same mentee, to show they are able to mentor in social care. For AC5.1, learners could use work products to show planning for mentoring based on identified goals and outcomes. Direct observation could provide evidence for AC5.2 where learners use mentoring techniques in order to maintain a working relationship with the mentee, for AC5.3 where they use communication techniques that develop the mentoring relationship and for AC5.4 where they provide constructive feedback to the mentee.

For learning outcome 6, learners could use direct observation to show they can review the progress and achievements of a mentee in partnership with them. AC6.1, 6.2 and 6.3 could be observed when learners meet with their mentee for a review. AC6.4 could be evidenced by a reflective account where learners use reflective feedback from mentees to evaluate their own mentoring practice to identify areas for development.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Alred G, Garvey, B and Smith R – *Mentoring pocketbook*

(Alresford: Management Pocketbooks 2010) ISBN 9781906610203

Clutterbuck D – *Everyone needs a mentor: fostering talent in your organisation.*

(Chartered Institute of Personnel and Development, 2004) ISBN 9781843980544

Foster-Turner J – *Coaching and Mentoring in Health and Social Care – the essentials of practice for professionals and organisations* (Taylor & Francis US, 2006)

ISBN 9781857755497

Johns C – *Becoming a Reflective Practitioner* (Wiley-Blackwell, 2013)

ISBN 9780470674260

Meggison D et al – *Mentoring in action: a practical guide* (Kogan Page, 2005)

ISBN 9780749449155

Schon D – *The Reflective Practitioner: How Professionals Think in Action*

(Basic Books, 1984) ISBN 9780465068784

Thompson N and Thompson S – *the Critically Reflective Practitioner*

(Palgrave Macmillan, 2008) ISBN 9780230573185

Journals

Community Care

International Journal of Mentoring and Coaching in Education

Websites

www.cipd.co.uk	<p>The Chartered Institute of Personnel and Development – professional body for HR and people development.</p> <p>Mentoring programme such as Steps Ahead Mentoring</p>
www.communitycare.co.uk	<p>Community Care journal for social workers – article <i>Mentoring project helps anxiety sufferers towards recovery</i> 24 October 2011</p>
www.equalityhumanrights.com	<p>The Equality and Human Rights Commission – Parliament gave the Commission the mandate to challenge discrimination, and to protect and promote human rights.</p> <p>Provides information about rights</p>
www.scie.org.uk	<p>Social Care Institute for Excellence – <i>Promising returns: a commissioner's guide to investing in mentoring and befriending programmes</i></p> <p>Gives give an overview of the range, diversity and positive impact of mentoring and befriending activity</p>
www.shef.ac.uk	<p>Sheffield University – Mentoring Factsheet</p>

Unit 47: Installation, Maintenance and Removal of Assistive Technology in Social Care

Unit reference number: H/506/8164

Level: 3

Credit value: 2

Guided learning hours: 15

Unit introduction

Assistive technology can be a key factor in improving the quality of life for many who receive support from social care practitioners. This unit is aimed to enable you to understand the implications for individuals and others of the installation and ongoing use of assistive technology. You will learn and evidence how to install and provide guidance to others to maintain and remove assistive technology.

This unit will also enable you to understand the positive and negative impacts the installation and use of assistive technology can have for individuals, their family, carers and others. You will be able to support individuals to understand the purpose and safe use of assistive technology.

Policies guiding work practice in an individual's home include safeguarding and risk assessment. You will gain understanding of how policy and procedures underpin work practices. You will also learn how to support individuals and carers in the installation and use of assistive technology within a caring environment or within the individual's own home.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the implications for individuals and others of assistive technology installation</p>	<p>1.1 Explain the impact of installing assistive technology on:</p> <ul style="list-style-type: none"> • an individual • others <p>1.2 Explain policies and procedures for safety in relation to assistive technology when working in an individual's own home including:</p> <ul style="list-style-type: none"> • safeguarding • infection prevention • fire risk • risk assessment
<p>2 Be able to install assistive technology</p>	<p>2.1 Support an individual and carers to understand the purpose of installing assistive technology</p> <p>2.2 Work in partnership with an individual and others to ascertain location for assistive technology devices</p> <p>2.3 Complete safety and operational checks for assistive technology and any linked services</p> <p>2.4 Carry out installation of assistive technology with regard to the individual's needs and choices</p> <p>2.5 Ensure operability of assistive technology</p> <p>2.6 Support an individual and others to understand instructions on safe use</p> <p>2.7 Discuss service agreements with an individual and others</p>

Learning outcomes	Assessment criteria
<p>3 Be able to support an individual and others to maintain assistive technology</p>	<p>3.1 Provide an individual and others with information on the maintenance of assistive technology</p> <p>3.2 Ensure an individual and others are aware of support available if assistive technology becomes inoperable including:</p> <ul style="list-style-type: none"> • procedure • contact details • associated cost
<p>4 Be able to support an individual and others to remove assistive technology</p>	<p>4.1 Provide information to an individual and others on removal and disposal of assistive technology after use</p> <p>4.2 Support an individual and others to carry out removal of assistive technology in accordance with agreed ways of working including:</p> <ul style="list-style-type: none"> • cleaning • storage • recycling • disposal

Unit content

1 Understand the implications for individuals and others of assistive technology installation

Implications of installation of assistive technology: social; emotional; physical; physiological; ethical implications; promoting independence; protecting personal choice; human centred approach; balance of individual's privacy and welfare; impact on culture; adaptability; impact on home environment, family life; quality of services; human contact

Policies and legislation relating to assistive technology: relevant up-to-date legislation from the Health and Safety Executive (HSE), including national and European requirements for health and safety in a health and social care work setting, e.g. Health and Safety at Work etc. Act 1974, Manual Handling Operations Regulation 1992 (as amended), Health and Safety (First Aid) Regulations 1981, Management of Health and Safety at Work Regulations 1999 (as amended), Control of Substances Hazardous to Health (COSHH) Regulations 2002; Disclosure and Barring Service (DBS); Safeguarding Vulnerable Groups Act 2006; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the Care Act 2014, Working together to safeguard children (2015)

Policies and procedures in relation to assistive technology when working in an individual's own home: understanding how specific policies and procedures or agreed ways of working apply to own practice; understanding own responsibility in relation to, e.g. specific working conditions and the working environment, use of equipment, procedures relating to personal care, procedures relating to security and personal safety; understanding own responsibility in relation to observation, risk assessment, reporting and recording procedures; supporting others to understand and follow safe practices; importance of good communication, sharing information, attending training maintenance of equipment

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment, through observation. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners need to evidence understanding of the impact of installing assistive technology. Appropriate methods may include a professional discussion, assignment or personal statement/reflective account. For AC1.2, each heading within this criterion needs to be identified within the explanations of the policy and procedures for safety in relation to assistive technology within an individual's own home, which could be evidenced by an assignment where learners can record the policy, risk, responsibility within a table. Inclusion of organisational policy and procedures must be accompanied by an explanation and not used solely to evidence the criteria.

For learning outcomes 2 and 3, learners need to demonstrate performance, through direct observation. These observations may take place within the home of an individual, within an outpatient situation or within a health and social care setting. Work products and personal statements could be used to demonstrate the application of knowledge to practice and reinforce the activities observed.

Learners are required to be observed in the actual process of installing assistive technology for an individual, or individuals. Learners should show how they support the individual and others to understand how the technology works and ensure it is sited and fitted safely and appropriately, with guidance and information being provided in relation to after care and support.

For learning outcome 4, learners providing information to individuals on the removal or disposal of assistive technology may do so formally or informal, verbally or in written format. For AC4.1, work products such as correspondence records, review and planning documentation, information leaflets or direct observation may be used to record evidence of competence. For AC4.2, performance evidence gained within a health and social care setting, outpatient or individual's own home should be gained by direct observation, supported by a reflective account. Learners should demonstrate how they support an individual during the removal and/or safe disposal of assistive technology.

Essential resources

Indicative resource materials

Books

Collins S – *Health and Safety: A Workbook for Social Care Workers (Knowledge and Skills for Social Care Workers)* (Jessica Kingsley Publishers, 2009)
ISBN 9781843109297

Cook A M and Polgar J M – *Essentials of Assistive Technologies* (Mosby, 2014)
ISBN 9780323075367

Cook A M and Miller Polgar J – *Assistive Technologies: Principles and Practice*, 4th edition (Mosby, 2015) ISBN 9780323096317

Journal

Journal of Assistive Technologies

Websites

www.atdementia.org.uk Alzheimer's Society – advice and support on dementia care including assistive technology

www.gov.uk Safe use of assistive technology

Unit 48: Assessment, Implementation and Review of Assistive Technology in Social Care

Unit reference number: L/506/8160

Level: 4

Credit value: 4

Guided learning hours: 27

Unit introduction

Assessments within a 'joint working' approach and within an individual's own home or social care settings will determine how assistive technology can support independence and wellbeing. This unit is intended to enable you to gain an understanding of how to support individuals and others in the assessment and provision of assistive technology. In addition, you will learn about the review process involved in the ongoing use of assistive technology, important for ensuring the equipment used is fit for purpose and continues to meet individual needs.

In this unit, you will learn about the range of assistive technology available to meet physical, social and emotional needs. You will learn how to carry out assessment of assistive technology solutions within a social care setting, outpatient setting or within the home of an individual. You will record how you need to take into consideration the needs and choice of the individual. You will also learn how to carry out and record risk assessments to support the use of assistive technology.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand how legislation and regulatory procedures impact on the provision of assistive technology	1.1 Analyse how assistive technology provision is affected by: <ul style="list-style-type: none">• legislation• mental capacity• regulatory procedures
2 Understand how assistive technology can support independent living and individual wellbeing	2.1 Critically compare assistive technology solutions for each of the following: <ul style="list-style-type: none">• communications• wellbeing• employment• finance• keeping safe• travel• social networking 2.2 Research developments in assistive technology 2.3 Compare how assistive technology can improve outcomes for different individuals including: <ul style="list-style-type: none">• independence• wellbeing

Learning outcomes	Assessment criteria
<p>3 Be able to carry out assessment for assistive technology</p>	<p>3.1 Support an individual and others to review assistive technology in relation to their:</p> <ul style="list-style-type: none"> • strengths • needs • options <p>3.2 Use assessment to identify assistive technology solutions which preserve dignity for an individual</p> <p>3.3 Support an individual to express their informed choice about assistive technology considering:</p> <ul style="list-style-type: none"> • merits of different solutions • impact of different solutions • concerns an individual has <p>3.4 Assess the suitability of the home environment for assistive technology</p> <p>3.5 Undertake risk assessment for the assistive technology to cover:</p> <ul style="list-style-type: none"> • social • safeguarding • financial • operability • data protection <p>3.6 Use agreed processes to establish consent when an individual is not able to express informed consent for themselves</p> <p>3.7 Record outcomes of assessment according to agreed ways of working</p>

Learning outcomes	Assessment criteria
<p>4 Be able to support an individual and others to implement assistive technology</p>	<p>4.1 Offer advice and guidance in relation to assistive technology procurement including:</p> <ul style="list-style-type: none"> • solution options • cost • availability • sourcing • funding options <p>4.2 Support an individual and others to measure impact of assistive technology</p> <p>4.3 Support an individual and others to understand roles and responsibilities regarding contractual obligations</p> <p>4.4 Evaluate support measures available to individuals using assistive technology to maintain their independence</p> <p>4.5 Establish contingency plans for assistive technology provision to address areas identified in risk assessment</p> <p>4.6 Develop a strategy for on-going assessment and review according to agreed ways of working</p>
<p>5 Be able to work in partnership with an individual and others to review provision of assistive technology</p>	<p>5.1 Review the provision of assistive technology with an individual and others including:</p> <ul style="list-style-type: none"> • feedback from an individual and others • assessed risk <p>5.2 Record review process and outcomes according to agreed ways of working</p>

Unit content

1 Understand how legislation and regulatory procedures impacts on the provision of assistive technology.

Legislation and regulatory procedures: Human Rights Act 1998, Disability Discrimination Act 2005, Special Educational Needs and Disability Act 2001, Race Relations (Amendment) Act 2000, Equality Act 2010, UN Convention on the Rights of the Child, sector codes of practice; relevant up-to-date legislation from the Health and Safety Commission and Executive (HSC/E), including national and European requirements for health and safety in a health and social care work setting, e.g. Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulation 1992, Health and Safety (First Aid) Regulations 1981, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, Control of Substances Hazardous to Health (COSHH) Regulations 2002

How assistive technology provision is affected by:

- *legislation/regulation:* assessment; funding; procurement; implementation; maintenance; replacement; security; safety ownership
- *mental capacity:* assessment; understanding of the need for and use of assistive technology; support required; use of terminology; competence in using assistive technology

2 Understand how assistive technology can support independent living and individual wellbeing

Range of assistive technology: telecare assistance, e.g. sensors, alarms linked by phone, activity, chair occupancy sensors, fall detectors, detectors of household hazards, e.g. fire, smoke alarms carbon monoxide, gas; telehealth, e.g. sensors and equipment to monitor pulse, blood pressures, glucose and daily weight; assistance living technology, e.g. wheelchairs, walking aids, hearing aids; hoists; bathing and bathroom supports; vehicle modifications; feeding and eating aids

Benefits of assistive technology: safer living environments; reduced impacts of a fall; reduction in support services; access to education and employment; support in rehabilitation; individual ability to accept and use technology; complementary not substitute care; assessment and referral process; supporting independence and wellbeing; individual identity and self-esteem; awareness of individual's feelings; setting realistic and achievable goals; empowering individuals; maintain positive environment; empower individuals to make informed decisions in relation to risk

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 3, 4 and 5 must be assessed in a real work environment, through observation. Simulation is not permitted for these learning outcomes.

For learning outcome 1, learners will need to research and analyse how the provision of assistive technology can be affected by legislation, mental capacity and regulatory procedures. Assignment briefs may be prepared for this learning outcome. Learners should give a clear breakdown of each area, which may also be evidenced through professional discussion or question and answers.

Learning outcome 2 addresses the support that assistive technology provides in a range of situations. Learners are asked to compare the ways assistive technology can help for communications, wellbeing, employment, finance, keeping safe, travel and social networking. In addition, learners are required to research the ways assistive technology has advanced and developed, for example the use of social media and methods of communication. Linked to this are the benefits individuals can gain from using assistive technology and learners should compare this for different individuals in relation to their independence and wellbeing. This could be met through the completion of a report, addressing the requirements of the learning outcome. A personal statement or professional discussion could be used to supplement the report.

For learning outcomes 3, 4 and 5, learners need to demonstrate, through observation, the support they provide to enable individuals to review their use of assistive technology, working with others to review the assessment and provision of assistive technology, establishing consent at the outset. Learners must show how barriers to the use of assistive technology are overcome, meeting the needs and preferences of an individual and addressing any risks identified. Care plan/review meetings, initial assessments may be used to evidence direct observations, with witness testimonies, work products or personal statements supporting the observation. The observation also requires learners to identify procurement and maintenance options for individuals. This is a vital part of the identification and review process and can be a hurdle to individuals unless fully addressed.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cook A M and Miller Polgar J – *Cook and Hussey's Assistive Technologies: Principles and Practice* (Mosby, 2007) ISBN 9780323039079

Cook A M and Miller Polgar J – *Assistive Technologies: Principles and Practice*, 4th edition (Mosby, 2015) ISBN 9780323096317

Journal

Journal of Assistive Technologies – enabling technologies for inclusion in health, support, care and education

Websites

www.atdementia.org.uk

Alzheimer's Society – advice and support on dementia care including assistive technology

www.gov.uk

Safe use of assistive technology

Unit 49: Promote Rights and Values in Assistive Technology in Social Care

Unit reference number: D/506/8163

Level: 3

Credit value: 2

Guided learning hours: 17

Unit introduction

Within every social care setting it is recognised that there is a need to understand and promote the values and principles underpinned by legislation and codes of practice. These include rights, choice, participation, independence, privacy and dignity. Independence, wherever possible, is what we aim to support when introducing assistive technology. Assistive technology plays a key role in participation, independence and the promotion of rights and choices. Individuals should be involved in the assessment of their needs and the identification of appropriate assistive technology to meet these needs and preferences.

In this unit, you will understand and promote the rights and values of individuals in the selection and use of assistive technology. You will gain knowledge and skills within your everyday work practices on how to promote and support dignity, autonomy, privacy and confidentiality. You will support individuals and others to understand the benefits of assistive technology and to recognise the risks against these key areas.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
<p>1 Understand rights and values for assistive technology</p>	<p>1.1 Describe where human rights are enshrined in legislation and codes of practice</p> <p>1.2 Explain how assistive technology can promote an individual's human rights</p> <p>1.3 Explain how assistive technology may conflict with an individual's human rights</p> <p>1.4 Explain the possible conflicts of interest where assistive technology may be adopted as a substitute for direct support</p> <p>1.5 Explain how to support an individual and others to challenge implementation of assistive technology</p>
<p>2 Understand how assistive technology can support dignity, autonomy, privacy and confidentiality of an individual and others</p>	<p>2.1 Explain ways in which assistive technology can promote:</p> <ul style="list-style-type: none"> • dignity • autonomy • privacy • confidentiality <p>2.2 Explain the potential of assistive technology to breach an individual's:</p> <ul style="list-style-type: none"> • dignity • autonomy • privacy • confidentiality <p>2.3 Explain how assistive technology may gather personal data about individuals and others</p> <p>2.4 Explain the safeguards that can be put in place to protect personal data</p>

Learning outcomes	Assessment criteria
<p>3 Be able to support the dignity, autonomy, privacy and confidentiality of an individual and others in the implementation of assistive technology</p>	<p>3.1 Support an individual and others to understand the benefits of assistive technology to their:</p> <ul style="list-style-type: none"> • dignity • autonomy • privacy • confidentiality <p>3.2 Work with an individual and others to address conflicts between proposed assistive technology solution and their human rights</p> <p>3.3 Support an individual and others to understand the risks of assistive technology to their:</p> <ul style="list-style-type: none"> • dignity • autonomy • privacy • confidentiality <p>3.4 Ensure an individual and others are informed about the use of their personal data</p>

Unit content

1 Understand rights and values for assistive technology

Legislation and codes of practice: Human Rights Act 1998; Disability Discrimination Act 2005; Special Educational Needs and Disability Act 2001; Race Relations (Amendment) Act 2000; Equality Act 2010; UN Convention on the Rights of the Child; sector codes of practice

How assistive technology can promote human rights: safer living environments; reduction in support services; access to education and employment; support in rehabilitation; independence; dignity; privacy; breakdown in confidentiality; availability of services, resources within an individual's geographical area; financial implications

Conflicts with human rights: reduce human contact with individuals; technological may be installed without the individual's consent; monitoring of individual's movements; losing skills sooner than would otherwise have been the case; communication, language, mobility, independence; person-centred approach; right to confidentiality; misused or negligently passed into the wrong hands

2 Understand how assistive technology can support dignity, autonomy, privacy and confidentiality of an individual and others

Supporting dignity: perform tasks independently, assistance in daily living, dressing, bathing, socialising; feeding

Supporting autonomy: regain control over some aspects in an individual's life; independence in learning; empowerment

Supporting privacy and confidentiality: legislation to protect confidentiality; policy and procedures of own setting to protect privacy and confidentiality; types of personal information held electronically; sharing information

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcome 3 must be assessed in a real work environment, through observation. Simulation is not allowed for this learning outcome.

For learning outcome 1, an assignment, utilising research carried out, or a reflective account could be used to enable learners to explore the important role rights and values play in the use of assistive technology. For the account learners are asked to identify how human rights are underpinned by legislation and codes of practice, exploring any conflicts that may exist. Learners are also asked to explain how individuals could be supported to challenge the use of assistive technology; it may be that the technology is not supported by an individual or they feel it is invasive.

Learning outcome 2 could be covered by a short training presentation for colleagues, identifying how assistive technology can support the dignity, autonomy, privacy and confidentiality of an individual and others. Learners should clearly explain how each aspect is facilitated, in turn explaining how assistive technology can breach each aspect. Recommendations should be included in relation to the protection of personal information and its use.

For learning outcome 3, evidence of performance through direct observation is required to meet the assessment criteria. Work products, witness testimonies and reflective accounts could provide evidence of the application of knowledge. During the observation learners are required to demonstrate how they enable an individual to identify the advantages and disadvantages of assistive technology for dignity, autonomy, privacy and confidentiality.

Learners should also show how they enable individuals to overcome conflicts between the use of assistive technology and their human rights.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Church G, Glennen S – *The Handbook of Assistive Technology*
(Delmar Cengage Learning, 1991) ISBN 9781879105539

Dell A G, Newton D A, Petroff J G – *Assistive Technology in the Classroom:
Enhancing the School Experiences of Students with Disabilities* (Pearson, 2011)
ISBN 9780131390409

Mandelstam M – *Equipment for Older or Disabled People and the Law*
(Jessica Kingsley, 1996) ISBN 9781853023521

Journal

Journal of Assistive Technologies

Websites

www.gov.uk/government

Department of Health – *Research and
development work relating to Assistive
Technology 2010–11*

www.livingmadeeasy.org.uk

Advice and information website about daily
living equipment and other aspects of
independent living.

Unit 50: Promote Assistive Technology in Social Care

Unit reference number: R/506/8161

Level: 4

Credit value: 4

Guided learning hours: 29

Unit introduction

This aim of this unit is to enable you to understand the barriers to assistive technology, the support your organisation has to offer and to champion the use of assistive technology.

You will learn to recognise the barriers that impact on both individuals and organisations when it comes to making effective use of assistive technology. Identifying and overcoming barriers in accessing and using assistive technology is key to ensuring individuals are able to utilise the most appropriate technology to meet their needs and abilities. Barriers may include funding or accessing assistive technology and you will explore ways of addressing these barriers.

You will demonstrate your ability to support organisations to offer assistive technology as well as evidencing your ability to promote and facilitate the use of assistive technology to support people in their everyday lives.

Addressing your own skills needs and those of others is also explored, as this is vital in ensuring the appropriate support and guidance is provided to individuals in their use of assistive technology, starting with raising their awareness of the benefits it can provide.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the barriers to assistive technology</p>	<p>1.1 Analyse the barriers for individuals and others to assistive technology:</p> <ul style="list-style-type: none"> • social • psychological • economic • organisational <p>1.2 Analyse barriers of own organisation to the offer of assistive technology including:</p> <ul style="list-style-type: none"> • policies • procedures • practices • economic
<p>2 Be able to support the organisation to offer assistive technology</p>	<p>2.1 Evaluate how own organisation currently uses assistive technology</p> <ul style="list-style-type: none"> • internally • for service delivery <p>2.2 Analyse available support networks for users of assistive technology within the organisation</p> <p>2.3 Propose a strategy to reduce identified barriers to assistive technology for:</p> <ul style="list-style-type: none"> • individuals • others • own organisation <p>2.4 Contribute to the development of assistive technology:</p> <ul style="list-style-type: none"> • policies • procedures • practices <p>2.5 Obtain feedback from individuals and others to support future developments in the offer of assistive technology</p>

Learning outcomes	Assessment criteria
<p>3 Be able to champion the use of assistive technology</p>	<p>3.1 Evaluate the skills and knowledge of others in using assistive technology</p> <p>3.2 Support others' knowledge of assistive technology through:</p> <ul style="list-style-type: none"> • information • guidance • training/education <p>3.3 Support others to implement assistive technology</p> <p>3.4 Evaluate the impact of assistive technology on individuals</p> <p>3.5 Propose a strategy to support self and others to:</p> <ul style="list-style-type: none"> • maintain own competence • manage knowledge transfer

Unit content

1 Understand the barriers to assistive technology

Individuals and others: service user, partner, family members, friends, neighbours, care worker, colleagues

Barriers for individuals and others to assistive technology: social barriers, e.g. exclusion, community barriers, accessibility, communication, cultural, gender, poverty, education. behaviour; poor working relationships; psychological barriers, e.g. communication, listening skills, denial; mourning whilst adjusting to a disability, depression; economic barriers, e.g. purchase, installation and maintenance costs; organisational barriers, e.g. lack of awareness of assistive technology, lack of appropriate staff training; support; negative staff attitudes ; inadequate assessment and planning processes; insufficient funding; difficulties procuring and managing equipment; time constraints

Barriers of own organisation to the offer of assistive technology: accountability; health and safety (managing risk, working safely); maintaining confidentiality and storing personal information; implementing policies, procedures and codes of practice; promoting equality; policy and procedures in the workplace setting; inclusive practices; promotion of individual rights and services to meet the needs of individuals; cost implications; staff training; changes in practices; reducing face-to-face contacts/support

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 3 must be assessed in a real work environment, through direct observation. Simulation is not permitted for these learning outcomes.

For learning outcome 1, learners will need to demonstrate that they have an understanding of the range of barriers affecting individuals and organisations that may restrict the effective use of assistive technology. Learners are asked to analyse barriers impacting on an individual's use of assistive technology. Learners are also asked to analyse factors impacting on the provision of assistive technology by their work setting. For example, access to assistive technology, staff skills and knowledge and health and safety aspects. Learners are expected to research and evidence a range of barriers against each of these criteria. There is an expectation that all areas are examined in detail with a breakdown of learners' findings, which could be evidenced through a professional discussion, or an assignment.

For learning outcomes 2 and 3, learners need to demonstrate the support they have put into place for individuals using assistive technology. This learning outcome could be evidenced from direct observation carried out in the workplace, using work products to support the observation. Research evidence and work products such as business planning, minutes of meetings, SMART plans and organisational evaluation and feedback records would be appropriate evidence to meet the criteria within this outcome. A learner delivering a presentation to colleagues would support the competence element of these outcomes, whilst also demonstrating an understanding of the use of assistive technology, while a professional discussion and personal statements may be used as further evidence to consolidate competence.

Learners could use the research generated for learning outcome 1 to inform their work for learning outcomes 2 and 3. For example, learners should identify how to overcome the issues identified in relation to the provision and use of assistive technology, identifying how assistive technology is used in their organisation.

Learners are also asked to contribute to the development of policies, procedures and practice relating to the use of assistive technology, incorporating the views of others in relation to the future use of assistive technology. The policies and procedures could be presented in report format with a professional discussion used to explore the application of knowledge in this area.

Finally, learners are asked to evaluate and develop the knowledge and skills necessary for staff and others to promote and facilitate the use of assistive technology. Learners could be observed demonstrating techniques to others, or providing information on the use of assistive technology. Learners should also show how they facilitate the use of assistive technology, identifying the benefits of this to individuals.

A development plan or strategy should be developed that identifies how own and others' knowledge and skills can be maintained to ensure currency of practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cook A M and Miller Polgar J – *Essentials of Assistive Technologies* (Mosby, 2012)
ISBN 9780323075367

Church G, Glennen S – *The Handbook of Assistive Technology*
(Delmar Cengage Learning, 1991) ISBN 9781879105539

Dell A G, Newton D A, Petroff J G – *Assistive Technology in the Classroom:
Enhancing the School Experiences of Students with Disabilities* (Pearson, 2011)
ISBN 9780131390409

Mandelstam M – *Equipment for Older or Disabled People and the Law*
(Jessica Kingsley, 1996) ISBN 9781853023521

Journal

Journal of Assistive Technologies – enabling technologies for inclusion in health,
support, care and education

Websites

www.gov.uk/government	Department of Health – financial help for people with disabilities
www.nidirect.gov.uk	Information from government departments and agencies
www.vodg.org.uk	Voluntary Organisation Disability Group – influences and develops social care policy, builds relationships with government and other key agencies, promotes best practice

Unit 51: Supporting Infection Prevention and Control in Social Care

Unit reference number: R/504/2207

Level: 3

Credit value: 2

Guided learning hours: 18

Unit introduction

Individuals who are being cared for in social care settings can be vulnerable to infections. This is especially the case with the very old, the very young and people with illnesses, as their immune systems may not be able to fight off disease effectively. As a social care worker, one of your roles is to contribute to infection prevention and control in your workplace. This unit will provide you with an understanding of infection prevention and control policies and procedures, both in your own workplace and other settings, and how to respond if there is an infection outbreak.

In addition to demonstrating your knowledge and understanding of infection prevention and control, you must also show that you are competent in preventing and controlling infection in the workplace, and that you can minimise the risks of the spread of infection by following policies and procedures correctly. You must also show that you are able to follow the correct procedures when recording and reporting any infection control and prevention issues or incidents, and that you understand the reasons why recording and reporting is undertaken.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand how infection prevention and control policies and guidelines can be applied within different settings</p>	<p>1.1 Explain how infection prevention policies and guidelines can be applied in own work setting</p> <p>1.2 Identify differences in the ways in which infection prevention and control policies and guidance are implemented in a range of work settings</p>
<p>2 Be able to support infection prevention and control practices in the work setting</p>	<p>2.1 Minimise risk of infection to self and others in the work setting</p> <p>2.2 Support individuals to take steps to minimise spread of infection</p> <p>2.3 Carry out hand hygiene following work setting policies and guidelines</p> <p>2.4 Support others to understand their responsibilities for infection prevention and control in the work setting</p> <p>2.5 Provide guidance to others about infection prevention and control practices in work setting</p> <p>2.6 Explain the functions of external bodies in supporting infection prevention and control in the work setting</p> <p>2.7 Maintain own understanding of information to support effective infection prevention and control practice</p>
<p>3 Be able to minimise the risk and spread of infection when using equipment</p>	<p>3.1 Ensure equipment is stored and maintained in ways that minimise the spread of infection</p> <p>3.2 Use agreed cleaning schedules for equipment in own work setting</p> <p>3.3 Explain why particular devices need special handling to minimise the spread of infection</p>

Learning outcomes	Assessment criteria
<p>4 Understand how to respond to outbreaks of infection in the work setting</p>	<p>4.1 Explain how to work with others to identify infection outbreaks in own work setting</p> <p>4.2 Explain how to work with others to implement policies and procedures following an infection outbreak</p> <p>4.3 Describe how to provide information about outbreaks of infection in accessible formats to individuals and others</p> <p>4.4 Describe ways to ensure that care for the individual is provided in the most appropriate place</p> <p>4.5 Describe situations where additional guidance may need to be accessed to manage infection prevention and control incidents</p>
<p>5 Be able to follow correct recording and reporting procedures regarding infection prevention and control</p>	<p>5.1 Describe the process for sharing information about infections and suspected infections within own work setting</p> <p>5.2 Describe processes for reporting accidents and incidents relating to infection prevention and control within own work setting</p> <p>5.3 Complete records for infection prevention and control in line with policies and guidelines</p>

Unit content

1 Understand how infection prevention and control policies and guidelines can be applied within different settings

Infection control policies and guidelines: general principles of infection prevention and control; hand hygiene; personal protective equipment; safe handling and disposal of sharps; safe handling and disposal of chemical waste; management of blood and bodily fluids; spillages; collecting, handling and labelling specimens; decontaminating equipment; cleaning, disinfection and sterilisation; achieving and maintaining a clean clinical environment; managing accidental exposure to blood-borne virus

Application of policies and guidelines: in own setting; in other settings, e.g. residential homes, individuals' own homes, special schools, day centres

4 Understand how to respond to outbreaks of infection in the work setting

Working with others: staff, e.g. cleaners, cooks, care workers, doctors, infection control specialists, local HPU; individuals who may be affected or who may be at risk; sharing information

Outbreaks of infection: definition of outbreak; potential causes of outbreaks, e.g. diarrhoea, vomiting, clostridium difficile, food poisoning, meningitis, tuberculosis; viruses, e.g. norovirus, influenza

Action: following appropriate policies and procedures such as notification to local HPU, environmental health department; procedures such as handwashing, use of alcohol hand rub, use and disposal of personal protective equipment such as disposable gloves, aprons and masks; aseptic technique; enhanced cleaning schedules; isolation of infected individuals; advice to staff; reduction of visitors and reduction of transfers in and out; closure of unit to new admissions; review current IPC practices; root cause analysis

Providing information: to colleagues, managers, visitors, individuals and others; format of information, e.g. display of notices, provision of telephone advice for visitors, restrictions on children visiting

Care of individuals: physical and psychological care; isolation of infected individuals, reassurance, confidentiality, aseptic technique; where required care after death to prevent cross-infection

Accessing additional guidance: guidance role of HPU, e.g. when sudden onset and rapid increase in number infected indicate food-borne infection, samples of food and specimens from residents; guidance and advice from HPU on risk assessment following infections such as norovirus or clostridium difficile

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcomes 1 and 4, learners could complete the following assessment activity. Centres could set a series of questions that learners could then complete as part of a professional discussion, which would demonstrate an in-depth understanding of the concepts. For learning outcome 1, the questions could relate to the application of guidelines for infection control and prevention in different settings, and for learning outcome 4 the questions could relate to policies and procedures for responding to outbreaks of infection.

For learning outcomes 2, 3 and 5, learners should be directly observed in the workplace as much as possible. This should include observation of a procedure that would include hand washing and undertaking a procedure that requires adherence to infection control policies. Where direct observation would not be appropriate, alternative methods of assessment could include work products, reflective logs or expert witness testimony. Professional discussion may also be included. For any work products that are included learners should ensure that confidentiality is maintained and that any individuals cannot be identified.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Nifast – *Infection Prevention & Control: FETAC Level 5* (Gill & Macmillan Ltd, 2013) ISBN 9780717157297

Weston D – *Fundamentals of Infection Prevention and Control: Theory and Practice* (Wiley Blackwell, 2013) ISBN 9781118306659

Journal

Journal of Infection Prevention

Websites

www.nice.org.uk The National Institute for Health and Care Excellence (NICE) – national guidance and advice to improve health and social care

www.rcn.org.uk The Royal College of Nursing – represents nurses and nursing, promotes excellence in practice and shapes health policies

Other

Royal College of Nursing, 2005, *Good practice in infection prevention and control Guidance for nursing staff*

Department of Health, 2013, *Prevention and control of infection in care homes – an information resource*

Unit 52: Support Individuals with Autistic Spectrum Conditions

Unit reference number: M/504/2196

Level: 3

Credit value: 4

Guided learning hours: 33

Unit introduction

Autism is a lifelong condition that affects how a person interacts with others and how they perceive the world. It is a spectrum condition, with some individuals having more symptoms and others having less, so people with autistic spectrum conditions vary in the amount and type of support they need. Care workers must be able to offer support that is appropriate for each person according to their individual needs, wherever the individual is on the autistic spectrum.

In this unit, you will learn about the legislation that influences what services are offered for those with an autistic spectrum condition. You will learn about the main features of autistic spectrum conditions, some theories about autism, and some of the difficulties experienced by those with the condition. In this unit, you will need to show you can support people with autistic spectrum conditions to understand their condition and develop their personal skills. You will need to show you can support them with verbal and non-verbal communication and that you can recognise behaviour patterns and their meanings for the individual. You will also need to show you can support them to adapt to change in their environment.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand legislative frameworks that relate to individuals with autistic spectrum conditions</p>	<p>1.1 Outline the legislative frameworks that relate to an individual with autistic spectrum condition</p> <p>1.2 Analyse how legislative frameworks underpin the development of services for individuals with autistic spectrum condition</p>
<p>2 Understand the main characteristics of autistic spectrum conditions</p>	<p>2.1 Outline a range of theories on autistic spectrum condition</p> <p>2.2 Explain the characteristics of autistic spectrum conditions</p> <p>2.3 Describe the sensory and perceptual difficulties commonly experienced by individuals with an autistic spectrum condition</p> <p>2.4 Describe other conditions that may be associated with the autistic spectrum</p> <p>2.5 Describe how language and intellectual abilities vary across the autistic spectrum</p>
<p>3 Be able to support individuals with autistic spectrum conditions</p>	<p>3.1 Describe an individual's experience of the autistic spectrum condition and its characteristics</p> <p>3.2 Support an individual to understand the impact of their autistic condition on themselves and others</p> <p>3.3 Encourage an individual to recognise the strengths of their characteristics</p> <p>3.4 Support an individual with an autistic spectrum condition to develop their personal skills</p> <p>3.5 Support an individual and others to develop strategies for dealing with the impact of an autistic spectrum condition</p>

Learning outcomes	Assessment criteria
<p>4 Be able to support individuals with autistic spectrum condition with verbal and non-verbal communication</p>	<p>4.1 Identify specific methods of communication for an individual</p> <p>4.2 Use specific methods of communication to support interactions with an individual</p> <p>4.3 Ascertain patterns of behaviour associated with an individual's autistic spectrum condition</p> <p>4.4 Support an individual in ways that recognise the significance and meaning of their behaviour</p>
<p>5 Be able to support individuals with transitions and change</p>	<p>5.1 Support an individual with autistic spectrum condition to make transitions</p> <p>5.2 Work with an individual and other to recognise routines that are important to the individual</p> <p>5.3 Support an individual during changes to their routines</p> <p>5.4 Enable an individual to use routines to make sense and order of their daily life</p> <p>5.5 Recognise how to make adaptations to the physical sensory environment to:</p> <ul style="list-style-type: none"> • Reduce sensory overload • Increase sensory stimulation <p>5.6 Work with an individual and others to develop strategies that help them manage their physical and sensory environment</p>

Unit content

1 Understand legislative frameworks that relate to individuals with autistic spectrum conditions

Legislative frameworks supporting good practice: Human Rights Act 1998; Mental Capacity Act 2005; Mental Health Act 2007; UN Convention on the Rights of Persons with Disabilities 2008, Deprivation of Liberty Safeguards Amendment 2009; Autism Act 2009; Equality Act 2010; Health and Social Care Act 2012; Care Act 2014; Valuing People Now; Think Autism 2014 (built on Fulfilling and Rewarding Lives 2010); statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015

How legislative frameworks facilitate service development: statutory guidance for local authorities and NHS organisations including foundation trusts 2015 – requires them to train staff who provide services to adults with autism; identify and diagnose autism in adults, leading to assessment of needs for relevant services; plan the provision of services for people with autism as they move from being children to adults; provide local planning and leadership in relation to the provision of services for adults with autism, including access to direct payments, where appropriate, and personalisation agenda; give preventative support and safeguarding in line with the Care Act 2014 from April 2015; make reasonable adjustments and ensure equality; provide support for people with complex needs, whose behaviour may challenge or who may lack capacity; provide support for employment for adults with autism; work with the criminal justice system to support adults with autism who come into contact with that system; Health and Social Care Act 2012 – role of Clinical Commissioning Groups in commissioning services for people with autism; Autism Act 2009 and review Think Autism 2014 – requires that people with autism are treated as an equal part of the community, are given the right support at the right time during their lifetime, develop skills and independence and work to the best of their ability

2 Understand the main characteristics of autistic spectrum conditions

Theories on autistic spectrum condition: cognitive impairment theories such as Theory of Mind deficits, empathising-systemising (E-S) theory, executive dysfunction; extreme male brain theory; social motivation theory; genetic theories such as links to fragile X syndrome; environmental theories such as viral infections, congenital rubella syndrome; biological theories such as metabolic imbalances; exposure to chemicals including vaccines

Characteristics of autistic spectrum conditions: triad of impairments to include social and emotional interactions; impaired language and communication; lack of imagination, empathy or flexibility of thought

Sensory difficulties: hypersensitivity; hyposensitivity; sensory overload

Perceptual difficulties: Gestalt perception; fragmented perception; delayed processing; distorted perception; sensory shutdown; compensation

Other conditions that may be associated with the autistic spectrum: dyslexia; dyspraxia; Asperger syndrome; Tourette syndrome; hyperkinetic disorder; attention deficit hyperactivity disorder (ADHD); disorder of attention, motor coordination and perception; learning disability; epilepsy; Fragile X syndrome; sensory impairment; Down's syndrome; foetal anti-convulsant syndrome; semantic pragmatic disorder; pervasive development disorder

Range of language and intellectual abilities: language delay; limited abilities such as social awkwardness, knowing what to say and when to say it; problems with understanding and processing language and failing to do what is asked because they do not understand; taking things literally such as jumping when someone says 'jump to it'; problems with talking such as using words without understanding their meaning; support needs range from full support to minimal support; wide range of abilities and difficulties

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 3, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could produce a reflective account, based on their reading around the topic. For AC1.1, learners could provide a summary of recent legislative frameworks that relate to service delivery for individuals with autistic spectrum conditions. Learners could present the key points of at least five recent pieces of relevant legislation or statutory guidance such as the Autism Act 2009, Think Autism 2014 (built on Fulfilling and Rewarding Lives 2010) and statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015. For AC1.2, learners could then explain in detail how these legislative frameworks guide what services are offered to people with autistic spectrum conditions.

For learning outcome 2, learners could use a reflective account based on their reading around the topic of the main features of autism. For AC2.1, learners could outline at least three theories about the autistic spectrum condition giving the key points of each theory.

For AC2.2, learners could describe in detail the main characteristics of autistic spectrum conditions including the triad of impairments. Learners could then describe three sensory and three perceptual difficulties commonly experienced by people with autism, giving examples to support their description, for AC2.3. For AC2.4, learners could describe at least three other conditions that may be linked with autism and then describe, with examples, how language and intellectual abilities vary across the autistic spectrum. Learners could choose examples to show the range of variation, drawn from their reading or, if suitably anonymised, drawn from practice

For learning outcome 3, learners will need to show they can support individuals with an autistic spectrum condition. Learners could use professional discussion to describe how an individual experiences their autistic spectrum condition and its features, for AC3.1. If appropriate, and if informed consent is obtained from all parties, direct observation could be used to provide evidence for AC3.2, 3.3, 3.4 and 3.5. Learners could be observed supporting an individual to be aware of the effect their autistic spectrum condition has on themselves and others, encouraging them to recognise their abilities and areas for development and supporting them to develop personal skills such as practising a conversation, for AC3.4. Learners could be observed on the same occasion or on a different one, supporting the person and others to develop ways of coping with the impact of an autistic spectrum condition, for example how to manage in a noisy environment if the individual is hypersensitive to noise (AC3.5).

Learning outcome 4 requires evidence from direct observation or the presentation of work products. For AC4.1, learners could use case notes and professional discussion to show they can identify specific methods of communication suitable for an individual. Direct observation could be used if appropriate and if informed consent is obtained from all parties, for AC4.2 where learners could show their use of specific and effective verbal and non-verbal communication methods with an individual who has autism. Case notes and professional discussion could be used to provide evidence that learners have found out patterns of behaviour associated with the individual's condition, for AC4.3, and direct observation could be used to show learners supporting an individual and recognising the meaning of the individual's behaviour, AC4.4. Learners are required to demonstrate how they identify patterns of behaviour, working with an individual to understand these patterns. Where direct observation is not appropriate, expert witness testimony and work products could be used to show learners' abilities.

Learning outcome 5 requires evidence from a real work environment. Learners could use direct observation, if appropriate, to show that they can support an autistic individual through change (AC5.1). The same direct observation could provide evidence that learners' work with the individual and others such as carers or family to recognise the routines important to the individual, for AC5.2 and supports that person when changes to the routine occur, AC5.3. Learners could be observed helping the person to use routines to assist them in coping with daily life, for AC5.4 Routines could stem from everyday situations learners support the individual with, such as dressing or travelling on public transport. For AC5.5, during the same observation learners could show how they adapt the physical sensory environment for the individual to reduce sensory overload such as too much noise or flashing lights. Learners could also show how, where it is appropriate, they increase sensory stimulation for the individual, such as by the use of music. The observation should include partnership working with individuals and others such as family or carers to develop ways to manage their physical and sensory surroundings, for AC5.6.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Atherton H L and Crickmore D J – *Learning Disabilities: Towards Inclusion* (Churchill Livingstone, 2011) ISBN 9780702051876

Boucher J – *The Autistic Spectrum: Characteristics, Causes and Practical Issues*, 6th edition (SAGE Publications Ltd, 2008) ISBN 9780761962120

Haddon M – *The Curious Incident of the Dog in the Night-time* (Vintage, 2004) ISBN 9780099450252

Higashida N – *The Reason I Jump: one boy's voice from the silence of autism* (Sceptre, 2014) ISBN 9781444776775

Rivers C – *Autism: Revealed! The Ultimate Information Book (Autism, Autistic Children, Autistic Adults, Autism Spectrum Disorders)* (JR Kindle Publishing, 2014) ASIN B00ICC4F1I

Journals

Autism

The British Journal of Learning Disabilities

Community Care

Focus on Autism and Other Developmental Disabilities

Websites

autismstrategy.dh.gov.uk/	Think Autism – an update to the government adult autism strategy
www.advocacymatters.co.uk	Advocacy Matters – advice about providing advocates
www.autism.org.uk	The National Autistic Society– information, support and pioneering services, and campaign for people with autism
www.bild.org.uk	British Institute of Learning Disabilities (BILD)
www.disabilitynow.org.uk	Disability Now – news site offering featured articles, questions and answers and details of disability-related events
www.gov.uk	Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015
journals.rcni.com/journal/ldp	An online resource for professionals working with people with learning disabilities
www.livingautism.co.uk	Living Autism – advice and support

Unit 53: Promote Access to Healthcare for Individuals with Learning Disabilities

Unit reference number: J/601/5645

Level: 5

Credit value: 6

Guided learning hours: 44

Unit introduction

Individuals with learning disabilities have the same needs for healthcare as everyone else but accessing these services can sometimes be more problematic, perhaps due to access or resource availability. Healthcare services are becoming more proactive and able to address the needs and preferences of individuals with learning disabilities, but collaboration with practitioners can support further development.

This unit covers the principles of supporting individuals with a learning disability to access healthcare. You will learn about the issues related to access to healthcare services for individuals with learning disabilities and the healthcare needs that may affect them. You will learn about good practice in supporting people with a learning disability to obtain healthcare services and how to support others to develop, implement, monitor and review plans for healthcare. You will be required to show that you can develop ways to support others to meet the healthcare needs of individuals with a learning disability and that you can encourage good practice amongst others in their support of those individuals accessing healthcare.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand issues related to access to healthcare services for individuals with learning disabilities</p>	<p>1.1 Explain the rights based approach to accessing healthcare services</p> <p>1.2 Identify inequalities in access to healthcare services in different sections of the population</p> <p>1.3 Analyse how different investigations, inquiries and reports have demonstrated the need for improved access and services for individuals with learning disabilities</p> <p>1.4 Describe the impact of legislation, policy or guidance underpinning the need for healthcare services to enable access to individuals with a learning disability</p> <p>1.5 Analyse how legislation, policy or guidance on capacity and consent should be used with regards to individuals considering and receiving treatment</p>
<p>2 Understand the healthcare needs that may affect individuals with learning disabilities</p>	<p>2.1 Analyse trends of healthcare needs among individuals with learning disabilities</p> <p>2.2 Explain systematic approaches that may support better health and healthcare for individuals with a learning disability</p> <p>2.3 Research the difficulties in diagnosing some health conditions in individuals with a learning disability</p>

Learning outcomes	Assessment criteria
<p>3 Understand good practice in supporting people with a learning disability to access healthcare services</p>	<p>3.1 Analyse the effectiveness of existing communication systems and practices in supporting individuals to meet their healthcare needs</p> <p>3.2 Evaluate different ways of working in partnership to support individuals to meet their healthcare needs</p> <p>3.3 Explain how to promote access to healthcare through the use of reasonable adjustments</p> <p>3.4 Analyse the rights of others significant to the individual to be involved in planning healthcare services</p>
<p>4 Understand how to support others to develop, implement, monitor and review plans for healthcare</p>	<p>4.1 Explain how to champion a person-centred focus to the healthcare planning process</p> <p>4.2 Explain factors to consider when supporting others to develop and implement plans for healthcare</p> <p>4.3 Explain how to support others to monitor and review plans for healthcare</p> <p>4.4 Explain how to challenge healthcare providers and services when required to advocate with or on behalf of individuals</p> <p>4.5 Explain how to support others to raise concerns and challenge healthcare services</p>
<p>5 Be able to develop processes to support others to meet the healthcare needs of individuals with a learning disability</p>	<p>5.1 Develop a person-centred strategy to underpin work with an individual to identify and meet their healthcare needs</p> <p>5.2 Develop systems to support others to work across a range of healthcare services to meet the health needs of individuals with a learning disability</p> <p>5.3 Ensure systems are used by others in meeting the healthcare needs of individual's</p> <p>5.4 Evaluate the impact of systems in meeting individual's healthcare needs</p>

Learning outcomes	Assessment criteria
<p>6 Be able to promote good practice to others in their support of individuals with learning disabilities accessing healthcare</p>	<p>6.1 Promote effective use of communication methods to enable individuals to understand their healthcare needs and what options are available to them</p> <p>6.2 Promote partnership working to meet the healthcare needs of individuals with learning disabilities</p> <p>6.3 Promote awareness of the use of reasonable adjustments to enable individuals with learning disabilities to access healthcare services</p> <p>6.4 Ensure the appropriate involvement of others significant to the individual in planning and delivering healthcare</p>

Unit content

1 Understand issues related to access to healthcare services for individuals with learning disabilities

Implementing a rights based approach: legal rights, e.g. Equality Act 2010 protected characteristics; human rights, e.g. UN Convention on the Rights of Persons with Disabilities 2008, Human Rights Act 1998, right to life, right to liberty, freedom from discrimination on grounds of disability; access; person-centred services/practice; participation; engagement; policy implementation; effective communication

Inequalities in access to healthcare services: inequalities due to attitudes such as limited resource allocation, e.g. inadequate resourcing of mental health services, inequalities in provision of information, e.g. for visually impaired people; geographical inequalities such as the postcode lottery and patchy provision of outreach services; inequalities in communication such as text reminders, using technology to access health information; organisational inequalities such as targets in provider contracts to reduce surgical waiting times while waiting lists for mental health referrals lengthen

Investigations, inquiries and reports identifying the need for improved access and services: Improving Health and Lives: Learning Disabilities Observatory (2011); *Strengthening the Commitment: The report of the UK Modernising Learning Disabilities Nursing Review* (Scottish Government 2012); *Improving Outcomes and Supporting Transparency, Part 1A: A public health outcomes framework for England, 2013–2016* (Department of Health 2012); *Department of Health Review: Winterbourne View Hospital – interim report* (Department of Health 2012); *Transforming Care: A national response to Winterbourne View Hospital* (Department of Health, 2012); The Adult Social Care Outcomes Framework (ASCOF) for 2013/14 (Department of Health 2012); *Summary report: Is healthcare 'Getting Better' for people with a learning disability?* (BILD, Department of Health, Mencap, 2013); *Six Lives Progress Report on Healthcare for People with Learning Disabilities* (Mencap, 2013)

Legislation, policy or guidance promoting access: Human Rights Act 1998; Mental Capacity Act 2005; Mental Health Act 2007; UN Convention on the Rights of Persons with Disabilities 2008; Health and Social Care Act 2008; Deprivation of Liberty Safeguards Amendment 2009; Autism Act 2009; Equality Act 2010; Health and Social Care Act 2012; Care Act 2014; Valuing People Now

How legislation supports access: the promotion of choice; autonomy; service delivery; appropriate resources; engaging the individual; planning; assessment; development; skills; staff competence/training; methods of communication; inclusion; individuals at the centre of planning and delivery of services; policies and procedures in the workplace setting; inclusive practices and procedures; challenging discrimination; promoting rights; empowering; removing barriers, e.g. to physical access, to effective communication; improving participation; promoting dignity and respect

Implementing legislation, policy or guidance on capacity and consent: the Mental Capacity Act 2005 formalises the area assessing whether the patient is capable of making decisions, addresses advance decisions/statements; the Mental Health Acts (1983 and amended in 2007) identifies the circumstances when a patient can be forced to be hospitalised for assessment and/or treatment against their wishes; person-centred; decision making; FREDA approach – fairness, respect, equality, dignity, autonomy

2 Understand the healthcare needs affecting individuals with learning disabilities

Trends: people living longer and developing age-related conditions such as dementia in addition to learning disabilities; people living longer and developing more than one condition, e.g. heart disease and cancer in addition to learning disabilities; lifestyle factors such as inactivity and obesity increase risk of heart disease; increase in demand on services; increased inequalities in healthcare services such as access to sexual health services

Healthcare service requirements: GP, optician, auditory, medical, surgical, dental, podiatry, gynaecological, obstetric, mental health, accident and emergency services/minor injuries unit; physical health checks – cancer screening, dental checks; routine health checks – weight, blood pressure, cholesterol; sensory, ophthalmic, auditory; mental health checks

Systematic approaches: attitude and identification of additional need, e.g. staff at first point of contact are trained in identifying the needs of people with learning disabilities; communication, e.g. staff trained to use simple closed questions, use photographs, symbols; structures and arrangements to facilitate access, e.g. double appointment time for people with learning disabilities, arranging for someone to meet them on arrival; education and training, e.g. all staff have training on inclusivity

Delivering improved services for individuals with a learning disability: information in alternative formats; reminders, using technology; outreach services; provider contracts; location of services; accessibility

Issues in diagnosing some health conditions: sensory difficulties, e.g. hearing impairment; communication difficulties, e.g. unfamiliar terms, complex terms, staff untrained in communicating with people with learning disabilities; anxiety; fear; perceptual difficulties; comprehension; inconsistent signs/symptoms

3 Understand good practice in supporting people with a learning disability to access healthcare services

Existing communication systems and practices: communication methods, e.g. by letter, phone, text; accessibility of method, e.g. size of print, access to suitable phone for those with hearing impairment, access to mobile phone for text messaging; signage on arrival, maps; language used, e.g. complex or easily understood, language of individual, e.g. sign language

Working in partnership to support individuals to meet their healthcare needs: education and training of practitioners, e.g. social workers, support workers, advocates and health professionals; effective shared assessments, e.g. Learning Disability Joint Health and Social Care Self-Assessment Framework, common assessment framework (CAF) or single assessment process (SAP); available alternative format information; collaboration; effective channels of communication; joint planning and review; access to health records; communication passports; supporters/advocates, alternative communication formats; interpreters

Making reasonable adjustments to promote access to healthcare: availability of information; use of terminology; effective communication; physical access; spatial awareness, touch and body language, use of signs and symbols, technological aids; early and longer appointment times

Rights of others to be involved in planning healthcare services: paid/unpaid carers; knowledge of individual's health and wellbeing; consent; capacity; advocacy role; continuity/consistency of support; carer's rights under the Carers (Recognition and Services) Act 1995

4 Understand how to support others to develop, implement, monitor and review plans for healthcare

Promoting a person-centred focus: reference to legislation, personalisation guidelines and codes of practice or conduct such as the Nursing and Midwifery Code; use of appropriate thinking tools such as reflective practice; use of feedback from people using the service; acting as facilitator to establish required support; importance of positive communication; listening skills; individual at the centre of the process; enabling self-directed support; use of relationship circles; recording plans and identified actions; following up identified actions

Factors to consider: resources such as time available, money available; staff training and education budget; resistance to change at organisational level, e.g. blocks, delays, and resistance to change at individual level, e.g. fear of change, feeling threatened by change

Utilising plans for healthcare: the provision of information; communication skills; access to services/resources; use of technological aids; interpreters; signers; translators; using clear speech and appropriate vocabulary; staff training; improving environment; reducing distractions; checking understanding

Role of the advocate in challenging healthcare providers and services: use of counselling/mentors; use of person-centred champions; rights of the individual to make decisions about own care; tensions between individual choice and accessing services; conflict between confidentiality and need to share information in the interest of the individual or public safety; person-centred approach; empowering individuals, carers and others; engaging individuals and others; active support; promoting independence; informed choice; the provision of support and guidance; use of complaints procedure by email, letter, in person, or by phone; keep a record; complain to service directly then to NHS commissioners, then Health Ombudsman; for complaints under the Mental Health Act complain to Care Quality Commission CQC; NHS Complaints Advocacy Service; Patient Advice and Liaison Service (PALS); Action Against Medical Accidents; Patient's Association; Relatives & Residents Association; Citizens Advice; Healthwatch

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could use a reflective account supported by professional discussion to demonstrate an understanding of issues impacting on access to healthcare for individuals with learning disabilities. For AC1.1, learners could explain in detail the legal basis and the human rights basis for access to healthcare, giving examples of relevant legislation and guidelines. For AC1.2, learners could use examples to identify inequalities in access to healthcare services in at least three different sections of the population, such as those with learning disabilities, and those with mental health issues. For AC1.3, they could explore in detail how different investigations, inquiries and reports such as the Winterbourne case have demonstrated the need for improved access and services for individuals with learning disabilities. Learners could refer to at least three of the latest reports and explain the key recommendations of each. For AC1.4, the focus is on the impact of legislation, policy or guidance underpinning the need for healthcare services to enable access for individuals with a learning disability. Learners should critically examine to what extent three pieces of legislation, policy or guidance have improved access to healthcare for those with a learning disability. Examples of guidance could include *Valuing People Now*. For AC1.5, learners could explore in detail how legislation such as the Mental Health Act and associated Code of Practice, Deprivation of Liberty policy or guidance on capacity and consent should be used with regards to individuals considering and receiving treatment, giving examples related to practice.

For learning outcome 2, learners could use a reflective account supported by professional discussion to investigate healthcare needs that may affect individuals with learning disabilities. Learners could choose examples from their workplace and generate some evidence through research of published material. For AC2.1, learners could investigate in detail health trends amongst people with learning disabilities, basing their research on data such as research from the King's Fund. For AC2.2, learners could use examples from research such as *Promoting access to healthcare for people with a learning disability – a guide for frontline NHS staff – Best Practice Statement (February 2006)* to illustrate systematic approaches that may support better health and healthcare for people with learning disabilities. For AC2.3, learners are required to research the difficulties in diagnosing some health conditions in individuals with a learning disability. Learners could use examples from practice to illustrate their account and could explain the difficulties.

For learning outcome 3, learners could use a reflective account supported by professional discussion to demonstrate an understanding of what constitutes good practice when supporting individuals with learning disabilities to access healthcare services and facilities. For AC3.1, learners could analyse the effectiveness of existing communication systems and practices within their own organisation in supporting individuals to meet their healthcare needs. Learners could consider the strengths and the drawbacks of systems and practices before judging their effectiveness. For AC3.2, learners are required to evaluate different ways of working in partnership to support individuals to meet their healthcare needs. They could describe the different partners involved and then explain the different ways of working with these partners, before considering the advantages and drawbacks of each way of working. Learners could then judge which ways of working are more effective and which are least effective. AC3.3 requires learners to explain how to promote access to healthcare through the use of reasonable adjustments. Suggestions could be based on their own workplace or could be drawn from recommendations from reports. AC3.4 requires learners to examine in detail the rights of others significant to the individual to be involved in planning healthcare services. Learners could explain who 'others' might be and their associated rights, for example the right of a Lasting Power of Attorney to represent a person who lacks capacity, or the right of a carer or significant person such as a partner. A professional discussion could be used to supplement evidence from the reflective account.

For learning outcome 4, learners could use professional discussion supported by examples to show how to support others to develop, implement, monitor and review plans for healthcare. For AC4.1, learners could explain, with examples, how to promote a person-centred focus to the healthcare planning process, explaining personal and organisational factors to consider when supporting others to develop and implement plans for healthcare, for AC4.2. They could explain, with examples from their own experience, how to support others such as carers to monitor and review healthcare plans, for AC4.3; how to challenge healthcare providers and services when required to advocate with or on behalf of individuals, for AC4.4 and how to support others to do so, AC4.5. Witness testimony would be useful additional evidence for this learning outcome.

Learning outcomes 5 and 6 require evidence from direct observation or the assessment of work products. For learning outcome 5, learners could use work products such as minutes from meetings and drafts of guidelines to show they can develop processes to support others to meet the healthcare needs of individuals with a learning disability. AC5.1 and 5.2 could be evidenced by care plans, written procedures and by witness testimony. Witness testimony, feedback from service users and direct observation could provide evidence that systems are used by others in meeting the healthcare needs of individuals, for AC5.3. Surveys providing feedback from individuals using the service could provide the basis for professional discussion for AC5.4.

Learning outcome 6 could be directly observed in a planning or review meeting with partners, providing consent is obtained from all parties. For AC6.1, learners could promote effective use of a range of communication methods to enable individuals to understand their healthcare needs and the options available. Methods could include closed questioning, the use of pictures or symbols, checking understanding, or other appropriate methods. It is anticipated that learners would use at least three different methods in their practice. For AC6.2, where learners promote partnership working, partners could represent statutory agencies such as the NHS, private or third sector services, as well as carers and those representatives the individual would like to support them. The same meeting could provide evidence for all criteria in this learning outcome. For AC6.3, learners could be observed suggesting reasonable adjustments such as an early appointment or the support of an advocate to enable individuals with learning disabilities to access healthcare services, while for AC6.4 learners could be observed ensuring the appropriate involvement of others significant to the individual in planning and delivering healthcare. This might be by asking their opinion of the feasibility of plans or by asking their views when reviewing care delivery. Significant others are those who the individual deems significant, whether parent, partner, relative or close friend. They may also be legally appointed representatives such as those with Lasting Power of Attorney or an Independent Mental Health Advocate. A professional discussion could be used to supplement the observation.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Banks S – *Ethics and Values in Social Work (Practical Social Work Series)*, 4th edition (Palgrave Macmillan, 2012) ISBN 978-0230300170

Gates B – *Learning Disabilities: Towards Inclusion* (Churchill Livingstone, 2007) ISBN 9780443101984

Higashida N – *The Reason I Jump: one boy's voice from the silence of autism* (Sceptre, 2014) ISBN 9781444776775

Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage 2014) ISBN 9781446208892

Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026

Thompson N – *Anti-Discriminatory Practice: Equality, Diversity and Social Justice (Practical Social Work Series)*, 5th edition (Palgrave Macmillan, 2012) ISBN 9780230250130

Journals

British Journal of Community Nursing

The British Journal of Learning Disabilities

British Journal of Social Work

Community Care

Down2Earth Magazine

Journal of Social Work

Websites

journals.rcni.com	Learning Disability Practice – online resource for professionals working with people with learning disabilities
www.autism.org.uk	The National Autistic Society– information, support and pioneering services, and campaign for people with autism
www.cqc.org.uk	Care Quality Commission – How to Complain leaflet
www.downs-syndrome.org.uk	Charity supporting people with Down’s syndrome, publishes <i>Down2Earth Magazine</i> written by people with DS for people with DS
www.equalityhumanrights.com	Equality and Human Rights Commission – what are human rights?
www.healthcareimprovementscotland.org	<i>Promoting access to healthcare for people with a learning disability – a guide for frontline NHS staff – Best Practice Statement (February 2006)</i>
www.improvinghealthandlives.org.uk	Public health website Improving Health and Lives: Learning Disabilities Observatory (2011) <i>Health Inequalities and People with Learning Disabilities in the UK: 2011, Projects – Reasonable Adjustments</i>
www.kingsfund.org.uk	Information on health such as the report <i>Time to think differently</i> which concerns trends, disease and disability
www.mencap.org.uk	Leading charity for those with learning disabilities – advocacy and support for people with learning disabilities
www.scope.org.uk	Support for a variety of conditions, such as learning disabilities, autism spectrum disorders, cerebral palsy

Unit 54: Promote Good Practice in the Support of Individuals with Autistic Spectrum Conditions

Unit reference number: A/601/5318

Level: 5

Credit value: 7

Guided learning hours: 53

Unit introduction

Autistic spectrum conditions include a number of symptoms and behaviours that affect the way in which individuals understand and react to the world around them. Knowledge and understanding of how to support these behaviours continues to develop and become more effective and proactive and practitioners need to utilise interventions in a person-centred way. People with autistic spectrum conditions vary in their need for support. Some people may function adequately in society, leading a full and active life. Others may require support especially if they have additional health needs.

In this unit, you will learn how emerging theories about autism reflect the complexity of autistic spectrum conditions and how legal and policy guidelines underpin good practice in this area. You will need to show you can work with others in supporting individuals with an autistic spectrum condition and encourage others to use positive strategies that help individuals communicate effectively with others. You will need to show you can effectively support individuals with an autistic spectrum condition to manage their sensory world according to their individual needs.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand how the different and evolving theories about autism reflect the complexity of autistic spectrum conditions</p>	<p>1.1 Analyse the defining features of autistic spectrum conditions and the impact on practice</p> <p>1.2 Evaluate the shift from the categorical view to the spectrum view of autism, with reference to different conditions on the autistic spectrum</p> <p>1.3 Identify the implications for practice of controversies concerning the search for cures and interventions for autistic spectrum conditions</p> <p>1.4 Review historical and current perspectives on the causes of autism</p> <p>1.5 Explain the importance of a person-centred approach, focussing on the individual not the diagnosis</p> <p>1.6 Analyse how the stereotyped views and prejudice of others impact on the lives of individuals with an autistic spectrum condition</p>
<p>2 Understand the implications of the legal and policy framework underpinning the support of individuals with autistic spectrum conditions</p>	<p>2.1 Identify the legislation and national and local policies and guidance relevant to the support of individuals with autistic spectrum conditions</p> <p>2.2 Explain the applicability of legislation, policies and guidance to people, services or situations</p> <p>2.3 Explain the impact of legislation, policies and guidance on the provision of services</p> <p>2.4 Explain the influence of autism advocacy groups in highlighting shortcomings in legislation/policy/guidance and in pressing for change</p>

Learning outcomes	Assessment criteria
<p>3 Be able to promote good practice in the support of individuals with an autistic spectrum condition</p>	<p>3.1 Enable workers to apply different approaches, interventions and strategies according to the individual's needs and wishes identified in their person-centred support plan</p> <p>3.2 Develop practice guidance to maximise consistency and stability in the environment</p> <p>3.3 Ensure use of structured activities to optimise individuals' learning</p> <p>3.4 Demonstrate ways of supporting others to minimise the vulnerability of individuals with autistic spectrum conditions</p> <p>3.5 Implement strategies which support others to apply, monitor and review positive behaviour support with individuals</p> <p>3.6 Support others to work in partnership with parents and/or other informal carers or support networks</p> <p>3.7 Evaluate working practices and strategies in order to maintain good practice and recommend changes</p>
<p>4 Be able to promote to others positive communication strategies for individuals with an autistic spectrum condition</p>	<p>4.1 Analyse the implications for practice of the link between behaviour and communication</p> <p>4.2 Develop strategies to support others to understand the link between behaviour and communication</p> <p>4.3 Liaise with family/carers and relevant professionals involved with individuals to maximise the effectiveness of communication</p> <p>4.4 Support others to implement alternative and augmented communication systems which enable individuals to communicate effectively with those around them</p>

Learning outcomes	Assessment criteria
<p>5 Be able to implement strategies to support individuals with an autistic spectrum condition to manage their sensory world</p>	<p>5.1 Explain the types of sensory and perceptual difficulties that many individuals with an autistic spectrum condition experience</p> <p>5.2 Develop, with appropriate professional support, a sensory management strategy</p> <p>5.3 Implement a sensory management strategy to meet the needs of individuals who have problems with sensory processing</p> <p>5.4 Create environments which prevent sensory overload or increase sensory stimulation, depending on the needs of the individual</p>

Unit content

1 Understand how the different and evolving theories about autism reflect the complexity of autistic spectrum conditions

Features of autistic spectrum conditions: triad of impairments, such as difficulties with social communication, social interaction and social imagination; lifelong; range of variations, e.g. Asperger syndrome, pathological demand avoidance (PDA)

Impact on practice: person-centred and flexible approaches; active support; promoting independence and reablement; informed choice; developing relationships; skills and experiences; reflection on practice; planning for own development

Emerging views of autism: difficulty of classification, e.g. eye contact may be avoided by those with Rett's syndrome and by those with autism spectrum disorder; categorical view; the spectrum view; sub-conditions and individual variation

Controversies surrounding the search for cures and interventions for autistic spectrum conditions: vaccine controversy; acceptance of neurodiversity versus search for cure; interventions such as chelation therapy, aversive therapy; controversies about funds such as allocating money to research prenatal screening which may lead to aborting those with autism

Perspectives on the causes of autism: historical; autism regarded as a variant of schizophrenia; attributed to biomedical factors; environmental factors; vaccines; genetic factors; current-biomedical explanations/treatments; primary; secondary

Implementing a person-centred approach: personalisation; reablement; daily living; personal growth; promoting independence; providing support; control; self-advocacy; self-determination; inclusion; access to appropriate resources

Impact of stereotyped views and prejudice: inadequate or inappropriate support for needs; parents/carers and siblings roles and responsibilities increased; effect on individual's/parents/carers and siblings daily lives; privacy; dignity; inadequate resources, e.g. understaffed and underfunded provision; inappropriate accommodation such as a prison cell instead of a place of safety for under 18s in crisis; stigma; increased role of support networks such as third sector networks

2 Understand the implications of the legal and policy framework underpinning the support of individuals with autistic spectrum conditions

Legislation and national and local policies and guidance relating to service provision: Human Rights Act 1998; Mental Capacity Act 2005; Mental Health Act 2007; UN Convention on the Rights of Persons with Disabilities 2008; Deprivation of Liberty Safeguards Amendment 2009; Autism Act 2009; Equality Act 2010; Health and Social Care Act 2012; Care Act 2014; *Fulfilling and rewarding lives: the strategy for adults with autism in England 2010*; 'Think autism': an update to the government adult autism strategy 2014; *Adult autism strategy: statutory guidance*

Applicability: to people, e.g. administrators planning services, health and care professionals delivering services, people with autism; applicability to services, e.g. to Child and Adolescent Mental Health Services (CAMHS), Care Quality Commission (CQC), NHS; applicability to situations, e.g. providing a place of safety in crisis situations, long waiting times for referral appointments

Impact of legislation, policies and guidance on the provision of services: legislation such as NHS legal duty to commission appropriate services, e.g. through Clinical Commissioning Groups, NHS trust duty to provide appropriate services, e.g. Child and Adolescent Mental Health Services (CAMHS), NHS trust duty to provide adequately resourced services including sufficient trained staff, Care Quality Commission duty to inspect services; impact of policies and guidance such as personalisation agenda, inclusive practice, reablement, government strategy: Fulfilling and rewarding lives: the strategy for adults with autism in England 2010, the promotion of choice, dignity and respect

Role of autism advocacy groups in influencing change: personal experience; research; collaboration; lobbying; accessing funding and resources; networking; increased opportunities; awareness raising; advice/guidance; support/treatment; best practice

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 3, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, a reflective account could be used to show how the different and evolving theories about autism reflect the complexity of autistic spectrum conditions. For AC1.1, learners could examine in detail the defining features of autistic spectrum conditions and how these influence practice, with examples from their own workplace. For AC1.2, learners could explain the move from a categorical view to the current spectrum view of autism and assess how this impacts on different conditions on the autistic spectrum, using examples to support their assessment. For AC1.3, learners could use examples to identify the implications for practice of controversies concerning the search for cures and interventions for autistic spectrum conditions. Controversies might include chelation and the controversy surrounding acceptance of neurodiversity versus need for cure. For AC1.4, they could read and research historical and current views on causes and cures for autism, such as the vaccine theory of cause, reflecting on how these views affect what they do in practice. Learners could relate their evidence to their own place of work and refer to research and relevant case studies. Learners could explain, with examples, the importance of a person-centred approach that is centred on the individual not the diagnosis for AC1.5, referring to the wide range of types of autism. For AC1.6, learners could give examples of how stereotyping and prejudice impact on individuals with an autistic spectrum condition. Stereotyping and prejudice may be from members of the public, family, non-specialist health and care staff, and care providers and planners. Professional discussion could supplement any areas not sufficiently covered in the reflective account.

For learning outcome 2, learners could produce a report or use their learner diary to demonstrate their understanding of the theoretical, statutory and legal frameworks underpinning practice when supporting individuals with autistic spectrum conditions. For AC2.1, learners could identify relevant legislation, national and local policies and guidance, giving a brief summary of each and, for AC2.2, explaining how they apply to people, services or situations. For AC2.3, they could explain how these affect the provision of services. For AC2.4, learners could use examples to explain the influence of autism advocacy groups such as the National Autistic Society in highlighting shortcomings in legislation/policy/guidance and in pressing for change.

Learning outcome 3 requires evidence from the workplace. Direct observation of learners' practice could be used for AC3.1, AC3.3, AC3.4, AC3.5 and AC3.6. Witness testimony could be used to supplement direct observation. Work products such as minutes of meetings and drafts of guidelines could provide evidence for learner competence in developing practice guidance, for AC3.2. Professional discussion could be used for learner evaluation in AC3.7.

Learning outcome 4 focuses on positive communication strategies for individuals with an autistic spectrum condition and requires evidence from the workplace. For AC4.1, professional discussion could provide evidence that learners can analyse the implications for practice of the link between behaviour and communication. Learners could give examples of the effects of positive and negative strategies on an individual's behaviour. For AC4.2, 4.3 and 4.4, direct observation supported by witness testimony could be used. The observer could see learners developing ways to support others to understand the link between behaviour and communication for AC4.2, working with family/carers and relevant professionals involved with individuals to maximise the effectiveness of communication for AC4.3, and supporting others to implement alternative and augmented communication systems enabling individuals to communicate effectively for AC4.4.

For learning outcome 5, evidence from the workplace could include a learner-devised factsheet for relatives explaining the types of sensory and perceptual difficulties that many individuals with an autistic spectrum condition experience, for AC5.1. For AC5.2, witness testimony supported by work products such as plans could provide evidence that learners can develop, with appropriate professional support, a sensory management strategy. Direct observation could be used for AC5.3 and AAC5.4 where learners implements the plan and ensures an appropriate environment in terms of sensory stimulation.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Barnes C and Mercer G – *Exploring Disability* (Polity Press, 2010)
ISBN 9780745634869

Boucher J – *The Autistic Spectrum: Characteristics, Causes and Practical Issues* (SAGE Publications Ltd, 2008) ISBN 9780761962120

Cameron C – *Disability Studies: A Student's Guide* (SAGE Publications Ltd, 2013)
ISBN 9781446267677

Atherton H L and Crickmore D J– *Learning Disabilities: Towards Inclusion* (Churchill Livingstone, 2011) ISBN 9780702051876

Higashida N – *The Reason I Jump: one boy's voice from the silence of autism* (Sceptre, 2014) ISBN 9781444776775

Rivers C T – *Autism: Revealed! The Ultimate Information Book (Autism, Autistic Children, Autistic Adults, Autism Spectrum Disorders)* (JR Kindle Publishing, 2014)
ASIN B00ICC4F1I

Swain J et al – *Disabling Barriers – Enabling Environments* (SAGE Publications Ltd, 2013) ISBN 9781446258996

Journals

The British Journal of Learning Disabilities

Community Care

Journal of Learning Disabilities

Websites

www.autism.org.uk	The National Autistic Society– information, support and pioneering services, and campaign for people with autism, including Asperger syndrome
autismstrategy.dh.gov.uk	<i>'Think Autism': an update to the government adult autism strategy 2014</i>
www.gov.uk	<i>Adult autism strategy: statutory guidance</i>
www.improvinghealthandlives.org.uk	Improving Health and Lives: Learning Disabilities Observatory (2011) <i>Health Inequalities and People with Learning Disabilities in the UK: 2011</i> (Part of Public Health England)
www.livingautism.co.uk	Living Autism–advice and support
www.mencap.org.uk	Charity supporting people with learning disabilities – <i>Autism Factsheet</i>
www.nimh.nih.gov	US government website with useful information on approaches to autism – <i>The Four Kingdoms of Autism</i>
webarchive.nationalarchives.gov.uk	<i>Fulfilling and rewarding lives: the strategy for adults with autism in England 2010</i>

Unit 55: Lead Practice in Assessing and Planning for the Needs of Families and Carers

Unit reference number: A/504/2217

Level: 5

Credit value: 3

Guided learning hours: 22

Unit introduction

There are almost seven million carers in the UK and together they provide care to the value of £119 billion per year. According to the 2011 census there are 178,000 young carers in England and Wales alone, with an average age of 12. Young carers are more likely to miss out on education. 65% of carers over the age of 60 have either a disability or long-term health problems themselves and older carers are more likely to lose employment because of their caring responsibilities. While families and unpaid carers provide care that the state would otherwise have to give, many of them struggle financially.

In this unit, you will support others to understand the contribution that families and carers make in caring for others. You will need to show that you can develop the practice of staff in assessing the needs of families and carers, that you can put in place a care planning process to support families and carers, and that you can evaluate the quality of this assessment and care planning.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Be able to support others to understand the contribution that families and carers make in caring for individuals in health and social care or the care of children and young people</p>	<p>1.1 Analyse the benefits and challenges faced by family and unpaid carers in providing care</p> <p>1.2 Support others to understand the role of families and unpaid carers in health and social care or the care of children and young people to include demographic information</p> <p>1.3 Support others to understand the benefits to society of family and unpaid carers providing care</p> <p>1.4 Support others to recognise the contribution that carers make to the well-being of individuals</p> <p>1.5 Support others to understand the rights of families and carers providing care</p>
<p>2 Be able to develop the practice of staff in assessing the needs of families and carers</p>	<p>2.1 Implement procedures for assessing the needs of families and carers</p> <p>2.2 Support staff to learn from families and carers about their caring role</p> <p>2.3 Support staff to develop advocacy skills so that the needs of families and carers can be brought to the attention of decision makers</p> <p>2.4 Support staff to carry out assessments of needs and wishes in partnership with carers and families</p> <p>2.5 Support staff to gain consent from carers and families to speak with others about their circumstances</p> <p>2.6 Manage recording procedures to ensure assessments are shared with families and carers</p> <p>2.7 Monitor the quality of assessments carried out by staff</p>

Learning outcomes	Assessment criteria
<p>3 Be able to implement a care planning process to support families and carers</p>	<p>3.1 Establish systems which ensure that all care plans include:</p> <ul style="list-style-type: none"> • participation by carers and families • agreement on resources required to address needs and wishes • agreed roles and responsibilities in achieving the plan <p>3.2 Monitor the implementation of care plans which support families and carers</p>
<p>4 Be able to evaluate quality of assessment and care planning to meet the needs of families and carers</p>	<p>4.1 Evaluate the quality of assessments carried out to meet the needs of families and carers</p> <p>4.2 Evaluate the quality of care plans to meet the needs of families and carers</p> <p>4.3 Use analysis of the needs of families and carers to inform strategic planning within an organisation</p>

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 1, 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners will need to show they are able to support others to understand the contribution that families and carers make in caring for individuals in health and social care or the care of children and young people. Direct observation and professional discussion could provide evidence for this. Using professional discussion for AC1.1, learners could explore the benefits and challenges faced by family and unpaid carers in providing care. Learners could support their discussion with examples from practice and could explain the impact of at least three benefits and three challenges for families and carers. Direct observation could be used for AC1.2, AC1.3, AC1.4 and AC1.5, for example in a mentoring or induction situation where learners support others such as new staff to understand the role of families and unpaid carers. Demographic information such as the proportion of young carers, their average age, and the proportion of older carers could be included. Learners may wish to produce a handout with this information that they could use when mentoring or inducting new staff. Learners could list at least three benefits to society that unpaid carers contribute, and could explain the contribution they make to individual wellbeing. Learners could use examples to illustrate their point. Finally, learners could explain the rights of unpaid carers, such as the right to a separate assessment under the Carers (Recognition and Services) Act 1995, or the carer's right to support under the Care Act 2014 implemented 2015.

For learning outcome 2, learners will need to show they can develop the practice of staff in assessing the needs of families and carers. Evidence is required from direct observation supported by professional discussion and work products. Learners could be observed inducting new staff into their role or mentoring staff taking on assessment for the first time. Consent should be obtained from all parties.

For AC2.1, learners could be observed implementing procedures for assessing the needs of families and carers, supporting staff to learn from families and carers about their caring role for AC2.2 and, for AC2.3, supporting staff to develop advocacy skills so that the needs of families and carers can be brought to the attention of decision-makers. During the assessment learners could be observed supporting staff to carry out assessments of needs and wishes in partnership with carers and families for AC2.4, supporting them to gain consent from carers and families to speak with others about their circumstances for AC2.5 and, for AC2.6, managing recording procedures to ensure assessments are shared with families and carers. Work products such as records could provide evidence for AC2.7 where learners monitor the quality of assessments carried out by staff.

For learning outcome 3, learners will need to show they can implement a care planning process to support families and carers. Work products such as records and direct observation could provide evidence that learners can establish systems that ensure all care plans include participation by carers and families, agreement on the resources required to address needs and wishes, and agreed roles and responsibilities in achieving the plan. Witness testimony could also support this evidence. For AC3.2, learners could be observed monitoring the implementation of care plans that support families and carers.

For learning outcome 4, learners are required to show they can evaluate the quality of assessment and care planning to meet the needs of families and carers. Professional discussion and direct observation could be used to show learners evaluating the quality of assessments and care plans to meet the needs of families and carers, for AC4.1 and AC4.2. For AC4.3, work products such as a report could provide evidence that learners can analyse the needs of families and carers to inform strategic planning within an organisation.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Chivers L and Trodd L – *Interprofessional Working in Practice: Learning and working together for children and families* (Open University Press, 2011) ISBN 9780335244478

DK Books – *BMA Carer's Manual* (DK, 2013) ISBN 9781409320821

Dunhill A et al – *Effective Communication and Engagement with Children and Young People, their Families and Carers* (Learning Matters, 2009) ISBN 9781844452651

Matthews J – *The Carer's Handbook: Essential Information and Support for All Those in a Caring Role* (How To Books, 2007) ISBN 9781845281946

Journal

Community Care

Websites

www.barnardos.org.uk	Charity offering support for young carers
www.carers.org	Charity supporting unpaid carers
www.carersuk.org	Carers UK – help and advice about funding, the support available for carers and guidance on being a carer
www.childrensociety.org.uk	Children's charity offering support for young carers
www.gov.uk/carers-uk	Advice and support for carers and the people they care for
www.mencap.org.uk	Learning disability charity – advice such as Carers Poverty Charter
www.nhs.uk	NHS Social Care and Support Guide – <i>Carers' rights and the Care Act</i>

Unit 56: Appraise Staff Performance

Unit reference number: J/504/2219

Level: 5

Credit value: 5

Guided learning hours: 32

Unit introduction

How do people know they are carrying out their roles and responsibilities as they should be? Regular feedback is essential if people are to give their best and follow safe and current work practice. Managing people means managing the most important resource in the organisation. If they are managed well, they and the organisation will progress. If they are managed badly they will be unhappy and the organisation will fail. Staff appraisal is a vital way to ensure the organisation runs well.

In this unit, you will explore the process of appraisal and the models driving effective appraisals in the workplace. You will learn how to use appraisal to develop practice and you will be expected to prepare for and conduct appraisals to demonstrate the outcomes of this unit, reviewing your own practice as an appraiser. In doing so you will be improving the performance of your team and of the organisation as a whole.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand policies, theories and models which underpin appraisal of performance</p>	<p>1.1 Explain policies and agreed ways of working for appraisals in the work setting</p> <p>1.2 Research models of appraisal to explore their applicability in the work setting</p> <p>1.3 Evaluate how appraisals are used to inform:</p> <ul style="list-style-type: none"> • achievement of objectives • overall performance • future objectives <p>1.4 Explain how appraisals are used to develop practice</p> <p>1.5 Differentiate between appraisals and disciplinary processes</p> <p>1.6 Use research on the theories of power to explore the relationship between appraiser and appraisee</p>
<p>2 Be able to support others to understand the purpose of appraisal</p>	<p>2.1 Support others to develop an understanding of the purpose of appraisals to include:</p> <ul style="list-style-type: none"> • mutual responsibilities • the achievement of objectives • reflection on overall performance • professional development • how outcomes of the appraisal will be used • future objectives

Learning outcomes	Assessment criteria
<p>3 Be able to facilitate preparation for appraisals</p>	<p>3.1 Confirm with appraisee the objectives against which performance will be appraise</p> <p>3.2 Identify with the appraisee the actions they need to take to prepare for their appraisal</p> <p>3.3 Evaluate evidence gathered from a range of sources towards achievement of objectives</p> <p>3.4 Prepare paperwork for appraisal in line with work setting requirements</p>
<p>4 Be able to support appraisee to participate in appraisal meetings</p>	<p>4.1 Explain how power can be managed within the appraisal process to facilitate the participation of the appraisee</p> <p>4.2 Demonstrate how to prepare the environment for the appraisal meeting</p> <p>4.3 Support the appraisee to engage in an evaluation of their performance over the past year to include:</p> <ul style="list-style-type: none"> • areas of practice which have met or exceeded standards • areas for development <p>4.4 Provide feedback to appraisee on their performance over the past year to include:</p> <ul style="list-style-type: none"> • areas of practice which have met or exceeded standards • areas for development <p>4.5 Identify with appraisee work objectives for forthcoming year</p> <p>4.6 Identify with appraisee professional development plan for forthcoming year</p> <p>4.7 Record the appraisal in line with work setting requirements</p>
<p>5 Be able to evaluate own practice during the appraisal process</p>	<p>5.1 Evaluate with appraisee their experience of how the appraisal was conducted</p> <p>5.2 Reflect on own practice in managing the appraisal process</p>

Unit content

1 Understand policies, theories and models which underpin appraisal of performance

Appraisal: appraisal policies relevant to organisation, appraisal procedure relevant to organisation

Appraisal factors: supportive, regular, holistic, developmental, shared dialogue, basis of mutual trust, reviewing recent performance and setting future objectives and development needs; positive outcome

Disciplinary process: top down, judgemental, guidelines and procedures, e.g. verbal/written warnings, appeals; codes of practice; employment tribunal; sources of advice, e.g. Advisory, Conciliation and Arbitration Service (ACAS)

Models of appraisal: unstructured, straight ranking, paired comparison, grading and checklist, management by objective, psychological appraisals, 360 degree feedback

Purpose of appraisals: to inform achievement of objectives; to assess overall performance of individuals, e.g. production data, personnel data; judgemental data, e.g. link to salary levels and bonus payments; to develop future objectives, to identify strengths and areas for improvement, identify training needs; to develop practice; to improve communication; to embed corporate social responsibility

Theories of power: legitimate right to expect compliance; reward based on ability to compensate another for compliance; expert power based on superior skill and knowledge; referent power based on perceived attractiveness, worthiness, and right to respect from others; coercive power based on ability to punish

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Learning outcome 1 could be assessed through a reflective account on the subject of policies, theories and models that underpin the appraisal of performance. Learners could explain policies and agreed ways of working for appraisals in the work setting and reflect on their effectiveness. Within this account learners could research models of appraisal to explore their applicability in the work setting, making suggestions for improvements to current work practice if applicable. Learners could critically evaluate, with examples, how appraisals are used in their workplace to inform the achievement of objectives, overall performance and future objectives. They could explain how appraisals are used to develop practice for individuals giving anonymised examples. Learners could also explain the differences between appraisals and disciplinary processes. Finally, they could research theories of power and apply this knowledge to the relationship between appraiser and appraisee.

Learning outcome 2 could be assessed through direct observation or professional discussion supported by witness testimony and work products such as records of how learners support others to understand the purpose of appraisals, including mutual responsibilities, achievement of objectives, reflection on overall performance, professional development, and how outcomes of the appraisal will be used and future objectives set.

Learning outcome 3 could be assessed through observation supported by professional discussion or work products made to facilitate preparation for appraisals. Work products could include a record of agreement on the objectives against which the appraisee's performance will be appraised, and a list of actions they need to take to prepare for their appraisal. In the professional discussion, learners could explain how they evaluated evidence from a range of sources towards achievement of objectives. Work products could also include paperwork for appraisals prepared in line with work setting requirements.

Learning outcome 4 could be assessed through a reflective account supported by a professional discussion to explain how power can be managed within the appraisal process to facilitate the appraisee's participation. Direct observation, if appropriate, witness testimony or professional discussion could provide evidence of how to prepare the environment for the appraisal meeting, how to support the appraisee to engage in an evaluation of their performance over the past year in the areas of practice that have met or exceeded standards and in areas for development. Professional discussion or witness testimony could provide evidence of feedback to the appraisee on their performance over the past year. Work products such as appraisal notes could provide evidence of identifying with the appraisee work objectives and a professional development plan for the coming year. Work products such as records of the appraisal would also provide evidence.

Learning outcome 5 could be assessed through direct observation, if appropriate, or witness testimony from an appraisee and a learner's reflective account or learning log supported by a professional discussion where learners reflect on their own practice in managing the appraisal process.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Handy C – *Understanding Organisations* (Penguin, 1993) ISBN 9780140156034

Handy C – *Understanding Voluntary Organisations: How to make them function efficiently* (Penguin, 1990) ISBN 9780140143386

Whitmore J – *Coaching for Performance: GROWing human potential and purpose – The principles and practice of coaching and leadership*, 4th Edition (Nicholas Brealey Publishing, 2009) ISBN 9781857885354

Journal

People Management

Websites

www.acas.org.uk	Advisory, Conciliation and Arbitration Service – advice and guidance, good practice at work, performance management
www.businessballs.com	Performance appraisals
www.cipd.co.uk	Factsheet – <i>Performance Appraisal</i> , Chartered Institute Personnel Development
www.mindtools.com	Leadership and forms of power

Unit 57: Support People Who Are Providing Homes to Individuals

Unit reference number: R/504/2224

Level: 4

Credit value: 6

Guided learning hours: 40

Unit introduction

People provide homes to individuals who can have a wide range of needs and preferences, for example older people needing low level support or a person with learning disabilities who may require more support. It is important these needs and preferences are identified and met as far as is practicable to enable the individuals to develop and flourish in their new surroundings and to ensure the continuity of the placement. In this unit, you will be expected to carry out assessments for the approval of adult placements and for shared lives carers. You will show how to support carers in preparing their home for an individual, and provide them with support and guidance to identify what they need to know. You will show that you can match individuals with potential carers, help suitable people meet and get to know each other. You will also show how to monitor and review the effectiveness of the placement.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Be able to carry out assessments for the approval of adult placement /shared lives carers</p>	<p>1.1 Provide information to carer(s) on the criteria against which they will be assessed</p> <p>1.2 Work with carer(s) to clarify their role and responsibilities</p> <p>1.3 Carry out the initial assessment of carer(s) against agreed criteria</p> <p>1.4 Complete an assessment report of carer(s) according to work setting requirements and regulatory frameworks</p> <p>1.5 Agree the content of the assessment report with carer(s)</p> <p>1.6 Present the assessment for approval of carer(s) in line with work setting requirements</p>
<p>2 Be able to support adult placement/shared lives carers to prepare for providing a home to an individual</p>	<p>2.1 Provide advice and guidance to carer(s) about preparing to share their home and their lives with an individual</p> <p>2.2 Support carer(s) to reflect on changes they will need to make in order to provide a home to an individual</p> <p>2.3 Work with carer(s) to identify learning needs related to providing a home to an individual</p> <p>2.4 Support carer(s) to meet their learning needs</p> <p>2.5 Support carer(s) to reflect on how they can make an individual feel welcome in their home</p> <p>2.6 Support carer(s) to develop 'house rules'</p> <p>2.7 Support carer(s) to prepare their families and networks for the inclusion of an individual</p>

Learning outcomes	Assessment criteria
<p>3 Be able to carry out the matching process between adult placement/shared lives carers and individuals</p>	<p>3.1 Match the preferences and needs of an individual referred to the service with the skills and lifestyle of potential carer(s)</p> <p>3.2 Provide information to an individual and matched carer(s) prior to introductions</p> <p>3.3 Facilitate introduction meetings between an individual and potential carer(s)</p> <p>3.4 Work with an individual, potential carer(s) and others to evaluate the introduction sessions</p> <p>3.5 Work with an individual, carer(s) and others to finalise move-in arrangements once a successful match has been made</p>
<p>4 Be able to monitor and review placements of individuals</p>	<p>4.1 Carry out placement monitoring visits with an individual and carer(s) according to work setting requirements</p> <p>4.2 Complete reports from placement visits in line with work setting requirements</p> <p>4.3 Provide ongoing advice and guidance to carer(s) about the support of an individual</p> <p>4.4 Carry out periodic reviews of carer(s) in line with work setting requirements</p>

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 1, 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could use direct observation and relevant work products to demonstrate they can carry out assessments in order to approve adult placements and shared life carers. For AC1.1, learners need to provide information to the carer(s) on the criteria against which they will be assessed. This information could be supplied in written form and accompanied by an explanation and learners could answer any questions carers might have. Evidence that learners can work with the carer(s) to clarify their role and responsibilities, for AC1.2, could be from direct observation or from witness testimony supported by work products. Direct observation for AC1.3 would show that learners carried out the initial assessment of carer(s) against agreed criteria, completed the assessment report according to agreed frameworks, for AC1.4, agreed the content with the carer, for AC1.5, and presented the assessment report according to work setting requirements, AC1.6. Consent from carers should be obtained for this observation.

For learning outcome 2, direct observation and work products could show that learners can support adult placement/shared lives carers to prepare for providing a home to an individual. Learners could provide advice and guidance to carer(s) about preparing to share their home and their lives with an individual, for AC2.1, giving advice and guidance as required, for example about criminal record checks (Disclosure and Barring Service) and about changes they may need to make such as fire safety precautions, for AC2.2. Learners could use direct observation to show they can work with the carer(s) to identify and meet their learning needs related to providing a home to an individual for AC2.3 and AC2.4, for example finding out more about the individual's disability. For AC2.5, AC2.6 and AC2.7, learners could be observed supporting the carer(s) to think how they can make an individual feel welcome in their home, develop 'house rules' and prepare their families and networks for the inclusion of an individual. Witness testimony could also be useful for AC2.7.

For learning outcome 3, learners will need to show they can carry out the matching process between adult placement/shared lives carers and individuals. This could be evidenced by direct observation and by work products. Work products such as assessment plans could provide evidence, for AC3.1, that learners can match the preferences and needs of an individual referred to the service with the skills and lifestyle of potential carer(s). Learners could be observed providing information to an individual and matched carer(s) in appropriate formats prior to introductions, for AC3.2, and then, for AC3.3, facilitating introduction meetings between an individual and potential carer(s). After the introductory meeting, learners could be observed working with an individual, potential carer(s) and others to evaluate the introduction sessions for AC3.4 and, if all goes well, working with an individual, carer(s) and others to finalise move-in arrangements, for AC3.5.

Learning outcome 4 requires evidence from direct observation and the presentation of work products. For AC4.1, learners could be observed during a visit to monitor the placement with an individual and carer(s) according to work setting requirements and then completing reports from placement visits in line with work setting requirements, for AC4.2. During the visit, learners could be observed giving ongoing advice and guidance to carer(s) about the support of an individual, for AC4.3. Work products of periodic reviews of other carer(s) in line with work setting requirements could provide evidence for AC4.4. Consent should be obtained from all parties when learners are being observed.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Ashman B, Beadle-Brown J, Mansell J – *Person-centred active support: A handbook* (Pavilion Publishing, 2010) ISBN 9781841962726

Franklin S and Sanderson H – *Personalisation in Practice: Supporting Young People with Disabilities through the Transition to Adulthood* (Jessica Kingsley Publishers, 2014) ISBN 9781849054430

Sanderson H – *A Practical Guide to Delivering Personalisation: Person-Centred Practice in Health and Social Care* (Jessica Kingsley Publishers, 2012) ISBN 9781849051941

Journal

Community Care

Websites

www.citizensadvice.org.uk	Citizens Advice – information, advice and guidance on a wide variety of topics, including employment and benefits
www.equalityhumanrights.com	Guidance on the Equality Act 2010
www.nhs.uk/conditions	NHS Choices – guide to care and support
www.planningportal.gov.uk	<i>Fire Safety in Adult Placements: A Code of Practice</i>
www.sharedlivesplus.org.uk	UK network for family-based and small-scale ways of supporting adults

Unit 58: Facilitate the Development of Effective Group Practice in Health and Social Care or Children and Young People's Settings

Unit reference number: Y/602/2339

Level: 5

Credit value: 6

Guided learning hours: 42

Unit introduction

In health and social care or children and young people's settings, professionals work independently but they also work in groups and in teams. Understanding the difference between independent and team working, and why some groups get things done and others dissolve into arguments, is important if we are to improve the quality of service offered.

In this unit, you will learn how groups work and how to form and maintain a group so that it does what it is supposed to do. You will learn how to facilitate groups, using different methods, and how to motivate group members, intervening when required to make a better learning experience. Using power, influence and authority in a positive way you will manage different behaviours, promote inclusiveness, manage conflicts and challenge unacceptable behaviour referring any concerns. You will learn how to monitor and review the work of a group, agreeing and implementing systems and processes to do so, and will assess whether the group has achieved identified outcomes. Finally, you will learn how to reflect on your own strengths and areas for development when facilitating groups.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand how groups develop and function in health and social care or children and young people's work settings</p>	<p>1.1 Analyse the impact of theories and models on group work practice</p> <p>1.2 Explain how to form and maintain a cohesive and effective group</p> <p>1.3 Explain how different facilitation styles may influence:</p> <ul style="list-style-type: none"> • group dynamics • lifecycle of the group • group outcomes • development of roles within the group <p>1.4 Explain why it is important to be clear about the purpose and desired outcomes for the group</p> <p>1.5 Analyse the importance of participant engagement in achieving group outcomes</p>
<p>2 Be able to create a climate that facilitates effective groups in health and social care or children and young people's work settings</p>	<p>2.1 Evaluate methods that may be utilised in facilitating groups</p> <p>2.2 Prepare an environment that is conducive to the functioning of the group</p> <p>2.3 Work with a group/s to agree acceptable group and individual behaviour</p> <p>2.4 Work with a group to negotiate and agree tasks, desired outcomes and ways of working</p>
<p>3 Be able to facilitate a group in health and social care or children and young people's work settings</p>	<p>3.1 Use a range of methods to accommodate different learning styles within the group</p> <p>3.2 Provide a group experience where participants are engaged and stimulated</p> <p>3.3 Intervene effectively in a group session to improve the learning process</p>

Learning outcomes	Assessment criteria
<p>4 Be able to enhance learning through the constructive use of power, authority and influence in group work in health and social care or children and young people's work settings</p>	<p>4.1 Demonstrate inclusive practice when facilitating groups</p> <p>4.2 Support consensus and manage conflict within a group</p> <p>4.3 Explain how to challenge excluding or discriminatory behaviour</p> <p>4.4 Demonstrate how to manage diverse group behaviours</p> <p>4.5 Explain when to refer issues and areas of concern</p>
<p>5 Be able to monitor and review the work of a group in health and social care or children and young people's work settings</p>	<p>5.1 Work with a group to agree monitoring and review processes</p> <p>5.2 Implement systems and processes to monitor and review the progress of a group</p> <p>5.3 Assess the effectiveness of a group in relation to identified outcomes</p> <p>5.4 Reflect on strengths and areas for development in own practice of facilitating groups</p>

Unit content

1 Understand how groups develop and function in health and social care or children and young people's work settings

Types: formal; informal; size, e.g. small, large; temporary project/task teams; permanent groupings; differences between team and group

Benefits: improved effectiveness, target setting and monitoring; reduction of alienation; fostering innovation; sharing expertise; implementing change; identification and development of individual potential

Theories and models: Tuckman, forming, storming, norming, performing, adjourning; Belbin team roles, e.g. shaper, implementer, completer finisher, coordinator, team worker, resource investigator, plant, monitor-evaluator, specialist role; action-centred leadership of team, task and individual needs (Adair)

Formation: recruitment; induction; motivation; training; coaching; mentoring; group knowledge, e.g. awareness of members' strengths, weaknesses; sensitivities; team roles, e.g. Belbin; group dynamics, e.g. Tuckman; supporting all team members

Maintenance: performance indicators; target setting; monitoring; review; performance against targets; support and development of members

Team cohesion: Tuckman's theory of group dynamics, definition of goals; group conflict (actual, potential); group turnover, e.g. regular attendance, infrequent attendance

Styles: leadership and facilitation, e.g. autocratic, democratic, participative, laissez-faire; impact of styles on group or team performance; adapting style according to situation; identifying own preferred style

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Learning outcome 1 could be assessed through a reflective account on the subject of how groups develop and function in health and social care or children and young people's work settings. The reflective account, supported by professional discussion, could outline theories and models of group work practice and analyse their impact on group work practice. Learners could explain how to form and maintain a group that works well together and achieves what it is supposed to achieve. They could explain how different facilitation styles may influence not only the dynamics of the group, but the development of roles in the group, the duration of the group and whether it achieves its aims. Examples from practice will be helpful in demonstrating understanding. Within this reflective account learners could explain why it is important to be clear about the purpose and desired outcomes for the group and what might happen if these are not made clear. Finally, learners could analyse the importance of participant engagement in achieving group outcomes, with reference to examples from practice.

Achievement of learning outcome 2 would be best evidenced through direct observation supported by the examination of learners' work products such as learning logs/diaries, or any other relevant documentation produced in the group development process, for example ground rules, or a list of desired outcomes. This evidence could be corroborated with expert witness testimony from appropriate personnel in the organisation. This could be supported with a reflective account from learners in which they evaluate methods that may be utilised in facilitating groups.

For learning outcome 3, to support direct observation, work products such as learning logs/diaries, or any other relevant documentation, could be used to show learners' facilitation skills in using a range of methods to accommodate different learning styles within the group; to show their skills in providing a stimulating and engaging group experience for participants and to show their ability to intervene effectively in a group session to improve the learning process. This evidence could be corroborated with expert witness testimony from appropriate personnel in the organisation and could be expanded during a professional discussion.

The achievement of learning outcome 4 would be best evidenced through direct observation and professional discussion to show learners' abilities to enhance learning, demonstrating the ability to challenge inappropriate behaviour, manage conflict and seek additional support and guidance when necessary. Work products such as learning logs/diaries or notes of meetings may also provide evidence of these activities.

For learning outcome 5, work products such as learning logs/diaries could provide evidence to support direct observation of learners working with a group to agree and then implement monitoring and review processes. A reflective account supported by professional discussion could provide evidence that learners have assessed the effectiveness of a group in relation to identified outcomes and has reflected on their own strengths and areas for development in facilitating groups.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Adair J – *Effective Teambuilding Revised edition: How to Make a Winning Team* (Pan, 2015) ISBN 9781509817269

Belbin R M – *Team Roles at Work* (Routledge, 2010) ISBN 9781856178006

Handy C – *Understanding Organisations* (Penguin, 1993) ISBN 9780140156034

Handy C – *Understanding Voluntary Organisations: How to make them function efficiently* (Penguin, 1990) ISBN 9780140143386

Leigh A and Maynard M – *Leading Your Team: How to Involve and Inspire Teams (People Skills for Professionals)* (Nicholas Brealey, 2002) ISBN 9781857883046

Journal

People Management

Websites

www.acas.org.uk	Advisory, Conciliation and Arbitration Service – advice and guidance, advisory booklet – <i>Teamwork: success through people</i>
www.businessballs.com	Business and management teamwork resources
www.cipd.co.uk	Chartered Institute Personnel Development – professional body for HR and people development
www.open.edu/openlearn/	Open Learn – Management, Human resources – Evan Davis on talent
www.mindtools.com	Leadership and forms of power

Unit 59: Facilitate Change in Health and Social Care or Children and Young People's Settings

Unit reference number: R/506/7091

Level: 5

Credit value: 5

Guided learning hours: 33

Unit introduction

Organisations must respond to change if they are to survive. Sometimes organisations anticipate and plan for change; sometimes changes are forced on them, for example when budgets are cut. It is important to know why and how change is managed so that it can be managed effectively.

In this unit, you will investigate factors that drive change, assess theories of change management and approaches, tools and techniques that support change, as well as considering the importance of effective change management for service provision. You will learn how to communicate the need for change, highlight the benefits and consider the challenges while supporting others to recognise the need for change. You will develop a plan for change, assessing the impact of proposed changes and setting out criteria to measure the success of the plan. In addition, you will learn how to secure approval for the plan. You will learn how to implement approved change management plans and identify key roles and responsibilities for this, supporting others to carry out their agreed roles and adapting the change management plan as required. You will learn how to ensure that the quality of service does not suffer during the change process. Finally, you will learn how to evaluate the change management process, bringing in ways to monitor its effectiveness, working with others to review the plan against agreed criteria and how to evaluate outcomes of the change itself.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the principles of change management in health and social care or children and young people's settings</p>	<p>1.1 Analyse factors that drive change 1.2 Evaluate underpinning theories of change management 1.3 Evaluate approaches, tools and techniques that support the change process 1.4 Explain the importance of effective change management for service provision</p>
<p>2 Be able to facilitate a shared understanding of the need for change in health and social care or children and young people's settings</p>	<p>2.1 Promote the benefits of change 2.2 Analyse challenges that may arise during the process of change 2.3 Enable others to express views about proposed change 2.4 Support others to recognise that changes need to be made</p>
<p>3 Be able to develop a change management plan in health and social care or children and young people's settings</p>	<p>3.1 Analyse the impact of a proposed change to the service provision 3.2 Produce a change management plan that takes account of the identified impact 3.3 Establish criteria against which the plan can be evaluated 3.4 Secure approvals required for the change management plan</p>
<p>4 Be able to gain support for a proposed change in health and social care or children and young people's settings</p>	<p>4.1 Provide positive leadership during the change process 4.2 Identify others who can promote the vision for change 4.3 Use strategies that address resistance to change 4.4 Implement a communication strategy to support others to understand a proposed change</p>

Learning outcomes	Assessment criteria
<p>5 Be able to implement approved change management plans in health and social care or children and young people's settings</p>	<p>5.1 Identify roles and responsibilities for implementing a change management plan</p> <p>5.2 Support others to carry out their agreed roles in a change management plan</p> <p>5.3 Adapt a change management plan to address issues as they arise</p> <p>5.4 Determine strategies for ensuring that the quality of service for individuals is maintained during a period of change</p>
<p>6 Be able to evaluate the change management process in health and social care or children and young people's settings</p>	<p>6.1 Implement systems to monitor the effectiveness of the change management plan</p> <p>6.2 Work with others to review the change management plan against identified criteria</p> <p>6.3 Evaluate outcomes of the change</p>

Unit content

1 Understand the principles of change management in health and social care or children and young people's settings

Drivers for change: resource constraints: increased demand for services; increased compliance requirements to include inspection and regulation, e.g. Care Quality Commission (CQC)

Theories of change management: Fisher's 8 Stage Change Model (Anxiety and Denial, Happiness, Fear, Threat, Guilt and Disillusionment, Depression and Hostility, Gradual Acceptance, Moving Forward); Lewin's Unfreeze, Change, Refreeze theory; Kotter's 8 Steps Change Model (Establish a sense of urgency, Form a powerful guiding coalition, Create a clear vision, Communicate the vision, Empower others to act on the vision, Plan and create short-term wins, Consolidate improvements and produce still more change, Institutionalise new approaches)

Approaches, tools and techniques: Force Field Analysis; stakeholder mapping, e.g. level of interest and power; organisational culture mapping; approaches to include setting change goal, timing, organisational culture, need for visible short-term wins, need for communication; crisis management– stabilise crisis, prioritise critical improvement areas, restructure finances, refocus vision and goals, clarify target markets, gain stakeholder support, change management team if necessary

Importance of effective change management: survival of service; improvement; responding to changing needs efficiently, e.g. competition from alternative providers

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes. All the learning outcomes could be assessed holistically as they contribute to a linear process.

Learning outcome 1 could be assessed by means of a reflective account exploring the principles of change management in the setting. It should include an analysis of factors that drive change, an evaluation of underpinning theories of change management and an evaluation of approaches, tools and techniques supporting the change process. Learners should explain the importance of effective change management for service provision in their setting. This reflective account could relate to learners' performance evidence for organisational change and could underpin their performance evidence for learning outcomes 2, 3, 4, 5 and 6.

Achievement of learning outcome 2 would be best evidenced through an examination of work products, such as minutes of meetings held or notes from presentations given to facilitate a shared understanding of the benefits of and need for change and how change is viewed by others. Learning logs/diaries are particularly useful in evidencing the management of change. This evidence should be corroborated with expert witness testimony from appropriate personnel in the organisation as well a reflective account from learners, which could also be used to provide evidence for learning outcome 1.

For learning outcome 3, a reflective account using examples from work practice would be useful to show analysis of the impact of a specific proposed change and to show a change management plan that takes account of the identified impact of change. Work products such as notes, emails or other relevant documentation could be used to show evaluation criteria and approval for the plan.

Achievement of learning outcome 4 would be best evidenced through direct observation, as appropriate, supported by witness testimony and the assessment of relevant work products. A professional discussion could be carried out to show the provision of positive leadership during the change process, identification of others to promote change, and the use of methods to overcome resistance to change. Work products such as minutes of meetings or emails could provide evidence of a communication strategy to support others to understand a proposed change.

For learning outcome 5, direct observation, supported by a professional discussion, could evidence how learners have implemented approved change management plans, identifying roles and responsibilities, supporting others to carry out their agreed roles, adapting a change management plan to address changing issues and ensuring that the quality of service for individuals is maintained during a period of change. This evidence should be corroborated with expert witness testimony from appropriate personnel in the organisation and supported by a reflective account.

Learning outcome 6 could be evidenced through direct observation supported by a professional discussion and the assessment of relevant work products. Learners should demonstrate how they monitor change management plans and the implemented change in collaboration with others and using agreed methods and criteria.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cameron E and Green M – *Making Sense of Change Management: A Complete Guide to the Models, Tools and Techniques of Organizational Change* (Kogan Page, 2015) ISBN 9780749472580

Handy C – *Understanding Organisations* (Penguin, 1993) ISBN 9780140156034

Handy C – *Understanding Voluntary Organisations: How to make them function efficiently* (Penguin, 1990) ISBN 9780140143386

Kotter J P – *Leading Change* (Harvard Business Review Press, 2012) ISBN 9781422186435

Journal

Health Services Journal

Websites

www.acas.org.uk	Advisory, Conciliation and Arbitration Service – advisory booklet: <i>How to manage change</i>
www.businessballs.com	Change management processes and tips
www.cipd.co.uk	Chartered Institute Personnel Development – Factsheet: <i>Change management</i>
www.mindtools.com	Change management
www.practical-management-skills.com	Change management models, tools

Other

www.youtube.com	<i>Lewin's Change Management Model: Kurt Lewin's Unfreeze-Change-Refreeze Theory</i>
www.youtube.com	<i>Who moved my Cheese? The Movie</i> by Dr. Spencer Johnson

Unit 60: Manage Finance Within Own Area of Responsibility in Health and Social Care or Children and Young People's Settings

Unit reference number: D/506/7093

Level: 4

Credit value: 4

Guided learning hours: 31

Unit introduction

We are an ageing population, and people often require care in the later stages of life. Families break up and reform. Some families rely on both parents working and may no longer be able to provide informal care to frail elderly or vulnerable relatives. Young people too may need extra support when leaving care. Simultaneously, budgets for health and social care settings are being cut, putting further pressure on the system and on the staff delivering services.

In this unit, you will learn about financial management and its importance in your own work setting, the sources of available funding and the roles and responsibilities of those involved. You will learn how to plan budget requirements for own area of responsibility, working with others to calculate the financial resources required. You will learn how to communicate budget requirements within your remit, to assess the impact of an insufficient budget, and to work with others to decide priorities for budget allocation. You will learn how to calculate planned expenditure over the financial period, monitor actual spend and analyse differences between planned and actual expenditure. As a result of variances, you will learn how to take corrective action and revise and review budgets and expenditure in response to changes.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand financial management in own work setting	1.1 Explain the importance of effective financial management systems within own work setting 1.2 Outline sources of funding that are used to construct the budget for own work setting 1.3 Outline the roles, responsibilities and accountability of all those involved in financial management of the budget for own work setting
2 Be able to plan budget requirements for own area of responsibility	2.1 Work with others to calculate the financial resources required to meet objectives within own area of responsibility 2.2 Communicate budget requirements within remit of role and responsibility to inform overall budget build 2.3 Analyse the impact of an insufficient budget on service delivery 2.4 Work with others to prioritise budget allocation in own area of responsibility

Learning outcomes	Assessment criteria
<p>3 Be able to manage a budget</p>	<p>3.1 Explain the financial management systems that are available to monitor a budget for own area of responsibility</p> <p>3.2 Agree roles and responsibilities of others in recording financial expenditure</p> <p>3.3 Calculate planned expenditure over the financial period</p> <p>3.4 Monitor actual spend against planned expenditure</p> <p>3.5 Analyse variances between planned and actual expenditure</p> <p>3.6 Implement corrective action to address any variances</p> <p>3.7 Make revisions to the budget to take account of variances and new developments</p>
<p>4 Be able to evaluate financial expenditure within own area of responsibility</p>	<p>4.1 Review actual expenditure against planned expenditure within a financial period</p> <p>4.2 Report findings from budget reviews</p> <p>4.3 Make recommendations for adjustments for budget planning and management</p>

Unit content

1 Understand financial management in own work setting

Importance of financial management systems: increasing demand for services, increasing costs, e.g. living wage; reducing budgets; survival of organisation; prevention of financial abuse, e.g. fraud, embezzlement, theft; linked to strategic objectives, initiatives; attitudes to risk; accountability to stakeholders, e.g. to funders, to service users, to partnership organisations such as the NHS or private providers; effective systems, e.g. for procurement, subcontracting services, e.g. use of extra care housing and supported housing as an alternative to residential care; role of auditing of outcomes and expenditure; managing demand

Sources of funding: internal, external; regular, sporadic; government, private and charitable donations, other income

Expenditure: capital, revenue

Roles, responsibilities and accountability: commissioning services, best value; accountability to stakeholders; impact of personalisation agenda on roles and responsibilities, e.g. personal budgets, direct funding, account holding; responsibilities outlines in Adult Social Care Efficiency Programme

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Learning outcome 1 could be assessed by means of a reflective account outlining the importance of effective financial management systems in learners' own work setting, sources of funding and the roles, responsibilities and accountability of all those involved in financial management of the budget in the work setting. This would support the skills demonstrated for learning outcomes 2, 3 and 4 in a holistic manner.

Achievement of learning outcome 2 would be best evidenced through direct observation supported by a professional discussion and an examination of work products such as notes from meetings or emails to show how learners plan budget requirements for their own area of responsibility, working with others to calculate the financial resources required within own area of responsibility, communicating requirements and prioritising budget allocation in their own area of responsibility. A professional discussion or reflective account could be used to evidence their analysis of the impact of an insufficient budget.

For learning outcome 3, learners could use direct observation supported by professional discussion to explain the financial management systems available to monitor a budget for own area of responsibility. Work products such as emails, supported by witness testimony, could be used to evidence the agreement of the roles and responsibilities of others in recording financial expenditure, while work products such as printouts or notes could be used to evidence the calculation and monitoring of planned expenditure over the financial period. Printouts of variances and emails detailing corrective action and budget revisions could provide evidence to support professional discussion.

Learning outcome 4 could be assessed by direct observation, where appropriate, supported by professional discussion to evaluate financial expenditure. Work products such as printouts of spreadsheet, or emails could support the discussion, showing a review of actual expenditure against planned expenditure within a financial period, reporting findings and making recommendations for adjustments for budget planning and management. Witness testimony would be useful to support this evidence.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Handy C – *Understanding Organisations* (Penguin, 1993) ISBN 9780140156034

Handy C – *Understanding Voluntary Organisations: How to make them function efficiently* (Penguin, 1990) ISBN 9780140143386

Westwood S – *The Fundamentals of Financial Management – What You Really Need To Know* (Kindle, 2015) ASIN B00WGUCHEE

Journal

Community Care

Websites

www.cipfa.org Chartered Institute of Public Finance and Accountancy – public finance

www.local.gov.uk *LGA Adult Social Care Efficiency Programme – The final report*

Other

www.kingsfund.org.uk Video – *Joined up care: Sam’s story* – a focus on how integrated care saves money and provides better care

Unit 61: Manage Quality in Health and Social Care or Children and Young People's Setting

Unit reference number: H/506/7094

Level: 5

Credit value: 5

Guided learning hours: 36

Unit introduction

Managing quality is a constant challenge for those working in health and social care or children and young people's settings, and it is vital to understand and recognise what is good quality, and by implication, what is poor quality. How do we measure it and how do we manage it?

In this unit, you will learn how legislation and frameworks influence the standards applied in a health and social care or children and young people's setting and the methods used to measure whether quality is good or not. You will be required to work in collaboration with colleagues to ensure quality standards are identified, implemented and reviewed to ensure consistency and continuity of service provision. You will also learn how to apply this to your own work setting and be required show how you manage quality in the setting, supporting others to identify best practice and areas that could be improved.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the context of quality assurance in a health and social care or children and young people's setting</p>	<p>1.1 Analyse how legislative and regulatory frameworks inform quality standards that apply to the work setting</p> <p>1.2 Analyse how quality standards influence positive outcomes for individuals</p> <p>1.3 Evaluate a range of methods that can be used to measure the achievement of quality standards</p>
<p>2 Be able to implement quality standards in a health and social care or children and young people's setting.</p>	<p>2.1 Work with team members and others to:</p> <ul style="list-style-type: none"> • agree quality standards for the service • select indicators to measure agreed standards • identify controls to support the achievement of agreed standards. <p>2.2 Develop systems and processes to measure achievement of quality standards.</p> <p>2.3 Support team members to carry out their roles in implementing quality controls.</p> <p>2.4 Explain how quality assurance standards relate to performance management.</p>
<p>3 Be able to lead the evaluation of quality processes in a health and social care or children and young people's setting.</p>	<p>3.1 Support team members to carry out their roles in monitoring quality indicators.</p> <p>3.2 Use selected indicators to evaluate the achievement of quality standards.</p> <p>3.3 Work with others to identify:</p> <ul style="list-style-type: none"> • areas of best practice • areas for improvement. <p>3.4 Work with others to develop an action plan to improve quality of service.</p>

Unit content

1 Understand the context of quality assurance in a health and social care or children and young people's setting

Quality management: includes quality planning, quality control, quality assurance and quality improvement

Quality assurance (QA): part of quality management; QA focus on preventing problems using principles of fit for purpose and right first time; the difference between quality assurance and quality control; quality assurance includes management of quality of services and management of processes through inspection and review

Context: role of NHS England, Department of Health and other government departments such as the Department for Education in referring topics to the National Institute for Health and Care Excellence (NICE) and in commissioning quality standards; role of NICE in prioritising and selecting topics for standard setting; NICE criteria for assessing potential new guideline topics including having been identified by one of NICE's commissioners, aligned with national priorities, likelihood of improving outcomes in health, social and public health care, or are linked to significant burden of care/illness, premature mortality or reduced quality of life; role of CQC in setting standards for providers, e.g. for person-centred care, dignity and respect, consent, safety, safeguarding from abuse, food and drink, premises and equipment, complaints procedure, good governance, staffing, fit and proper staff, duty of candour, display of ratings; role of Ofsted in regulating and inspecting children and young people's services, e.g. adoption services, childminder agencies, fostering agencies, children's homes

Legislative frameworks: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Care Standards Act 2000, other relevant legislation, e.g. Mental Health Act 1983, Health and Social Care Act 2012, Care Act 2014, Children and Families Act 2014

Regulatory frameworks: role of Care Quality Commission (CQC) in registration of providers, monitoring, inspection, regulation, rating providers, publishing findings, taking action such as issuing requirement or warning notices, restricting registration, imposing special measures, issuing cautions, imposing fines, prosecuting; role of NICE in regulating what treatments can be offered

Measurement methods: qualitative audit, quantitative audit, e.g. CQC specialist inspectors who observe, question, obtain feedback from service users, relatives, other stakeholders, audit key performance indicators to establish if provision is safe, caring, effective, responsive to needs, well led; measuring changes in NICE quality adjusted life years (QUALYS); morbidity rates and mortality rates; feedback, e.g. from patient survey data, information from NHS Choices and the NHS Friends and Family Test, feedback from charities and other organisations

How quality standards influence positive outcomes for individuals: set fundamental basic standards of care; regulators publish reports and share good practice to improve services, e.g. changes in end of life care

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 3 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Learning outcome 1 could be assessed by means of a reflective account on how legislative and regulatory frameworks inform quality standards applicable to the work setting, how these influence positive outcomes for individuals and the methods used to measure achievement of quality standards. For example, the impact of regulation on provision for individuals accessing services. This account would support the skills demonstrated for learning outcomes 2 and 3 in a holistic manner.

Learning outcome 2 could be assessed by means of a direct observation supported by professional discussion or work products and witness testimony to show how learners implement quality standards. Witness testimony and minutes of meetings or emails could provide evidence for working with team members and others to agree quality standards, select measurement indicators and identify controls. Direct observation, as appropriate, could also be used to show support of team members in implementing quality controls. Professional discussion could be used to show how learners developed systems and processes to measure achievement of quality standards and to explain how quality assurance standards relate to performance management. Evidence should be contextualised within learners' work situations.

For learning outcome 3, direct observation supported by professional discussion or work products such as minutes of meetings, emails or reports could evidence how learners led the evaluation of quality processes. Professional discussion supported by witness testimony could provide evidence of support given to team members to carry out their roles in monitoring quality indicators and could provide evidence of working with others to identify best practice, areas for improvement and an action plan to improve quality of service. Work products, for example a written evaluation of achievements against selected indicators or an action plan relating to the improvement of the quality of service provision, could be used.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Calpin P J, et al – *Diploma in Leadership for Health and Social Care Level 5* (Nelson Thornes, 2012) ISBN 9781408518106

Brechin A, Brown H, Eby M A – *Critical Practice in Health and Social Care* (SAGE Publications, 2000) ISBN 9780761964933

Donabedian A – *An Introduction to Quality Assurance in Health Care* (Oxford University Press, 2003) ISBN 9780195158090

Liraz M – *How to Improve Your Leadership and Management Skills – Effective Strategies for Business Managers* [Kindle Edition] (Liraz Publishing, 2013) ASIN B00EAOQ3PW

Qureshi H and Henwood M – *Older People's Definitions of Quality Services (Involving Older People)* (Joseph Rowntree Foundation, 2000) ISBN 9781902633824

Thomas A, Walton A – *Leadership and Management in Health and Social Care: NVQ Level 4* (Heinemann, 2008) ISBN 978-0435500207

Journals

Community Care

Health Services Journal

Websites

www.cqc.org.uk

Care Quality Commission – regulates health and social care services

www.nice.org.uk

National Institute for Health and Care Excellence: What we do

www.scie.org.uk

Social Care Institute for Excellence publication: *Finding excellence in adult social care services*

www.scie.org.uk/nccsc

NICE Collaborating Centre for Social Care – quality standards resources for adults, children and young people

www.york.ac.uk/inst/spru

Social Policy Research Unit quality reports

Other

www.youtube.com

Quality in social care: what is excellence?

Unit 62: Promote Awareness of Sensory Loss

Unit reference number: M/601/5249

Level: 5

Credit value: 3

Guided learning hours: 19

Unit introduction

Loss of hearing and failing sight affects a growing number of people. An increasing number of older residents within care homes will be affected by hearing loss in the future, other individuals experience sensory loss at a younger age, while some individuals suffer from congenital conditions and experience sensory loss from birth.

In this unit, you will identify how your awareness can lead to better work practices within your day-to-day role. You will learn why an awareness programme for others should be in place and how it will support families, carers and other professionals in their approach to planning and implementing care for individuals.

You will complete an awareness programme identifying a range of methods and media to promote your message, working in partnership with others to accomplish agreed outcomes. You will then review and feedback on the effectiveness of an awareness raising activity.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand how to raise awareness of sensory loss	1.1 Identify methods for raising awareness of sensory loss 1.2 Explain how different agencies can provide opportunities to raise awareness
2 Be able to raise awareness of sensory loss	2.1 Select and agree actions with the individual and/or others to promote awareness of sensory loss 2.2 Support others to carry out the agreed actions
3 Be able to review action to promote awareness of sensory loss	3.1 Review the outcomes of awareness raising in relation to: <ul style="list-style-type: none">• individuals with sensory loss• own work• partnership work 3.2 Review the effectiveness of agreed ways of working in relation to awareness raising 3.3 Provide feedback on the effectiveness of an awareness raising activity

Unit content

1 Understand how to raise awareness of sensory loss

Outline of sensory loss: loss of distance senses, e.g. sight, hearing, deafblindness/dual sensory loss

Causes of blindness/partial sight: ageing process; age-related macular degeneration disease; diabetes; infection; meningitis; genetics, retinitis pigmentosa (RP); injury or physical trauma; cataract glaucoma

Causes of hearing loss: ageing process; infection; meningitis; mumps; measles; Meniere's disease; physical trauma; exposure to loud noise; genetics

Causes of deafblindness: ageing process; maternal infection, rubella; Usher Syndrome; premature birth; combination of causes of deafness and blindness

Methods and opportunities to raise awareness: national charities; charity shops; celebrity ambassadors; high profile fundraising events; information logos/standards; access to guidance, health and social care professionals; advertising; networking; training and development

Partnership working: NHS support services, GP, ophthalmologist, NHS diabetic eye screening, audiologist, ENT surgeon; external support services, British Deaf Association, Deafblind UK, Royal National Institute for the Blind, Sense; social services

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2 and 3 must be assessed in a real work environment, through observation. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could take part in a professional discussion or give a presentation to a group of colleagues in another department about raising the awareness of sensory loss. To achieve AC1.1 learners will need to identify a range of different methods through which they could go about raising awareness of sensory loss among wider communities at work or in the wider public. To achieve AC1.2 learners will need to describe the opportunities other agencies can offer to support raising awareness of sensory loss and give reasons and/or evidence of how this would raise awareness of what sensory loss is and the challenges it poses.

Learning outcome 2 should be assessed using direct observation and could be corroborated with a reflective account, which could also be used to provide further evidence for learning outcome 1. For learning outcome 2, learners need to demonstrate how they enable individuals to identify and give information and advice to others relating to sensory loss. This puts into practice the evidence and knowledge generated for learning outcome 1.

Observation is also required for learning outcome 3. Following any formal meeting or presentation an evaluation/review document might be used to gain feedback on the completed activity. Work products such as supervision records, minutes of meetings, written reviews, care plans and assessment forms might be used to gain reviews and feedback. Witness testimony from supervisions would demonstrate whose work has been reviewed with others. For AC3.3, direct observations could be evidenced through an observation record accompanied by a recording/video of learners giving feedback to their line manager about the effectiveness of a particular awareness raising activity they have undertaken.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Sussex F, Scourfield P and Herne D – *Advanced Health and Social Care for NVQ Level 4 and Foundation Degree* (Heinemann 2008) ISBN 9780435500078

Walsh M and A – *Health and Social Care Diplomas – Level 3 Diploma Candidate Handbook* (Collins Educational, 2011) ISBN 9780007430536

Journals

AER Journal

Insight

Websites

www.actiononhearingloss.org.uk	Action for Hearing Loss – charity helping people confronting deafness, tinnitus and hearing loss
www.nice.org.uk	National Institute for Health and Care Excellence (NICE) – publishes guidelines for the use of health technologies within the NHS, clinical practice, guidance for public sector workers, and guidance for social care services and users
www.rnib.org.uk	Royal National Institute of Blind People – practical and emotional advice and support to people who are blind or partially sighted and their friends and family
www.sense.org.uk	Sense – voluntary organisation working with and supporting people of all ages who are deafblind or have associated disabilities

Unit 63: Support the Use of Assistive Technology

Unit reference number: H/601/5250

Level: 5

Credit value: 4

Guided learning hours: 31

Unit introduction

In today's society we now recognise that supporting people with disabilities and/or older people to access independence is of paramount importance. Within this unit you will learn how to provide guidance to others and review the assessment and referral process used to secure assistive technology aids.

You will be encouraged to explore the range of assistive technologies available and the impact they can have on day-to-day life for individuals. Included in this will be ways in which very specific needs can be met to promote individuals' independence. You will research and gain an understanding of the benefits, limitations and the risks associated with assistive technology. You will gain knowledge and skills within your own role and responsibility in supporting individuals and others in the referral process and how to use the appropriate assistive technology. Finally, you will review the assessment and referral processes and support provided to ensure they meet the needs and preferences of individuals accessing the service.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the contribution that assistive technology can make to the lives of individuals	1.1 Investigate and report on the range and availability of assistive technology 1.2 Research how the use of assistive technology can result in positive outcomes for individuals
2 Be able to facilitate the use of assistive technology	2.1 Research assistive technology solutions that meet identified needs 2.2 Explain how a range of assistive technology solutions can be adapted according to need and context 2.3 Assess the risks associated with the range of assistive technology solutions 2.4 Describe a range of assessment and referral processes which are used to secure assistive technology 2.5 Support the individual to secure the provision of appropriate assistive technology 2.6 Support the individual to use assistive technology
3 Be able to develop others to facilitate the use of assistive technology	3.1 Provide information to others about assistive technology 3.2 Provide guidance to others to facilitate the use of assistive technology
4 Be able to review the provision of assistive technology	4.1 Review the assessment and referral processes used to secure assistive technology 4.2 Review the outcomes of assistive technology support to individuals against identified needs

Unit content

1 Understand the contribution that assistive technology can make to the lives of individuals

Outline of assistive technology: role of assistive technology in relation to adult care; policies and approaches, e.g. personalisation, reablement, person-centred care; changing demographics

Range of assistive technology: telecare assistance, e.g. sensors, alarms linked by phone, activity, chair occupancy sensors, fall detectors; detectors of household hazards, e.g. fire, smoke alarms carbon monoxide, gas; telehealth, e.g. sensors and equipment to monitor pulse, blood pressures, glucose and daily weight; assistance living technology, e.g. wheelchairs, walking aids, hearing aids

Use of assistive technology in the adult care context: varying individual needs, e.g. impact on day-to-day life; communication; social and emotional wellbeing; physical and mental wellbeing; independent living; hospital and residential care; homecare

Benefits of assistive technology: safer living environments; reduced impacts of a fall; reduction in support services; access to education and employment; support in rehabilitation; ability to accept and use technology

Limitations of assistive technology: limitations of home environment; financial implications; fear of associated stigma; complementary not substitute care; assessment and referral process, e.g. timespan

Risks associated with the use of different types of assistive technology: inadequate training; high-low maintenance; incorrect use and incorrect assessments; malfunctioning technology; confidentiality and data protection

Factors affecting the availability of assistive technology: awareness of availability; funding; participation of health services, e.g. primary health, home and community care, speciality assistive clinics; variability in structure and approaches; need for adaptations, e.g. environmental changes

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Learning outcome 1 should be assessed through direct observation. A reflective account or professional discussion addressing the contribution that assistive technology can make, looking at the range of technologies available, and the benefits assistive technology can have for individuals could support the observation and the presentation of work products. Learners could reflect on how this knowledge and understanding impact on their current work practices or past experience, and then consider how they could potentially use this knowledge and understanding in their job role and to improve their practice in the future.

Achievement of learning outcome 2 would be best evidenced through observation, supported by an examination of work products such as learning logs/diaries or any other relevant documentation. This evidence should be corroborated with expert witness testimony from appropriate personnel in the organisation. For AC2.1, learners would need to show evidence of research, which could be provided with a reflective account from in which they research appropriate assistive technology solutions for a range of needs and situations. For AC2.5 and AC2.6, learners should be observed supporting an individual to access and use the required assistive technology. A professional discussion could be used, where learners provide evidence of the risk assessment process used and methods of addressing identified risks and adapting assistive technology accordingly, which would also provide further evidence for all assessment criteria.

For learning outcome 3, learners need to demonstrate working with individuals and others in the facilitation of information and guidance sufficient to enable them to support individuals using assistive technology. This should be assessed through direct observation with individuals, supported by observation of work products such as correspondence. A presentation could also be prepared and delivered, supporting the provision of current and safe guidance in relation to the use of assistive technology.

For learning outcome 4, learners need to demonstrate performance to achieve these outcomes. Learners are required to review the processes implemented during assessment and referral, and the level and type of support provided to meet an individual's needs, preferences and abilities. Work products such as reviews from planning meetings, diaries or any other relevant documentation produced in the review process could be used as evidence. This evidence should be corroborated with expert witness testimony from appropriate personnel in the organisation, or through professional discussion or the completion of a reflective account.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cook A M and Miller Polgar J – *Essentials of Assistive Technologies* (Mosby, 2012)
ISBN 9780323075367

Church G and Glennen S – *The Handbook of Assistive Technology*
(Delmar Cengage Learning, 1991) ISBN 9781879105539

Dell A G, Newton D A and Petroff J G – *Assistive Technology in the Classroom:
Enhancing the School Experiences of Students with Disabilities* (Pearson, 2011)
ISBN 9780131390409

Mandelstam M – *Equipment for Older or Disabled People and the Law*
(Jessica Kingsley, 1996) ISBN 9781853023521

Journal

Journal of Assistive Technologies

Websites

www.gov.uk/government	Department of Health – <i>Research and development work relating to assistive technology 2010–11</i>
www.livingmadeeasy.org.uk	Living made easy – advice and information about daily living equipment and other aspects of independent living
www.skillsforcare.org.uk	Skills for Care – employer-led workforce development body for adult social care in England

Unit 64: Support Individuals with Sensory Loss with Communication

Unit reference number: M/601/5252

Level: 5

Credit value: 5

Guided learning hours: 37

Unit introduction

There are many ways in which we can communicate with one another, and these methods of communication can become increasingly important when supporting those that suffer from sensory loss.

This unit will help you understand the implications for individuals who experience communication difficulties due to sensory loss whether they are born with sensory loss or acquire it later in life. You will explore the development of language, how language and culture are linked and the impact of sensory loss on communication and language. You will examine a variety of different specialist communication systems and assess their strengths and limitations. In this unit you will demonstrate competence in supporting individuals with sensory loss with their communication, assessing which of the different methods of communication will best meet their needs. You will show the individual how to use the chosen method and adapt it as necessary, guiding and supporting others in using specialist communication systems with the individual. Finally, you will review how these systems meet the needs of everyone involved.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes	Assessment criteria
1 Understand language development	1.1 Explain the difference between language and communication 1.2 Analyse the relationship between culture and language 1.3 Explain how an understanding of language and communication informs practice
2 Understand factors that affect the language and communication of an individual with sensory loss	2.1 Compare and contrast the impact of congenital and acquired sensory loss on: <ul style="list-style-type: none"> • communication • language 2.2 Explain the potential impacts of a deteriorating condition on an individual's communication
3 Understand the complexities of specialist communication systems	3.1 Identify when specialist communication systems may be used 3.2 Evaluate the strengths and weakness of specialist communication systems
4 Be able to support the individual with communication	4.1 Evaluate the suitability of a range of communication methods to meet the needs of the individual 4.2 Demonstrate a range of suitable communication methods to the individual and/or others 4.3 Adapt communication methods according to need and context
5 Be able to support others to make use of specialist communication	5.1 Advise others about specialist communication 5.2 Support others to make use of specialist communication with the individual

Learning outcomes	Assessment criteria
6 Review communication work.	6.1 Review how communication support to individuals meets identified needs in relation to: <ul style="list-style-type: none"> • own work • agreed ways of working • work with others.

Unit content

1 Understand language development

Communication: communication cycle of idea formulated, message composed, message sent, message received, understood and responded to, e.g. non-verbal communication of happiness using a smile may elicit a smile in response, verbal greeting may elicit a return greeting

Methods of communication: written, e.g. email, letter, text, Braille; verbal, e.g. speech, audio recording; visual, e.g. video, symbol systems, sign systems such as British Sign Language (BSL), body language such as yawning, smiling

Language: one type of communication among many types, different languages, different dialects, use of slang and jargon to establish group identity, language to represent ideas, forms of language, e.g. spoken, written, text

Culture and language: language reinforces culture, e.g. use of 'please' and 'thank you' in some cultures to show politeness, use of honorific tense in grammar to show politeness in many languages; importance of language in establishing and maintaining relationships, e.g. bonding between parents and child, in education and in interviews for employment

How language and communication informs practice: helps practitioner understand variations, e.g. cultural variations in non-verbal communication, not looking someone in the eyes is a sign of respect in Eastern cultures but a sign of untrustworthiness in Western cultures; helps practitioner understand individual variations such as how autism or dementia impacts on communication; helps practitioner recognise which method is most appropriate to establish a professional relationship with the individual and for the situation; helps overcome potential barriers such as different expectations of service

2 Understand factors that affect the language and communication of an individual with sensory loss

Congenital sensory loss: congenital deafblindness caused by genetic conditions, e.g. Down's syndrome, CHARGE syndrome, Usher syndrome; congenital deafblindness caused by problems during pregnancy such as rubella (German Measles) infection, excessive alcohol and drug intake by the mother, premature or traumatic birth

Acquired sensory loss: due to age, illness or injury; types of acquired deafblindness, e.g. born deaf or hard of hearing and later vision deteriorates, born blind or vision impaired and later hearing deteriorates, born with vision and hearing and later both senses deteriorate

Impact on communication and language: visual impairment from birth reduces ability to learn, develop and use non-verbal communication, e.g. may be unable to read body language of others, or read conventional books; visual impairment from birth may result in individuals having to learn alternative methods such as reading and typing Braille; hearing impairment from birth may result in delayed speech and may result in individuals having to learn alternative methods such as BSL

Impact of deterioration: social impact, e.g. withdrawal from social situations, social isolation; emotional, e.g. decreased sense of wellbeing; psychological, e.g. depression; intellectual, e.g. may learn new skills such as lip reading or may learn to use new technologies to compensate for sensory loss

3 Understand the complexities of specialist communication systems

When specialist communication systems may be used: as part of an individual's care plan to preserve and maximise existing sensory functions; to teach alternative ways of communicating such as BSL, hands on signing, visual frame signing; to help retain independence, e.g. use of hearing aid

Specialist communication systems: to include assistive devices such as transmitters to alert that there are callers at the door, smoke alarm with lights and sound, vibrating clocks; communication devices such as listening devices, loop systems, hearing aids; smartphones with voice recognition software, teletypewriters (TTYs) – super print, visual display and braille TTYs, amplifiers, deafblind communicator; computer software such as screen readers, text-to-speech synthesisers, such as Eloquence and speech to text software, such as Dragon

Advantages: to individual, e.g. ability to participate in social interactions, improved sense of wellbeing, independence and choice; to others, e.g. carers, family and friends are better able to communicate with the individual and to determine their wishes

Weaknesses: cost, skill level required to learn how to use systems, technical problems

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 4 and 5 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners could use a reflective account supported by professional discussion to explain the difference between language and communication, for AC1.1. At this level it would be useful for learners to research the topic and include references in their account to material they have read to develop their understanding. They could explore in detail the relationship between culture and language, for AC1.2, giving examples from their own practice and explain how an understanding of language and communication informs practice for AC1.3, with reference to how this awareness has changed their own practice.

For learning outcome 2, a reflective account supported by professional discussion would enable learners to compare and contrast the impact of congenital and acquired sensory loss on communication and on language, for AC2.1. Learners could support their account with anonymised examples from practice where appropriate. They could then explain the potential social, emotional and psychological impacts of a deteriorating condition on an individual's communication, for AC2.2, using an anonymised case study from practice to aid their explanation.

For learning outcome 3, learners could produce a report identifying when specialist communication systems may be used, for AC3.1, and what types are commonly used in their practice. To ensure coverage of the topic at least three communication systems could be identified. For AC3.2, learners could include a section in the report on the strengths and weakness of the specialist communication systems identified and assess which types are most useful for their clients. To preserve confidentiality clients could be identified as A, B and C.

Learning outcomes 4 and 5 must be assessed in a real work environment.

For learning outcome 4, direct observation of learners demonstrating a range of suitable communication methods to the individual and/or others would provide evidence for AC4.2, and direct observation of learners' competence in adapting communication methods according to need and context would evidence AC4.3. For AC4.1, learners could use professional discussion to explain how they evaluate the suitability of a range of communication methods to meet the needs of the individual. The direct observation may include examples of systems and methods referred to in learners' reflective accounts for learning outcome 3.

For learning outcome 5, direct observation of learners advising others about specialist communication and supporting them to make use of specialist communication with the individual would provide evidence for AC5.1 and AC5.2. Where direct observation is not available for all of this, witness testimony and work products such as records could be used.

For learning outcome 6, evidence through a reflective account or professional discussion could enable learners to review how their provision of communication support to individuals meets the needs identified in their own work, needs identified in agreed ways of working and identified needs when working with others. Learners could reflect on what happened, whether their support was effective and what they might change for future practice.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

England J – *Deafness and Hearing Loss: The Essential Guide* (Need2Know, 2010) ISBN 9781861440785

Hatt A and Tözün I – *Language, Culture and Identity in the Early Years* (Bloomsbury Academic, 2012) ISBN 9781441146144

Killick J – *Communication and the Care of People with Dementia* (Open University, 2001) ISBN 9780335207749

Mason V and Milne E – *Speech, Language & Communication Pocketbook* (Teachers' Pocketbooks, 2014) ISBN 9781906610708

Pérez-Pereira M, Conti-Ramsden G – *Language Development and Social Interaction in Blind Children (Essays in Developmental Psychology)* (Psychology Press, 1999) ISBN 9780863777950

Redfern P – *British Sign Language: Teach Yourself* (Hodder & Stoughton, 2010) ISBN 9780340991329

Sutton-Spence R and Woll B – *The Linguistics of British Sign Language: An Introduction* (Cambridge University Press, 1999) ISBN 9780521637183

Tongue A – *How To Cope With Visual Impairment* (Kindle Edition, 2012) ASIN B007EYJG7I

Journals

AER Journal – Association for Education and Rehabilitation of the Blind and Visually Impaired

Vision – the magazine of the RNIB

Websites

deafblind.org.uk

Charity that offers support and guidance to deafblind people, carers, family and friends, as well as professionals working with people who have a loss of both hearing and sight

www.actiononhearingloss.org.uk

Formerly the Royal National Institute for the Deaf – support for people with hearing loss

www.bda.org.uk

British Deaf Association run by deaf people for deaf people

www.deafax.org	Offers specialist visual and interactive deaf-friendly training and resources – visual resources for deaf adolescents about sexual health
www.deafplus.org	Support and advice for deaf and visually impaired people
www.deafsign.com	Resources for deafness and sign language such as flashcards
www.femaaura.com	A social enterprise company run by deaf people for deaf and hearing people – offers BSL taster sessions
www.ndcs.org.uk	National Deaf Children’s Society – support for families of children who are deaf
www.nhs.uk	Information about conditions such as deafblindness
www.rnib.org.uk	Royal National Institute of Blind People (RNIB) – supports people with sight loss, provides information and advice
www.scope.org.uk	Charity offering advice and support for people with disabilities and their families
www.sense.org.uk	Support for people who are deafblind and those with sensory impairments
www.windoweyesforoffice.com	Free computer software screen reader for those with visual impairment

Unit 65: Support Individuals with Multiple Conditions and/or Disabilities

Unit reference number: T/601/5253

Level: 5

Credit value: 5

Guided learning hours: 34

Unit introduction

We live in an ageing society. There are more old people than young people. As people age they may develop conditions such as heart disease and diabetes. They may develop dementia. Their sight and hearing may deteriorate, and they may find it physically harder to move around. They might also have a learning disability. While their health status may be quite stable, this is not always the case. It is important that care workers understand the implications for individuals of having multiple conditions and/or disabilities.

In this unit, you will learn about the link between disability, gender, age, ethnicity and socio-economic status and the development of health conditions. You will learn how multiple conditions affect people and how to suggest changes to services so they better meet the needs of these individuals. You will learn how to work with these individuals and others, offering advice and making appropriate referrals. In addition, you will learn how to develop others to provide support either individually or as an organisation. You will learn how to review your own role and the effectiveness of services in supporting people with multiple conditions or disabilities and how to improve your own performance in this role.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the implications of multiple conditions and/or disabilities for the individual</p>	<p>1.1 Explain the correlation between conditions and:</p> <ul style="list-style-type: none"> • disability • gender • age • ethnicity • socio-economic status <p>1.2 Explain how multiple conditions and/or disabilities can impact on the individual</p> <p>1.3 Make recommendations for modifications to service delivery that can result in improved outcomes for individuals with multiple conditions and/or disabilities</p>
<p>2 Be able to support an individual with multiple conditions and/or disabilities</p>	<p>2.1 Work collaboratively with the individual and/or others to support the individual</p> <p>2.2 Provide advice and expertise to support the assessment and/or referral of an individual with multiple conditions and/or disabilities</p> <p>2.3 Use referral processes to secure services for the individual</p>
<p>3 Be able to develop others to support the individual with multiple conditions and/or disabilities</p>	<p>3.1 Advise and inform others about the implications of multiple conditions</p> <p>3.2 Devise strategies to improve the practice of others:</p> <ul style="list-style-type: none"> • at and individual level • at an organisational level

Learning outcomes	Assessment criteria
<p>4 Be able to review service provision in respect of individuals with multiple conditions and/or disabilities</p>	<p>4.1 Reflect on own role in relation to providing a service for individuals with multiple conditions and/or disabilities</p> <p>4.2 Evaluate, with others, the extent to which provision meets the needs of individuals with multiple conditions and/or disabilities</p> <p>4.3 Implement actions agreed as a result of evaluation within own role</p>

Unit content

1 **Understand the implications of multiple conditions and/or disabilities for the individual**

Multiple conditions: physical, such as heart disease, diabetes, cancer, arthritis; mental, such as dementia, depression

Disabilities: short term, e.g. broken leg; long term, e.g. cerebral palsy; physical, e.g. hearing loss, visual impairment; mental, e.g. learning disability, autism

Correlation: link between conditions and other factors such as congenital heart disease and Down's syndrome; gender and heart disease; age and dementia; ethnicity and diabetes; poverty and obesity

Impact: physical, intellectual, emotional, social

Recommendations: increase or change in frequency of services, types of service, requests for services not yet available; statutory, private, 'third sector' services

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in Annexe A.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Centres can base an assessment for learning outcome 1 on the suggested assignment outlined below, but assessment can take a variety of forms.

To meet learning outcome 1, learners could produce a case study of an individual with multiple conditions. They will explain the multiple conditions the individual has, and how there is a correlation between them and different factors. They will also explain the impact on the individual of having multiple conditions. Learners should also make recommendations for changes to the care provided to improve outcomes for the individual. If a real individual is used for the case study, learners must ensure that confidentiality is maintained. A professional discussion could then be conducted to demonstrate learners' understanding of the concepts explored in the case study, and to provide evidence for learning outcome 1.

Direct observation of learners supporting an individual with multiple conditions or disabilities should be the main assessment method for learning outcomes 2, 3 and 4. Where this is not appropriate, alternative evidence such as witness testimony, work products or reflective logs may also be submitted. Professional discussion could also be used, especially if amplification of other evidence is required. Learners must ensure that confidentiality is maintained if work products are used.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

- Banks S – *Ethics and Values in Social Work (Practical Social Work Series)*, 4th edition (Palgrave Macmillan, 2012) ISBN 97802303001
- Cuthbert K – *Keeping Balance: A Psychologist's Experience of Chronic Illness and Disability* (Matador, 2010) ISBN 9781848762091
- Lishman J, Yuill C, Brannan J, Gibson A – *Social Work: An Introduction* (Sage, 2014) ISBN 9781446208892
- Oddy R – *Promoting mobility for people with dementia: A problem-solving approach* (Alzheimer's Society, 2014) ASIN B00OP8PSCS
- O'Sullivan F – *Caring for People in Community & Health Services* (Gill and MacMillan, 2013) ISBN 9780717156276
- Payne M – *Modern Social Work Theory*, 4th edition (Palgrave MacMillan, 2014) ISBN 9781137406026

Journals

- British Journal of Social Work*
Journal of Social Work

Websites

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| www.alzheimers.org.uk | <i>Staying involved and active</i> |
| www.bhf.org.uk | British heart Foundation – advice on living with heart disease |
| www.bild.org.uk | British Institute for Learning Disabilities offers services and information |
| www.cancerresearchuk.org | Information on coping with cancer |
| www.diabetes.org.uk | Resources to help those with diabetes live well |
| www.disabilityrightsuk.org | A short guide on brokerage and the role of brokers in relation to social care |
| www.gov.uk | White paper – <i>Caring for our future: reforming care and support</i> July 2012
Information about personalisation, employing personal assistants |
| www.mencap.org.uk | Information and support for people who have a learning disability |
| www.nhs.uk | National Health Service – information on all conditions |
| www.open.edu | <i>Dementia care: Modelling good care</i> |

www.thedtgroup.org

The Disabilities Trust – charity providing innovative care, rehabilitation and support solutions for people with profound physical impairments, acquired brain injury and learning disabilities as well as children and adults with autism.

Other

Goodwin N et al – *Managing people with long-term conditions- An Inquiry into the Quality of General Practice in England* (The King's Fund, 2010)

Unit 66: Support Individuals in the Use of Assistive Technology

Unit reference number: J/601/3541

Level: 4

Credit value: 4

Guided learning hours: 32

Unit introduction

Assistive technology can have a huge impact on the quality of life of not only the individuals that access it, but also the family and carers who often support those individuals. There are many different assistive technologies that can be adapted to the needs of individuals, and some can be designed specifically for people with a particular condition.

In this unit, you will explore the range, purpose and effectiveness of assistive technology, and understand the most commonly used assistive technology aids within your own day-to-day work. You will develop an understanding of your own roles and responsibilities in supporting individuals to use these aids, becoming able to identify your role in supporting individuals to access specialist information and support. You will also learn how to prepare the environment, support the use of the assistive technology but also to recognise the limits and boundaries of your own role.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
<p>1 Understand the range, purpose and effectiveness of assistive technology available to support individuals</p>	<p>1.1 Research the range and purpose of assistive technology that is available to support individuals in own area of work</p> <p>1.2 Investigate the effectiveness of the most commonly used assistive technology in own area of work</p> <p>1.3 Explain how assistive technology can have a positive impact on the wellbeing and quality of life of individuals</p>
<p>2 Be able to support the selection of assistive technology with individuals</p>	<p>2.1 Explain own role and the roles of others in the provision of assistive technology for individuals</p> <p>2.2 Support an individual to access specialist information and support about assistive technology</p> <p>2.3 Support an individual to express needs, preferences and desired outcomes in relation to the use of assistive technology</p> <p>2.4 Support an individual to select assistive technology to meet their needs and preferences</p>
<p>3 Be able to support the use of assistive technology aids with an individual</p>	<p>3.1 Prepare the environment to support the use of assistive technology with an individual</p> <p>3.2 Support the use of assistive technology following instructions or guidelines within boundaries of own role</p> <p>3.3 Record the use of assistive technology following procedures or agreed ways of working</p> <p>3.4 Explain when and to whom referrals for maintenance or repair would be made</p>

Learning outcomes	Assessment criteria
<p>4 Be able to evaluate the effectiveness of the use of assistive technology to meet identified outcomes</p>	<p>4.1 Review the effectiveness of assistive technology against identified outcomes with individuals and/or others</p> <p>4.2 Provide feedback to others on the use of assistive technology</p> <p>4.3 Revise plans to use assistive technology to achieve identified outcomes with individuals and / or others</p> <p>4.4 Evaluate own practice in using assistive technology to meet identified outcomes</p> <p>4.5 Adapt own practice to support the needs of the individual</p>

Unit content

1 Understand the range, purpose and effectiveness of assistive technology available to support individuals

Assistive technology: role of assistive technology in relation to adult care; policies and approaches (personalisation, reablement, person-centred care); changing demographics

Range of assistive technology: telecare assistance, e.g. sensors, alarms linked by phone, activity, chair occupancy sensors, fall detectors; detectors of household hazards, e.g. fire, smoke alarms, carbon monoxide gas; telehealth, e.g. sensors and equipment to monitor pulse, blood pressures, glucose and daily weight; assistance living technology, e.g. wheelchairs, walking aids, hearing aids

Use of assistive technology in the adult care context: varying individual needs; impact on day-to-day life; communication; social and emotional wellbeing; physical and mental wellbeing; independent living; hospital and residential care; home care

Benefits and limitations of assistive technology: benefits of assistive technology for service providers, e.g. safer living environments, reduced impacts of a fall, reduction in support services, benefits for individuals, e.g. access to education and employment support in rehabilitation, maintenance of independence for individual, increased opportunity to socialise, greater sense of wellbeing, physical benefits such as improved mobility; limitations of assistive technology, e.g. limitations of the home environment, financial implications, individual ability to accept and use technology, skill level required for effective use, fear of associated stigma; complementary not substitute care; assessment and referral process, e.g. time span

Risks associated with the use of different types of assistive technology: inadequate training, high-low maintenance, incorrect use and incorrect assessments; malfunctioning technology; confidentiality and data protection

Factors affecting the availability of assistive technology: awareness of availability; funding; participation of health services, e.g. primary health, home and community care, speciality assistive clinics; variability in structure and approaches; need for adaptations, e.g. environmental changes

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 2, 3 and 4 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

For learning outcome 1, learners need to demonstrate evidence of research and investigative study. The centre may choose to write an assignment brief for this learning outcome where learners would record their findings within a table or written statement. Achievement could be further evidenced through a professional discussion in which learners discuss their findings, which would also provide evidence for AC1.3.

For learning outcome 2, learners will need to evidence performance as they support individuals to access assistive technology. Direct observation would be the preferred method of assessment for AC2.2, AC2.3 and AC2.4. Further evidence will support the observations and can include work products such as correspondence, review and planning documentation, witness testimonies and reflective accounts. A question and answer session could provide further corroboration for this learning outcome, including an opportunity to provide evidence for AC2.1.

For learning outcomes 3 and 4, learners could show through direct observation for AC3.1 and AC3.2, together with witness testimonies, how they supported individuals within their work setting or within an individual's own home. For AC3.3, AC3.4, AC4.1 and AC4.3, work products such as the organisation's documentation for the use of equipment and the referral process may be used to evidence these criteria. Observation of confidential records or witness testimonies may be used if original paperwork is not appropriate. For AC4.4 and AC4.5, supervision records, continuing professional development (CPD) and reflective accounts would support the recording of competence against these criteria. Work products such as a written report could be used to evidence AC4.2.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Cook A M and Miller Polgar J – *Essentials of Assistive Technologies* (Mosby, 2012) ISBN 9780323075367

Church G and Glennen S – *The Handbook of Assistive Technology* (Delmar Cengage Learning, 1991) ISBN 9781879105539

Dell A G, Newton D A and Petroff J G – *Assistive Technology in the Classroom: Enhancing the School Experiences of Students with Disabilities* (Pearson, 2011) ISBN 9780131390409

Federici S and Scherer M J – *Assistive Technology Assessment Handbook (Rehabilitation Science in Practice Series)* (CRC Press, 2012) ISBN 9781439838655

Mandelstam M – *Equipment for Older or Disabled People and the Law* (Jessica Kingsley, 1996) ISBN 9781853023521

Journal

Journal of Assistive Technologies

Websites

www.dlf.org.uk	Disabled Living Foundation – advice on assistive technology and short-term loans of equipment
www.gov.uk/government	Department of Health – research and development work relating to assistive technology
www.nhs.uk	<i>Your health, your way – Your NHS guide to long-term conditions and self-care – Help at home</i>

Unit 67: Support Individuals to Access Education, Training or Employment

Unit reference number: H/601/3546

Level: 4

Credit value: 4

Guided learning hours: 31

Unit introduction

Education, training and employment help people develop a sense of self-worth and wellbeing. This in turn contributes to their mental and physical health. Government policy encourages people to reduce their dependence on benefits and take up employment.

In this unit, you will learn how training, education or employment are important for people; how legislation and guidance help individuals access these routes; and how learning providers or employers are helped to support people into these routes. You will learn about organisations helping people get into education, training or employment and the types of help offered. You will work with people to clarify their personal circumstances, hopes and interests; find out what skills, experience and qualifications they have and what support they need to choose a career path. You will work with the individual and others to find information and support the person to choose education, training or employment opportunities, helping them complete applications and prepare for interviews. You will work with individuals and others to identify any help they need to stay on track. Finally, you will assess how well the chosen route has met their expectations, assess what further help is needed and agree with the individual and others any changes to be made.

Learning outcomes and assessment criteria

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

On completion of this unit learners should:

Learning outcomes	Assessment criteria
1 Understand the value of engagement in training, education or employment for individuals	1.1 Explain why engagement in education, training or employment opportunities can have a positive impact on the wellbeing and quality of life of individuals
2 Understand how legislation, guidance and codes of practice support an individual to access training, education or employment	2.1 Outline the legislation, guidance and codes of practice that support an individual to access training, education or employment 2.2 Explain how the duty to make reasonable adjustments by learning providers or employers impacts on support for individuals to access training, education or employment 2.3 Identify the assistance that is available to learning providers or employers to support individuals to access education, training or employment opportunities
3 Understand the support available to individuals accessing education, training or employment	3.1 Identify the range of agencies that provide support to individuals accessing education, training or employment 3.2 Clarify the support provided by the various agencies

Learning outcomes	Assessment criteria
<p>4 Be able to support an individual to identify and access education, training or employment that meet needs and preferences</p>	<p>4.1 Work with individuals to identify the education, training or employment opportunities taking account of their:</p> <ul style="list-style-type: none"> • aspirations • skills and abilities • interests • experience • qualifications • support needs • preferred career pathway • personal circumstances • language/communication needs <p>4.2 Work with the individual and/or others to source accessible information on education, training or employment opportunities</p> <p>4.3 Support the individual to select preferred education, training or employment</p> <p>4.4 Support the individual to complete applications to access education, training or employment</p> <p>4.5 Support the individual to prepare for interview or selection for education, training or employment</p>
<p>5 Be able to support individuals to undertake education, training or employment</p>	<p>5.1 Outline own role and role of others in providing support to an individual to undertake education, training or employment</p> <p>5.2 Work with the individual and/or others to identify assistive technology; resources and support that may be needed to undertake education, training or employment</p>

Learning outcomes	Assessment criteria
<p>6 Be able to evaluate engagement in education, training or employment</p>	<p>6.1 Review with the individual and/or others how well the education, training or employment opportunity has met expectations and identified outcomes</p> <p>6.2 Review with the individual and/or others the continued support required to undertake education, training or employment</p> <p>6.3 Agree with the individual and/or others adjustments to be made to education, training or employment arrangements to meet individual needs and preferences</p>

Unit content

1 Understand the value of engagement in training, education or employment for individuals

Value of engagement: physical, emotional and psychological wellbeing to include gaining knowledge, learning skills, self-esteem, self-concept, financial independence, development of social skills, being part of a group, confidence building, impact on individual of these factors

2 Understand how legislation, guidance and codes of practice support an individual to access training, education or employment

Legislation: Human Rights Act 1998 giving right to education; Education and Skills Act 2008 raised the age until which young people must remain in education or training to 18; Equality Act 2010 preventing discrimination in education, training and employment; Education Act 2011 part 7 introducing apprenticeship offers for those aged between 16–18, those aged 19–24 who are care-leavers, and those aged 19–24 with a disability; Welfare Reform Act 2012 including Work Capability Assessment, Jobseeker's Allowance Claimant Commitment and cap on the total amount of benefits that working age people can receive; Care Act 2014 imposing duty on local authorities to provide for wellbeing, assess needs and allocate personal budgets that individuals use to achieve wellbeing

Guidance and codes of practice: Equality Act guidance, codes of practice and technical guidance for employers and education providers; participation of young people in education, employment or training – statutory guidance for local authorities 2014 relating to the Education and Skills Act 2008; Care and Support Statutory Guidance issued under the Care Act 2014 outlining wellbeing principle including participation in work, education, training or recreation, safeguarding and protection from abuse

Impact on support for individual: positive impact through increased statutory support such as responsibility of learning providers and employers to include reasonable adjustment, provide appropriate support for individual, offer suitable apprenticeship programmes; improved access through duty of local authorities to provide assessment and personal budgets to promote wellbeing; improved provision through local authority legal duty of care to provide opportunities for education, training or employment for 16–18 year olds, those aged 19–24 who are care-leavers, and those aged 19–24 with a disability

Assistance and support available for training providers and employers: statutory guidance issued by government; advice and guidance, such as *Employing disabled people and people with health conditions* 2014; funding through the Skills Funding Agency and through Education Funding Agency via local authority for registered training providers; grants and funding for employers taking on an apprentice; Job Centre Plus recruitment services for employers such as organising work trials or advising on recruitment processes

3 Understand the support available to individuals accessing education, training or employment

Range of agencies: statutory agencies such as Job Centre Plus as part of Department for Work and Pensions; private employment agencies such as Seetec, G4S; voluntary agencies such as The Prince's Trust, Disability Rights UK

Support provided: statutory such as New Enterprise Allowance, Job Centre Plus offer work trials to help individuals try out a new job, Youth Contract a government scheme to help unemployed people aged 18 to 24 find work, Work Choice a scheme for people with disabilities who want to work, Work Clubs; support provided by private employment agencies and voluntary agencies such as mentoring, advice, training, employability skills, help to find a job and help to stay in it, help with travel expenses, advice to start up own business, help for ex-offenders and others to get into work, training employers how to make suitable adaptations for people with disabilities

Essential guidance for tutors

Assessment

This section should be read in conjunction with *pages 8–10* of the *Assessment* section.

To pass this unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria and the requirements of the Skills for Care Assessment Principles in *Annexe A*.

In accordance with the assessment principles, learning outcomes 4, 5 and 6 must be assessed in a real work environment. Simulation is not allowed for these learning outcomes.

Centres may use the assignment guidance included below to assess learners' knowledge and understanding of learning outcomes 1, 2 and 3, although these can be assessed in a variety of ways. For all three learning outcomes, learners could produce a reflective account.

To meet learning outcome 1, AC1.1, learners could explain why engagement in education, training or employment opportunities can have a positive impact on the wellbeing and quality of life of individuals, giving examples to support their points. Benefits could be physical, social, emotional, and financial. Learners could say how each example links to an improved sense of wellbeing. Examples could be drawn from education, training and employment to cover the range of experiences.

For learning outcome 2, learners could read around the topic, using relevant websites to find information that they can include in a table or short section about relevant legislation, guidelines and policies, with an explanation of how these support individuals to access the education, training or employment for AC2.1. It is anticipated that learners use the current information available, such as that given in the amplification. For AC2.2, learners could use examples to help explain how the duty to make reasonable adjustments by learning providers or employers impacts on support for individuals to access training, education or employment. Learners could use examples from both employers and learning providers to show their understanding of the whole situation. Reasonable adjustments may include adaptations for people with disabilities, either in the workplace or the learning environment, or could involve offering work trials. For AC2.3, learners could find out about the assistance that is available, outlining the range of help given by the government to learning providers or employers supporting individuals to access education, training or employment opportunities. Examples from the local area and from learners' own practice could be used. This could be presented in a table.

Learning outcome 3 could be met through a written report identifying the range of agencies that provide support to individuals accessing education, training or employment, for AC3.1, and the types of support provided for AC3.2. Examples could be drawn from statutory, private and voluntary agencies and could be drawn from local examples for voluntary and private agencies.

For learning outcome 4, learners could be directly observed supporting an individual to identify and access education, training or employment that meet their needs and preferences. Consent should be obtained from all parties for this observation.

For AC4.1, learners could show how they work with individuals to identify education, training or employment opportunities taking account of the individual's aspirations, skills and abilities, interests, experience, qualifications, support needs, preferred career pathway, personal circumstances and language and communication needs. Learners could use work products such as reports to show they can work with individuals with differing requirements. Using the same direct observation, learners could show how they work with the individual and others such as carers or mentors to find accessible information on education, training or employment opportunities for AC4.4. Learners could use library resources or the internet. Using this information, learners could then support the individual to select their preferred education, training or employment for AC4.3. If time allows and the individual wishes to proceed, learners could be directly observed supporting them to complete relevant applications for AC4.4. However this may not be appropriate, in which case work products and witness testimony may provide evidence for this. On a separate occasion learners could be observed supporting the individual to prepare for interview or selection, for AC4.5, either through role play or discussion with the individual. Witness testimony and a recording made with the consent of the individual may also provide evidence for this.

For learning outcome 5, where learners are expected to support individuals to undertake education, training or employment, direct observation of learners explaining to the individual, or professional discussion with the assessor, could be used to outline their own role and role of others in providing such support for AC5.1. For AC5.2, learners could be directly observed working with the individual and others such as carer or mentors to identify assistive technology; resources and support that may be needed to undertake education, training or employment. Assistive technology could include screen readers or other computer software which may help the individual.

For learning outcome 6, learners could be observed conducting a review meeting with an individual to check with them and others how well the education, training or employment opportunity has met expectations and identified outcomes, for AC6.1. During this direct observation learners could check the continued support required, for AC6.2, and agree with the individual and others what adjustments need to be made to education, training or employment arrangements to meet individual needs and preferences for AC6.3. Consent should be obtained from all parties for this. Work products such as notes from the individual's care plan could also be submitted as evidence, ensuring that confidentiality is maintained. Supplementary evidence could be provided through professional discussion.

Essential resources

There are no essential resources required for this unit.

Indicative resource materials

Books

Lundine V and Smith C – *Career Training and Personal Planning for Students with Autism Spectrum Disorders: A Practical Resource for Schools* (Jessica Smith Publishers, 2006) ISBN 9781843104407

Storey K and Post M – *Positive Behaviour Supports for Adults with Disabilities in Employment, Community, and Residential Settings: Practical Strategies That Work* (Charles C. Thomas, 2014) ISBN 9780398081126

Wentz FH – *Soft Skills Training: A Workbook to Develop Skills for Employment* (Createspace, 2012) ISBN 9781468096491

Journal

Community Care

Websites

nationalcareersservice.direct.gov.uk	A service that supports people in choosing or changing careers
www.actionforchildren.org.uk	UK charity that supports children, young people, their parents and carers
www.disabilityrightsuk.org	Information about the Welfare Reform Act 2012 and impact for people with disabilities
www.equalityhumanrights.com	Government supported site giving information about rights and equality – details of relevant laws
www.gov.uk/moving-from-benefits-to-work	Moving from benefits to work The Work Programme – Department for Work and Pensions includes list of local Work Programme providers
www.gov.uk/work-choice	Work Choice – helping people with disabilities into work
www.gov.uk/jobcentre-plus-help-for-recruiters	Job Centre Plus advice for employers
www.princes-trust.org.uk	Voluntary organisation helping people aged 13–30
www.scie.org.uk	Social Care Institute for Excellence <i>Guide 15: Dignity in Care</i>
www.seetec.co.uk	A private employment agency helping people into work
www.shaw-trust.org.uk	The Shaw Trust – charity providing support to people who need help to be independent, economically active and to contribute to society

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.pearsonschoolsandfecolleges.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.

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:

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- 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.

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Annexe A

Skills for Care and Development QCF Assessment Principles

1. Introduction

- 1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.
- 1.2 This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements. Additional information/guidance regarding individual unit assessment can be obtained from Awarding Organisations, or from Skills for Care and Development. This must be used in order to provide the proper context for learning and assessment.
- 1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.
- 1.4 Where Skills for Care and Development qualifications are joint with Skills for Health, Skills for Health will also use these assessment principles.

2. Assessment Principles

- 2.1 Assessment decisions for competence-based learning outcomes (e.g. those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.
- 2.2 Assessment decisions for competence-based learning outcomes must be made by an assessor qualified to make assessment decisions.
- 2.3 Competence-based assessment must include direct observation as the main source of evidence
- 2.4 Simulation may only be utilised as an assessment method for competence-based 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 (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment.
- 2.7 Assessment decisions for knowledge-based learning outcomes must be made by an occupationally knowledgeable assessor.

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

3. Internal Quality Assurance

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

4. Definitions

4.1 Occupationally competent

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

4.2 Occupationally knowledgeable

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

4.3 Qualified to make assessment decisions

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

4.4 Qualified to make quality assurance decisions

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

4.5 Expert witness

An expert witness must:

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

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