

Specification

BTEC Specialist qualifications

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)

Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)

For first teaching September 2011



Edexcel, a Pearson company, is the UK's largest awarding body, offering academic and vocational qualifications and testing to more than 25,000 schools, colleges, employers and other places of learning in the UK and in over 100 countries worldwide. Qualifications include GCSE, AS and A Level, NVQ and our BTEC suite of vocational qualifications from entry level to BTEC Higher National Diplomas, recognised by employers and higher education institutions worldwide.

We deliver 9.4 million exam scripts each year, with more than 90% of exam papers marked onscreen annually. As part of Pearson, Edexcel continues to invest in cutting-edge technology that has revolutionised the examinations and assessment system. This includes the ability to provide detailed performance data to teachers and students which helps to raise attainment.

References to third party material made in this specification are made in good faith. Edexcel does 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.)

Authorised by Martin Stretton
Prepared by Karon Nicod

Publications Code BA029494

All the material in this publication is copyright
© Pearson Education Limited 2011

BTEC Specialist qualification titles covered by this specification

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)

Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)

These qualifications have been accredited to the Qualifications and Credit Framework (QCF) and are eligible for public funding as determined by the Department for Education (DfE) under Section 96 of the Learning and Skills Act 2000.

The qualification titles listed above feature in the funding lists published annually by the DfE and the regularly updated website www.education.gov.uk/. The QCF Qualification Number (QN) should be used by centres when they wish to seek public funding for their learners. Each unit within a qualification will also have a QCF unit code.

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

The Qualification Numbers for the qualifications in this publication are:

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)	600/2953/5
--	------------

Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)	600/2955/9
---	------------

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

These qualifications are accredited by Ofqual as being Stand Alone.

Welcome to the Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF) and Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)

We are delighted to introduce our new qualifications, available for teaching from September 2011. These qualifications conform with the requirements of the new QCF (Qualifications and Credit Framework).

Focusing on the Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF) and the Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)

These qualifications are for those working, or intending to work, in the health and social care sector to develop their understanding of the potential benefits of engaging in both everyday and programmed activities. The qualifications will support learners in contributing to planning and delivering individual and group activities and increase their understanding of how activity has an important role in person-centred care.

Learners may be from a diverse range of job roles and occupational areas across all service user groups and ages, working in statutory (including NHS), private and voluntary agencies. They may have a designated role as Activity Providers – needing multiple skills to assess, deliver and evaluate activity provision across care settings, eg care homes, day centres, sheltered housing and as sessional workers. The qualifications are also suitable for learners who need awareness of the importance of activity to wellbeing although they may not necessarily undertake this role as part of their main duties.

Units from these qualifications may also be accessed by those who work in areas outside the Social Care sector eg housing

These qualifications provide for ongoing Continuing Professional Development (CPD). Learner's achieving the Level 2 Award can progress to the Level 3 Certificate in Activity Provision in Social Care.

Straightforward to implement, teach and assess

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

Engaging for everyone

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

Recognition

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

All you need to get started

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

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

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

Contents

What are BTEC level 2 and 3 Specialist qualifications?	1
Edexcel BTEC Level 2 Award	2
Edexcel BTEC Level 3 Certificate	2
Key features of the Edexcel BTEC Level 2 and 3 qualifications in Activity Provision in Social Care (QCF)	2
National Occupational Standards	2
Rules of combination	3
Rules of combination for the Edexcel BTEC Level 2 and 3 QCF qualifications	3
Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)	4
Edexcel BTEC Level 3 Certificate in Supporting Activity Provision in Social Care (QCF)	5
Assessment	6
Quality assurance of centres	8
Approval	8
Quality Assurance Guidance	8
Programme design and delivery	9
Mode of delivery	9
Resources	9
Delivery approach	10
Functional Skills	10
Access and recruitment	11
Restrictions on learner entry	11
Access arrangements and special considerations	11
Recognition of Prior Learning	12
Unit format	13
Unit title	13
Unit code	13

QCF level	13
Credit value	13
Guided learning hours	13
Unit aim	13
Unit introduction	14
Learning outcomes	14
Assessment criteria	14
Unit content	14
Essential guidance for tutors	15
Units	17
Unit 1: Understand Activity Provision in Social Care	19
Unit 2: Understand the Delivery of Activities in Social Care	27
Unit 3: Understand the Benefits of Engaging in Activities in Social Care	33
Unit 4: Therapeutic Approaches for Activity Provision in Social Care	39
Unit 5: Understand the Benefits of Reminiscence as Activity	47
Unit 6: Dementia Awareness	55
Unit 7: Contribute to Supporting Group Care Activities	61
Unit 8: Understand the Context of Supporting Individuals with Learning Disabilities	67
Unit 9: Coordination of Activity Provision in Social Care	77
Unit 10: Equality and Diversity in Activity Provision	83
Unit 11: Implement Therapeutic Group Activities	89
Unit 12: Community Involvement in Activity Provision	97
Unit 13: Activity Provision in Dementia Care	103
Unit 14: Specialist Activity Provision in Social Care	109
Unit 15: Understand the Effects of Ageing in Activity Provision	115
Unit 16: Introductory Awareness of Sensory Loss	121
Unit 17: Understand Sensory Loss	129
Unit 18: Understand the Process and Experience of Dementia	137
Unit 19: Understand Mental Health Problems	145
Unit 20: Understand Positive Risk Taking for Individuals with Disabilities	153

Unit 21: Understand Physical Disability	161
Unit 22: Understand Physical Disability	169
Unit 23: Understanding Assisting and Moving Individuals	177
Further information	186
Useful publications	186
How to obtain National Occupational Standards	186
Professional development and training	187
Annexe A	189
The Edexcel/BTEC qualification framework for the health and social care sector	189
Annexe B	191
Wider curriculum mapping	191
Annexe C	193
Qualification unit mapping	193
Annexe D	195
Annexe E	197
BTEC Specialist and Professional qualifications	197

What are BTEC level 2 and 3 Specialist qualifications?

BTEC Specialist qualifications are qualifications at Entry level to level 3 in the Qualifications and Credit Framework (QCF) and are designed to provide specialist work-related qualifications in a range of sectors. They give learners the knowledge, understanding and skills that they need to prepare for employment. The qualifications also provide career development opportunities for those already in work. Consequently they provide a course of study for full-time or part-time learners in schools, colleges and training centres.

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

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

Care needs to be exercised when registering learners as the titling conventions and titles for the revised QCF versions of the BTEC Level 2 Firsts and BTEC Level 3 Nationals have changed.

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

There are three sizes of qualification in the QCF:

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

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

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

The credit value of a unit is based on:

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

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

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

Edexcel BTEC Level 2 Award

The Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF) provides an introduction to the skills, qualities and knowledge that may be required for employment in a particular vocational sector.

Edexcel BTEC Level 3 Certificate

The Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF) extends the work-related focus from the Edexcel BTEC Level 2 Award Supporting Activity Provision in Social Care (QCF) and covers some of the knowledge and practical skills required for a particular vocational sector.

For adult learners the Edexcel BTEC level 2 and 3 QCF qualifications can extend their knowledge and understanding of work in a particular sector. It is a suitable qualification for those wishing to change career or move into a particular area of employment following a career break.

Key features of the Edexcel BTEC Level 2 and 3 qualifications in Activity Provision in Social Care (QCF)

The Edexcel BTEC Level 2 and 3 qualifications in Activity Provision in Social Care (QCF) have been developed to give learners the opportunity to:

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

National Occupational Standards

Where relevant, Edexcel BTEC level 2 and 3 QCF qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of other qualifications in due course. NOS form the basis of competence based qualifications. Edexcel BTEC level 2 and 3 QCF qualifications do not purport to deliver occupational competence in the sector, which should be demonstrated in a work context.

The Care and Development SSC has been mapped to unit references.

The Edexcel BTEC Level 2 Award/Level 3 Certificate in Activity Provision in Social Care (QCF) relates to the following NOS:

Health and Social Care (HSC)	Physical Disability
Dementia	Moving and Handling
Learning Disability	Mental Health
Sensory Loss	

Rules of combination

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

Rules of combination for the Edexcel BTEC Level 2 and 3 QCF qualifications

When combining units for the Edexcel BTEC Level 2 Award in Activity Provision in Social Care (QCF) and the Edexcel BTEC Level 3 Certificate Activity Provision in Social Care, it is the centre's responsibility to ensure that the following rules of combination are adhered to.

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)

- 1 Qualification credit value: a minimum of 8 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 8 credits.
- 3 All credits must be achieved from the units listed in this specification.

Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)

- 1 Qualification credit value: a minimum of 18 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 12 credits.
- 3 All credits must be achieved from the units listed in this specification.

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)

The Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF) is an 8 credit and 62-65 guided learning hour (GLH) qualification. Learners must achieve a minimum of 8 credits at level 2. Learners must achieve 6 credits at level 2 from the Mandatory Units plus a minimum of 2 credits at level 2 from the option units.

Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)					
Unit	Unit reference number	Mandatory units	Credit	Level	GLH
1	H/602/4644	Understand Activity Provision in Social Care	2	2	16
2	T/602/4647	Understand the Delivery of Activities in Social Care	2	2	16
3	K/602/4645	Understand the Benefits of Engaging in Activities in Social Care	2	2	16
		Option units			
4	Y/602/4642	Therapeutic Approaches for Activity Provision in Social Care	2	2	16
5	M/602/4646	Understand the Benefits of Reminiscence as Activity	2	2	16
6	J/601/2874	Dementia Awareness	2	2	17
7	L/601/9471	Contribute to Supporting Group Care Activities	3	2	23
8	K/601/5315	Understand the Context of Supporting Individuals with Learning Disabilities	4	2	35

Edexcel BTEC Level 3 Certificate in Supporting Activity Provision in Social Care (QCF)

The Edexcel BTEC Level 3 Certificate in Supporting Activity Provision in Social Care (QCF) is an 18 credit and 119-137 guided learning hour (GLH) qualification. Learners must achieve a minimum of 18 credits, 12 credits from the Mandatory units at level 3 plus a minimum of 6 credits from the option units at any level.

Edexcel BTEC Level 3 Certificate in Supporting Activity Provision in Social Care (QCF)					
Unit	Unit reference number	Mandatory units	Credit	Level	GLH
9	R/502/7576	Coordination of Activity Provision in Social Care	5	3	35
10	Y/502/7577	Equality and Diversity in Activity Provision	3	3	24
11	D/601/9491	Implement Therapeutic Group Activities	4	3	25
		Option units			
6	J/601/2874	Dementia Awareness	2	2	17
8	K/601/5315	Understand the Context of Supporting Individuals with Learning Disabilities	4	2	35
12	H/502/7565	Community Involvement in Activity Provision	3	3	21
13	R/502/7559	Activity Provision in Dementia Care	3	3	21
14	H/502/7582	Specialist Activity Provision in Social Care	2	3	14
15	T/502/7599	Understand the Effects of Ageing in Activity Provision	2	3	17
16	F/601/3442	Introductory Awareness of Sensory Loss	2	2	16
17	M/601/3467	Understand Sensory Loss	3	3	21
18	J/601/3538	Understand the Process and Experience of Dementia	3	3	22
19	J/602/0103	Understand Mental Health Problems	3	3	14
20	J/601/6293	Understand Positive Risk Taking for Individuals with Disabilities	3	3	25
21	L/601/6117	Understand Physical Disability	2	2	19
22	J/601/6150	Understand Physical Disability	3	3	22
23	T/502/7585	Understanding Assisting and Moving Individuals	2	2	15

Assessment

Assessment of all units in this specification must adhere to the Skills for Care and Development QCF principles provided in Annexe E.

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

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

Guidance

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

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

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

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

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

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

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

Qualification grade

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

In the Edexcel BTEC level 2 and 3 Specialist qualifications each unit has a credit value which specifies the number of credits that will be awarded to a learner who has achieved the learning outcomes of the unit. This has been based on:

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

Quality assurance of centres

Edexcel BTEC level 2 and 3 qualifications provide a flexible structure for learners enabling programmes of varying credits and combining different levels. For the purposes of quality assurance, all individual qualifications and units are considered as a whole.

Centres delivering the Edexcel BTEC level 2 and 3 must be committed to ensuring the quality of the units and qualifications they deliver, through effective standardisation of assessors and verification of assessor decisions. Centre quality assurance and assessment is monitored and guaranteed by Edexcel.

The Edexcel quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for the Edexcel BTEC level 2 and 3 qualifications and units
- **compulsory** Edexcel-provided training and standardisation for internal verifiers and assessors leading to the accreditation of lead internal verifiers via the OSCA system
- quality review of the centre verification practice
- centre risk assessment by Edexcel of overarching processes and quality standards
- remedial training and/or assessment sampling for centres identified through standardisation or risk assessment activities as having inadequate quality, assessment or internal verification processes.

Approval

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

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

Quality Assurance Guidance

Details of quality assurance for the Edexcel BTEC level 2-3 qualifications are set out in centre guidance which is published on our website (www.edexcel.com).

Programme design and delivery

Mode of delivery

Edexcel does not normally define the mode of delivery for Edexcel BTEC Entry to level 3 qualifications. Centres are free to offer the qualifications using any mode of delivery (such as full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must ensure that learners have appropriate access to the resources identified in the specification and to the subject specialists delivering the units. This is particularly important for learners studying for the qualification through open or distance learning.

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

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

Resources

Edexcel BTEC level 2 and 3 qualifications are designed to give learners an understanding of the skills needed for specific vocational sectors. Physical resources need to support the delivery of the programme and the assessment of the learning outcomes, and should therefore normally be of industry standard. Staff delivering programmes and conducting the assessments should be familiar with current practice and standards in the sector concerned. Centres will need to meet any specific resource requirements to gain approval from Edexcel.

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 Edexcel BTEC level 2 and 3 qualifications and the mode of delivery. Specifications give a balance of practical skill development and knowledge requirements, some of which can be theoretical in nature. Tutors and assessors need to ensure that appropriate links are made between theory and practical application and that the knowledge base is applied to the sector. This requires the development of relevant and up-to-date teaching materials that allow learners to apply their learning to actual events and activity within the sector. Maximum use should be made of learners' experience.

Functional Skills

Edexcel BTEC Level 2 and 3 Specialist qualifications give learners opportunities to develop and apply Functional Skills. Functional Skills are, however, not required to be achieved as part of the BTEC Specialist qualification rules of combination. Functional Skills are offered as stand alone qualifications.

Access and recruitment

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

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

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

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

Restrictions on learner entry

The Edexcel BTEC Level 2 and 3 qualifications in Activity Provision in Social Care (QCF) are accredited on the QCF for learners aged 16 and above.

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

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

Access arrangements and special considerations

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

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

Recognition of Prior Learning

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

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

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

Unit format

All units in the Edexcel BTEC level 2 and 3 Specialist qualifications have a standard format. The unit format is designed to give guidance on the requirements of the qualification for learners, tutors, assessors and those responsible for monitoring national standards.

Each unit has the following sections.

Unit title

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

Unit code

Each unit is assigned a QCF unit code that appears with the unit title on the National Database of Accredited Qualifications.

QCF level

All units and qualifications within the QCF will have a level assigned to them, which represents the level of achievement. There are nine levels of achievement, from Entry level to level 8. The level of the unit has been informed by the QCF level descriptors and, where appropriate, the NOS and/or other sector/professional benchmarks.

Credit value

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

Guided learning hours

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

Unit aim

Sets out what the unit aims to do and is a succinct statement that summarises the learning outcomes of the unit.

Unit introduction

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

Learning outcomes

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

Assessment criteria

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

Unit content

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

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

Relationship between content and assessment criteria

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

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

Content structure and terminology

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

- Learning outcome: this is shown in bold at the beginning of each section of content.
- Italicised sub-heading: it contains a key phrase or concept. This is content which must be covered in the delivery of the unit. Colons mark the end of an italicised sub-heading.

- Elements of content: the elements are in plain text and amplify the sub-heading. The elements must be covered in the delivery of the unit. Semi-colons mark the end of an element.
- Brackets contain amplification of content which must be covered in the delivery of the unit.
- 'eg' is a list of examples, used for indicative amplification of an element (that is, the content specified in this amplification could be covered or could be replaced by other, similar material).

Essential guidance for tutors

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

- *Delivery* – explains the content's relationship to the learning outcomes and offers guidance about possible approaches to delivery. This section is based on the more usual delivery modes but is not intended to rule out alternative approaches.
- *Assessment* – gives amplification about the nature and type of evidence that learners need to produce in order to achieve the unit. This section should be read in conjunction with the assessment criteria.
- *Essential resources* – identifies any specialist resources needed to allow learners to generate the evidence required for each unit. The centre will be asked to ensure that any requirements are in place when it seeks approval from Edexcel to offer the qualification.

Units

Unit 1: Understand Activity Provision in Social Care	19
Unit 2: Understand the Delivery of Activities in Social Care	27
Unit 3: Understand the Benefits of Engaging in Activities in Social Care	33
Unit 4: Therapeutic Approaches for Activity Provision in Social Care	39
Unit 5: Understand the Benefits of Reminiscence as Activity	47
Unit 6: Dementia Awareness	55
Unit 7: Contribute to Supporting Group Care Activities	61
Unit 8: Understand the Context of Supporting Individuals with Learning Disabilities	67
Unit 9: Coordination of Activity Provision in Social Care	77
Unit 10: Equality and Diversity in Activity Provision	83
Unit 11: Implement Therapeutic Group Activities	89
Unit 12: Community Involvement in Activity Provision	97
Unit 13: Activity Provision in Dementia Care	103
Unit 14: Specialist Activity Provision in Social Care	109
Unit 15: Understand the Effects of Ageing in Activity Provision	115
Unit 16: Introductory Awareness of Sensory Loss	121
Unit 17: Understand Sensory Loss	129
Unit 18: Understand the Process and Experience of Dementia	137
Unit 19: Understand Mental Health Problems	145
Unit 20: Understand Positive Risk Taking for Individuals with Disabilities	153
Unit 21: Understand Physical Disability	161
Unit 22: Understand Physical Disability	169
Unit 23: Understanding Assisting and Moving Individuals	177

Unit 1: Understand Activity Provision in Social Care

Unit code: H/602/4644

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 16

Unit aim

The aim of this unit is to introduce learners to the types and nature of activities that may be supported or provided by an activities provider.

Unit introduction

This unit will give learners an understanding of activities in a social care context, their components, when they can be employed, and the importance of person-centred planning in activity provision.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand what 'activity' is	1.1	Define activity provision within the context of social care
		1.2	Outline the differences between tasks, activities and occupation
		1.3	Describe the ways in which communication and interaction can be viewed as an activity
		1.4	Identify examples of leisure activities
		1.5	Describe what is meant by 'spontaneous activity'
		1.6	Identify everyday personal care and domestic activities
2	Understand the components of an activity	2.1	Describe how everyday activities can be used to stimulate: <ul style="list-style-type: none"> • creative abilities of individuals • sensory abilities of individuals • intellectual abilities of individuals
3	Understand the different opportunities for activity engagement	3.1	Explain the difference between a programme of activities for an individual and a programme of activities for a group of individuals
		3.2	Identify everyday personal care activities
		3.3	Identify everyday domestic activities
		3.4	Explain the importance of an enabling environment in activity engagement

Learning outcomes		Assessment criteria	
4	Understand the importance of person-centred planning in activity provision	4.1	Describe the activity planning process within agreed ways of working
		4.2	Outline the process of providing a programme of activities to meet the needs of an individual
		4.3	Explain the importance of life history of an individual when planning and providing activities
		4.4	Explain the importance of risk assessment in planning and providing activities
		4.5	Explain the importance of enabling an individual to use their skills, knowledge and abilities to be able to take control of and direct an activity
		4.6	Explain the importance of meeting spiritual and cultural needs through the provision of appropriate activities

Unit content

1 Understand what 'activity' is

Activity provision within social care: definition eg exercise, development, involvement, interaction, domestic activities, outings, support groups, interest groups

Tasks, activities and occupation: tasks eg short-term, development, completed; activities eg ongoing, social, therapeutic; occupation eg regular activities, daily activities

Activities: communication and interaction eg involvement, community participation, inclusion, socialising, views, preferences, choices, needs, expression

Activities: leisure eg cooking, games, walking, gardening, outings, guest speakers, interest groups, music, dance, films

'Spontaneous activity': define eg without planning, improvisation, on the spot

Activities: everyday personal care and domestic eg washing, dressing, shopping, cooking, cleaning, washing-up, eating

2 Understand the components of an activity

Activities as stimulus for an individual's abilities: creative eg alternative ideas, other approaches; sensory eg health and safety, observation, interaction; intellectual eg discussion, development, achievement

3 Understand the different opportunities for activity engagement

Activities programme, individual and groups: planning eg individual or group needs, resources, activities to be planned, access, level of planning and support, needs, abilities, review, evaluation, changes, speed of changes

Activities: everyday personal care eg washing, toileting, dressing, shaving, make-up

Activities: everyday domestic eg shopping, cooking, menu/meal planning, eating, cleaning, gardening

Enabling environment for activities: importance eg access, mobility, constructive feedback, praise, monitoring, review, level of support, outcomes

4 Understand the importance of person-centred planning in activity provision

Activity planning: process eg assessment, planning, implementing ie doing, evaluating

Programme of activities: meeting individual needs eg assessment of needs and abilities, resources, knowledge and skills of staff, risk assessment, choice, preferences

Using individual's life history for activities: planning eg interests, abilities, reminiscence, reflection, memories, anxiety, input

Planning and providing activities: risk assessment eg safety, harm reduction, choice, resources, support mechanisms, recording, reporting

Individual controlling and directing an activity: enabling eg achievement, person centred, self esteem, goals, outcomes

Activity provision: meeting spiritual and cultural needs eg values, person centred, wishes, needs, benefits

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, particularly for learning outcomes 1 and 2; learners could also benefit from being given opportunities to discuss relevant issues, perhaps based on case studies taken from professional publications, eg magazines. Group discussion will enable learners to express views and explore ideas within a safe environment. Practical exercises associated with activity provision in social care will put the subject into context.

Learners may be gaining work experience in a variety of contexts. However, discussion could aid enhanced understanding, if based around real cases, with due acknowledgement of confidentiality and safeguarding of individuals' rights. Guest speakers from professional social care settings could enhance learning. Independent research should be encouraged, particularly with regard to the consideration of opportunities for activities, and for person-centred planning approaches as part of learning outcomes 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles given in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some crossover to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate learning outcomes and associated assessment criteria.

To meet assessment criteria 1.1 and 1.2, learners should provide a definition of 'activity' in a social care context, linked to a distinction between tasks, activities and occupation. For 1.3, learners should describe how communication and interaction can be viewed as activity. For 1.4, 1.5 and 1.6, learners should provide examples of leisure activities, personal care and domestic activities and describe spontaneous activity.

For assessment criterion 2.1, the learner should show understanding of the components of an activity by providing examples of everyday activities that can be used to stimulate the creative, sensory and intellectual abilities of individuals.

For learning outcome 3, learners should display their knowledge of different opportunities for activity engagement. For 3.1, learners should explain the difference between a programme of activities suitable for an individual, as opposed to a group of individuals. For 3.2 and 3.3, learners should provide examples of appropriate everyday personal care activities and everyday domestic activities. For 3.4, learners should show their understanding of elements that create an enabling environment, and the importance of such an environment.

For learning outcome 4, learners should show their understanding of person-centred planning in activity provision. The value of each element of the planning process must be understood. For 4.1, learners should describe the overarching planning process. For 4.2, learners should describe the link between the process of providing a programme of activities, with the ambition of meeting individual needs. For 4.3, 4.4, 4.5 and 4.6, learners must show the importance of and how to include in the planning process, consideration of the life history of the individual; risk assessment planning; the skills, knowledge and abilities of the individual and how to enable them to take control of and direct an activity; the spiritual and cultural needs of the individual.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Agar K – *How to Make your Care Home Fun – Simple Activities for People of All Abilities* (Jessica Kingsley Publishers, 2008) ISBN 978-1843109525

Textbooks

Moonie N – *GCE AS Health and Social Care Single Award Book (for Edexcel)* (Heinemann, 2005) ISBN 978-0435453718

Walsh M, Chaloner R, Stephens P – *Collins A Level Health and Social Care – AS for Edexcel Student's Book* (Collins Educational, 2005) ISBN 978-0007197880

Websites

www.communitycare.co.uk

www.scie-socialcareonline.org.uk

Unit 2: Understand the Delivery of Activities in Social Care

Unit code: T/602/4647

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 16

Unit aim

The aim of this unit is to introduce learners to identifying different ways of delivering activities and the process of evaluation in a diverse range of settings.

Unit introduction

This unit gives learners understanding of how to set up and deliver activities in such a way as to support an individual's rights and choices, make adaptations as appropriate, and evaluate the delivery of an activity.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand how to set up activities	1.1	Explain the benefits of setting up an activity in advance
		1.2	Give examples of what might be involved in setting up an activity
2	Understand different methods for delivering activities	2.1	Give examples of the different ways in which an activity can be delivered
		2.2	Explain why activities are delivered in different ways
		2.3	Describe the stages of an activity
3	Understand how to support individuals rights and choices when delivering activities	3.1	Identify reasons why people may find it difficult to engage in activities
		3.2	Outline a range of strategies to motivate an individual to engage in activities
		3.3	Give examples of methods that can be used to support people to engage in activities
		3.4	Define the term 'positive risk taking'
		3.5	Explain how 'positive risk taking' can benefit the individual
4	Understand how to adapt delivery	4.1	Outline reasons why an activity may need to be adapted
		4.2	Give examples of how an activity could be adapted
		4.3	Explain what further action may need to be taken as a result of the adaptation
5	Understand how to evaluate the delivery of an activity	5.1	Explain the benefit of evaluation
		5.2	Describe methods that can be used to evaluate the delivery of an activity
		5.3	Give positive points of different evaluation methods
		5.4	Give negative points of different evaluation methods

Unit content

1 Understand how to set up activities

Setting up in advance: benefits eg preparation, checking equipment/resources/materials, venue, access, timing health and safety, risk assessment

What might be involved: people organisation eg therapist, staff, practitioners, carers, relatives, person(s) accessing activity; securing eg venue, equipment, resources, materials

2 Understand different methods for delivering activities

Activity delivery: how eg one-to-one support, being part of a group, leading a group, floating support

Different delivery methods: why eg needs, abilities, experience, preferences, confidence

Activity delivery: stages eg introduction, participation, evaluation, review, close

3 Understand how to support individuals rights and choices when delivering activities

Engagement in activities: why difficult for some eg confidence, anxiety, past experience, interests, abilities, access, communication, understanding

Engagement in activities: motivating strategies eg explore motivation, intervention, environment/context choice, communication, agreed needs and outcomes

Engagement in activities: supporting people to engage eg role modelling, peer support, agreed goals/aims, step by step implementation, monitoring, review

'Positive risk taking': definition eg a person making decisions about what they would like to do, thinking about the risks involved, putting things in place that help to reduce those risks

'Positive risk taking' benefits for the individual: benefits eg choice, development of skills/knowledge/abilities, involvement, outcomes

4 Understand how to adapt delivery

Adapting an activity: why eg abilities, group numbers, progress, suitability, achievement, self-esteem, risk

Adapting an activity: how eg environment, length of time, outcomes, resources, steps/stages/progress in activity, access, understanding, communication

Actions arising from adaptation: possible further actions needed eg recording, reporting, resources, timescales, location, access

5 Understand how to evaluate the delivery of an activity

Evaluation: benefits eg review of progress/activity, success, positive aspects, what was not so good, suggested changes/improvements for next time, resourcing

Evaluation: methods eg observation, questionnaires, verbal feedback, monitoring, achievement, further needs analysis, reflection

Different evaluation methods: positives eg honesty, applicability, success, outcomes, effective

Different evaluation methods: negatives eg may not get feedback on negative points, all negative, self-evaluation

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, particularly for learning outcomes 1, 2 and 5. Learners could benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group and class discussion could enable learners to explore issues and gain from each other's experience. The use of practical exercises associated with activity provision in social care will put the unit into context.

Learners may be gaining work experience in a variety of contexts so group discussion could aid enhanced understanding, if based around real cases, with due acknowledgement of confidentiality and safeguarding of individuals' rights. Guest speakers from professional social care settings could enhance learning. Independent research should also be encouraged, particularly with regard to the consideration of opportunities for activities, and for person-centred planning approaches as part of learning outcomes 2, 3 and 4.

Assessment

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some crossover to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate learning outcomes and associated assessment criteria.

To meet assessment criteria 1.1 and 1.2, learners should describe the benefits of setting up an activity in advance and describe what preparations this may involve.

For 2.1 and 2.2, learners should provide examples of different ways in which activities can be delivered and why they are advantageous.

To meet learning outcome 3, learners should show their understanding of the individual's rights and choices when activities are being delivered. For 3.1, learners should explain why people may find it difficult to engage in activities. For 3.2 and 3.3, learners should identify a number of strategies, methods and approaches which motivate individuals to participate. For 3.4 and 3.5, learners should define 'positive risk taking' and identify its benefits to the individual.

To meet learning outcome 4, learners should show their understanding of how to adapt delivery of an activity. For 4.1, learners should explain why an activity may need to be adapted. For 4.2 and 4.3, learners should describe how an activity could be adapted, and what further action may need to be taken as a result.

To meet learning outcome 5, learners must show how to evaluate the delivery of an activity. For 5.1, learners should outline the benefits of evaluation. For 5.2, 5.3 and 5.4, learners should describe a number of methods that can be used to evaluate the delivery of an activity. They should then highlight the positive and negative points of each evaluation method.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and access to the internet for research purposes.

Indicative resource materials

Textbooks

Moonie N – *GCE AS Health and Social Care Single Award Book (for Edexcel)*
(Heinemann 2005) ISBN 978-0435453718

Walsh M, Chaloner R, Stephens P – *Collins A Level Health and Social Care – AS for Edexcel Student's Book* (Collins Educational, 2005) ISBN 978-0007197880

Websites

www.communitycare.co.uk

www.scie-socialcareonline.org.uk

Unit 3: Understand the Benefits of Engaging in Activities in Social Care

Unit code: K/602/4645

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 16

Unit aim

The aim of this unit is to enable learners to understand the benefits of engaging in activities to enhance well-being, physical, mental and social well-being in a diverse range of settings.

Unit introduction

This unit gives learners understanding of the impact of activity on physical and mental well-being. It will explore the social benefits of activities, and how they can be used as the basis for a model of care and support.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the impact of activity on physical and mental well-being	1.1	Outline the consequences of prolonged inactivity on an individual's physical and mental state
		1.2	Describe the ways in which the experience of an activity can be positive
		1.3	Explain the relationship between a positive experience of an activity and physical and mental well-being
		1.4	Describe the ways in which the experience of an activity can be negative
		1.5	Explain the relationship between a negative experience of an activity and physical and mental ill-being
2	Understand the social benefits of activities	2.1	Describe the social benefits of engaging in a person-to-person activity
		2.2	Describe the social benefits of engaging in a group activity
		2.3	Identify activity approaches that focus on social interaction
		2.4	Explain how activity provision can be used to encourage social interaction
3	Understand how activity can be the basis for a model of care and support	3.1	Describe how care workers can embed activity provision into their existing role
		3.2	Outline ways in which an activity provider can contribute to an activity-based model of care within their own care setting
		3.3	Explain how carers can be supported to participate in an activity-based model of care

Learning outcomes		Assessment criteria	
		3.4	Outline ways in which activities can be used to create a team culture in a care setting

Unit content

1 Understand the impact of activity on physical and mental well-being

Prolonged inactivity consequences: physical and mental state eg low self-esteem, anxiety, frustration, reduced mobility, loss of skills/reflexes, lack of interest, withdrawn

Activity experience: positive effects eg planning, agreement, provides a sense of achievement, carer input, socialising, involvement, interaction eg with peers, carers, care workers

Positive experience of an activity: impact relationship on physical and mental well-being eg achievement, sense of self-worth, self-esteem, fulfilment, positive mental well-being

Activity: negative effects eg low achieving, low level of interest, not achievable, resources, access

Negative experience of an activity: impact relationship on physical and mental well-being eg lack of achievement, goals not achievable, frustration, anxiety, reluctance to engage in future activity, self-imposed limitation

2 Understand the social benefits of activities

Person-to-person activity: social benefits eg communication, partnership, interests, achievement, support levels, stimulation, renewed interest

Group activity: social benefits eg interaction with others, support from peers, common goals/interests

Social interaction focused activity: examples of eg reminiscence, group work, interest groups, outings

Social interaction encouragement: activity examples eg focus on common interests, needs, goals, support, peer interaction

3 Understand how activity can be the basis for a model of care and support

Care worker's role: embedding activity provision eg planning, assessment of needs, competence, training

Activity-based model of care: activity provider contribution eg inclusion, planning, review, assessment, achievement, taking account of views/needs/preferences of participants

Supporting carers to participate in an activity-based model of care: carers eg partner, family, friends, neighbours; participation in model eg discussion, partnership, role modelling, involvement

Use of activities in a care setting: team eg individuals, carers, care workers, managers/supervisors, activity coordinators/providers; culture eg inclusion, belonging, acceptance, valuing, comfort; team culture creation eg knowledge, skills, shared interests, learning new skills, outcomes, achievements

Essential guidance for tutors

Delivery

Guest speakers from professional social care settings can significantly enhance learning, particularly learning outcomes 2 and 3. Formal taught input can be an important component of delivery, particularly for learning outcomes 1 and 2. Learners could benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group and class discussion will enable learners to express views, explore issues and gain from other's experience. Practical exercises associated with activity provision in social care put the unit into context.

Independent research should be encouraged, particularly for learning outcome 1.

Assessment

This unit could be assessed through a holistic assignment or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet learning outcome 1, learners must understand the impact of activity on physical and mental wellbeing. For 1.1, learners should outline the consequences of prolonged inactivity on an individual's physical and mental state. For 1.2, 1.3 and 1.4, learners should describe the ways in which experience of an activity could be either positive or negative. They should also explain the relationship between the positive and negative experience of an activity and physical and mental well-being to meet 1.5.

To meet learning outcome 2, learners must understand the social benefits of activities. For 2.1 and 2.2, learners should describe the social benefits of engaging in person-to-person and group activity. For 2.3 and 2.4, learners should identify a number of activity approaches that focus on social interaction and explain how activity provision can be used to encourage social interaction.

To meet learning outcome 3, learners must understand how activity can be the basis for a model of care and support. For 3.1, learners should describe how care workers can embed activity provision into their existing role. For 3.2 and 3.3 learners should outline how an activity provider can contribute to an activity-based model of care within their own care setting, and explain how they can support carers in becoming involved. For 3.4, learners should outline how activities can be used to create a team culture in a care setting.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Moonie N – *GCE AS Health and Social Care Single Award Book (for Edexcel)*
(Heinemann 2005) ISBN 978-0435453718

Walsh M, Chaloner R, Stephens P – *Collins A Level Health and Social Care – AS for Edexcel Student's Book* (Collins Educational, 2005) ISBN 978-0007197880

Websites

www.alzheimers.org.uk

www.communitycare.co.uk

www.scie-socialcareonline.org.uk

Unit 4: Therapeutic Approaches for Activity Provision in Social Care

Unit code: Y/602/4642

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 16

Unit aim

This unit aims to introduce learners to different therapeutic approaches to activity provision.

Unit introduction

This unit gives learners an understanding of how music, art, drama, horticulture and sensory-focused activities can provide therapeutic benefits.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand how activities can provide therapeutic benefits	1.1	Outline the difference between therapy and activity
		1.2	Describe a range of therapeutic approaches to activity
		1.3	Identify the benefits for individuals engaging in activity using a range of different therapeutic approaches
2	Understand how music can be used as an activity	2.1	Identify a range of activities which use music as the core component
		2.2	Describe how an individual's life history can be used to support their engagement in a music activity
		2.3	Give an example of how a music activity could be used to benefit an individual
3	Understand how art can be used as an activity	3.1	Identify a range of activities which use art as the core component
		3.2	Describe how an individual's life history can be used to support their engagement in an art activity
		3.3	Give an example of how an art activity could be used to benefit an individual
		3.4	Identify the risks associated with using art equipment and tools

Learning outcomes		Assessment criteria	
4	Understand how drama can be used as an activity	4.1	Identify a range of activities which use drama as the core component
		4.2	Describe how an individual's life history can be used to support their engagement in a drama activity
		4.3	Give an example of how a drama activity could be used to benefit an individual
5	Understand how horticulture can be used as an activity	5.1	Identify a range of activities which use horticulture as the core component
		5.2	Describe how an individual's life history can be used to support their engagement in a horticulture activity
		5.3	Give an example of how a horticulture activity could be used to benefit an individual
		5.4	Identify the risks associated with using indoor and outdoor horticulture
6	Understand how to support activities which focus on the senses	6.1	Identify a range of activities that involve the senses
		6.2	Give an example of how a multi-sensory activity could be used to benefit an individual
		6.3	Identify risks associated with providing sensory activities

Unit content

1 Understand how activities can provide therapeutic benefits

Differentiate therapy and activity: therapy eg treatment or curative activity; activity eg completing a task or pursuit, learning, enjoyment, outcome is of importance to the person

Therapeutic activity: approaches eg systemic, psychodynamic, cognitive-behavioural, creative arts intervention strategies, holistic, communication, expression

Activity using different therapeutic approaches: benefits for individuals eg expression, communication, understanding, interpretation, flexibility

2 Understand how music can be used as an activity

Activities: core component music eg dance, movement, learning to play an instrument, composing, listening, singing, relaxation

Individual's life history use: how eg music genre, memories, composers, singers, cultures, personal interests and preferences

Music activity: benefit to the individual eg relaxation, self-confidence, self-esteem, expression, interaction with others

3 Understand how art can be used as an activity

Activities: core component art eg painting, drawing, collage, pottery, batik, group work, recreating art, feelings, emotions

Individual's life history use: how eg interests, memories, lifestyle, travels, art preferences, abilities, skills

Art activity: benefit to the individual eg expression, non-verbal expression, explore feelings, form of communication, achievement, new/existing skills

Use of art equipment and tools: risks eg Control of substances hazardous to health ie COSHH, sharps, storage

4 Understand how drama can be used as an activity

Activities: core component drama eg movement, story, play, writing, review, storytelling, role play, improvisation, puppetry, poetry, writing

Individual's life history use: how eg preference, issues, interests, travels, reading, abilities, skills

Drama activity: benefit to the individual eg movement, expression, development of skills, achievement, interest of peers

5 Understand how horticulture can be used as an activity

Activities: core component horticulture eg gardening, landscaping, design, fruit picking, farm visits, garden visits

Individual's life history use: how eg interests, ideas, preferences, achievements, planning

Horticulture activity: benefit to the individual eg exercise, group work, individual tasks, achievement, outcomes, well-being

Use of horticulture equipment and tools: risks eg health and safety, poisons storage and use, equipment checks, use of circuit breaker with electrical equipment/tools, appropriate selection of tools and equipment for job, appropriate clothing and protective clothing, correct posture

6 Understand how to support activities which focus on the senses

Activities: core component senses eg cookery, aromatherapy, gardening, sensory garden, materials with different textures, finger painting, snoezelen, noise, music, water activities

Multi-sensory activity: benefit for an individual eg skill development, exercise, awareness of senses, enjoyment

Sensory activity provision: risks: eg over-stimulation, equipment, health and safety, cross-infection

Essential guidance for tutors

Delivery

Formal taught input is an important component of delivery, particularly for learning outcome 1. Independent research should be encouraged, particularly with regard to the learning outcomes 2, 3, 4, 5 and 6.

Learners may also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas, and may be particularly useful with reference to learning outcomes 2,3,4,5 and 6.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are fully met so that learners achieve the learning outcomes. Learners will need to demonstrate a clear understanding of the separate topics.

To meet 1.1, learners should differentiate between therapy and activity. For 1.2, learners should describe a number of different therapeutic approaches and for 1.3 they should describe the benefits of each approach.

To meet 2.1, learners should identify a number of activities with music as their core component. For 2.2, learners should describe how an individual's life history can be used to support engagement in activities. For 2.3, the learner should provide an example of how a music activity can benefit an individual.

To meet 3.1, learners should identify a number of activities with art as their core component. For 3.2, learners should describe how an individual's life history can be used to support engagement in activities. For 3.3, the learner should provide an example of how an art activity may benefit an individual. For 3.4, learners should identify the risks associated with the use of art equipment and tools.

To meet 4.1, learners should identify a number of activities with drama as their core component. For 4.2, learners should describe how an individual's life history can be used to support engagement in activities. For 4.3, the learner should provide an example of how a drama activity may benefit an individual.

To meet 5.1, learners should identify a number of activities with horticulture as their core component. For 5.2, learners should describe how an individual's life history may be used to support engagement in activities. For 5.3, the learner should provide an example of how a horticulture activity can benefit an individual. For 3.4, learners should identify the risks associated with the use of horticulture equipment and tools.

To meet 6.1, learners should identify a number of activities that have a sensory focus. For 6.2, learners should provide an example of how a multi-sensory activity can benefit an individual. For 6.3, learners should identify the risks associated with the provision of sensory activities.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks and CD ROM

Adil J – *Accessible Gardening for People with Physical Disabilities: A Guide to Methods, Tools and Plants* (Woodbine House, 1994) ISBN 978-0933149564

Agar K – *How to Make your Care Home Fun – Simple Activities for People of All Abilities* (Jessica Kingsley Publishers, 2008) ISBN 978-1843109525

BTEC First Health and Social Care Assessment and Delivery Resource with CD-ROM (Heinemann 2006) ISBN 978-0435463311

Fowler S – *Sensory Stimulation: Sensory-focused Activities for People with Physical and Multiple Disabilities* (Jessica Kingsley, 2006) ISBN 978-1843104551

Goodman J, Hirst J and Locke C – *Occupational Therapy for People with Learning Disabilities: A Practical Guide* (Churchill Livingstone, 2008) ISBN 978-0443102998

Sonnet H – *Activities for Adults with Learning Disabilities: Having Fun, Meeting Needs* (Jessica Kingsley Publishers, 2009) ISBN 978-1843109754

Journal

Disability Now

Websites

www.activitiestoshare.co.uk

www.carers.org/help-directory/physical-disabilities-illnesses

www.direct.gov.ukwww.disabilityuk.com

www.elderlyactivities.co.uk

www.elder-one-stop.com

www.thedtgroup.org

Unit 5: Understand the Benefits of Reminiscence as Activity

Unit code: M/602/4646

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 16

Unit aim

The aim of this unit is to introduce learners to the benefits, risks and ethical issues involved in undertaking reminiscence activities with individuals and groups.

Unit introduction

This unit gives learners an understanding of the nature of reminiscence within activity provision, its benefits, and the risks associated with its use. Learners will investigate how reminiscence can be used as a one-to-one activity or in a group, taking account of ethical and practical considerations. Learners will also consider how to tailor reminiscence activity to meet individual need, adapting to the specific circumstances of the individual and being prepared to respond to potential reactions to the recollection of loss or bereavement.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the nature of reminiscence within activity provision	1.1	Give a definition of reminiscence
		1.2	Identify the benefits of reminiscence as an activity
		1.3	Give examples of reminiscence activities
		1.4	Identify risks associated with reminiscence as an activity
		1.5	Describe the kinds of multi-sensory prompts which stimulate recall
2	Understand how reminiscence can be used as a one-to-one activity	2.1	Outline ethical considerations in one to one reminiscence
		2.2	Explain how Life Story work contributes to person-centred and relationship-centred care planning
		2.3	Outline products which may result from reminiscence activities
3	Understand how reminiscence can be used as a group activity	3.1	Outline the factors to be considered when planning for a reminiscence group
		3.2	Outline ethical considerations in using reminiscence for a group
		3.3	Describe ethical issues in sharing group reminiscence products
4	Understand how to tailor reminiscence activity to meet individual need	4.1	Describe how to adapt reminiscence activities for individuals with: <ul style="list-style-type: none"> - Sensory impairments - Dementia - Physical disability
		4.2	Give an example of how to respond appropriately to an individual recalling loss or bereavement

Unit content

1 Understand the nature of reminiscence within activity provision

Reminiscence: definition eg gives people the opportunity to meet as a group and share their rich stories and experiences, helps them remember that they are still a real person by going back to the past, boosting their self-esteem and helping them make a valuable connection between the past and the present, helps them resolve and make sense of an event that's happened in their past; differentiate between types of reminiscence eg simple, evaluative, offensive-defensive

Reminiscence activity: benefits eg beneficial to inner self and to interpersonal skills, a sense of value, importance, belonging, power and peace, an opportunity to express feelings

Reminiscence activities: types of interactions eg exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom and skills

Reminiscence activities: types of activities eg current events, travel or geography, reading time, miscellaneous topics, sensory stimulation

Reminiscence activities: risks eg right of the individual to refuse to engage, possibility of painful or serious subjects surfacing that the activity leader is unable to deal with

Stimulating recall: multi-sensory prompts eg photographs, painting pictures, looking at objects of autobiographical meaning, using familiar tunes from the radio, CDs, making music using various instruments, using smell kits, different foods, touching objects, feeling textures, painting and pottery

2 Understand how reminiscence can be used as a one-to-one activity

One-to-one reminiscence activities: ethical considerations eg understanding the needs for confidentiality, respect and consideration, supporting the individual's dignity

Life Story work: benefits for person-centred and relationship-centred care planning eg providing a holistic view of the individual, recognising the individual characteristics of the person, improving the quality of care provided

Reminiscence activities: products eg Life Story books, paintings, audio or visual recordings; importance of ethical consideration in storage and use of these products

3 Understand how reminiscence can be used as a group activity

Reminiscence group: planning considerations eg creating a non-threatening safe space where people feel comfortable in sharing their own personal stories; audience eg familiar, people whom they may not know, have not met before; other factors eg group size, environment; skills needed for effectiveness eg good listening skills, receptiveness, curiosity, sensitivity, an accepting attitude

Group reminiscence activities: ethical considerations eg participation consent, confidentiality boundaries, reporting arrangements, when to refer for counselling, respect and consideration

Group reminiscence products: ethical issues in sharing eg product ownership, copyright, informed consent, whose financial gain

4 Understand how to tailor reminiscence activity to meet individual need

Reminiscence activity adaptation for sensory impairment: support the individual eg hearing aid, spectacles, dentures, adapt the environment to be conducive to the activity

Reminiscence activity adaptation for dementia: support the individual eg patient approach, visual cues, short concentration-span activities, smaller groups

Reminiscence activity adaptation for physical disability: support the individual eg hearing aid, spectacles, dentures, environment conducive to the activity

Individual recalling loss or bereavement: appropriate response eg sensitive approach, opportunity to talk, good listening skills, focus on positives, counselling referral

Essential guidance for tutors

Delivery

Whilst formal taught input may be an important component of delivery, particularly for learning outcome 1, learners will benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group and class discussion will enable learners to express views and explore ideas within a safe environment. The use of practical activities associated with the prompts for, and the products of, reminiscence activities will provide a clearly understandable context for learners.

For learners who are working with elderly individuals, discussion could be based around real cases, with due acknowledgement of confidentiality and safeguarding of individuals' rights. Guest speakers from professional settings who use reminiscence activities as part of their work with the elderly will enhance learning. Independent research should also be encouraged, particularly with regard to the development of reminiscence activities as part of learning outcomes 2 and 3.

Learning outcome 4 requires learners to consider how to tailor reminiscence activities to meet individual needs. Scenarios could be presented describing individuals with a range of sensory, mental, or physical disabilities, to support discussions about adaptation of the activity approach.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

This unit could be assessed through a holistic assignment, it is suggested that it be subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet 1.1 and 1.2, learners will need to define what is meant by the term 'reminiscence' then identify the benefits of reminiscence activities, both to the individual and to groups. For 1.3, learners should provide examples of appropriate reminiscence activities, including examples of multi-sensory prompts, describing how they can be used to stimulate recall to meet 1.5. 1.4 requires learners to identify the risks associated with reminiscence activities. It is suggested that learners are given the opportunity to include how to respond to the recall of loss or bereavement during the activities (4.2) with consideration of the response in one-to-one and group activity contexts.

Learning outcomes 2 and 3 consider the use of reminiscence activities in one-to-one and group situations. Holistic coverage of the ethical considerations associated with undertaking reminiscence activities for 2.1, 3.2 and 3.3 is encouraged ensuring a distinction is made, where appropriate, between ethical issues that apply only to individual or to group activities. To meet 2.2 and 2.3 learners will need to explain Life Story work and describe the benefits that it may bring in caring for the elderly. Whilst identifying the products that may result from the one-to-one reminiscence activities (2.3) a link with ethical considerations should be made (2.1). To meet 3.1, learners should outline the factors to be considered when planning for a reminiscence group. This may be best achieved in the context of a plan for the activity supported by analysis of the planning process, showing the factors that were considered. To meet 3.2 and 3.3, learners will need to outline the ethical consideration associated with group reminiscence activities and describe the issues raised when sharing the products developed. This may be best achieved as described above through linkage with learning outcome 2.1 and possibly 2.3.

Assessment criterion 4.1 requires learners to show an understanding of the adaptations needed to take account of the needs of each individual, whether working in a one-to-one or group situation. Learners may choose a one-to-one and a group reminiscence activity scenario describing how they would adjust for the range of individual needs in the assessment criteria, including where there is a range of needs within a group setting and how it may be managed. For 4.2, learners will need to provide an example of how they would respond to an individual recalling loss or bereavement.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet search facilities

Access to relevant internet sites is recommended, particularly those provided by BUPA, The Alzheimer's Society and Dementia UK.

Indicative resource materials

Textbooks

Bartle C — *Knowledge Set for Dementia* (Heinemann, 2007)
ISBN 978-0435402303

Bazan-Salazar – *Alzheimer's Activities that Stimulate the Mind* (McGraw-Hill Professional, 2005) ISBN 978-0071447317

Bornat J – *Reminiscence Reviewed: Perspectives, Evaluations, Achievements* (Taylor & Francis, 1994) ISBN 0335190413

Sutcliffe D — *Introducing Dementia — The Essential Facts and Issues of Care* (Age Concern England, 2001) ISBN 978-0862422837

Journals

BUPA Dementia Guide

Community Care Magazine

The Nursing Times

Websites

www.alzheimers.org.uk

www.bupa.co.uk/individuals/health-information

www.dementiauk.org

www.nice.org.uk

www.nursingtimes.net

www.scie-socialcareonline.org

Unit 6: Dementia Awareness

Unit code: J/601/2874

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 17

Unit aim

The aim of this unit is to enable learners to gain knowledge of what dementia is, the different forms of dementia and how others can have an impact on the individual with dementia.

Unit introduction

As life expectancy rises in the developed world, more cases of dementia are being diagnosed. It is essential therefore, that health and social care workers are equipped with the knowledge and understanding to support individuals with dementia, contributing to the quality of life to which every individual is entitled. This unit will give learners the knowledge and understanding of what dementia is and how it affects individuals. Learners will investigate key features of the models of dementia and consider their application to users of services. Learners will consider signs and symptoms of the more common forms of dementia and those factors which may place an individual at risk.

Learners will examine the role of support provided by professionals from both statutory and voluntary services, and the place of advocacy in enabling and empowering individuals. Learners will also examine the effects that the behaviour and attitudes of others have on the experience of individuals who have dementia.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand what dementia is	1.1	Explain what is meant by the term 'dementia'
		1.2	Describe the key functions of the brain that are affected by dementia
		1.3	Explain why depression, delirium and age related memory impairment may be mistaken for dementia
2	Understand key features of the theoretical models of dementia	2.1	Outline the medical model of dementia
		2.2	Outline the social model of dementia
		2.3	Explain why dementia should be viewed as a disability
3	Know the most common types of dementia and their causes	3.1	List the most common causes of dementia
		3.2	Describe the likely signs and symptoms of the most common causes of dementia
		3.3	Outline the risk factors for the most common causes of dementia
		3.4	Identify prevalence rates for different types of dementia
4	Understand factors relating to an individual's experience of dementia	4.1	Describe how different individuals may experience living with dementia depending on age, type of dementia, and level of ability and disability
		4.2	Outline the impact that the attitudes and behaviours of others may have on an individual with dementia

Unit content

1 Understand what dementia is

Dementia: definitions; characteristics; effects on key functions of the brain eg processing information, language, memory, ability to make sound judgements; similarities between the appearance of dementia and depression, delirium and age-related memory impairment eg mild cognitive impairment, apathy, confusion, poor memory, low concentration

2 Understand key features of the theoretical models of dementia

Medical: model eg expert control, dependency on experts, denial of personhood; not recognising the social context, distinction between normal and pathological, individualisation of behaviours, blaming the individual, treatment of the illness

Social: model eg interaction of biological and social factors, importance of communities and social networks, role of socio-economic factors, political factors, recognition of personhood, effects of empowerment

Viewing as a disability: why eg dignity of the individual, promotion and protection of rights, needs-led assessment, advocacy, recognition of independent mental capacity, minimisation of potential barriers to support, issues of safeguarding

3 Know the most common types of dementia and their causes

Alzheimer's disease: causes eg changes in chemistry and structure of the brain, death of brain cells; signs and symptoms eg memory loss related to recent events, familiar faces; confusion about the time of day, familiar objects and places, finding the right word

Lewy body dementia: causes eg development of Lewy bodies inside the nerve cells, degeneration of brain tissue; signs and symptoms eg memory loss, problem solving, confusion and delirium, severe psychotic symptoms such as persistent hallucinations

Vascular dementia: causes eg effects of a stroke, effects of a series of small strokes; signs and symptoms eg memory loss, dizziness, slurred speech, effects on movement, rapid, shuffling steps, leg or arm weakness, loss of bowel and bladder control

Fronto-temporal dementia: causes eg accumulation of proteins, development of pick bodies; signs and symptoms eg lack of insight, inability to empathise, changing or inappropriate behaviour, loss of inhibitions, development of compulsive rituals

Risk factors: age related eg higher blood pressure, changes to nerve cells, DNA and cell structure, weakness of natural repair mechanisms; genetics; gender differences in the prevalence of different types; medical history eg Down's syndrome, HIV status, multiple sclerosis; environmental/lifestyle factors eg excess alcohol, lack of exercise, exposure to aluminium and other metals, inappropriate diet

Prevalence rates: different types of dementia eg Alzheimer's disease, Lewy body, Vascular, Fronto-temporal; prevalence factors eg age, gender

4 Understand factors relating to an individual's experience of dementia

Individuals' experiences: personal factors eg symptoms, 'normal' effects of ageing eg loss of hearing, effects on visual acuity, memory loss; levels of ability and disability due to dementia or other conditions; environmental factors eg adaptations to the living space, geographical location; social factors eg social networks, support of friends and family; other factors eg financial issues, loss of control, tension between rights and risks, a person-centred approach, impact of discrimination, role of voluntary agencies eg The Alzheimer's Society, Dementia UK; role of statutory services eg speech and language therapists, occupational therapists, physiotherapists, pharmacists, nurses, psychologists, Admiral Nurses, community psychiatric nurses, care workers, GPs, others eg colleagues, managers; informal carers

Others' attitudes and behaviours: positive or negative impact on eg dignity, self-respect, independence, individuality, value, privacy, choice, environment, comfort, what is possible to achieve, access to services, access to financial help; support from social networks, family and friends

Essential guidance for tutors

Delivery

Whilst taught input will be an important component of delivery, particularly for learning outcomes 1 and 3, learners will benefit from opportunities to discuss issues, perhaps based on case studies taken from professional magazines. Group and class discussion will enable learners to express views and challenge any stereotypes within a safe environment. The use of relevant television programmes such as the Channel 4 *Dispatches* series and online BBC Learning Zone clips will provide a realistic context for learners.

For learners who are working with individuals who have dementia, discussion could be based around real cases, with due acknowledgement of confidentiality and safeguarding of individuals' rights. Understanding of key terms in current use is important and a glossary will act as a memory aid when writing assignments. Guest speakers from a variety of professional settings will enhance learning. Independent research should also be encouraged, particularly with regard to prevalence rates of common forms of dementia as part of learning outcome 3. Learning outcome 4 asks learners to consider the effects that others make on an individual with dementia. Buzz groups and class discussion will enable learners to explore their own feelings as well as actions of others.

Assessment

Although this unit could be assessed through a holistic assignment, it is suggested that it is subdivided into separate tasks with a common theme. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet 1.1, learners will need to fully explain what is meant by the term 'dementia'. This links with 1.2 which asks for a description of the key functions of the brain; learners should include in this a description of how brain functions are affected by dementia. For 1.3, learners should provide an explanation that demonstrates their understanding of why other symptoms may be mistaken for dementia and why it may be wrongly diagnosed.

To meet 2.1 and 2.2, learners will need to outline the models of dementia and the effects of both models on the individual. Assessment criterion 2.3 requires the learner to provide a full explanation of why dementia should be viewed as a disability. This should include an explanation of the rights of the individual and the role of advocacy.

3.1 requires a list of causes of dementia. It could be produced as a poster that includes the requirements of 3.4, the identification of prevalence rates. Learners should be reminded of the need to produce posters of a professional standard which clearly inform the reader of the salient facts. Learners should avoid including photographs but need to reference any diagrams or artefacts taken from other sources. For 3.3, an outline of risk factors could be produced as a second poster or written as a letter to someone who is entering employment in dementia care.

4.1 and 4.2 are concerned with the experience of individuals living with dementia. It is important that learners show an understanding of how an individual's experience can be affected by the attitudes and behaviour of others, both positive and negative, rather than assuming that all experiences are due to the condition.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and the internet for research purposes.

Indicative resource materials

Textbooks

Burgess C, Shaw C et al – *Level 3 Health and Social Care: Training Resource Pack* (Heinemann 2011) ISBN 978- 0435032142

Bartle C – *Knowledge Set for Dementia* (Heinemann, 2007) ISBN 978-0435402303

Sutcliffe D – *Introducing Dementia – The Essential Facts and Issues of Care* (Age Concern England, 2001) ISBN 978-0862422837

Journals

BUPA Dementia Guide

Community Care Magazine

The Nursing Times

DVDs

Mulberry House Training, www.mulho.com.

Websites

www.alzheimers.org.uk

www.bbc.co.uk/learningzone/clips/ for example BBC Scotland Learning Zone Clip, 'Dementia Care- Human Rights'

www.bupa.co.uk

www.nice.org.uk

www.nursingtimes.net

Unit 7: Contribute to Supporting Group Care Activities

Unit code: L/601/9471

QCF Level 2: BTEC Specialist

Credit value: 3

Guided learning hours: 23

Unit aim

This unit is aimed at those working in a wide range of settings. It gives learners the knowledge and skills they need to support individuals to participate in and enjoy group care activities.

Unit introduction

This unit gives learners an understanding of the place of group care activities in the care and support of individuals. It will also enable them to contribute to the development of a supportive group culture, and implement and evaluate group care activities.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the place of group care activities in the care and support of individuals	1.1	Explain how participating in group care activities can benefit an individual's identity, self-esteem and well-being
		1.2	Identify examples of when a group care activity may be the best way to meet an individual's care or support needs
		1.3	Explain why dilemmas may arise when providing support for individuals through group care activities
2	Be able to contribute to the development of a supportive group culture	2.1	Support group members to understand the benefits of group activities
		2.2	Encourage interaction between new and existing group members that promotes enjoyment, co-operation, inclusion and well-being
		2.3	Describe ways to support group members to resolve any conflicts that may arise amongst themselves
3	Be able to contribute to the implementation of group care activities	3.1	Work with individuals and others to agree approaches, content and methods for group care activities
		3.2	Carry out agreed role to support individuals and the group during activities
		3.3	Address any adverse effects and maximise benefits for individuals during activities
		3.4	Maintain records about group care activities in line with agreed ways of working

Learning outcomes		Assessment criteria	
4	Be able to contribute to the evaluation of group care activities	4.1	Contribute to agreeing with individuals and others the processes, roles and criteria for assessing group care activities
		4.2	Carry out agreed role in contributing to the evaluation of the processes, effects and outcomes of group activities
		4.3	Describe ways to ensure that individuals and others are actively involved in the evaluation
		4.4	Contribute to agreeing changes to activities or processes to improve outcomes for individuals

Unit content

1 **Understand the place of group care activities in the care and support of individuals**

Group care activity participation: benefits eg communication, interaction, development, risk, skills, community, mobility, participation

Group care activity best meeting individual's needs: when eg communication, dependency, self-esteem, agreement, review, assessment

Dilemmas arising for individuals through group care activities: why eg conflict, differing needs, resources, support provided, support required

2 **Be able to contribute to the development of a supportive group culture**

Benefits of group activities: support group member understanding eg review, evaluate, needs, interaction, effective communication

Encourage positive interaction: how eg identify needs, communication skills and abilities, interests, participation

Supporting conflict resolution: how eg assessment, agreement, benefits, advocacy, mentor, carer support

3 **Be able to contribute to the implementation of group care activities**

Inclusive approach to planning group care activities: how eg meeting, liaison, partnership, resources, activities

Implementing agreed support for individuals: how eg responsibilities, competence, observation, partnership

Achieving best outcome for individuals during activities: how eg risk assessment, safety, security, safeguarding, review

Maintain appropriate records: how eg detail, currency, sufficiency, validity, confidentiality

4 **Be able to contribute to the evaluation of group care activities:**

Inclusively establish group activities evaluation: how eg discussion, measurements, outcomes, aims, achievements

Implement agreed evaluation: how eg recording, reporting, objectives, progress

Ensuring collective involvement in evaluation: how eg monitoring, observation, levels of support

Agreeing changes to improve individual outcomes: contribution eg review, evaluation, resources, carer/relative/family support, roles/responsibilities, agreed outcomes

Essential guidance for tutors

Delivery

Taught input can be an important component of delivery, particularly for learning outcome 1. Independent research and planning should be encouraged, particularly for learning outcomes 2, 3 and 4.

Learners could also benefit from group discussion which enables them to express views and explore ideas within a safe environment.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit requires the demonstration of achievement for many of the learning outcomes in a real work environment. Opportunities for holistic assessment across a number of units may occur and assessors should support the learner to maximise the use of evidence generation, including knowledge, from their work wherever possible.

Learners would benefit from the opportunity to contributing to the planning and delivery of actual group activities. Learning outcome 1 of this unit could be assessed holistically, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are fully met so that learners achieve the learning outcomes. Learners will need to demonstrate a clear understanding of the separate topics.

To meet 1.1, learners should explain the benefits to the individual of participating in a group care activity in relation to improving identity, self-esteem and well being. To meet 1.2, learners should identify a number of examples of when a group care activity may be the best way to meet an individual's needs. For 1.3, learners should explain why dilemmas could arise when providing support for individuals through group care activities.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice and case studies, or operational assessment and quality assurance.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research.

Indicative resource materials

Websites

www.carers.org/help-directory/physical-disabilities-illnesses

www.direct.gov.uk

www.disabilityuk.com

www.helpguide.org/elder/caring_for_caregivers.htm

www.thedtgroup.org

Unit 8: Understand the Context of Supporting Individuals with Learning Disabilities

Unit code: K/601/5315

QCF level 2: BTEC Specialist

Credit value: 4

Guided learning hours: 35

Unit aim

This unit will give learners an understanding of the legal background that supports individuals with learning disabilities, the nature and characteristics of learning disability, and the historical context. It will also enable learners to understand the basic principles and practice of advocacy, empowerment and active participation in relation to supporting and communicating with individuals with learning disabilities and their families. The unit will also look at how views and attitudes impact on the lives of individuals with learning disabilities and their family carers.

Unit introduction

The unit explores the meaning of learning disability and considers issues closely linked with learning disability support. Issues include an awareness of how the attitudes and beliefs of others affect individuals who have learning disabilities. The unit introduces themes of inclusion, human rights, advocacy, empowerment and active participation and also considers the central place of communication in working with individuals who have learning disabilities.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the legislation and policies that support the human rights and inclusion of individuals with learning disabilities	1.1	Identify legislation and policies that are designed to promote the human rights, inclusion, equal life chances and citizenship of individuals with learning disabilities
		1.2	Explain how this legislation and policies influence the day to day experiences of individuals with learning disabilities and their families
2	Understand the nature and characteristics of learning disability	2.1	Explain what is meant by 'learning disability'
		2.2	Give examples of causes of learning disabilities
		2.3	Describe the medical and social models of disability
		2.4	State the approximate proportion of individuals with a learning disability for whom the cause is 'not known'
		2.5	Describe the possible impact on a family of having a member with a learning disability
3	Understand the historical context of learning disability	3.1	Explain the types of services that have been provided for individuals with learning disabilities over time
		3.2	Describe how past ways of working may affect present services

Learning outcomes		Assessment criteria	
		3.3	Identify some of the key changes in the following areas of the lives of individuals who have learning disabilities: a) where people live b) daytime activities c) employment d) sexual relationships and parenthood e) the provision of healthcare
4	Understand the basic principles and practice of advocacy, empowerment and active participation in relation to supporting individuals with learning disabilities and their families	4.1	Explain the meaning of the term 'social inclusion'
		4.2	Explain the meaning of the term 'advocacy'
		4.3	Describe different types of advocacy
		4.4	Describe ways to build empowerment and active participation into everyday support with individuals with learning disabilities
5	Understand how views and attitudes impact on the lives of individuals with learning disabilities and their family carers	5.1	Explain how attitudes are changing in relation to individuals with learning disabilities
		5.2	Give examples of positive and negative aspects of being labelled as having a learning disability
		5.3	Describe steps that can be taken to promote positive attitudes towards individuals with learning disabilities and their family carers
		5.4	Explain the roles of external agencies and others in changing attitudes, policy and practice

Learning outcomes		Assessment criteria	
6	Know how to promote communication with individuals with learning disabilities	6.1	Identify ways of adapting each of the following when communicating with individuals who have learning disabilities: a verbal communication b non-verbal communication
		6.2	Explain why it is important to use language that is both 'age appropriate' and 'ability appropriate' when communicating with individuals with learning disabilities
		6.3	Describe ways of checking whether an individual has understood a communication and how to address any misunderstandings

Unit content

1 Understand the legislation and policies that support the human rights and inclusion of individuals with learning disabilities

Promoting human rights, inclusion, equal life chances and citizenship: legislation, policies and subsequent updates eg Equality Act 2010, Human Rights Act 1998, Mental Capacity Act 2005, Mental Capacity and Deprivation of Liberty Safeguards 2005, Mental Health Act 2007, Safeguarding Vulnerable Groups Act 2006, Carers (equal opportunities) Act 2004, 'Valuing People Now' 2001, 'Putting People First' 2008.

Influence of legislation on the daily life of individuals with learning disabilities and their families: how eg guidance, expression, choice, resources, advocacy, inclusion, person-centred planning, direct payments, budgets

2 Understand the nature and characteristics of learning disability

'Learning disability': definition eg person may be less able or slower than others to learn new tasks and manage on their own without support from others, combination of learning disability with other disabilities, such as epilepsy or a physical disability

Learning disabilities: causes eg before birth, during birth, after birth

Medical and social models of disability: medical model eg views disability as a 'problem' belonging to the disabled individual, not seen as an issue to concern anyone other than the individual affected; social model eg idea that it is society that disables people, through designing everything to meet the needs of the majority of people who do not have a disability, recognition that there is a great deal that society can do to reduce, and ultimately remove, some of these disabling barriers, this task is the responsibility of society rather than the person with the disabilities

Proportion of individuals: for whom the cause of learning disability is 'not known' eg comparative statistics defining different types of learning disability against overall estimated proportion in the UK

Learning disability impact: possible impact on family eg role change, responsibility, confusion, anxiety, demographics, dynamics, financial, limitation on employment opportunities

3 Understand the historical context of learning disability

Learning disability services: historical offer eg community care, day centres, mental institutions, lunatic asylums, long-stay hospitals, special schools

Impact on present services of past approaches: how eg use of medication, staff competence and understanding, attitudes, setting location, isolation

Key changes in the lives of learning disabilities individuals: where people live eg community based, individually; daytime activities eg volunteering, working, learning; employment eg full-time, part-time; sexual relationships and parenthood eg opportunity, supported; healthcare provision eg choice, access

4 Understand the basic principles and practice of advocacy, empowerment and active participation in relation to supporting individuals with learning disabilities and their families

'Social inclusion': definition eg provision of certain rights to all individuals and groups in society such as employment, adequate housing, health care, education and training

Advocacy: definition eg supporting someone else to speak up for what they want, can involve expressing their views or acting on their behalf to secure services that they require or rights to which they are entitled; key concepts in advocacy eg equality, inclusion, empowerment and rights

Advocacy: types eg professional, citizen, crisis, peer, group, self, legal, non-instructed

Building empowerment and active participation into support of individuals: how eg a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible, the individual is regarded as an active partner in their own care or support rather than a passive recipient

5 Understand how views and attitudes impact on the lives of individuals with learning disabilities and their family carers

Changing attitudes: how eg inclusivity, media-representation, values and ethics, cultural attitudes, religious attitudes

Impact of labelling as being learning disabled: positive eg employment rights, training and education, volunteering, inclusion; negative eg discrimination, limited opportunities, attitudes, focus on learning limitations rather than what they can do

Promoting positive attitudes: how eg education, engaging with communities, integration, inclusion

Changing attitudes, policy and practice: roles of external agencies eg advocacy services, parent or carer support groups, campaign groups; role of others eg the individual, families and carers, friends, professionals, colleagues, public, advocates

6 Know how to promote communication with individuals with learning disabilities

Verbal communication: adaptation eg language; communication cycle – ideas occur, message coded, message sent, message received, message decoded, message understood

Non-verbal communication: adaptation eg spatial awareness, touch and body language, use of signs and symbols, technological aids

Use of 'age appropriate' and 'ability appropriate' language: importance eg understanding, respect, comprehension

Checking communication effectiveness: how eg active listening, observing facial expressions and body language, eye contact, clarifying, repeating, appropriate language, tone, pace, proximity, addressing misunderstandings

Essential guidance for tutors

Delivery

Formal taught input can be used, particularly for learning outcomes 1 and 2. Independent research should be encouraged, particularly for learning outcomes 1, 2, 3 and 4.

Learners may also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas and is particularly useful for learning outcomes 3 and 4.

For learning outcomes 5 and 6, guest speakers from professional social care settings could significantly enhance learning. A speaker with a learning disability sharing their experience would help learner understanding.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

It may be beneficial to provide assessment opportunities for learning outcome 1 with other learning outcomes to enable learners to recognise the practical influence of legislation in changing society attitudes and service provision for the benefit of individuals and their families.

To meet 2.1 and 2.2, learners are required to explain the term 'learning disability' giving examples of the causes and stating the incidence of learning disability for which the cause is 'not known', using a named source for 2.4. For 2.3, learners should describe the medical and social models of disability. For 2.5, should describe the potential impact on a family of having a child with a learning disability. This may relate to the severity and nature of the disability. Within 2.5, assessment opportunities to show legislation and human rights understanding (learning outcome 1) may be created. For example learning outcome 3 gives learners an opportunity for learners to show their understanding of the historical context of learning disability by explaining the types of service that have been offered over time (3.1), and describing how past working methods may affect current services (3.2). This should be supported by the identification of the key changes in the lives of learning disabled individuals in relation to accommodation, activities, employment, relationships and healthcare provision (3.3). The learner could also show their understanding of the legislation and its practical application in their specialism, providing evidence of 1.1 and partial coverage of 1.2.

To meet 4.1 and 4.2, learners should explain the meaning of the terms 'social inclusion' and 'advocacy' and describe different types of advocacy (4.3). A range of scenarios can be used to enable learners to describe how to support individuals with learning difficulties to be empowered and participate fully in everyday life (4.4).

Within the assessment tasks for outcome 5 there are further opportunities to show an understanding of learning outcome 1, ie legislation and human rights in context. To meet 5.1 and 5.2, learners should explain how attitudes are changing and provide examples of changing attitudes towards the individuals with learning disabilities, including positive and negative aspects of being labelled as having a learning disability. For 5.3 and 5.4, learners should describe steps that can be taken to promote positive attitudes, and explain the role of external agencies and others in changing attitudes policy and practice. The influence of legislation and human rights in relation to their roles is another opportunity to provide interest whilst meeting assessment requirements.

Through the use of scenarios for 6.1, 6.2 and 6.3, learners can show their understanding of how to promote communication with individuals with learning disabilities. They should identify how to adapt verbal and non-verbal communication, explain the importance of using age appropriate and ability appropriate language and describe how to check the effectiveness of their communication.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research.

Indicative resource materials

Textbooks

Moonie N – *GCE AS Health and Social Care Single Award Book (for Edexcel)* (Heinemann 2005) ISBN 978-0435453718

Walsh M, Chaloner R, Stephens P – *Collins A Level Health and Social Care – AS for Edexcel Student's Book* (Collins Educational, 2005) ISBN 978-0007197880

Journal

Disability Now

Websites

www.bild.org.uk

www.direct.gov.uk

www.disabilityuk.com

www.learningdisabilities.org.uk

www.mencap.org.uk

www.mind.org.uk

www.scope.org.uk

www.thedtgroup.org

Unit 9: Coordination of Activity Provision in Social Care

Unit code: R/502/7576

QCF level 3: BTEC Specialist

Credit value: 5

Guided learning hours: 35

Unit aim

The aim of this unit is to assess the learner's ability to coordinate activity provision.

Unit introduction

This unit gives learners an understanding of the processes of activity coordination, monitoring and evaluation. The unit also enable assessment of the learner's ability to involve others in, budget for and select venues for activity provision.

Learning outcomes 2, 3 and 4 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the process of activity coordination	1.1	Explain the importance of aims and objectives when coordinating activity provision
		1.2	Produce a plan for coordinated activity provision in a given setting
		1.3	Describe reporting requirements for activity coordination
2	Be able to involve others in activity provision	2.1	Explain the challenges others might experience in engaging in activity provision
		2.2	Demonstrate ways in which others can be supported in contributing to activity provision
		2.3	Analyse the effects of involving others in activity provision
3	Be able to budget for activity provision	3.1	Produce a budget for coordinated activity provision in a given setting
		3.2	Demonstrate delivery of an activity within a budget
4	Be able to select venues for activities	4.1	Assess the suitability of different venues in terms of: <ul style="list-style-type: none"> • type of activity • client group • cost for a range of activity provision
5	Understand how to monitor and evaluate activity provision	5.1	Explain the purpose of monitoring and evaluating activity provision
		5.2	Critically compare different methods of monitoring and evaluating activity provision
		5.3	Carry out an evaluation of coordinated activity provision
		5.4	Record and report on outcomes and any revisions in line with agreed ways of working

Unit content

1 Understand the process of activity coordination

Activity aims and objectives: importance eg support planning, enable clear communication with others, create a framework against which to judge success of delivery

Coordinated activity provision: plan production eg clear approach, consideration of aims, objectives, audience, timing, materials, budget, roles of others, environment, risk assessment, reflective practice approach

Activity coordination: reporting requirements eg agreed format, reporting against plan headings, outcome against aims and objectives, nature of communication, conflicts, distress or challenging behaviour, teamworking, health and safety considerations, record keeping and information sharing

2 Be able to involve others in activity provision

Activity provision engagement: challenges for others eg not understanding or accepting their role, not understanding the plan, conflict with their other priorities; others eg co-workers, therapeutic experts, volunteers, professionals, the individual, people in the community

Activity provision: supporting contribution from others eg clear communication, checking understanding of role, support or coaching to fulfil their assigned role

Activity provision: effects of involving others eg unified approach, clearer shared understanding of the needs of the individual or group, teamworking, positive impact on the individual or group

3 Be able to budget for activity provision

Coordinated activity provision: budget planning eg included within planning arrangements, awareness of financial constraints, only budget for use of necessary and appropriate materials, equipment or facilities to support the activity, contribution of organisation and participants

Activity delivery: budget management eg planning, costing, monitoring and recording spend, adapting plans as actual expenditure becomes clear, include budget performance as part of review of activity

4 Be able to select venues for activities

Activity venue suitability assessment: type of activity eg space, facilities, appropriateness of environment; client group eg access needs, comfort, group size; cost eg appropriateness in relation to available budget, value for money in the context of the nature of the activity, how much will be charged to individual or group if appropriate

5 Understand how to monitor and evaluate activity provision

Activity monitoring and evaluating: purpose eg as part of a reflective practice approach, linked to the planning process, opportunity to adapt approach if needed or desirable, increases understanding of self and others about success of activity, opportunity to review approach prior to repeating the activity, consideration of the value of the activity in terms of benefit or enjoyment for the individual or group, activity cost-effectiveness

Methods of activity monitoring and evaluation: strengths and weakness comparison eg formal reporting against plan, feedback from individual or group, discussion amongst activity providers

Activity evaluation: implement eg evaluate against the plan, use more than one method

Outcomes and revisions: recording and reporting eg use of organisational procedures where exist, shared awareness of agreed approach, written record of outcomes and plan revisions, report as appropriate

Essential guidance for tutors

Delivery

Formal taught input can be used as an important component of delivery, particularly for learning outcomes 1 and 5. Learners could also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas, and may be particularly useful for learning outcome 5.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

This unit requires the demonstration of achievement for learning outcomes 2, 3 and 4 in a real work environment. There will be opportunities for holistic assessment across a number of units. Assessors should support learners to maximise the use of evidence generation, including knowledge, from their work wherever possible.

A holistic approach to this unit is recommended to enable learners to demonstrate knowledge and performance requirements. This involves the planning of an activity, including the involvement of others, through to the delivery of the activity and its evaluation.

To meet 1.1, 1.2 and 1.3, learners should explain the importance of aims and objectives when coordinating activity provision and support this with an example activity plan. They should also describe the reporting requirements for the activity.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice and case studies, or operational assessment and quality assurance.

Learning outcome 5 can be assessed through a portfolio of continued learning. Other forms of assessment may also be appropriate, particularly where the learner is delivering in an environment where there may not be formal reporting procedures or agreed ways of working.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research.

Indicative resource materials

Journal

Disability Now

Websites

www.direct.gov.uk

www.disabilityuk.com

www.mencap.org.uk

www.mind.org.uk

www.scope.org.uk

www.thedtgroup.org

Unit 10: Equality and Diversity in Activity Provision

Unit code: Y/502/7577

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 24

Unit aim

The aim of this unit is to assess the learner's ability to plan and provide activities whilst taking account of equality and diversity.

Unit introduction

This unit will give learners an understanding of the meaning of equality, diversity and inclusion. The unit will also enable assessment of the learner's ability to deliver activities that are inclusive, work with individuals from diverse backgrounds, and be able to identify their own development needs.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the meaning of equality, diversity and inclusion	1.1	Explain the meanings of the terms: <ul style="list-style-type: none"> • equality • diversity • inclusion
		1.2	Describe how current legislation, government policy and agreed ways of working support inclusive practice in activities provision
2	Be able to deliver activities that are inclusive	2.1	Identify and use appropriate sources of support for delivering inclusive activity provision
		2.2	Evaluate a range of resources for activities in terms of promoting equality and valuing diversity
3	Be able to work with individuals from diverse backgrounds	3.1	Demonstrate how others can be supported to work effectively in a diverse environment
		3.2	Describe how inclusive ways of working can promote equality and value diversity within activities provision
		3.3	Explain how discrimination and oppressive practice can be challenged
4	Be able to identify own development needs	4.1	Assess own strengths and areas for development in promoting equality and valuing diversity, using reflective practice

Unit content

1 Understand the meaning of equality, diversity and inclusion

Equality: definition eg fair treatment and fair chances ie not treating everyone the same, focus on areas covered by law ie race, gender, disability, religion or belief, sexual orientation, transgender, age

Diversity: definition eg valuing individual difference

Inclusion: definition eg positive action taken to include all, reducing inequalities between the least advantaged groups and communities and the rest of society by closing the opportunity gap, ensuring that support reaches those who need it most

Legislation, policy and practice: legislation and subsequent changes eg Equal Pay Act 1970, Sex Discrimination Act 1975, Race Relations Act 1976 and Amended Act 2000, Disability Discrimination Act 1995 and Disability Equality Duty 2005, Equality Act 2010; inclusive impact on activity provision eg requirements and implications for ways of working, organisational responsibilities, activity personnel responsibilities

2 Be able to deliver activities that are inclusive

Support for inclusive activity provision: identify and use appropriate sources eg good practice guides, organisation policies, discussion with practitioners, refer to legislation and resultant ways of working in planning for activities, model good practice

Promoting equality and diversity: systematic activity resources evaluation eg use of positive imagery, use of appropriate language, context meets needs of audience, adaptability eg enlargement, print/page colour contrast, use of ICT to display/ convert to audio

3 Be able to work with individuals from diverse backgrounds

Support others: others eg co-workers, therapeutic experts, volunteers, professionals, the individual, people in the community; how eg establishing their understanding of equality and diversity, explaining the importance of valuing diversity, modelling good practice

Promote equality and diversity through inclusive working: how eg consistency between modelled ways of working and ambition to promote equality and valuing of diversity

Challenging discrimination and oppressive practice: how eg non-acceptance, modelling good practice, reference to eg best practice, legislation, organisational ways of working, referral to supervisor or manager

4 Be able to identify own development needs

Assess own strengths and development needs in promoting equality and valuing diversity: through reflective practice eg awareness of legislation, consideration of implications for use of appropriate resources and the nature of good practice, assess knowledge of beliefs and customs of diverse groups, develop action plan for filling gaps in knowledge or practice

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, particularly for learning outcome 1. Learners could also benefit from being given opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion may enable learners to express views and explore ideas, and can be useful for learning outcome 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

This unit requires the demonstration of achievement for learning outcomes 2, 3 and 4 in a real work environment. There will be opportunities for holistic assessment across a number of units. Assessors should support learners to maximise the use of evidence generation, including knowledge, from their work wherever possible.

It is suggested that the learner be involved in planning and providing activities which they then use to show their knowledge of and how to embed equality and diversity in practice. Evidence could include a portfolio of evidence of continued learning, reflective practice and case studies, or operational assessment and quality assurance.

To cover learning outcome 1 the learner is required to demonstrate their understanding of the meaning of terms by defining equality, diversity and inclusion. For 1.2 learners should describe how current legislation, government policy and agreed ways of working in their work environment support inclusive practice in the context of activities provision. Assessors may need to give learners support to identify alternative evidence-generating opportunities where ways of working in the place of work restrict learner achievement.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research.

Indicative resource materials

Textbooks

Level 3 Health and Social Care: Training Resource Pack (Heinemann 2011)
ISBN 978-0435032142

Rasheed E, Irvine J, Hetherington A, Wyatt A – *BTEC National in Health and Social Care* (Hodder Education, 2010) ISBN 978-1444115529

Journals

Disability Now

Websites

www.acas.org.uk

www.cipd.co.uk

www.direct.gov.uk

www.disabilityuk.com

www.mencap.org.uk

www.mind.org.uk

www.scope.org.uk

www.thedtgroup.org

Unit 11: Implement Therapeutic Group Activities

Unit code: D/601/9491

QCF level 3: BTEC Specialist

Credit value: 4

Guided learning hours: 25

Unit aim

This unit is aimed at those working in a wide range of settings. It gives the learner the knowledge and skills required to plan, prepare and implement therapeutic group activities in collaboration and agreement with individuals and others.

Unit introduction

This unit gives learners an understanding of the principles of therapeutic group activities. It will enable the assessment of the learner's ability to plan, prepare and support individuals during, as well as contributing to their evaluation of therapeutic group activities.

Learning outcomes 2, 3 and 4 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the principles of therapeutic group activities	1.1	Explain how participating in therapeutic group activities can benefit an individual's identity, self-esteem and well-being
		1.2	Analyse reasons why a group activity rather than one to one work may be recommended in particular circumstances
		1.3	Compare key points of theories about group dynamics
2	Be able to plan and prepare for therapeutic group activities	2.1	Work with individuals and others to agree: <ul style="list-style-type: none"> • the nature and purpose of a therapeutic group • specific activities to fit the purpose of the group
		2.2	Address any risks that may be associated with the planned activities
		2.3	Prepare the environment for a therapeutic group activity
		2.4	Prepare equipment or resources needed for the activity
3	Be able to support individuals during therapeutic group activities	3.1	Support group members to understand the purpose and proposed activity of the group
		3.2	Support group members during the activity in ways that encourage effective communication, active participation and co-operation
		3.3	Give direction, praise, reassurance and constructive feedback during the activity
		3.4	Support the group to bring the activity to a safe and timely end

Learning outcomes		Assessment criteria	
4	Be able to contribute to the evaluation of therapeutic group activities	4.1	Encourage and support individuals to give feedback during and after group activities
		4.2	Agree processes and criteria for evaluating the therapeutic benefits of the group and its activities
		4.3	Carry out own responsibilities for supporting the evaluation and agreeing any revisions
		4.4	Record and report on outcomes and any revisions in line with agreed ways of working

Unit content

1 Understand the principles of therapeutic group activities

Therapeutic group activities participation: therapeutic group activities eg reminiscence therapy, relaxation and anxiety management, remedial games, health related, art or music therapy; personal identity, self-esteem and wellbeing benefits eg developing friendships and cooperation, developing imagination, problem solving, developing language and communication skills, increasing mental alertness, increasing attention span, enhancing memory skills, improving organisational skills, improving fine motor skills such as dexterity, or gross motor skills such as major muscle groups in legs or arms

Group activity rather than one-to-one work in some circumstances: why eg to support participation rather than intensive activity, interaction with others, developing group trust, potential group support and encouragement

Group dynamics theories: key point comparison eg Schutz, Interpersonal relations from the perspective of three dimensions (1958, 1966) Inclusion – Control – Affection, Tuckman, group stages (1965) Forming – Storming – Norming – Performing, M Scott Peck, Stages of a community (1987) Pseudo-community – Chaos – Emptiness – True Community

2 Be able to plan and prepare for therapeutic group activities

Plan the nature and purpose of a therapeutic group: how to work with individuals and others eg discussion of options, focus of activity, reason for developing the activity, inclusive approach; others eg carers and family members, line managers, therapists or other specialists

Plan specific activities to fit the purpose of the group: how to work with individuals and others eg interest activities, physical activities, social development activities, reminiscence activities; others eg carers and family members, line managers, therapists or other specialists

Risks: risk factors eg health, safety and wellbeing, unintentional exclusion of group members, others involved with the group's activity, environment, equipment and resources how to address eg risk assessment outcomes, consideration of health and safety issues, consideration of individual needs, appropriate action plan

Environment preparation: how eg consider activity plan, space, lighting, temperature, materials, resources, equipment, facilities

Activity equipment and resources: preparation eg safety and operation check, consider activity plan, appropriate equipment or resource specific preparation

3 Be able to support individuals during therapeutic group activities

Understanding of purpose and proposed activity: how to support eg clear explanation of the aims and objectives of the activity, check understanding, demonstration if appropriate, encourage participation and input from group members

Encouraging full and effective participation: how eg positive interactions, encouragement, positive reinforcement, sharing of successes

Effective management of activity: how eg positive engagement with group members

Safe and timely end to activity: support eg clear direction and explanation of time constraints, verbal or physical support to conclude the activity safely

4 Be able to contribute to the evaluation of therapeutic group activities

Individuals giving feedback: how to encourage and support eg inclusive approach, active listening, reassurance and reinforcement

Processes and criteria for evaluating the therapeutic benefits: how eg discuss options with the group, evaluate against the aims and objectives, achievements eg group, personal

Supporting the evaluation and agreeing any revisions: own responsibilities eg participation and clear responses to show inclusive approach

Outcomes and revisions: how to record and report eg clarity about what the agreed ways of working are, appropriate reporting process followed

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, particularly for learning outcome 1. Learners could benefit from being given opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas. It may be useful for learning outcomes 2, 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes.

This unit requires the demonstration of achievement for learning outcomes 2, 3 and 4 in a real work environment. There will be opportunities for holistic assessment across a number of units. Assessors should support learners to maximise the use of evidence generation, including knowledge, from their work wherever possible.

Learners could be encouraged to plan, carry out and evaluate a group therapeutic activity to contextualise the requirements of learning outcome 1. To meet 1.1, learners should explain the benefits to an individual's identity, self-esteem and wellbeing of participating in therapeutic group activities. For 1.2, learners should identify the reasons why a group activity rather than a one-to-one activity may be preferable in certain circumstances. Assessors may need to support the learner to identify alternative means of providing full coverage of 1.2 where options for one-to-one work were limited or not available. For 1.3, learners could research group dynamic theories in order to compare the key points of a number of theories. To show their understanding of group dynamics opportunities may arise for them during work activity.

Learning outcomes 2, 3 and 4 must be assessed in a real work environment. This could include a portfolio of evidence of continued learning, reflective practice and case studies, or operational assessment and quality assurance.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks and CD ROM

BTEC First Health and Social Care Assessment and Delivery Resource with CD-ROM (Heinemann, 2006) ISBN 978-0435463311

Moonie N – *GCE AS Health and Social Care Single Award Book (for Edexcel)* (Heinemann 2005) ISBN 978-0435453718

Walsh M, Chaloner R, Stephens P – *Collins A Level Health and Social Care – AS for Edexcel Student's Book* (Collins Educational, 2005) ISBN 978-0007197880

Journals

Disability Now

Websites

www.direct.gov.uk

www.disabilityuk.com

www.lianalowenstein.com

www.mencap.org.uk

www.mind.org.uk

www.recreationtherapy.com

www.scope.org.uk

www.thedtgroup.org

www.therapeuticresources.com

Unit 12: Community Involvement in Activity Provision

Unit code: H/502/7565

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 21

Unit aim

The aim of this unit is to assess the learner's ability to involve the individual in participating in the community and the different ways facilities and service providers can be involved in providing a range of activities.

Unit introduction

This unit gives learners an understanding of the importance of community involvement in activity provision. The unit will enable assessment of the learner's ability to work with facility and service providers to promote community involvement, to support individuals to participate in activity within the local community, and to review the effectiveness of community involvement.

Learning outcomes 2, 3 and 4 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of community involvement in activity provision	1.1	Explain the benefits of community involvement in activity provision
		1.2	Identify potential issues around community involvement in activity provision
		1.3	Describe a range of ways of involving the community in activity provision
2	Be able to work with facility and service providers to promote community involvement	2.1	Describe how to work with facility and service providers to remove barriers and widen access for individuals
		2.2	Carry out an assessment of the risks associated with engagement in community based activities for an individual or a group
3	Be able to support individuals to participate in activity within the local community	3.1	Demonstrate how to support an individual or group to choose activities that meet their interests and needs
		3.2	Demonstrate how to agree with individuals balancing the risks and benefits of participation
4	Be able to review the effectiveness of community involvement	4.1	Evaluate the effectiveness of engaging the community in activity provision

Unit content

1 **Understand the importance of community involvement in activity provision**

Community involvement in activity provision: benefits eg creates links with the community, supports feelings of identity and self-worth, fulfils community desire for exercising social responsibility

Community involvement in activity provision: potential issues eg health and safety, insurance, confidentiality, CRB checks, potential poor practice, lack of knowledge and/or experience

Involving the community: how eg talks, demonstrations, performances, resource and materials donations

2 **Be able to work with facility and service providers to promote community involvement**

Removing barriers and widening access for individuals: how eg communication about aims and objectives, encouragement to support equality and valuing of diversity, explore opportunities for collaboration; facility and service providers eg manicurist, aromatherapist, mobile library personnel, community groups, therapists, education services, drama/performance groups

Risk assessing community-based activities: how eg consideration of the potential issues identified in (1.) above

3 **Be able to support individuals to participate in activity within the local community**

Individual or group best choice of activities: how to support eg consider the care plans of the individual or group members, discuss options, explore personal interests of the individual or group, explore potential benefits, encourage participation in decision-making about aims and objectives for activities

Agree with individuals balancing the risks and benefits of participation: how eg clear communication about the benefits and risks, agreeing an appropriate way forward

4 **Be able to review the effectiveness of community involvement**

Effectiveness of community involvement: evaluation eg reflective approach, evaluation against aims and objectives, feedback from all involved, action planning for future reference and use

Essential guidance for tutors

Delivery

Formal taught input can be used as an important component of delivery, particularly for learning outcome 1. Learners could also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas, and may be particularly useful for learning outcomes 2, 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

This unit requires the demonstration of achievement for learning outcomes 2, 3 and 4 in a real work environment. There will be opportunities for holistic assessment across a number of units. Assessors should support learners to maximise the use of evidence generation, including knowledge, from their work wherever possible.

Learners should be encouraged to contextualise their evidence for learning outcome 1 using the context of their work activities involving facility and service providers and individuals during community based work. Learning outcome 1 requires the learner to explain the benefits of community involvement and describe a number of ways of involving the community in, activity provision. Learners should also identify the potential issues involved relating to health and safety, confidentiality etc. Learners may provide some evidence from their work activities but they may need further opportunities to demonstrate a full understanding of the importance of community involvement.

Learning outcomes 2, 3, and 4 must be assessed in a real work environment. This could include a portfolio of evidence of continued learning, reflective practice and case studies or operational assessment and quality assurance.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Journal

Disability Now

Websites

www.direct.gov.uk

www.disabilityuk.com

www.lianalowenstein.com

www.mencap.org.uk

www.mind.org.uk

www.recreationtherapy.com

www.scope.org.uk

www.thedtgroup.org

www.therapeuticresources.com

Unit 13: Activity Provision in Dementia Care

Unit code: R/502/7559

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 21

Unit aim

This unit aims to assess the learner's ability to plan and provide activities for individuals with dementia.

Unit introduction

This unit gives learners understanding of approaches to activity provision in dementia care. The unit will also enable assessment of the learner's ability to provide activities for individuals with dementia using a person-centred approach, and develop a reflective practice approach to activity provision in dementia care.

Learning outcome 2 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand approaches to activity provision in dementia care	1.1	Critically compare the evidence base of a range of approaches to providing activities for dementia care
		1.2	Identify methods for determining the likely needs for support of individuals with dementia, when engaging in activities
2	Be able to provide activities for individuals with dementia using a person-centred approach	2.1	Demonstrate using life history work to gain an understanding of the wishes for activity engagement of an individual with dementia
		2.2	Explain the importance of flexibility when providing planned activities for individuals with dementia
		2.3	Show the importance of creating an appropriate physical environment when facilitating activities for an individual with dementia
		2.4	Describe a range of spontaneous activities for individuals with dementia
3	Develop a reflective practice approach to activity provision in dementia care	3.1	Using reflection and feedback from others, develop a plan to enhance own approach to activity provision in dementia care
		3.2	Give an example of how reflecting on an activity provision resulted in adapting the activity to benefit the individual

Unit content

1 Understand approaches to activity provision in dementia care

Approaches to providing activities for dementia care: comparison eg brief psychosocial therapy, person-centred care

Determining likely support needs of individuals with dementia during activities: how eg consider care plan, discuss with others, discuss with family, assess response of the individual to each activity as it is introduced; activities should eg compensate for lost abilities, promote self-esteem, maintain residual skills and not involve new learning, provide an opportunity for enjoyment pleasure and social contact, be sensitive to the individual's cultural background

2 Be able to provide activities for individuals with dementia using a person-centred approach

Life history work as a means of understanding individual preferences for activities: how eg to find out past interests, to understand previous level of engagement, to understand skills the individual may have developed, linkage between information found and activity planning

Flexibility when providing planned activities for individuals: importance eg recognition of variation in willingness/interest in participating, adaptation in response to concentration span, realistic expectations of level of participation.

Creating an appropriate physical environment for dementia affected individuals: importance eg comfort, avoidance of distractions to maintain focus, quiet surroundings, avoid over stimulation

Spontaneous activities for individuals: activities eg hands, neck and foot massage, brushing hair, smelling fresh flowers or pot pourri, using essential oils and fragrances, stroking an animal or different textured materials, rummaging in a box containing things that the person has been interested in

3 Develop a reflective practice approach to activity provision in dementia care

Planning enhancement of own approach to activity provision through use of reflection and feedback: how eg follow a reflective approach, seek out and listen to feedback from others, compare and contrast approaches and experiences with others, relate planning to own knowledge of dementia and the needs of the individual, seek improvement in all aspects of activity plans previously produced

Use of reflective approach to adapt activity to benefit the individual: evidence eg specific examples of improvements as a result of reflective activity

Essential guidance for tutors

Delivery

Formal taught input is an important component of delivery, particularly for learning outcome 1. Learners could also benefit from opportunities to discuss issues, perhaps those based on case studies from professional magazines. Learners should have an opportunity to understand what 'life history work' is and identify its potential contribution to promote individualised care, improving assessment, building relationships with care staff and family carers and communication. Group discussion will enable learners to express their views and explore ideas and may be particularly useful for learning outcomes 2 and 3.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

This unit requires the demonstration of achievement for learning outcome 2 in a real work environment. There will be opportunities for holistic assessment across a number of units. Assessors should support learners to maximise the use of evidence generation, including knowledge, from their work wherever possible.

To meet 1.1, learners could undertake research that requires them to critically compare the evidence base of a number of approaches to providing activities for dementia care. For 1.2, learners could use evidence drawn from their work activities to describe how to establish the likely needs for support of individuals when engaging in activities. Assessors should check for assessment criteria coverage and if necessary provide research activity opportunities leading to the generation of evidence which covers the requirements.

Learning outcome 2 must be assessed in a real work environment. This could include a portfolio of evidence of continued learning, reflective practice and case studies or operational assessment and quality assurance.

To meet assessment criteria 3.1, learners should show evidence of using reflection and feedback from others to enhance their future activity delivery approach. For 3.2, learners should give an example of an adaptation beneficial to the individual that resulted from reflection.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Textbooks

Flaherty G – *Successful Person Centred Activities and Dementia* (Total Wellbeing Organisational Development Ltd, 2010) ISBN 978-0956598608

Indicative resource materials

Journal

Disability Now

Websites

www.direct.gov.uk

www.disabilityuk.com

www.jrf.org.uk

www.mencap.org.uk

www.mind.org.uk

www.scope.org.uk

www.thedtgroup.org

Unit 14: Specialist Activity Provision in Social Care

Unit code: H/502/7582

QCF level 3: BTEC Specialist

Credit value: 2

Guided learning hours: 14

Unit aim

This unit is aimed at skilled practitioners who have trained as therapists in specialist areas such as music, horticulture, reflexology, aromatherapy, art etc. The unit will assess the learner's understanding of how to best implement those therapies in social care settings.

Unit introduction

This unit gives learners understanding of the delivery of activities in a social care setting and how a specialist area can be used to enhance activity provision. The unit will also explore the use of a person-centred approach to delivering an activity, how to manage risk and how to evaluate activity provision in the learner's own specialist area.

Learning outcome 5 must be assessed in a real work environment.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the delivery of activities in a social care setting	1.1	Explain the differences between therapy and activity
		1.2	Explain how agreed ways of working are relevant to own specialist area and a care setting
2	Understand how a specialist area can be used to enhance activity provision	2.1	Describe a range of activities which could use own specialist area as a core component
		2.2	Explain how activities in own specialist area can contribute to the well-being of individuals
3	Understand a person centred approach to delivering an activity in social care	3.1	Explain ways in which activities in own specialist area can be adapted to the needs of individuals
		3.2	Explain how an individual's life history can be used to support engagement in activity
		3.3	Assess the strengths and limitations of a range of resources for own specialist area in meeting the needs of individuals
4	Understand how to manage risk when using own specialism in activity provision	4.1	Identify the risks associated with the chosen activity
		4.2	Describe how to agree with individuals balancing the risks associated with own specialism
		4.3	Describe how to complete a risk assessment
5	Be able to evaluate activity provision in own specialist area	5.1	Assess own strengths and areas for development in activity provision
		5.2	Use reflective practice to evaluate and improve practice in own specialist area

Unit content

1 Understand the delivery of activities in a social care setting

Differentiate therapy and activity: therapy eg treatment or curative activity, to increase wellbeing, focus on particular skill or interests; activity eg completing a task or pursuit, learning, enjoyment, outcome is of importance to the person

Relevance of agreed ways of working to own specialist area and a care setting: how eg specific to own specialist area, contextually relevant, health and safety implications, risk assessment consideration, care plan compliant

2 Understand how a specialist area can be used to enhance activity provision

Use of own specialist area as a core component: activities eg music, horticulture, reflexology, aromatherapy, art

Own specialist area activities contribution to the wellbeing of individuals: how eg physical or emotional wellbeing, enjoyment, confidence building, social interaction, skill reinforcement, engagement, exercise

3 Understand a person-centred approach to delivering an activity in social care

Ways in which activities in own specialist area can be adapted to the needs of individuals: ways eg environment used, length of time required, agreed outcomes, resources, steps/stages/progress in activity, access arrangements, supporting understanding, communication methods used

Individual's life history use to support engagement: how eg explore motivation, interests, memories, lifestyle, travels, abilities, skills, preference, ideas, achievements, cultures

Assessing specialist area resources: strengths eg specific examples of resources, sparks interest, engagement, focus on relevant skill set, improves wellbeing, relaxation, self-confidence; limitations eg access needs, specific examples of resources, not of interest, limited relevance to individual's needs

4 Understand how to manage risk when using own specialism in activity provision

Activity risks: identify eg own specialist area specific, health and safety, consideration of individual needs, poisons, sharps

Agreeing with individuals to balance risks: how eg exploration of the importance of positive risk taking, collaborative planning, risk assessment outcomes, jointly develop an appropriate action plan

Complete a risk assessment: how eg identify hazards, actions already in place to mitigate risk, further actions needed, agreed ways of working, appropriate forms, local process

5 Be able to evaluate activity provision in own specialist area

Assessing own strengths and development needs; how eg self-assessed evaluation against aims and objectives, feedback from all involved, discussion of practice with expert practitioners

Use of reflective practice: how to evaluate and improve practice eg self-assessed evaluation against aims and objectives, feedback from all involved, identify improvements required, determine priority, action planning for future reference and use

Essential guidance for tutors

Delivery

Formal taught input can be used as an important component of delivery, particularly for learning outcome 1. Learners could also benefit from opportunities to discuss issues, perhaps based on their own experience and also case studies from professional magazines. Group discussion enables learners to express views and explore ideas, and may be particularly useful for learning outcomes 1, 2, 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit is designed for skilled practitioners who have already trained as therapists in specialist areas. Therefore, all assessment for this unit should be considered in the context of the learner's specialism. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

Evidence for this unit can be provided through a holistic assignment broken down into key tasks. Learners could be given a choice of care settings in which they consider the application of their specialism.

Learning outcome 1 provides an opportunity for the learner to show an understanding of the provision of their specialism in a care context. To meet learning outcome 1.1, learners should differentiate between therapy and activity. For 1.2, learners should explain how agreed ways of working are relevant to their specialism and the care setting.

To meet assessment criteria 2.1 and 2.2, learners should describe a number of activities that could use their own specialism as a core component. Learners should also explain how activities in their specialist area may contribute to the wellbeing of individuals.

To meet assessment criteria 3.1 and 3.2, learners should explain how adaptations can be made to activities in their specialist area to meet individual needs. The learner should also explain how life history work may be used to support engagement in an activity. For 3.3, learners should assess the strengths and limitations of a number of resources in their specialist area in meeting the needs of individuals.

To meet assessment criterion 4.1 learners should choose a specific activity in their specialist area to identify risks associated with it when delivering in the care setting. They should describe how to agree with individuals the balance of risks associated with the activity in their specialist area. For 4.3, learners should describe how to complete a risk assessment. This could be best achieved by completing a risk assessment that follows an agreed format.

Learning outcome 5 must be assessed in a real work environment.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research activities.

Indicative resource materials

Journal

Disability Now

Websites

www.direct.gov.uk

www.disabilityuk.com

www.lianalowenstein.com

www.mencap.org.uk

www.mind.org.uk

www.recreationtherapy.com

www.scope.org.uk

www.thedtgroup.org

www.therapeuticresources.com

Unit 15: Understand the Effects of Ageing in Activity Provision

Unit code: T/502/7599

QCF level 3: BTEC Specialist

Credit value: 2

Guided learning hours: 17

Unit aim

This unit aims to assess the learner's understanding of the effects of ageing in relation to activity provision.

Unit introduction

This unit gives learners an understanding of the physiological and mental effects of human ageing and the impact of age-related changes and activity on wellbeing.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the effects of human ageing	1.1	Describe the physiological disorders associated with ageing
		1.2	Describe the psychological effects of ageing
		1.3	Describe mental health disorders associated with ageing
		1.4	Describe the influence of culture on perceptions of ageing
2	Understand the impact of age-related changes and activity	2.1	Explain how the age-related changes can impact on an individual's engagement in activity
		2.2	Explain how engagement in activity can affect wellbeing in relation to ageing
		2.3	Explain ways in which an activity provider can address the challenges associated with age-related changes to engagement in activity

Unit content

1 Understand the effects of human ageing

Physiological disorders: age-related eg heart and lung function, musculoskeletal, sensory, mobility, vitamin and mineral deficiencies related

Ageing: psychological effects eg memory loss, absentmindedness, self-perception, frustration, depression

Ageing: mental health disorders eg dementia, Alzheimer's

Culturally influenced perceptions of ageing: positive eg increased wisdom, knowledge, increased respect; negative eg loss of physical attractiveness, inability to perform everyday tasks, difficulty with new learning

2 Understand the impact of age-related changes and activity

Impact on individual's engagement in activity: how eg confidence, concentration span, physical capability, dexterity, anxiety

Engagement in activity and wellbeing: effect eg renewed confidence, sense of self-worth, social interaction, increased mobility and dexterity, challenging stereotypes

Addressing the challenges: ways eg assess individual needs, adapt activity to suit individual needs, differentiation in activity participation

Essential guidance for tutors

Delivery

Formal taught input can be used as an important component of delivery for this unit. Independent research should also be encouraged.

Learners may also benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. The use of case studies (given or identified from work activities ensuring that individual(s) are not able to be identified) could provide interest. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet learning outcome 1, learners should display their understanding of the effect of human ageing on the individual. This requires describing the physiological disorders (1.1), the psychological effects (1.2) and also the mental health disorders (1.3) associated with ageing. For 1.4, learners should describe the influence of culture on perceptions of aging, perhaps by comparison between the perceptions of more than one culture.

Learning outcome 2 requires the learner to consider their learning outcome 1 findings and consider the impact on an individual's activity. To generate the evidence they need, learners could be given a number of scenarios to consider. Learners should explain how age-related changes can impact on an individual's engagement in activities (2.1) and how engagement in activities may affect wellbeing in relation to ageing. For 2.3, learners should explain how the activity provider can address the challenges of age-related changes in individuals to enable them to fully participate in and enjoy activities.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Touhy T, Jess K – *Ebersole & Hess' Toward Healthy Aging: Human Needs and Nursing Response* (Mosby, 2011) ISBN 978-0323073165

Websites

www.ageuk.org.uk

www.dwp.gov.uk

www.healthinaging.org

Unit 16: Introductory Awareness of Sensory Loss

Unit code: **F/601/3442**

QCF level 2: **BTEC Specialist**

Credit value: **2**

Guided learning hours: 16

Unit aim

The aim of this unit is to give the learner introductory knowledge about sensory loss.

Unit introduction

This unit gives learners an understanding of the main causes and conditions of sensory loss. It will also help them to recognise when an individual may be experiencing sensory loss, including sight and/or hearing loss and how to report concerns about sensory loss. The unit will explore the factors that impact on an individual with sensory loss and the steps that can be taken to overcome them, as well as the importance of effective communication for these individuals.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the factors that impact on an individual with sensory loss and steps that can be taken to overcome these	1.1	Describe how a range of factors have a negative and positive impact on individuals with sensory loss
		1.2	Identify steps that can be taken to overcome factors that have a negative impact on individuals with sensory loss
		1.3	Explain how individuals with sensory loss can be disabled by attitudes and beliefs
		1.4	Identify steps that could be taken to overcome disabling attitudes and beliefs
2	Understand the importance of effective communication for individuals with sensory loss	2.1	Outline what needs to be considered when communicating with individuals with: <ul style="list-style-type: none"> • Sight loss • Hearing loss • Deafblindness
		2.2	Describe how effective communication may have a positive impact on the lives of individuals with sensory loss
		2.3	Explain how information can be made accessible to individuals with sensory loss
3	Know the main causes and conditions of sensory loss	3.1	Outline the main causes of sensory loss
		3.2	Explain the difference between congenital and acquired sensory loss
		3.3	State what percentage of the general population is likely to have sensory loss

Learning outcomes		Assessment criteria	
4	Know how to recognise when an individual may be experiencing sight and/or hearing loss	4.1	Outline the indicators and signs of: <ul style="list-style-type: none"> • Sight loss • Deafblindness • Hearing loss
		4.2	Explain where additional advice and support can be sourced in relation to sensory loss
5	Know how to report concerns about sensory loss	5.1	Describe to whom and how concerns about sight and/or hearing loss can be reported

Unit content

1 **Understand the factors that impact on an individual with sensory loss and steps that can be taken to overcome these**

Positive and negative impact description: factors eg physical surroundings, routine, human contacts, level of independence

Steps to overcome factors that have a negative impact: strategies to overcome eg communication and discussion, care planning, consistent human contact

Disabled by attitudes and beliefs: how eg ignorance about level of independence possible, adopting 'sick role', attitude of others associating 'disability' with 'stupidity', limited horizons

Overcome disabling attitudes and beliefs: steps eg communication, explanation, expanding horizons, focus on skills and abilities of the individual, building confidence

2 **Understand the importance of effective communication for individuals with sensory loss**

Effective communication: sight loss eg extent, need for the speaker to identify themselves by name when they start talking, clear and direct speech, use of natural conversational tone and speed, addressing the person by name so the individual will immediately know that they are being spoken to, individual's preferred method of communication, indicating the end of a conversation; hearing loss eg extent, need to attract attention before speaking, availability or use of a hearing aid, clear and speech, use of natural conversational tone natural speech, possibility of moving closer to the individual into their field of vision, light level in the room, individual's preferred method of communication; deafblindness: extent of residual vision and hearing, individual's preferred method of communication, potential for using a communication system eg deafblind manual alphabet

Impact of effective communication: positive impact eg reduction of frustration and confusion, feeling included, increased self-determination, increased sense of self-worth

Making information accessible: how eg in line with consideration about the sensory loss of the individual, simplify information, thematically present information

3 Know the main causes and conditions of sensory loss

Sensory loss: main causes eg. age-related, accident, illness or condition related, congenital

Difference between congenital and acquired sensory loss: differentiate congenital loss and examples eg ante-natal development, hereditary; differentiate acquired loss and examples eg post-natal, industrial illness, accident injury

Percentage of the general population: defined by category eg age-related, accident, illness, condition, congenital

4 Know how to recognise when an individual may be experiencing sight and/or hearing loss

The indicators and signs of: sight loss eg lighting too bright or too dim, holding books or reading material close to face or at arm's length, squinting or tilting the head to see, difficulty in recognising people, moving about cautiously, bumping into objects, acting confused or disoriented; hearing loss eg misunderstanding conversations, avoiding social situations, increasing television or radio volume; deafblindness eg combination of the indicators and signs of sight loss and hearing loss

Sources of additional advice and support: informal eg professional colleagues, professional networks; formal eg organisational procedures, health service, adult social services, specialist services related to specific conditions; electronic eg websites, organisation intranet

5 Know how to report concerns about sensory loss

Reporting: factors eg context of referral, line management in work context, organisational policy/procedures; to whom eg family members, general practitioner, social worker, health visitor; method of reporting eg verbal, written report

Essential guidance for tutors

Delivery

Formal taught input can be used as an important component of delivery, particularly for learning outcomes 1, 2 and 3. Independent research should be encouraged, particularly for learning outcomes 3 and 4.

Learners could benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group discussion will enable learners to express views and explore ideas within a safe environment, particularly for learning outcomes 1 and 4. Guest speakers from professional social care settings could significantly enhance learning, especially for learning outcomes 4 and 5.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet 1.1 and 1.2, learners should describe a number of factors that have a negative and positive impact on individuals with sensory loss, and steps that can be taken to overcome the negative factors. For 1.3 and 1.4, learners should describe how individuals with sensory loss can be disabled by attitudes and beliefs, and the steps that can be taken to overcome this.

For 2.1, learners need to outline what needs to be considered when communicating with individuals with sight loss, hearing loss, deafblindness and other sensory loss. Differentiation between things to be considered for the different types and combinations of sensory loss should be included. This could be linked to 4.1.

For 2.2, learners should describe the positive impact that can be achieved by communicating effectively with individuals with sensory loss. For 2.3, learners should provide examples of how information can be made accessible to individuals with sensory loss. This should be described in a manner which takes account of the communication barriers affecting individuals with sensory loss.

To meet 3.1, learners should outline the main causes of sensory loss. For 3.2, learners should define and distinguish between congenital and acquired sensory loss. For 3.3, learners should provide information about the percentage of the general population which is likely to have sensory loss defined by category, including reference to their source of information.

To meet 4.1, learners should outline the indicators and signs of an individual experiencing sensory loss, with details relating to sight loss, hearing loss and deafblindness. This could be linked to 2.1. For 4.2, learners should identify a number of sources of additional advice and support in relation to sensory loss.

For 5.1, learners should describe how and to whom they could report concerns about sight or hearing loss.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research.

Indicative resource materials**Textbooks**

Burgess C, Shaw C et al – *Level 3 Health and Social Care: Training Resource Pack* (Heinemann, 2011) ISBN 978-0435032142

Butler S – *Hearing and Sight Loss: A Handbook for Professional Carers* (Age Concern Books, 2004) ISBN 978-08622423599

Chitty A and Dawson V – *Sight Loss: The Essential Guide* (Need 2 Know, 2011) ISBN 186-1440914

Edmans J – *Occupational Therapy and Stroke* (Wiley-Blackwell, 2010) ISBN 978-1405192668

Stephens D – *Living with Hearing Loss: The Process of Enablement* (Wiley-Blackwell, 2009) ISBN 978-040019856

Websites

www.actionforblindpeople.org.uk

www.actiononhearingloss.org.uk

www.bda.org.uk

www.deafblind.org.uk

www.direct.gov.uk/en/DI1/Directories/.../DG_10014895

www.rnib.org.uk

www.nadp.org.uk

www.ndcs.org.uk

www.seeability.org

www.signhealth.org.uk

www.wcdeaf.org.uk

Unit 17: Understand Sensory Loss

Unit code: M/601/3467

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 21

Unit aim

The aim of this unit is to give the learners introductory knowledge and understanding about sensory loss.

Unit introduction

This unit gives learners understanding of the main causes and conditions of sensory loss, how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken. The unit will explore the factors that impact on an individual with sensory loss and the importance of effective communication for these individuals.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the 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
4	Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken	4.1	Identify the indicators and signs of: <ul style="list-style-type: none"> • Sight loss • Hearing loss • Deafblindness

Learning outcomes		Assessment criteria	
		4.2	Explain actions that should be taken if there are concerns about onset of sensory loss or changes in sensory status
		4.3	Identify sources of support for those who may be experiencing onset of sensory loss

Unit content

1 Understand the factors that impact on an individual with sensory loss

Impact on individuals with sensory loss: analysis of negative and positive factors eg physical surroundings, routine, human contacts, communication, information, level of independence, mobility

Impact of societal attitudes and beliefs on individuals: how analysis eg attitudes may affect self-perception, attitude of others associating 'disability' with 'stupidity', focus on what is not possible rather than potential, limited horizons

Impact of factors, societal attitudes and beliefs on service provision: explore how eg anxiety of individual, limited horizons, lack of confidence, provision must adapt to individual needs, involve the individual through use of communication and discussion, care planning, consistent human contact, focus on existing skills, build confidence

2 Understand the importance of effective communication for individuals with sensory loss

The methods of communication: sight loss methods explanation eg depends on level of sight loss and individual preference, speech, use descriptive language, clear communication to avoid misunderstanding or surprise; hearing loss methods explanation eg depends on level of hearing loss and individual preference, vision, lip-reading, sign language, written communication; deafblindness methods explanation eg depends on level of sight and hearing loss and individual preference, potential for using a communication system eg deafblind manual alphabet

Environmental facilitation of effective communication: how eg light level, low background noise, space, face-to-face communication, communication aids, drawing or writing materials, communication resources

Impact of effective communication: positive impact eg reduction of frustration and confusion, feeling included, increased self-determination, increased sense of self-worth

3 Understand the main causes and conditions of sensory loss

Main causes: identification eg age-related, accident, illness or condition related, congenital

Definition of congenital and acquired sensory loss: congenital eg ante-natal development, hereditary; acquired eg post-natal acquisition, industrial illness, accident injury

Incidence of sensory loss in the population: identify the influencing demographic factors eg gender, exposure to noise, smoking, those predisposed to stroke, those more likely to be involved in accidents resulting in sensory loss, industrial activities; use of authoritative information sources

4 Know how to recognise when an individual may be experiencing sight and/or hearing loss and actions that may be taken

The indicators and signs of: identification of sight loss eg lighting too bright or too dim, holding books or reading material close to face or at arm's length, squinting or tilting the head to see, difficulty in recognising people, moving about cautiously, bumping into objects, acting confused or disoriented; identification of hearing loss eg misunderstanding conversations, avoiding social situations, increasing television or radio volume; identification of deafblindness eg combination of the indicators and signs of sight loss and hearing loss

Concerns about onset of sensory loss or changes in sensory status: explain actions eg observe, report to line management in work context, refer to and follow organisational policy/procedures; report to whom eg family members, general practitioner, social worker, health visitor; method of reporting eg verbal, written report

Identifying sources of support: informal eg professional colleagues, professional networks; formal eg organisational procedures, health service, adult social services, specialist services related to specific conditions; electronic eg websites, organisation intranet; source considerations eg authority, reliability, currency

Essential guidance for tutors

Delivery

Formal taught input can be used, particularly for learning outcomes 1 and 2. Independent research should be encouraged, particularly for learning outcome 2, 3 and 4.

Learners could also benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group discussion will enable learners to express views and explore ideas within a safe environment, particularly for learning outcomes 3 and 4. Guest speakers from professional social care settings could enhance learning, especially for learning outcomes 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

Although the content of this unit is similar to that of unit 16, the learner must produce evidence that supports the achievement of a level 3 unit. The learner could be encouraged to produce technical and informative copy (could include diagrams and other visual imagery) for inclusion on an employer's intranet resource bank for staff use after training. It is not intended that the learner design the web pages.

To meet 1.1, learners should analyse a number of factors that may have an impact on individuals with sensory loss. For 1.2 and 1.3, learners should analyse how societal attitudes and beliefs may impact on individuals and explore how this impacts on service provision.

To meet assessment criterion 2.1, learners should explain a number of methods of communication used by individuals with sight loss, hearing loss and deafblindness. Learners should show their understanding of the variety of methods used and their link to the extent of the sensory loss in the individual. For 2.2 and 2.3, learners should describe how the environment allows effective communication for individuals with sensory loss and explain how effective communication could have a positive effect on their lives.

To meet assessment criteria 3.1 and 3.2, learners should identify the main causes of sensory loss, distinguishing between congenital and acquired sensory loss. For 3.3, learners should identify the demographic factors that could influence the incidence of sensory loss in the population.

To meet assessment criterion 4.1, learners should identify the key indicators and signs of sight loss, hearing loss and deafblindness. For 4.2 and 4.3, learners should explain the actions that should be taken if there are concerns about either the onset or the change in status of an individual's sensory abilities. They should also identify sources of support that are available for those that may be experiencing the onset of sensory loss.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials**Textbooks**

Burgess C, Shaw C et al – *Level 3 Health and Social Care: Training Resource Pack* (Heinemann, 2011) ISBN 9780435032142

Butler S – *Hearing and Sight Loss: A Handbook for Professional Carers* (Age Concern Books, 2004) ISBN 978-08622423599

Chitty A and Dawson V – *Sight Loss: The Essential Guide* (Need 2 Know, 2011) ISBN 186-1440914

Edmans J – *Occupational Therapy and Stroke* (Wiley-Blackwell, 2010) ISBN 978-1405192668

Stephens D – *Living with Hearing Loss: The Process of Enablement* (Wiley-Blackwell, 2009) ISBN 978-040019856

Websites

www.actionforblindpeople.org.uk

www.actiononhearingloss.org.uk/

www.bda.org.uk

www.deafblind.org.uk

www.direct.gov.uk/en/DI1/Directories/.../DG_10014895

www.nadp.org.uk

www.ndcs.org.uk

www.rnib.org.uk

www.seeability.org

www.signhealth.org.uk

www.wcdeaf.org.uk

Unit 18: Understand the Process and Experience of Dementia

Unit code: J/601/3538

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 22

Unit aim

The aim of this unit is to give learners knowledge of the neurology of dementia to support the understanding of how individuals may experience dementia.

Unit introduction

This unit gives learners understanding of the causes and types of memory impairment commonly experienced by individuals with dementia. The unit also looks at the impact of recognition and diagnosis and how dementia care must be underpinned by a person-centred approach.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the neurology of dementia	1.1	Describe a range of causes of dementia syndrome
		1.2	Describe the types of memory impairment commonly experienced by individuals with dementia
		1.3	Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia
		1.4	Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia
		1.5	Explain why the abilities and needs of an individual with dementia may fluctuate
2	Understand the impact of recognition and diagnosis of dementia	2.1	Describe the impact of early diagnosis and follow up to diagnosis
		2.2	Explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working
		2.3	Explain the process of reporting possible signs of dementia within agreed ways of working
		2.4	Describe the possible impact of receiving a diagnosis of dementia on <ul style="list-style-type: none"> • the individual • their family and friends

Learning outcomes		Assessment criteria	
3	Understand how dementia care must be underpinned by a person centred approach	3.1	Compare a person centred and a non-person centred approach to dementia care
		3.2	Describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia
		3.3	Describe how myths and stereotypes related to dementia may affect the individual and their carers
		3.4	Describe ways in which individuals and carers can be supported to overcome their fears

Unit content

1 Understand the neurology of dementia

Dementia syndrome: causes eg Alzheimer's, vascular, dementia with Lewy bodies, fronto-temporal, Korsakoff's syndrome, Creutzfeldt-Jakob's disease, HIV-related cognitive impairment

Individuals with dementia: memory impairment types eg short-term memory loss, social inappropriateness, language

Processing information by individuals with dementia: abilities and limitations eg due to loss of mental ability, memory, understanding, judgement, thinking, language; way individuals process information

Changes in an individual's condition not attributable to dementia: factors eg age, self-care related, dehydration, accidents

Fluctuation in needs and abilities of individuals with dementia: why eg individual variation, progression of condition, related conditions, level of care, routine, familiarity of surroundings

2 Understand the impact of recognition and diagnosis of dementia

Early diagnosis and follow up: impact eg life changing, grief reaction, enables planning, early treatment and support, benefit support

Recording signs or symptoms of dementia in an individual: importance eg supports diagnosis, clarifies observations, avoids stereotyping, formalises concerns

Process of reporting: how eg record observations, discuss with line manager, follow local reporting processes, discussion with individual, discussion with family

Receiving a diagnosis of dementia: impact on the individual eg grief reaction, demystifying, enables planning for the future, financial arrangements, living will, maximise quality of life, insurance and driving; impact on family and friends eg grief reaction, stress, anxiety, demystifying, enables planning, enduring power of attorney

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

Comparison between approaches to dementia care: person-centred comparison eg value base asserting the value of all human lives, an individualised approach recognising uniqueness, taking a service user perspective, a social environment that supports psychological needs; non-person-centred eg medical model, focus on treating medical-defined symptoms rather than the individual, now considered by some to be synonymous with poor quality

Meet the fluctuating abilities and needs of individuals: techniques eg regular assessment of needs, clear record keeping, safe framework with freedoms

Myths and stereotypes related to dementia: impact on the individual eg discrimination, social isolation, mistrust, hostility, anxiety; impact on carers eg lack of support, disrespect, lowered self-esteem; carers eg partner, family, friends, neighbours

Support to overcome individual's fears: ways eg listen to concerns, support and advice regarding financial concerns; national dementia declaration eg personal choice, services designed around need, personal support network, sources of additional information and support, developing a supportive environment, being part of a community, knowing that research is going on to deliver a better life for each individual

Essential guidance for tutors

Delivery

Formal taught input can be used for outcomes 1, 2 and 3. Independent research should be encouraged, particularly for learning outcomes 1, 2 and 5.

Learners may also benefit from opportunities to discuss issues, perhaps based on case studies taken from professional publications, eg magazines. Group discussion enables learners to express views and explore ideas within a safe environment, particularly for learning outcomes 3 and 4. Guest speakers from professional social care settings could enhance learning, especially for learning outcomes 2, 3 and 4.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet assessment criterion 1.1 learners should describe the main different causes of dementia. For 1.2 and 1.3, learners should describe the types of memory impairment experienced by dementia sufferers and explain the way they process information. For 1.4 and 1.5, learners should explain how other factors not attributable to dementia may cause changes in an individual's condition and explain why the abilities and needs of dementia sufferers fluctuate.

For 2.1 learners should describe the possible impact of receiving an early diagnosis of dementia and follow up, and this may be linked to a description of the impact of diagnosis on the individual, their friends and family. For 2.2 and 2.3 learners should explain the process of reporting and recording possible signs and symptoms of dementia, and the importance of recording in this context. Centres may consider the use of pro formas to assist the learner where they do not have naturally occurring access to agreed ways of working.

For assessment criteria 3.1, learners should compare and differentiate between a person-centred and non-person-centred approach to dementia care. For 3.3, learners should describe how myths and stereotypes related to dementia may affect individuals and their carers. For 3.2 and 3.4, learners should describe a number of approaches that may be adopted to meet the fluctuating abilities and needs of individuals with dementia and how they and their carers may be supported to overcome their fears.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Brooker D – *Person-centred dementia care: making services better* (Jessica Kingsley Publishers, 2007) ISBN 978-1843103370

Bartle C – *Knowledge Set for Dementia* (Heinemann, 2007)
ISBN 978-0435402303

Sutcliffe D – *Introducing Dementia – The Essential Facts and Issues of Care* (Age Concern England, 2001) ISBN 978-0862422837

Journals

BUPA Dementia Guide

Community Care Magazine

The Nursing Times

Websites

www.alzheimers.org

www.dementiaaction.org.uk

www.dementiaguide.com

www.nice.org.uk

www.nursingtimes.net

Unit 19: Understand Mental Health Problems

Unit code: J/602/0103

QCF Level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 14

Unit aim

This unit aims to give the learner knowledge of the main forms of mental ill health and the impact of mental ill health on individuals and others in their social network.

Unit introduction

This unit will provide learners with an understanding of the main forms of mental health problems according to the psychiatric classification system. Learners will consider the strengths and limitations of this model and look at alternative frameworks for understanding mental distress. The focus of the unit is on understanding the different ways in which mental health problems impact on the individual and others in their social network. The unit also considers the benefits of early intervention in promoting mental health and wellbeing.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Know the main forms of mental ill health	1.1	Describe the main types of mental ill health according to the psychiatric (DSM/ICD) classification system: mood disorders, personality disorders, anxiety disorders, psychotic disorders, substance-related disorders, eating disorders, cognitive disorders
		1.2	Explain the key strengths and limitations of the psychiatric classification system
		1.3	Explain two alternative frameworks for understanding mental distress
		1.4	Explain how mental ill health may be indicated through an individual's emotions, thinking and behaviour
2	Know the impact of mental ill health on individuals and others in their social network	2.1	Explain how individuals experience discrimination due to misinformation, assumptions and stereotypes about mental ill health
		2.2	Explain how mental ill health may have an impact on the individual including: <ul style="list-style-type: none"> a psychological and emotional b practical and financial c the impact of using services d social exclusion e positive impacts

Learning outcomes		Assessment criteria	
		2.3	<p>Explain how mental ill health may have an impact on those in the individual's family, social or work network including:</p> <ul style="list-style-type: none"> a psychological and emotional b practical and financial c the impact of using services d social exclusion e positive impacts
		2.4	<p>Explain the benefits of early intervention in promoting an individual's mental health and well-being</p>

Unit content

1 Know the main forms of mental ill health

Types of mental ill health: describe eg by referring to DCM/ICD classification systems (DCM diagnostic and statistical manual of mental disorders, ICD international classification of diseases); mood disorders eg major depressive disorder, bipolar disorder; personality disorders eg narcissistic personality disorder; anxiety disorders eg general anxiety disorder; psychotic disorders eg schizophrenia; substance-related disorders eg alcohol abuse; eating disorders eg anorexia nervosa, bulimia nervosa; cognitive disorders eg Alzheimer's disease

Key strengths and limitations of the psychiatric classification system: strengths eg enables categorisation of mental disorders, supports consistency of diagnosis across mental health professionals, well designed international standard; weaknesses eg superficial judgement of symptoms, ignores possible other important factors

Understanding mental distress: alternative frameworks eg holistic perspective which covers different dimensions of the individual, psychological understanding of mental understanding, social model of mental illness

Indications of mental ill health in an individual: emotions eg long-lasting sadness or irritability, extreme highs and lows in mood, strong feelings of anger, inability to cope with daily life; thinking eg confused thinking, excessive fear, worry or anxiety, delusions or hallucinations, thoughts of suicide, denial of obvious problems; behaviour eg social withdrawal, dramatic changes in eating or sleeping habits, abuse of drugs or alcohol

2 Know the impact of mental ill health on individuals and others in their social network

Individual discrimination due to misinformation, assumptions and stereotypes: public stigma eg labelling, housing, employment, social isolation, hostility, imprisonment; personal stigma, depression, acceptance of discrimination, reduced aspirations, social isolation

Impact of mental illness on the individual: psychological and emotional eg long-lasting sadness or irritability, extreme highs and lows in mood, strong feelings of anger; practical and financial eg inability to cope with daily life, difficulty maintaining employment, low income, insecure financial position, housing and living implications; the impact of using services eg access, acceptance, stigma; social exclusion eg encourages stereotypical behaviour, low self-esteem; positive impacts eg freedom of expression, liberation from expectation

Impact of mental illness on the individual's family, social and work network:
psychological and emotional eg anxiety, concern, self-blame, intolerance;
practical and financial eg unstable finances, change of lifestyle, distancing, non-acceptance; the impact of using services eg access, acceptance, stigma; social exclusion eg resentment, low self-esteem, non-acceptance, disassociation;
positive impacts eg increased understanding, new support network

Early intervention: benefits eg retain employment, improve employment prospects, avoidance of impact of undiagnosed condition, reduction in suicide levels, increased likelihood of family and social support continuation

Essential guidance for tutors

Delivery

The unit should be delivered by a well qualified and experienced tutor. Formal taught input is likely to be an important component of delivery or alternatively the learner could be encouraged to undertake self-directed study.

Learners could also benefit from opportunities to discuss issues and explore their own conceptions of mental ill health and also to challenge any prejudices they may hold, within a safe environment. Learners could be encouraged to contribute their own experience of working in this area, whilst maintaining confidentiality.

Guest speakers, including mental ill health experts such as therapists, counsellors or representatives of relevant charities, would give learners with an insight into the complexities of supporting individuals who have mental ill health.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

The unit could be assessed in a variety of ways. Tutors could encourage learners to present their assessment evidence as a series of assignments or as fact files, produced over the duration of the unit.

For learning outcome 1, learners should demonstrate their understanding of why different groups of disorders, eg cognitive, psychotic, anxiety are placed within a band and how the classification system attempts to differentiate between mental health and mental disorder, and the strengths and weaknesses of the system. It is not necessary for learners to demonstrate an in-depth knowledge of the signs and symptoms of each disorder within the classification band. Learners are required to demonstrate their understanding of two alternative frameworks for understanding mental distress and how they are applied in practice. Learners should demonstrate their ability to recognise the more common signs of mental distress in an individual.

To meet learning outcome 2, learners should demonstrate their understanding of the impact of mental ill health on an individual, their family and social and work networks. Learners should show an understanding of the individual in the context of their communities, rather than as a label or diagnosis, and how the illness affects everyone involved with that person. Learners should demonstrate the benefits of early intervention.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Baillie L – *Developing Practical Adult Nursing Skills* (Hodder Education, 2009)
ISBN 978-0340974209

Bukner J, Castro Y, Holm-Denoma J (editors) – *Mental Health for People of Diverse Backgrounds* (Radcliffe Publishing Limited, 2007) ISBN 978-1846190940

Maj M and Gaebel W – *Psychiatric diagnosis and classification* (John Wiley and Sons, 2002) ISBN 0-471- 496812

Morris C – *Knowledge Set for Safeguarding Vulnerable People* (Heinemann, 2008)
ISBN 978-0435402372

Journals

Community Care magazine

International Journal of Mental Health Nursing

Mental Health magazine

Websites

www.beyondblue.org

www.blackmentalhealth.org.uk

www.civilrightsmovement.co.uk

www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/index.htm

www.mind.org.uk

www.rethink.org

www.who.int/classifications/icd

Unit 20: Understand Positive Risk Taking for Individuals with Disabilities

Unit code: J/601/6293

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 25

Unit aim

The aim of this unit is to promote a positive, person-centred approach to risk taking for individuals with disabilities. It emphasises the importance of working in partnership to support individuals to take risks. The unit gives learners the opportunity to reflect on difficulties and dilemmas commonly encountered when addressing issues of risk in the context of the legal and policy frameworks.

Unit introduction

This unit gives learners understanding of the importance of a positive, person-centred approach to risk assessment in the context of individuals with disabilities having the same right as everyone else to take risks. The unit will also enable learners to understand the legal and policy framework underpinning an individual with disabilities right to make decisions and take risks, as well as the importance of considering with the individual the risks associated with the choices they make using a partnership approach.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand that individuals with disabilities have the same right as everyone else to take risks	1.1	Explain ways in which risk is an integral part of everyday life
		1.2	Explain why, traditionally, people with disabilities have been discouraged or prevented from taking risks
		1.3	Describe the links between risk-taking and responsibility, empowerment and social inclusion
2	Understand the importance of a positive, person-centred approach to risk assessment	2.1	Explain the process of developing a positive person-centred approach to risk assessment
		2.2	Explain how to apply the principles and methods of a person-centred approach to each of the different stages of the process of risk assessment
		2.3	Explain how a service focused approach to risk assessment would differ from a person-centred approach
		2.4	Identify the consequences for the individual of a service focused approach to risk-assessment
3	Understand the legal and policy framework underpinning an individual with disabilities right to make decisions and take risks	3.1	Explain how legislation, national and local policies and guidance provide a framework for decision making which can support an individual to have control over their own lives
4	Understand the importance of considering with an individual with disabilities the risks associated with the choices they make	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
		4.2	Explain how to support individuals to recognise and manage potential risk in different areas of their lives

Learning outcomes		Assessment criteria	
		4.3	Explain the importance of balancing the choices of the individual with their own and others' health and safety
		4.4	Describe how own values, belief systems and experiences may affect working practice when supporting individuals to take risks
		4.5	Explain the importance of recording all discussions and decisions made
5	Understand the importance of a partnership approach to risk taking	5.1	Explain the importance of a person-centred partnership approach
		5.2	Describe ways of handling conflict when discussing and making decisions about risk

Unit content

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

Risk as an integral part of everyday life: ways eg transport, weather conditions, unknown places, unknown people, unknown terrain, potential for injury from objects or equipment, risky behaviour

Discouraging or preventing risk taking: why eg other's fears, stereotypical views about their limited abilities, over protection, litigation concerns

Links between risk taking and responsibility, empowerment and social inclusion: risk taking and responsibility eg exercising choice, being informed, understanding the risks, taking mitigating action, collaborating with others; empowerment and social inclusion eg making own decisions, developing new skills, learning from mistakes, promoting independence

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

Positive person-centred approach to risk assessment: process eg treating with respect; inclusive approach, collaborative planning, taking account of individual needs and abilities, weighing up the potential benefits and harms of exercising one choice of action over another

Principles and methods of a person-centred approach application to the process of risk assessment: how eg discussion about potential activity, joint identification of risks, consideration of individual's skills abilities and experience in dealing with the risks, discussion about remaining risks, collaborative mitigation planning, agreeing a plan of action

Approach to risk assessment: service focused eg reputation, litigation, health and safety, risk averse; person-centred eg treating with respect, inclusive approach, collaborative planning, taking account of individual needs and abilities, weighing up the potential benefits and harms of exercising one choice of action over another

Service-focused approach and the individual: consequences eg doesn't take account of individual wishes or abilities, limits individual's potential, more restrictive, risk averse

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

Legal, policy and guidance framework for decision making: how individuals are supported to have control over their lives eg enshrined rights, policy and best practice framework; relevant policy and legislation eg Valuing People Now 2001, Putting People First 2007, Human Rights Act 1998, Mental Health Act 2007, Disability Discrimination Act 2005, Equalities Act 2010, Safeguarding children and vulnerable adults policies

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

Risk of abuse, exploitation and harm: why eg specific limitations linked to the disability, limited experience, perception and understanding of risk, exploitative intentions of some others; types of abuse eg physical, sexual, emotional/psychological, financial, institutional, self-neglect, neglect by others

Support individuals to recognise and manage potential risk: how eg discussion, use of illustrated templates, flowcharts, information sheets, the right to make 'bad' decisions, planning alternatives; different aspects of their lives eg in public places, socially at home and other private places, online activities, disclosure of personal and financial information

Balancing individual choices with health and safety considerations: importance eg maximising quality of life while maintaining safety, responsibilities to self and others, social, emotional, physical; health and safety of others eg colleagues, friends, families or carers, other professionals, general public, advocates

Impact of own views on working practice when supporting individuals to take risks: effect eg reflection of own level of risk taking, prejudices concerning potential of individual, concerns about own reputation

Recording: importance eg accountability, responsibility, defensible decision making contextualising behaviour; identification of positive and negative risks

5 Understand the importance of a partnership approach to risk taking

Person-centred partnership approach: importance eg complies with legislation and good practice, respects individual rights and responsibilities, increases independence of the individual, enhances individual's self-esteem and sense of self-reliance

Handling conflict when discussing and making decisions: ways eg listening and showing respect, clear analysis of risks and mitigating actions, explanation of duty of care

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery for all of the learning outcomes in this unit. Independent research should also be encouraged, particularly for learning outcome 3.

Learners could benefit from opportunities to discuss issues perhaps based on case studies taken from professional publications, eg magazines. Group discussion will enable learners to express views and explore ideas within a safe environment, particularly for learning outcomes 2, 3 and 5. Guest speakers from professional social care settings could enhance learning, especially for learning outcomes 2, 4 and 5. A visit from an individual with a disability could help to give learners insight for learning outcome 1.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet 1.1, learners should explain how risk is an integral part of everyday life. For 1.2, learners should explain the reasons for people with disabilities having been discouraged, or prevented from risk taking in the past within residential and community-based care, including cultural, policy and legislative reasons. For 1.3, learners should describe the link between the ideas of risk taking and responsibility, empowerment and social inclusion for the individual.

For learning outcome 2, it may be helpful to provide case studies so that learners can demonstrate their understanding of risk assessment, a positive person-centred approach and service-focussed approaches. To meet 2.1 and 2.2, learners should explain how to develop a positive person-centred approach to risk assessment and how to apply these principles to the different stages of the risk-assessment process. To do this, learners should use accepted definitions of the risk-assessment process stages as the basis for their work. For 2.3 and 2.4, learners should explain the differences between a service-focused and a person-centred approach to risk assessment and identify the consequences for the individual of a service-focused approach.

To meet learning outcome 3, learners could prepare a leaflet which includes reference to legislation and national and local policies, explaining how they provide a framework to support individuals with disability in decision making and having control over their lives.

For learning outcome 4, learners could prepare a presentation for an audience of new staff to provide evidence for 4.1 with accompanying handouts for further reading to provide coverage of all assessment criteria. For learning outcome 4.1 learners should analyse why individuals with disabilities may be at risk of abuse, including identifying the potential forms of abuse, exploitation and harm in different aspects of their lives. A case study approach for the remaining aspects of learning outcome 4 could provide coverage of 4.2 and 4.3. Learners should explain how to support individuals using risk-management and the importance of balancing choices of the individual with health and safety considerations affecting them and others. Learners should then describe how their own values, beliefs and experiences may influence their working practice when supporting individuals to take risks (4.4). For 4.5, learners should explain why it is important to record all discussions and decisions made when supporting individuals to take risks.

To meet assessment criteria 5.1 and 5.2, learners should explain why a person-centred partnership approach is important. Learners should describe how to handle conflict that may arise when discussing and making decisions about risks.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Cambridge P and Carnaby S – *Person – Centred Planning and Care Management with People with Learning Difficulties* (Jessica Kingsley Publishers, 2005) ISBN 978-1843101314

Gates B (Editor) – *Learning Disabilities: Towards Inclusion* (Elsevier Health Sciences, 2007) ISBN 978-0443101984

Level 3 Health and Social Care: Training Resource Pack (Heinemann, 2011) ISBN 978-0435032142

Pountney J – *Protecting People Who Have a Learning Disability from Abuse* (Heinemann, 2007) ISBN 978-0435500030

Rasheed E, Irvine J, Hetherington A, Wyatt A – *BTEC National in Health and Social Care* (Hodder Education, 2010) ISBN 978-1444115529

Sellers C – *Risk Assessment in People with Learning Difficulties* (Blackwell Publishers, 2002) ISBN 0-631-23547-7

Journals

Learning Disability Practice (RCN Publishing) available online at www.learningdisabilitypractice.co.uk

Websites

www.diversity-matters.co.uk/resourcespdfs/patblackpaper.pdf

www.inclusive-solutions.com/word/pcp.doc

www.nmhdu.org.uk

Unit 21: Understand Physical Disability

Unit code: L/601/6117

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 19

Unit aim

This unit is aimed at those who provide a service for people with physical disabilities. It covers an understanding of physical disability, the impact of a physical disability on a person's life, the environment in which the service is provided and person-centred working.

Unit introduction

This unit gives learners understanding of the concept of physical disability, the importance of differentiating between the individual and the disability, how the challenges of living with a physical disability can be addressed and the importance of independence and inclusion for the individual with physical disability.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of differentiating between the individual and the disability	1.1	Explain why it is important to recognise and value an individual as a person
		1.2	Describe the importance of recognising an individual's strengths and abilities
		1.3	Describe how to work in a person centred way that fully involves the individual
2	Understand the concept of physical disability	2.1	Describe what is meant by physical disability
		2.2	Describe what a congenital disability is
		2.3	Give examples of congenital disabilities and their causes
		2.4	Describe what a progressive disability is
		2.5	Give examples of progressive disabilities and their causes
3	Understand how the challenges of living with a physical disability can be addressed	3.1	Identify social and physical barriers that can have a disabling effect on an individual
		3.2	Identify positive and negative attitudes towards individuals with a disability
		3.3	Describe steps that can be taken to challenge and change discriminatory attitudes
		3.4	Describe the impact of disability legislation on community attitudes and practices
		3.5	Describe the effects that having a physical disability can have on a person's day to day life

Learning outcomes		Assessment criteria	
		3.6	Identify the importance for the individual of positive risk-taking
4	Understand the importance of independence and inclusion for the individual with physical disability	4.1	Describe how the individual can be in control of their care needs and provision of social care services
		4.2	Describe the importance of supporting independence and inclusion within the community
		4.3	Describe how to assist with independence and inclusion within the community

Unit content

1 Understand the importance of differentiating between the individual and the disability

Importance: recognise and value the individual eg individual uniqueness, avoidance of medical model of disability; importance eg promote equality, value diversity; why important eg maintain/enhance individual's self-worth and self-esteem

Recognising individual's strengths and abilities: describe importance of eg promoting a positive relationship, maintaining/increasing individual's sense of self-worth and self-esteem; how eg recognising achievement can be measured in many different ways, focusing on what can be done rather than what cannot

Person-centred working: describe approaches eg clear communication, holistic approach, ensuring equality, upholding individual rights; involving the individual eg seeking views/preferences, collaborative action planning

2 Understand the concept of physical disability

Physical disability: description definition eg physical impairment which has a substantial and long-term effect on an individual's ability to carry out day-to-day activities, distinction between moderate and severe

Congenital disability: description definition eg present at birth, increasing impact with age, genetically inherited conditions

Congenital disabilities and causes: examples eg blindness, deafness, epilepsy, cerebral palsy, spina bifida; causes eg foetal development, genetic, environmental factors during pregnancy

Progressive disability: what it is; features eg increases in severity or impact over time

Examples and causes: examples eg cystic fibrosis, Alzheimer's disease, Huntingdon's disease, muscular dystrophy, motor neuron disease, HIV, cancer, multiple sclerosis; causes eg genetics, environmental factors

3 Understand how the challenges of living with a physical disability can be addressed

Social and physical barriers that can have a disabling effect on an individual: social eg ignorance, stigma, stereotyping, acceptance, fear, communication limitation; physical eg isolation, access

Positive and negative attitudes: positive eg equality, social model of disability, valuing unique contribution, inclusion; negative eg ignorance, fear, stereotyping, disrespect

Challenging and changing discriminatory attitudes: steps eg education, positive images, communication, inclusion, celebration

Impact of disability legislation: current and subsequent legislation eg Disability Discrimination Act 2005, Equality Act 2010; impact eg changes attitudes, increased awareness, enforces action eg building access, employer adaptations, employment access, equality of treatment by others

Physical disability: effect on daily life eg self-care, mobility, housing, access, relationships; opportunities eg education, work, social, leisure activities

Positive risk taking: importance eg self-esteem, feeling of independence, equality with people without disabilities, thrill, pleasure, control

4 Understand the importance of independence and inclusion for the individual with physical disability

Individual control of care needs and provision: how description eg collaborative care planning, self-determination, personal budget, support, discussion, advocacy

Supporting independence and inclusion: importance description eg equality, maximising potential for each individual, building a social network, valuable contribution to the community

Independence and inclusion within the community: describe how to assist eg support effective use of personal budget, identify and resolve potential barriers to inclusion, seek opportunities for inclusion

Essential guidance for tutors

Delivery

Taught input can be an important component of delivery, particularly for learning outcome 1. Independent research should be encouraged, particularly for learning outcome 2.

Learners could benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas within a safe environment particularly for learning outcome 3. Guest speakers from professional social care settings or a confident disabled individual provide further learning enhancement opportunities.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet 1.1 and 1.2, learners must explain and describe why it is important to recognise and value an individual as a person and recognise their strengths and abilities to show differentiation between the individual and the disability. For 1.3, learners should describe the key elements of person-centred working and how to involve the individual.

For 2.1, learners must describe what physical disability is. For 2.2, 2.3, 2.4 and 2.5, learners should describe congenital and progressive disability, giving examples and causes for each.

To provide evidence for learning outcome 3, the provision of case studies or the identification of suitable case studies in the work environment may add interest. With the case study approach there may also be partial coverage of learning outcomes 2 and 4. For 3.1, learners should identify a number of social and physical barriers that may have a disabling effect on an individual. For 3.2 and 3.3, learners should identify a number of examples of positive and negative attitudes towards individuals with a disability and describe actions that may be taken to challenge and change the negative and discriminatory attitudes. For 3.4, learners should identify the key pieces of legislation related to disability and describe the impact on community attitudes and actions. To meet 3.5, learners should describe the effects that having a physical disability can have on a person's day-to-day life. For 3.6, learners should identify a number of reasons why positive risk taking is important for an individual with a disability.

To meet 4.1, learners should provide examples of and describe how the individual can be in control of their care needs and provision of social care services. For 4.2 and 4.3, learners should describe the importance of supporting independence and inclusion within the community and how the individual can be assisted to achieve independence and inclusion within the community.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbooks

Butler S – *Hearing and Sight Loss: A Handbook for Professional Carers* (Age Concern Books, 2004) ISBN 978-08622423599

Burgess C, Shaw C et al – *Level 3 Health and Social Care: Training Resource Pack* (Heinemann, 2011) ISBN 978-0435032142

Fisher K – *Living with Physical Disability and Amputation* (Sheldon Press, 2009) ISBN 978-1847090768

Journal

Disability Now

Websites

www.carers.org/help-directory/physical-disabilities-illnesses

www.direct.gov.uk

www.disabilityuk.com

www.thedtgroup.org

Unit 22: Understand Physical Disability

Unit code: J/601/6150

QCF level 3: BTEC Specialist

Credit value: 3

Guided learning hours: 22

Unit aim

This unit covers understanding physical disability, the impact of a physical disability on a person's life and the role played by society. The unit promotes a person-centred approach as an underpinning value in working with individuals with physical disabilities.

Unit introduction

This unit gives learners an understanding of the concept of physical disability, the importance of differentiating between the individual and the disability, the impact of living with a physical disability within society and the importance of promoting inclusion and independence.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of differentiating between the individual and the disability	1.1	Explain the importance of recognising the centrality of the individual rather than the disability
		1.2	Explain the importance of an assessment being person centred
		1.3	Compare the difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only
2	Understand the concept of physical disability	2.1	Define the term physical disability
		2.2	Describe the following terminology used in relation to physical disability: <ul style="list-style-type: none"> • congenital • acquired • neurological
		2.3	Compare a congenital disability with a neurological disability, including causes
		2.4	Explain the emotional impact of a progressive disability on the individual
		2.5	Compare the different impacts on individuals that congenital and progressive disabilities can have
3	Understand the impact of living with a physical disability within society	3.1	Describe environmental and social barriers that can have a disabling effect on an individual with a physical disability
		3.2	Analyse the socio-economic effects of physical disability on an individual
		3.3	Explain the changes that have occurred in society as a result of Disability legislation

Learning outcomes		Assessment criteria	
		3.4	Analyse the extent of improvements for the individual as a result of Disability legislation
		3.5	Explain the effects of physical disability on an individual's life choices
		3.6	Explain how attitudes either promote a positive or negative perception of disability
4	Understand the importance of promoting inclusion and independence	4.1	Explain the importance of independence and inclusion for individuals with physical disabilities
		4.2	Analyse ways that inclusion and independence can be promoted
		4.3	Explain the importance of the individual having control of choices and decisions
		4.4	Analyse the importance of positive risk-taking for the individual with physical disabilities
		4.5	Explain how to encourage the individual to take positive risks while maintaining safety
		4.6	Explain strategies you may use to challenge stereotypes, prejudicial or discriminatory attitudes

Unit content

1 Understand the importance of differentiating between the individual and the disability

Centrality of the individual rather than the disability: importance explanation eg individual uniqueness, limitations of medical model of disability, promote equality, value diversity, maintain or enhance individual's self-worth and self-esteem

Person-centred assessment: importance explanation eg recognises individual uniqueness, appreciates unique context and circumstances, builds confidence of the individual

Focusing on an individual's strengths and aspirations rather than just their needs: potential difference in outcomes comparison eg holistic assessment leads to broader outcomes, harnesses individual's commitment, promotes a positive relationship

2 Understand the concept of physical disability

Physical disability: term definition eg physical impairment which has a substantial and long term effect on an individual's ability to carry out day-to-day activities, distinction between moderate and severe

Congenital disability: description eg present at birth, increasing impact with age, genetically inherited conditions

Acquired disability: description eg an ongoing or permanent condition an individual has received as a result of illness or accident; includes eg arthritis, rheumatism, cardiac conditions, pulmonary conditions from work or smoking eg emphysema, pulmonary fibrosis

Neurological disability: description eg a group of disorders that primarily relate to the central nervous system comprised of the brain and spinal cord, may affect an individual's speech, motor skills, vision, memory, muscle actions and learning abilities

Congenital disability and neurological disability: comparison eg definition of each, including examples of conditions and causes, significant overlap between the two terms

Progressive disability: emotional impact on the individual explanation eg uncertainty of progression of the condition, impact on goals and aspirations, fear of implications to self or family, concern about hereditary implications; conditions eg motor neuron disease, also includes neurological and some congenital diseases

Congenital and progressive disabilities: different impact on individuals comparison eg link between nature of condition and impact on individual, age, understanding, immediacy of symptoms or effects

3 Understand the impact of living with a physical disability within society

Barriers that can have a disabling effect: social barrier description eg ignorance, lack of acceptance, fear, communication limitation; physical descriptions eg environmental, isolation, access

Effects of physical disability on an individual: socio-economic effect analysis eg poverty, social isolation, stigma, stereotyping

Disability legislation: current legislation and subsequent updates eg Disability Discrimination Act 2005, Equality Act 2010; explanation of societal change eg changes actions if not attitudes, increased awareness, enforces action, building access improvements, employer adaptations required, employment access increased, equality of treatment by others

Disability legislation: improvement for the individual analysis eg increased legal rights, some change in attitude, employer reasonable adjustment requirement

Life choices: impact explanation eg living location, accommodation type, education location and type, work location and type, level of independence, relationships, social, leisure activities, physical health, mobility, sexuality

Impact of attitudes on perception of disability: positive perception explanation eg social model, 'can do', inclusive; negative perception explanation eg medical model, limitations, protective, exclusive

4 Understand the importance of promoting inclusion and independence

Independence and inclusion: importance explanation eg equality, self-esteem, self-determination, social network

Promoting inclusion and independence: ways analysis eg support effective use of personal budget, identify and resolve potential barriers to inclusion, seek opportunities for inclusion

Individual's control of choices and decisions: importance explanation eg equality, self-esteem, self-determination

Positive risk-taking: importance analysis eg self-esteem, feeling of independence, equality with people without disabilities, thrill, pleasure, control

Encouraging safe positive risk taking: how explanation eg collaborative planning, discussing implications, encouraging individual responsibility, balance between risk taking and duty of care

Challenging stereotypes, prejudicial or discriminatory attitudes: strategies explanation eg education, positive images, communication, inclusion, celebration

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, particularly for learning outcomes 1 and 2. Independent research should be encouraged, particularly with regard to the remaining learning outcomes 1, 2 and 3.

Learners may also benefit from being given opportunities to discuss issues, perhaps based on case studies from professional magazines. Group discussion enables learners to express views and explore ideas, and may be particularly useful with reference to learning outcomes 3 and 4. To support learning outcomes 3 and 4, guest speakers from professional social care settings or an individual with a disability can enhance learning and experience.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

The following terminology guidance is available for use when assessing learner work.

Congenital can include:

- cerebral palsy
- cystic fibrosis
- spina bifida
- congenital heart conditions
- muscular dystrophy
- congenital hip disorder.

Acquired disabilities can include:

- arthritis
- rheumatism
- cardiac conditions
- pulmonary conditions from work conditions or smoking eg emphysema, pulmonary fibrosis.

Neurological conditions can include:

- multiple sclerosis
- Parkinson's Disease
- stroke.

Progressive can also include neurological and some congenital conditions:

- motor neurone disease

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet criterion 1.1 learners should show their understanding of the importance of differentiating between the individual and the disability and explain the importance of recognising the centrality of the individual rather than the disability. For 1.2 and 1.3, learners should explain the importance of an assessment being person centred, and they should compare the possible difference in outcomes between focusing on an individual's strengths and aspirations rather than their needs.

To meet learning outcome 2, learners could design a leaflet for activity provision professionals, in which they define physical disability (2.1), and the related terminology of congenital, acquired and neurological (2.1 and 2.2). For 2.3, learners should compare a congenital disability with a neurological disability. This should include a description of the causes of each and any overlap between the two definitions. For 2.4, learners should explain the possible emotional impact of a progressive disability on an individual. For 2.5, this should be compared with the impact of a congenital disability on an individual.

A series of case study scenarios, drawn from the working environment where possible, may help learners to provide evidence for learning outcome 3 and learning outcome 4 if they are extended to allow for the exploration of inclusion and independence promotion. It is important to ensure that learners demonstrate at level 3, ie show analysis and explanation to differentiate the level of achievement over and above that for the level 2 units. To meet 3.1 and 3.2, learners should describe the environmental and social barriers and the socio-economic effects of physical disability on an individual. For 3.3 and 3.4, learners should analyse and explain the impact of disability legislation on society as a whole, and individuals with a physical disability. For 3.5, learners should explain the possible effects of physical disability on an individual's life choices which may link to 3.6, where learners should explain how societal attitudes affect the perception of disability.

To meet criterion 4.1, learners should explain the importance of independence and inclusion for individuals with physical disabilities in their everyday activities and lives. For 4.2, learners should analyse ways in which inclusion and independence can be promoted to enrich the lives of individuals. For 4.3, learners should explain the importance of the individual having control over choices and decisions. This could be linked to analysing the importance of positive risk taking for individuals (4.4) and explaining how to encourage this whilst maintaining safety (4.5). For 4.6, learners should explain the approaches that they can use to challenge stereotypes, prejudicial or discriminatory attitudes. This may involve a range of activities such as the learner producing posters, leaflets and/or a presentation.

Essential resources

Indicative resource materials

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Textbooks

Burgess C, Shaw C et al – *Level 3 Health and Social Care: Training Resource Pack* (Heinemann, 2011) ISBN 9780435032142

Butler S – *Hearing and Sight Loss: A Handbook for Professional Carers* (Age Concern Books, 2004) ISBN 978-08622423599

Fisher K – *Living with Physical Disability and Amputation* (Sheldon Press, 2009) ISBN 978-1847090768

Journals

Disability Now

Websites

www.carers.org/help-directory/physical-disabilities-illnesses

www.direct.gov.uk

www.disabilityuk.com

www.inspire.org.uk

www.shaw-trust.org.uk

www.thedtgroup.org

Unit 23: Understanding Assisting and Moving Individuals

Unit code: T/502/7585

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 15

Unit aim

The aim of this unit is to introduce the learner to the key concepts of assisting and moving individuals. This includes developing an awareness of legislation and theory and developing an understanding of the preparation of the environment and the individual who requires moving or assistance.

Unit introduction

This unit gives learners understanding of the key concepts of manual handling in relation to assisting and moving individuals. The unit will explore the impact of assisting and moving for workers and individuals and the worker's own role and roles of others in assisting and moving individuals. The unit will also enable learners to consider the requirements for preparing the environment before assisting and moving an individual and how to support the individual to prepare before assisting and moving.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the key concepts of manual handling in relation to assisting and moving individuals	1.1	Define the term manual handling
		1.2	Describe the following terms in relation to assisting and moving individuals: a risk b hazard c risk assessment d care plan e ergonomic approach
		1.3	Describe how current legislation relates to assisting and moving individuals
		1.4	Identify agreed ways of working that relate to assisting and moving individuals
		1.5	List a range of items of manual handling equipment and their uses
2	Understand the impact of assisting and moving for workers and individuals	2.1	Explain the importance of keeping up to date on current techniques, equipment and legislation with regard to assisting and moving individuals
		2.2	Describe the basic anatomy of the human body including the structure of the spine affected by assisting and moving
		2.3	Describe the potential injuries to the individual which may arise by failing to follow approved assisting and moving techniques
		2.4	Describe the potential injuries to the worker which may arise by failing to follow approved assisting and moving techniques

Learning outcomes		Assessment criteria	
		2.5	Describe the potential legal consequences of injuries to the individual
3	Understand worker's own role and roles of others in assisting and moving individuals	3.1	Describe responsibilities of worker's own role in relation to assisting and moving an individual
		3.2	Identify the limitations of worker's own role in relation to assisting and moving individuals
		3.3	Describe the role of others in relation to assisting and moving
		3.4	Describe when advice and/or assistance should be sought to assist and move an individual safely
4	Understand the requirements for preparing the environment prior to assisting and moving an individual	4.1	Describe why preparatory checks are necessary in relation to: <ul style="list-style-type: none"> a an individual's care plan b moving and handling risk assessment c legal requirements for the safety of equipment
		4.2	List a range of precautions for infection prevention and control
		4.3	Describe the difference between formal (documented) and informal (on the spot) risk assessments
		4.4	Describe the steps that should be taken to ensure the environment supports an individual's dignity during assisting and moving activities
		4.5	Describe how the environment can be a barrier to assisting and moving an individual
		4.6	Describe ways to overcome environmental barriers in the assisting and moving of individuals

Learning outcomes		Assessment criteria	
5	Understand how to support the individual to prepare before assisting and moving	5.1	Describe why it is important to communicate with the individual prior to assisting and moving
		5.2	Describe why it is important to communicate with others prior to assisting and moving
		5.3	Describe what factors should be taken into account when the individual's wishes conflict with their care plan in relation to health and safety and their risk assessment
		5.4	Describe where to seek advice and assistance if the individual's wishes conflict with their care plan

Unit content

1 Understand the key concepts of manual handling in relation to assisting and moving individuals

Manual handling: definition eg transporting or supporting of a load by one or more persons, which includes lifting, putting down, pushing, pulling, carrying or moving, and by reason of its characteristics of unfavourable ergonomic conditions, involves risk, particularly of back injury to those involved

Terms used in relation to assisting and moving individuals: risk eg to self or to the individual; hazard eg objects or issues needing consideration as risk factors; risk assessment eg consideration of risks and mitigating actions before undertaking moving activity; care plan eg written consideration of planned actions in the context of the risk assessment and the overall needs of the individual; ergonomic approach eg consideration of how to undertake an assisting and moving task in a manner that supports the physical wellbeing of the person involved, 'fitting the job to the person, rather than the person to the job', maximising productivity by reducing operator fatigue and discomfort, taking into account a range of relevant factors eg the nature of the task, the load, the working environment, individual capability

Assisting and moving individuals: current legislation and subsequent updating eg Health and Safety at Work Act 1974, Lifting Operations and Lifting Equipment Regulations 1998 (RIDDOR), Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 1990, Provision and Use of Work Equipment 1998, Reporting of Injuries, Diseases and Dangerous Occurrences 1995, Human Rights Act 1998, Mental Capacity Act 2005, Equality Act 2010

Assisting and moving individuals: organisational eg policy, procedures where they exist; agreed ways of working eg coordinated approaches, lifting techniques

Manual handling equipment: items and their uses eg hoists, glide/transfer sheets, wheelchair, profiling bed, lifting cushion, rope ladder, transfer boards/pat slides, turn-tables, handling belts, bedside rails

2 Understand the impact of assisting and moving for workers and individuals

Keeping up to date with techniques, equipment and legislation: importance eg personal safety, client safety and security, avoidance of litigation, prompt implementation of new/revised legal requirements, best practice, confidence; how eg initial training, refresher training, professional/ occupational sources of information and advice

Basic anatomy relevant to assisting and moving: anatomy eg of the back and spine, skeleton, muscle structure, pain receptors

Failing to follow approved assisting and moving techniques: individual injuries eg cuts, bruises, abrasions, strains, sores, fracture, pain

Failing to follow approved assisting and moving techniques: worker injuries eg permanent or temporary back injury, strains, falls, cuts, bruises, abrasions

Injuries to the individual: potential legal consequences eg litigation by individual or their family, workplace disciplinary action, charge of negligence

3 Understand worker's own role and roles of others in assisting and moving individuals

Assisting and moving an individual: responsibilities of worker eg keeping up to date, consideration of and compliance with relevant legislation, following instructions, working collaboratively, undertaking a risk assessment, effective communication with the individual

Assisting and moving individuals: limitations of worker's role eg not taking unacceptable risks, notifying employer when limitations reached

Assisting and moving: the role of others eg working collaboratively, compliance with legislation, following instructions in line with best practice; others eg care worker, carers, colleagues, managers, social worker, occupational therapist, GP, speech and language therapist, physiotherapist

Assist and move an individual safely: when advice and/or assistance should be sought eg when risk assessment or care plan identifies the need, when the weight of the individual demands it, when the environmental circumstances demand it, when the situation is outside the experience of the worker

4 Understand the requirements for preparing the environment prior to assisting and moving an individual

Preparatory checks of an individual's care plan: why eg understand the needs of the individual, make any necessary adaptations to the plan if circumstances have changed

Preparatory checks to a moving and handling risk assessment: why eg understand what actions and precautions are needed, to be able to communicate with the individual and/or with others

Preparatory checks regarding legal requirements for the safety of equipment: needed eg understanding and following any operating instructions, understanding appropriate use of the specific piece of equipment, recognising the legal risks of not doing so, checking condition and fitness for use

Infection prevention and control: precautions eg personal hygiene, awareness of and avoidance of cross-contamination, cleaning of equipment between use for different individuals

Formal and informal risk assessments: differences eg one is documented the other is 'on the spot', understanding the value of each, recognising the potential weaknesses of an informal assessment in terms of superficiality and communication consistency

Supporting an individual's dignity: how eg thinking ahead, appropriate clothing, screening from the view of others, clear, informative communication with the individual, providing choices where possible, inviting them to participate within their ability, encouraging independence, calm approach, personalisation

Environment: barriers eg confined space, room or furniture design, doorway aperture size, floor surfaces, steps

Overcoming environmental barriers: ways eg planning to mitigate environmental limitations, adjustment of room/ furniture layout, planning to work within known constraints, selection of equipment and aids,

5 Understand how to support the individual to prepare before assisting and moving

Communicating with the individual: importance eg to ensure that the individual is clear about what is about to happen, to seek cooperation, to provide reassurance, promote confidence

Communicating with others: importance eg to ensure clear understanding of the plan of action, to ensure full account is taken of the risk assessment and the care plan, to ensure coordinated actions, safety of all parties

Health and safety or risk assessment conflict between individual's wishes and their care plan: considerations eg the rights of the individual, ensuring that the individual understands what is being planned and why, the risks associated with non-compliance, possible impact on the health and safety of the worker or others

Conflict between the individual's wishes and their care plan: seeking advice and assistance eg fully understand the concerns of the individual, discussion with supervisor or manager

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery, for all the learning outcomes in this unit. Independent research should be encouraged, particularly for the remaining learning outcomes 1, 2 and 3.

Learners can benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines. Demonstration associated with group discussion could help learners to explore ideas and approaches and could be particularly useful for learning outcomes 2, 3, 4 and 5.

Assessment

Assessment of this unit must adhere to the Skills for Care and Development QCF Assessment Principles shown in *Annexe E*.

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some cross-over to support a thematic approach. It is essential that all assessment criteria are met so that learners achieve the learning outcomes. Learners will need to demonstrate understanding of the separate topics.

To meet assessment criteria 1.1 and 1.2, learners should define the term 'manual handling' and describe the related terms of 'risk', 'hazard', 'risk assessment', 'care planning' and 'ergonomic approach' in the context of assisting and moving individuals. For 1.3 and 1.4, learners should describe current legislation and identify agreed ways of working relating to assisting and moving individuals. For 1.5, learners could produce an information leaflet naming and describing the use of manual handling equipment.

To meet learning outcomes 2 and 3, learners could produce an insert for a staff manual. For 2.1, learners should explain why it is important to stay current in terms of techniques, equipment and legislation related to assisting and moving individuals. For 2.2, learners should describe basic human anatomy in so far as it relates to assisting and moving individuals. For 2.3 and 2.4, learners should describe the potential injuries to the worker and the individual which may occur through not following approved assisting and moving techniques. They should also describe the potential legal consequences of injuries to the individual (2.5). To meet assessment criteria 3.1, 3.2 and 3.3, learners should describe the extent and identify the limits of their own role and that of others in relation to assisting and moving individuals. For 3.4, learners should describe when advice or assistance should be sought to assist and move an individual safely.

To meet assessment criterion 4.1, learners should describe why preparatory checks are necessary to an individual's care plan, the risk assessment and the legal requirements for any relevant safety equipment. For 4.2, learners could produce a series of leaflets or posters which list the precautions to take to reduce the risk of infection or its spread. For 4.3, learners should distinguish between formal and informal risk assessments. For 4.4, 4.5 and 4.6, learners should describe how to ensure the environment supports an individual's dignity during assisting and moving activities. Learners should identify how the environment may be a barrier to assisting and moving an individual and how it may be overcome.

To meet learning outcome 5, a case study scenario could help learners to meet the assessment requirements. For 5.1 and 5.2, learners should describe why communication with both the individual and with others is important before an assisting and moving activity. For 5.3 and 5.4, learners should describe the factors that should be taken into account when an individual's wishes conflict with their care plan in relation to health and safety and their risk assessment. Learners should also describe where they would seek advice and assistance in these circumstances.

Essential resources

Learners will need full access to library resources including suitable texts, professional journals/magazines, current newspapers and internet access for research purposes.

Indicative resource materials

Textbook

Hardie E, Johnson D – *Health and Safety in a Learning Disability Service* (Heinemann, 2007) ISBN 978-0435500023

Websites

www.carers.org/help-directory/physical-disabilities-illnesses

www.direct.gov.uk

www.disabilityuk.com

www.hse.gov.uk

www.otdirect.co.uk/mov_law.html

www.thedtgroup.org

Further information

For further information please call Customer Services on 0844 576 0026 (calls may be recorded for quality and training purposes) or visit our website (www.edexcel.com).

Useful publications

Related information and publications include:

- Guidance for Centres Offering Edexcel/BTEC QCF Accredited Programmes (Edexcel, distributed to centres annually)
- Functional Skills publications – specifications, tutor support materials and question papers
- Regulatory arrangements for the Qualification and Credit Framework (published by Ofqual) August 2008
- the current Edexcel publications catalogue and update catalogue.

Edexcel publications concerning the Quality Assurance System and the internal and external verification of vocationally related programmes can be found on the Edexcel website and in the Edexcel publications catalogue.

NB: Some of our publications are priced. There is also a charge for postage and packing. Please check the cost when you order.

How to obtain National Occupational Standards

Please contact:

Skills for Care and Development
2nd Floor
City Exchange
11 Albion Street
Leeds
LS1 5ES

Telephone: 0113 390 7666

Fax: 0113 2468066

Email: sscinfo@skillsforcareanddevelopment.org.uk

Professional development and training

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

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

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

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

Our customer service numbers are:

BTEC and NVQ	0844 576 0026
GCSE	0844 576 0027
GCE	0844 576 0025
The Diploma	0844 576 0028
DiDA and other qualifications	0844 576 0031

Calls may be recorded for training purposes.

The training we provide:

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

Annexe A

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

Progression opportunities within the framework.

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
8				
7				
6				
5		BTEC Higher Nationals in Health and Social Care (QCF)		Level 5 Diplomas in Leadership for Health and Social Care and Children and Young People's Services (QCF)
4				
3	GCE Health and Social Care (Single Award, Double Award and Additional) Higher Diploma in Society, Health and Development	Edexcel BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma in Health and Social Care (QCF)	Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care (QCF)	Level 3 Diploma in Health and Social Care (Adults) for England (QCF) Level 3 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (QCF) Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Ireland (QCF)

Level	General qualifications	BTEC full vocationally-related qualifications	BTEC specialist courses	NVQ/occupational
2	GCSE in Health and Social Care (Single and Double Award) Foundation Diploma in Society, Health and Development	Edexcel BTEC Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care (QCF) Advanced Diploma in Society, Health and Development	Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care Edexcel BTEC Level 2 Award in Awareness of Dementia (QCF) Edexcel BTEC Level 2 Certificate in Dementia Care (QCF)	Level 2 diploma in Health and Social Care (Adults) for England (QCF) Level 2 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (QCF)
1				
Entry				

Annexe B

Wider curriculum mapping

Edexcel BTEC level 2 and 3 qualifications give learners opportunities to develop an understanding of spiritual, moral, ethical, social and cultural issues as well as an awareness of citizenship, environmental issues, European developments, health and safety considerations and equal opportunities issues.

Spiritual, moral, ethical, social and cultural issues

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

Citizenship

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

Environmental issues

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

European developments

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

Health and safety considerations

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

Equal opportunities issues

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

Annexe C

Qualification unit mapping

The grid below maps the units in these qualifications with the Skills for Care Unit referencing

KEY

Units	Reference
1: Understand Activity Provision in Social Care	ACT 201
2: Understand the Delivery of Activities in Social Care	ACT 204
3: Understand the Benefits of Engaging in Activities in Social Care	ACT 202
4: Therapeutic Approaches for Activity Provision in Social Care	ACT 206
5: Understand the Benefits of Reminiscence as Activity	ACT 208
6: Dementia Awareness	DEM 201
7: Contribute to Supporting Group Care Activities	HSC 2023
8: Understand the Context of Supporting Individuals with Learning Disabilities	LD 201
9: Coordination of Activity Provision in Social Care	ACT 310
10: Equality and Diversity in Activity Provision	ACT 307
11: Implement Therapeutic Group Activities	HSC 3008
12: Community Involvement in Activity Provision	ACT 207
13: Activity Provision in Dementia Care	ACT 305
14: Specialist Activity Provision in Social Care	ACT 306
15: Understand the Effects of Ageing in Activity Provision	ACT 304
16: Introductory Awareness of Sensory Loss	SS MU 2.1
17: Understand Sensory Loss	SS MU 3.1
18: Understand the Process and Experience of Dementia	DEM 301
19: Understand Mental Health Problems	CMH 302
20: Understand Positive Risk Taking for Individuals with Disabilities	LD 305
21: Understand Physical Disability	PD OP 2.1
22: Understand Physical Disability	PD OP 3.1
23: Understanding Assisting and Moving Individuals	MH 201

Annexe D

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, Skill for Health will also use these assessment principles.

2 Assessment Principles

- 2.1 Assessment decisions for competence based learning outcomes (eg those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.
- 2.2 Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.
- 2.3 Competence based assessment must include direct observation as the main source of evidence
- 2.4 Simulation may only be utilised as an assessment method for competence based LO where this is specified in the assessment requirements of the unit'.
- 2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.
- 2.6 Assessment of knowledge based Learning Outcomes (eg 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.

Annexe E

BTEC Specialist and Professional qualifications

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

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

NQF = National Qualifications Framework

QCF = Qualifications and Credit Framework

For most qualifications on the **NQF**, the accreditation end date is normally 31 August 2010 or 31 December 2010.

For qualifications on the **QCF**, the accreditation start date is usually 1 September 2010 or 1 January 2011.

QCF qualification sizes	
Award	1-12 credits
Certificate	13-36 credits
Diploma	37+ credits

db111111G:\WORDPROC\T\PD\SPECIALIST QUALS\BA029494 L2&3 AWD & CERT IN ACTIVITY PROVISION IN SOCIAL CARE (QCF).DOC.1-209/1

Publications Code BA029494 November 2011

For more information on Edexcel and BTEC qualifications please
visit our website: www.edexcel.com

BTEC is a registered trademark of Pearson Education Limited

Pearson Education Limited. Registered in England and Wales No. 872828
Registered Office: Edinburgh Gate, Harlow, Essex CM20 2JE. VAT Reg No GB 278 537121