

Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)

Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

Specification

BTEC specialist qualifications

First teaching September 2011

Edexcel, a Pearson company, is the UK'S largest awarding body offering academic and vocational qualifications and testing to schools, colleges, employers and other places of learning in the UK and internationally. Qualifications include GCSE, AS, and A Level, NVQ and our BTEC suite of vocational qualifications from entry level to BTEC Higher National Diplomas. Edexcel and BTEC qualifications are administered by Pearson Education Ltd.

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BTEC Specialist qualification titles covered by this specification

Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)

Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals 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 QNs for the qualifications in this publication are:

Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)	600/3020/3
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Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)	600/2934/1
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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 Stand Alone.

Welcome to the Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

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

Focusing on the Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

The purpose of the level 2 Certificate is to ensure that workers are competent in assisting and moving individuals in social care settings. Once completed, learners may wish to progress to the level 3 Award, this qualification gives managers the skills necessary to induct their employees in assisting and moving individuals.

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. BTEC qualifications are developed with key industry representatives and Sector Skills Councils (SSC) to ensure that they meet employer and learner needs — in this case, Skills for Care and Development. Many industry and professional bodies offer successful BTEC learners exemptions for their own accredited qualifications.

All you need to get started

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

- a framework of equivalencies, so you can see how these qualifications compare with other Edexcel vocational qualifications
- information on rules of combination, structures and quality assurance, so you can deliver the qualifications 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 Certificate	2
Edexcel BTEC Level 3 Award	2
Key features of the Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)	2
National Occupational Standards	2
Rules of combination	4
Rules of combination for Edexcel BTEC Level 2 and 3 qualifications	4
Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)	5
Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)	7
Assessment	8
Quality assurance of centres	9
Approval	9
Quality Assurance Guidance	9
Programme design and delivery	10
Mode of delivery	10
Resources	10
Delivery approach	10
Additional and Specialist Learning	11
Functional Skills	11
Access and recruitment	11
Restrictions on learner entry	12
Access arrangements and special considerations	12
Recognition of Prior Learning	12
Unit format	13
Unit title	13
Unit code	13
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: Select and Use Appropriate Techniques and Equipment when Dealing with Falls	19
Unit 2: Select and Use Appropriate Strategies and Equipment when Assisting and Moving Individuals	25
Unit 3: Moving Inanimate Loads	33
Unit 4: Move and Position Individuals in Accordance with their Plan of Care	41
Unit 5: Understanding and Enabling Assisting and Moving Individuals	49
Unit 6: The Principles of Infection Prevention and Control	59
Unit 7: Causes and Spread of Infection	67
Unit 8: Cleaning, Decontamination and Waste Management	73
Unit 9: Principles of Safeguarding and Protection in Health and Social Care	81
Unit 10: Contribute to Health and Safety in Health and Social Care	91
Unit 11: Provide Support for Therapy Sessions	101
Unit 12: Provide Support for Mobility	107
Unit 13: Understand Physical Disability	113
Unit 14: Understand the Context of Supporting Individuals with Learning Disabilities	121
Unit 15: Principles of Positive Risk Taking for Individuals with Disabilities	129
Unit 16: Dementia Awareness	135
Unit 17: Introductory Awareness of Sensory Loss	141
Unit 18: Understand Mental Health Problems	149
Unit 19: Provide a Workplace Induction in the Assisting and Moving of Individuals	155
Further information	161
Useful publications	161
How to obtain National Occupational Standards	161
Professional development and training	162

Annexe A	163
The Edexcel qualification framework for the health and social care sector	163
Annexe B	169
Wider curriculum mapping	169
Annexe C	171
National Occupational Standards	171
Annexe D	173
Skills for Care and Development QCF Assessment Principles	173
Annexe E	175
BTEC Specialist and Professional qualifications	175

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 Certificate

The Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) offers an engaging programme for learners aged 16 years and over who are clear about the vocational area they want to learn more about. These learners may wish to extend their programme through the study of a related GCSE, a complementary NVQ or other related vocational or personal and social development qualification. These learning programmes can be developed to allow learners to study complementary qualifications without duplication of content.

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

Edexcel BTEC Level 3 Award

The Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) provides learners aged 16 years and over with an introduction to the skills, qualities and knowledge that may be required for employment in a social care setting. There is potential for the qualification to prepare learners for employment in a particular vocational sector and it is suitable for those who have decided that they wish to enter a specific area of work.

Key features of the Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

The Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) have been developed to give learners aged 16 years and over 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 qualifications are designed to provide some of the underpinning knowledge and understanding for the National Occupational Standards (NOS), as well as developing practical skills in preparation for work and possible achievement of NVQs in due course. NOS form the basis of National Vocational Qualifications (NVQs). 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.

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

The Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) relate to the NOS for: Health and Social Care (HSC).

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 Edexcel BTEC Level 2 and 3 qualifications

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

Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)

- 1 Qualification credit value: a minimum of 14 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 14 credits
- 3 All credits must be achieved from the units listed in this specification.

Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

- 1 Qualification credit value: 5 credits.
- 2 Minimum credit to be achieved at, or above, the level of the qualification: 5 credits
- 3 All credits must be achieved from the unit listed in this specification.

Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)

The Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) is a 14 credit and 140 guided learning hour (GLH) qualification. Learners must achieve 6 credits from the 3 mandatory units, 4 credits from the specialist units and the remaining credits from the optional units.

Settings Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)					
Unit	Unit reference	Mandatory units - Group M1	Credit	Level	GLH
1	L/502/7592	Select and Use Appropriate Techniques and Equipment when Dealing with Falls	2	2	14
2	F/502/7587	Select and Use Appropriate Strategies and Equipment when Assisting and Moving Individuals	3	2	21
3	A/502/7586	Moving Inanimate Loads	1	2	10
Unit	Unit reference	Specialist units (learners must complete only one unit from this group)	Credit	Level	GLH
4	J/601/8027	Move and Position Individuals in Accordance with their Plan of Care	4	2	26
5	K/502/7583	Understanding and Enabling Assisting and Moving Individuals	4	2	28
Unit	Unit reference	Optional units	Credit	Level	GLH
6	L/501/6737	The principles of Infection Prevention and Control	3	2	30
7	H/501/7103	Causes and Spread of Infection	2	2	20
8	R/501/6738	Cleaning, Decontamination and Waste Management	2	2	20
9	A/601/8574	Principles of Safeguarding and Protection in Health and Social Care	3	2	26
10	R/601/8922	Contribute to Health and Safety in Health and Social Care	4	2	33
11	D/601/9023	Provide Support for Therapy Sessions	2	2	14
12	H/601/9024	Provide Support for Mobility	2	2	14
13	L/601/6117	Understand Physical Disability	2	2	19
14	K/601/5315	Understand the Context of Supporting Individuals with Learning Disabilities	4	2	35

Settings Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)					
Unit	Unit reference	Optional units	Credit	Level	GLH
15	K/601/6285	Principles of Positive Risk Taking for Individuals with Disabilities	2	2	20
16	J/601/2874	Dementia Awareness	2	2	17
17	F/601/3442	Introductory Awareness of Sensory Loss	2	2	16
18	J/602/0103	Understand Mental Health Problems	3	3	14

Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)

The Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) is a 5 credit and 40 guided learning hour (GLH) qualification. Learners must achieve the mandatory unit which has a value of 5 credits.

Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF)					
Unit	Unit reference	Mandatory units	Credit	Level	GLH
19	R/503/5645	Provide a Workplace Induction in the Assisting and Moving of Individuals	5	3	40

Assessment

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

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

Guidance

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

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

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

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

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

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

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

The Edexcel quality assurance processes will involve:

- centre approval for those centres not already recognised as a centre for BTEC qualifications
- approval for 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 centre verification practice
- quality review and development 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 and 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 fulltime, 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.

Additional and Specialist Learning

Additional and Specialist Learning (ASL) consists of accredited qualifications at the same level as, or one level above a 14-19 Diploma course of study, which have been approved under Section 96 of the Learning and Skills Act 2000. The ASL may include BTEC qualifications which are also available to learners not following a 14-19 Diploma course of study.

ASL qualifications are listed on the 14-19 Diploma Catalogue which is available on the Register of Regulated Qualifications (www.ofqual.gov.uk). The catalogue will expand over time as more qualifications are accredited and approved.

Centres undertaking, or preparing to undertake, ASL should refer regularly to the Edexcel website for information regarding additions and the 14-19 Diploma Catalogue for the latest information.

Functional Skills

Edexcel Level 2 and 3 BTEC 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 qualifications rules of combination. Functional Skills are offered as standalone 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 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) are accredited on the QCF for learners aged 16 and above.

Learners between 16 and 18 years old can be considered potentially vulnerable under current legislation. Where learners are required to spend time 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/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 Ofqual Register of Regulated 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

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

Unit introduction

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

Learning outcomes

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

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

Units

Unit 1: Select and Use Appropriate Techniques and Equipment when Dealing with Falls	19
Unit 2: Select and Use Appropriate Strategies and Equipment when Assisting and Moving Individuals	25
Unit 3: Moving Inanimate Loads	33
Unit 4: Move and Position Individuals in Accordance with their Plan of Care	41
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Unit 8: Cleaning, Decontamination and Waste Management	73
Unit 9: Principles of Safeguarding and Protection in Health and Social Care	81
Unit 10: Contribute to Health and Safety in Health and Social Care	91
Unit 11: Provide Support for Therapy Sessions	101
Unit 12: Provide Support for Mobility	107
Unit 13: Understand Physical Disability	113
Unit 14: Understand the Context of Supporting Individuals with Learning Disabilities	121
Unit 15: Principles of Positive Risk Taking for Individuals with Disabilities	129
Unit 16: Dementia Awareness	135
Unit 17: Introductory Awareness of Sensory Loss	141
Unit 18: Understand Mental Health Problems	149
Unit 19: Provide a Workplace Induction in the Assisting and Moving of Individuals	155

Unit 1: **Select and Use Appropriate Techniques and Equipment when Dealing with Falls**

Unit code: L/502/7592
QCF level 2: BTEC Specialist
Credit value: 2
Guided learning hours: 14

Unit aim

The aim of this unit is to assess learner ability to select and use appropriate techniques and equipment when in unpredictable occurrences moving and assisting individuals. It also identifies situations where learners should not assist a falling or fallen individual.

Unit introduction

This unit enables learners to assist an individual who is falling or has fallen appropriately. Learners will understand when, how or whether to intervene in different circumstances. They will evidence their ability to select and use appropriate techniques and equipment to support individuals who are falling or have fallen. This unit will also enable learners to maintain and update records which relate to assisting and moving falling or fallen individuals.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. All learning outcomes must be assessed in real work situations.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Be able to assist appropriately an individual who is falling	1.1	Identify interventions for managing risk of falls
		1.2	Identify agreed ways of working in relation to a falling person
		1.3	Describe in what situations you should not intervene/assist with a falling person
		1.4	Describe in what situations it would be appropriate to intervene/assist with a falling person
		1.5	Demonstrate techniques on how to intervene/assist a falling person
2	Be able to assist appropriately an individual who has fallen	2.1	Describe in what situations it is appropriate to assist an individual who has fallen to raise themselves
		2.2	Identify agreed ways of working in relation to the fallen person
		2.3	Describe in what situations it is inappropriate to assist an individual who has fallen to raise themselves
		2.4	Describe the techniques that can be used to support the individual to raise themselves
		2.5	Identify the appropriate technique and equipment to raise an individual who has fallen and is unable to assist him/herself
		2.6	Describe the steps that should be taken to ensure the environment supports an individual's dignity
3	Be able to maintain and update records which relate to assisting and moving falling/fallen individuals	3.1	Describe what information should be reported and recorded when an individual has fallen
		3.2	Describe how changes may affect the moving and handling risk assessment of an individual

Unit content

1 Be able to assist appropriately an individual who is falling

Individual: person requiring health and care services

Identify interventions for managing risk of falls: environment eg lighting, loose floor coverings, uneven ground, obstacles, unstable objects; physical eg individual's clothing or footwear, encourage exercise; communication eg discussion with individual about risks and preventative actions, falls register

Agreed ways of working in relation to a falling person: describe eg preventive action wherever possible, safe environment, avoid causing injury to self, assistance to minimise injury; policies and procedures where these exist eg documented, less formally documented, appropriate clothing/footwear for tasks

Not intervening or assisting with a falling person: circumstances eg placing self in danger, when intervention may add to potential injury, risk of head or spinal injury

Intervening or assisting with a falling person: circumstances eg trips, fainting, when not placing self in danger, when not intervening would be life-threatening for the individual

Techniques on how to intervene or assist a falling person: describe eg do not stop the fall, guide to the ground rather than attempt to catch the individual, focus on protecting the head, assess injuries before attempting to lift an individual, recovery position, make comfortable, call for assistance

2 Be able to assist appropriately an individual who has fallen

Assisting an individual who has fallen to raise themselves: appropriate situations eg minor fall with no injury, individual is mobile with only minor assistance needed only, emergency situation, more than one person available to offer support

Fallen person: agreed ways of working eg assess the situation, decide appropriate action, do not attempt to lift an individual alone, follow local procedure

Assisting an individual who has fallen to raise themselves: inappropriate situations eg individual has lost consciousness, individual possibly injured, potential of injury to self

Techniques to support the individual to raise themselves: eg clear, calm instructions, organise environment, one chair in front and the other behind, pull up on one chair sit on the other, staged approach, rest during process

Technique and equipment to raise an individual who has fallen and is unable to assist themselves: describe eg assess situation, decide whether lifting is appropriate, do not work alone, follow a logical staged approach, use of appropriate equipment if trained to do so, chair or bed as destination; equipment eg hoist, lifting cushion, slide sheets

Supporting an individual's dignity: definition of dignity eg bearing, conduct, speech indicative of self-respect, appreciation of the formality or gravity of an occasion or situation; how to support an individual's dignity eg appropriate covering, screening from the view of others, clear communication with the individual

3 Be able to maintain and update records which relate to assisting and moving falling/fallen individuals

Reporting and recording when an individual has fallen: what to report and record eg location, circumstance, time of incident, nature of incident, witness details, details of incident, assessment of the individual's condition, actions taken

Moving and handling risk assessment of an individual: impact of changes eg health status of individual, confidence level of individual, lessons learned from incident, level of risk may need reassessment

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method for all the learning outcomes in this unit. Learners may also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines or other valid sources. Group discussion would enable learners to express views and explore ideas, and may be particularly useful with reference to learning outcomes 1 and 2.

Assessment

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

All the learning outcomes must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice, case studies, and observation records.

Essential resources

Learners will need access to library facilities, including textbooks, professional magazines, journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Websites

www.dlf.org.uk/content/moving-and-handling-people

www.ehow.com/info_8545542_lifting-techniques-elderly-falls.html

Unit 2: Select and Use Appropriate Strategies and Equipment when Assisting and Moving Individuals

Unit code: F/502/7587
QCF level 2: BTEC Specialist
Credit value: 3
Guided learning hours: 21

Unit aim

The aim of this unit is to assess learner ability to select and use appropriate techniques and equipment when moving and assisting individuals. The unit is aimed at learners who work in diverse settings and who will be assisting and moving individuals with a range of abilities.

Unit introduction

This unit enables learners to gain confidence and evidence their ability in the important daily activity of assisting and moving individuals appropriately. Learners will understand how to support individuals whilst protecting themselves against injury. Learners will be able to assist individuals in sitting, standing and walking safely. They will also be able to assist individuals to move in and around their bed, and transfer from one location to another. Learners will also understand the importance of maintaining and updating related records.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 1, 2 and 3 must be assessed in real work situations.

Learning outcomes and assessment criteria

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Be able to assist the individual to sit, stand and walk safely	1.1	Demonstrate a range of manoeuvres which may assist the individual to move
		1.2	Demonstrate techniques which may assist an individual to move which rely on the assistance of one or more workers in the following: (a) moving the individual forward in a chair (b) moving the individual back in a chair (c) sitting to standing from a chair (d) standing to sitting in a chair (e) sitting to standing at edge of the bed (f) standing to sitting at edge of the bed (g) assisted walking
2	Be able to apply safe handling practices to assist individuals to move in and around their bed	2.1	Demonstrate a range of manoeuvres which can assist the individual to move independently in and around their bed
		2.2	Demonstrate strategies which assist an individual to move which rely on the assistance of one or more workers in the following: (a) turning in bed (b) getting in and out of bed (c) fitting and removing tubular and flat slide sheets (d) sliding a supine individual up and down the bed (e) sitting an individual up from lying in the bed (f) sitting an individual up and on to the edge of a bed (g) assisting an individual to lie down from sitting on the edge of a bed

Learning outcomes		Assessment criteria	
		2.3	Demonstrate the use of appropriate equipment for the above techniques
		2.4	Demonstrate an ergonomic approach to providing personal care to an individual in bed
3	Be able to apply safe handling practices to assist the transfer of individuals	3.1	Demonstrate a range of manoeuvres which can assist the individual to transfer
		3.2	Demonstrate relevant techniques which assist an individual to transfer which rely on the assistance of one or more workers: (a) standing transfer from bed to chair or chair to bed (b) seated transfer from bed to chair or chair to bed (c) transfer from chair to chair or commode (d) transfer to toilet with minimal assistance (e) transfer to toilet using a hoist (f) lateral supine transfer from bed (g) transfer to and from bath and shower
		3.3	Demonstrate the correct procedure for: (a) fitting a sling using glide sheets (b) fitting a sling with an individual in a chair (c) fitting a sling with an individual in a bed (d) connecting a sling to the relevant hoist
		3.4	Describe the appropriate procedures for the following: (a) transferring an individual using a stand aid hoist (b) transferring an individual using a sling lifting hoist (c) hoisting an individual from the floor

Learning outcomes		Assessment criteria	
4	Understand the importance of maintaining and updating records which relate to moving and assisting individuals	4.1	Describe what changes should be reported and recorded in relation to: (a) the individual (b) the environment (c) equipment
		4.2	Describe how changes may affect the care and support plan of an individual

Unit content

1 Be able to assist the individual to sit, stand and walk safely

Individual: A person who requires care support and services

Manoeuvres which may assist the individual to move: demonstrate eg starting position, consideration of objectives, use of momentum, keeping knees together, using arms to support rolling

Techniques which may assist an individual to move relying on one or more workers: moving the individual forward in a chair; moving the individual back in a chair; sitting to standing from a chair; standing to sitting in a chair; sitting to standing at edge of the bed; standing to sitting at edge of the bed; assisted walking

2 Be able to apply safe handling practices to assist individuals to move in and around their bed

Manoeuvres which can assist the individual to move independently in and around their bed: demonstrate eg rolling, using grips and straps, swinging, placing of furniture

Strategies which may assist an individual to move relying on one or more workers and the demonstration of appropriate equipment: turning in bed; getting in and out of bed; fitting and removing tubular and flat slide sheets; sliding a supine individual up and down the bed; sitting an individual up from lying in the bed; sitting an individual up and on to the edge of a bed; assisting an individual to lie down from sitting on the edge of a bed

Ergonomic approach to providing individual personal care in bed: demonstrate eg appropriate technique to be demonstrated by tutor taking account of the specific circumstances related to the worker and the individual; example eg use of bed height adjustment to facilitate reduced back strain for the worker when undertaking personal care

Equipment: types eg slide sheets, sling lift, hoist, stand and turn disc, monkey pole, transfer board, handling belt, turntable, bed ladder, hand blocks, leg raiser

Ergonomic approach: show understanding eg the applied science of equipment design, as for the workplace, intended to maximise productivity by reducing operator fatigue and discomfort

3 Be able to apply safe handling practices to assist the transfer of individuals

Manoeuvres which can assist the individual to transfer: demonstrate eg starting position, consideration of objectives, use of momentum, keeping knees together, using grips or straps

Techniques which may assist an individual to transfer relying on one or more workers: standing transfer from bed to chair or chair to bed; seated transfer from bed to chair or chair to bed; transfer from chair to chair or commode; transfer to toilet with minimal assistance; transfer to toilet using a hoist; lateral supine transfer from bed; transfer to and from bath and shower

Correct fitting or connecting procedure: fitting a sling using glide; fitting a sling with an individual in a chair; fitting a sling with an individual in a bed; connecting a sling to the relevant hoist

Appropriate transferring and hoisting procedures: transferring an individual using a stand aid hoist; transferring an individual using a sling lifting hoist; hoisting an individual from the floor

4 Understand the importance of maintaining and updating records which relate to moving and assisting individuals

Reporting and recording changes: the individual eg mobility level, health, mood, physical condition; the environment eg temperature, light level, space, hazards; equipment eg condition, cleanliness, mechanical issues, suitability

Impact of changes on the care and support plan: describe eg the importance of accurately defining the care needed for each individual, reassessment needed, adapted approach, alteration or attention needed to environment or equipment

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method for all the learning outcomes in this unit. Tutor demonstration and or tutor led practical role play may support learners to increase their understanding, and gain confidence in meeting the assessment criteria for this unit. Learners may also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines or other valid sources. Group discussion would enable learners to express views and explore ideas, and may be particularly useful for learning outcome 4.

Assessment

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

Learning outcomes 1, 2 and 3 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice, case studies and observational records.

To meet assessment criterion 4.1 learners should describe the type of changes that should be reported and recorded related to the individual, the environment and the equipment used. For 4.2, learners should describe how any noted changes may impact on the care and support plan for the individual.

Essential resources

Learners will need access to library facilities, including textbooks, professional magazines/journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Websites

www.nhs.uk/CarersDirect/guide/practicalsupport/Pages/movingandhandling.aspx

www.nursingtimes.net/manual-handling-1-assisted-stand/1951803.article

www.nvqmadesimple.com/kinds-moving-handling-equipments

www.pearsonschoolsandfecolleges.co.uk/AssetsLibrary/SECTORS/FurtherEducation/Colleges/PDFs/RevisedNVQ3.pdf

Unit 3: Moving Inanimate Loads

Unit code: A/502/7586

QCF Level 2: BTEC Specialist

Credit value: 1

Guided learning hours: 10

Unit aim

The aim of this unit is to assess learner ability to move inanimate loads safely.

Unit introduction

This unit will enable learners to understand the key concepts of manual handling in relation to moving inanimate loads. They will gain confidence and evidence their ability in the important daily activity of appropriately handling and lifting inanimate objects appropriately, and understand how to protect themselves against injury. Learners will understand the impact on workers and others and the requirements for preparing the environment before moving inanimate loads. They will also understand how to safely handle and store inanimate loads safely.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcome 4 must be assessed in real work situations.

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 moving inanimate loads	1.1	Define the term manual handling
		1.2	Describe the following terms in relation to moving inanimate loads: (a) risk, (b) hazard, (c) risk assessment, (d) ergonomic approach
		1.3	Describe how current legislation relates to moving inanimate loads
		1.4	Identify agreed ways of working that relate to moving inanimate loads
		1.5	Identify when a moving and handling procedure should be stopped and help or guidance should be obtained
		1.6	List a range of moving and handling equipment and their uses
2	Understand the impact on workers and others of moving inanimate loads	2.1	Describe the basic anatomy of the human body, including the structure of the spine, affected by moving and handling
		2.2	Identify worker's own ability in relation to assisting and moving
		2.3	Describe the potential injuries which may arise by failing to follow approved moving techniques
		2.4	Explain the importance of keeping up to date on current techniques, equipment and legislation with regard to moving inanimate loads
		2.5	Describe when advice and/or assistance should be sought to move an inanimate load safely
		2.6	Describe the additional risk factors when moving inanimate loads with one or more workers

Learning outcomes		Assessment criteria	
3	Understand the requirements for preparing the environment prior to moving inanimate loads	3.1	Describe why preparatory checks are necessary in relation to moving inanimate loads
		3.2	Describe how the environment can be a barrier to moving inanimate loads
		3.3	Describe ways to overcome environmental barriers when moving inanimate loads
4	Be able to safely handle and store inanimate loads.	4.1	Demonstrate safe practice in the following areas: (a) pushing and pulling, (b) supporting, (c) lifting and lowering at a variety of levels, (d) carrying a load, (e) safety checks of appropriate equipment
		4.2	Demonstrate safe storage of inanimate loads

Unit content

1 Understand the key concepts of manual handling in relation to moving inanimate loads

Manual handling: definition eg transporting or supporting of a load by one or more person, includes lifting, putting down, pushing, pulling, carrying or moving, unfavourable ergonomic conditions, involves risk, particularly of back injuries to those involved

Terms associated with moving inanimate loads: risk eg to self or others;

hazard eg objects or issues needing consideration as risk factors; risk assessment eg consideration of risks and mitigating actions before undertaking moving activity; ergonomic approach: the applied science of equipment design, as for the workplace, intended to maximise productivity by reducing operator fatigue and discomfort, eg how to undertake a 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'; the ergonomic approach takes into account a range of relevant factors eg the nature of the task, the load, the working environment, individual capability

Current legislation: eg Lifting Operations and Lifting Equipment Regulations (1998)/Provision and Use of Work Equipment (1998), Reporting of Injuries, Diseases and Dangerous Occurrences (1995), Management of Health & Safety at Work (1999), Health and Safety at Work Act (1974), Regulations Manual Handling Operations Regulations (1990), Human Rights Act (1998), Mental Capacity Act (2005), Disability Discrimination Act (1995) (now incorporated in the Equality Act) (2010), Medicines and Healthcare Products Regulatory Agency

Agreed ways of working: include policies and procedures where these exist ie they may be less formally documented with micro-employers eg coordinated approaches, lifting techniques

Moving and handling procedure: when to stop and seek help or guidance eg heavy load, environmental hazards, obstacles, lack of appropriate support equipment

Moving and handling equipment items and their uses: eg hoists, turning discs, trolleys, wheeled platforms, sack barrow, dollies

2 Understand the impact on workers and others of moving inanimate loads

Basic anatomy relevant to assisting and moving: description eg anatomy of the back, skeleton and muscle structure, muscle and skeletal interaction during an assisting or moving activity, risks of injury if procedure carried out incorrectly

Assisting and moving: worker's own ability eg following instructions, working collaboratively, undertaking a risk assessment, not taking unacceptable risks, notifying employer or supervisor when limitations reached

Failing to follow approved assisting and moving techniques: potential injuries to the individual eg back injury, strains, fractures, falls, cuts, bruises, abrasions

Moving inanimate loads: importance of staying up to date eg current training and refreshers, personal safety, avoidance of litigation, best practice, confidence

Moving inanimate objects: when to seek advice or assistance eg heavy load more than 15 kg, large sized object, environmental hazards, obstacles, lack of appropriate support equipment, outside experience

Additional risk factors when working with one or more colleagues to move inanimate loads: eg potential for misunderstanding, lack of coordination, incorrect assumptions made about knowledge or experience, poor collective planning

3 **Understand the requirements for preparing the environment prior to moving inanimate loads**

Preparatory checks before moving inanimate loads: why needed eg understand moving requirement, identify risks and mitigating actions, need for additional help or advice, need for supporting equipment

Environment as a barrier to moving inanimate objects: eg confined space, room design, obstacles, floor surfaces

Overcoming environmental barriers to moving inanimate objects: how eg planning to mitigate environmental limitations, planning to work within known constraints

4 **Be able to safely handle and store inanimate loads**

Demonstrate safe practice in handling inanimate loads: pushing and pulling eg use body weight to move loads, hands below waist height, straight back, let momentum of load do some of the work, unsuitable on uneven surfaces, unsuitable if there are visible obstructions; supporting eg avoid with heavy weights, straight back, body close to object, stable foot position; lifting and lowering at a variety of levels eg feet apart to make a stable base for lifting, bend knees not back, lift smoothly, grip with palms rather than fingers; carrying a load eg load as close to body as possible, heaviest side of load closest to body, load should not restrict view; safety checks of appropriate equipment eg follow manufacturer's instructions, visual check, mechanical check, full understanding of usage

Demonstrate safe storage of inanimate loads: how eg secure shelving or on ground, accessible, not causing an obstruction, in a designated area

Essential guidance for tutors

Delivery

Formal taught input can be an important component of delivery method, particularly for learning outcomes 1, 2 and 3. Group discussion would enable learners to express views and explore ideas, and may be particularly useful for learning outcomes 3 and 4.

There is a clear connection between this unit and *Unit 5: Understanding and Enabling Assisting and Moving Individuals*. This unit focuses on the movement of inanimate objects, whereas Unit 5 focuses on the movement of people. However, some of the basic principles of manual handling apply to both units. This may facilitate integrating the delivery of these two units.

Assessment

The following terminology guidance can be used when assessing work where the learner is working with others to move inanimate loads.

Others can include: care worker, carers, colleagues, managers, social worker, occupational therapist, GP, speech and language therapist, physiotherapist, pharmacist, nurse, psychologist, Admiral Nurses, independent mental capacity advocate, independent mental health advocate, community psychiatric nurse, dementia care advisers, advocate, support groups

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

To meet 1.1 and 1.2, learners should define manual handling and describe the use of a number of terms in relation to moving inanimate objects. For assessment criteria 1.3 and 1.4, learners should describe how current legislation and agreed ways of working relate to moving inanimate objects. For assessment criterion 1.5, learners should describe when to stop a procedure in order to obtain help or guidance. For assessment criterion 1.6, learners should name and describe the use of a number of types of moving and handling equipment.

To meet 2.1, learners should describe human anatomy as it relates to moving and handling. For 2.2, learners should describe the extent and limits of their own ability in relation to assisting and moving. For assessment criterion 2.3, learners should describe potential injuries which may be sustained if approved moving techniques are not followed. For 2.4 learners should describe the importance of keeping up to date on current techniques, equipment and legislation with regard to moving inanimate loads. For assessment criterion 2.5, learners should describe when assistance or advice should be sought in relation to moving inanimate loads. For assessment criterion 2.6, learners should describe the additional risk factors that may come into play when moving inanimate loads with one or more workers.

To meet 3.1, learners should describe why preparatory checks are necessary in relation to moving inanimate loads. For assessment criteria 3.2 and 3.3, learners should describe how the environment can be a barrier to moving inanimate loads, and how barriers may be overcome.

Learning outcome 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 access to library facilities, including textbooks, professional magazines/journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Websites

osha.europa.eu/en/publications/e-facts/efact14

www.healthyworkinglives.com/advice/work-equipment/manual-handling.aspx

www.pearsonschoolsandfecolleges.co.uk/AssetsLibrary/SECTORS/FurtherEducation/Colleges/PDFs/RevisedNVQ3.pdf

www.qub.ac.uk/directorates/HumanResources/OccupationalHealthandSafety/FileStore/Fileupload,54581,en.pdf

Unit 4: **Move and Position Individuals in Accordance with their Plan of Care**

Unit code:	J/601/8027
QCF level 2:	BTEC Specialist
Credit value:	4
Guided learning hours:	26

Unit aim

The aim of the unit is to provide learners, who may be based in a wide variety of work settings, with the knowledge and skills required to move and position individuals as part of their plan of care according to their specific needs.

Unit introduction

This unit is designed to give learners a background of why manual handling is so important, the employer responsibilities, and the responsibilities the learner has to the employer and the individual. The importance of spinal awareness is reinforced as is how to remain healthy in order to continue to support individuals fully. The focus on risk assessment as an integral part of this unit will enable learners to appreciate the manual handling aids available to reduce the risk to all persons involved in a manoeuvre. On completion of this unit learners will have a good working knowledge of legislation, dynamic risk assessment and manual handling on equipment and know what to do in the event of a potential accident or injury.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 3, 4 and 5 must be assessed in real work situations.

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 anatomy and physiology in relation to moving and positioning individuals	1.1	Outline the anatomy and physiology of the human body in relation to the importance of correct moving and positioning of individuals
		1.2	Describe the impact of specific conditions on the correct movement and positioning of an individual
2	Understand legislation and agreed ways of working when moving and positioning individuals	2.1	Describe how legislation and agreed ways of working affect working practices related to moving and positioning individuals
		2.2	Describe what health and safety factors need to be taken into account when moving and positioning individuals and any equipment used to do this
3	Be able to minimise risk before moving and positioning individuals	3.1	Access up-to-date copies of risk assessment documentation
		3.2	Carry out preparatory checks using: <ul style="list-style-type: none"> • the individual's care plan • the moving and handling risk assessment
		3.3	Identify any immediate risks to the individual
		3.4	Describe actions to take in relation to identified risks
		3.5	Describe what action should be taken if the individual's wishes conflict with their plan of care in relation to health and safety and their risk assessment

Learning outcomes		Assessment criteria	
		3.6	Prepare the immediate environment ensuring <ul style="list-style-type: none"> adequate space for the move in agreement with all concerned that potential hazards are removed
		3.7	Apply standard precautions for infection prevention and control
4	Be able to prepare individuals before moving and positioning	4.1	Demonstrate effective communication with the individual to ensure that they <ul style="list-style-type: none"> understand the details and reasons for the action/activity being undertaken agree the level of support required
		4.2	Obtain valid consent for the planned activity
5	Be able to move and position an individual	5.1	Follow the care plan to ensure that the individual is positioned <ul style="list-style-type: none"> using the agreed technique in a way that will avoid causing undue pain or discomfort
		5.2	Demonstrate effective communication with any others involved in the manoeuvre
		5.3	Describe the aids and equipment that may be used for moving and positioning
		5.4	Use equipment to maintain the individual in the appropriate position
		5.5	Encourage the individual's active participation in the manoeuvre
		5.6	Monitor the individual throughout the activity so that the procedure can be stopped if there is any adverse reaction
		5.7	Demonstrate how to report and record the activity noting when the next positioning manoeuvre is due

Learning outcomes		Assessment criteria	
6	Know when to seek advice from and/or involve others when moving and positioning an individual	6.1	Describe when advice and/or assistance should be sought to move or handle an individual safely
		6.2	Describe what sources of information are available about moving and positioning individuals

Unit content

1 Understand anatomy and physiology in relation to moving and positioning individuals

Anatomy and physiology in relation to moving and positioning: structure eg cervical, thoracic and lumbar region, sacrum and coccyx; purpose eg made up of vertebrae offering support and structure to the body, spine protects the spinal chord which runs down the middle of the vertebral column, spinal nerves feed into the spinal chord, vertebral disks separate the vertebra offering cushioning and allowing mobility of the spine; risks from injury eg damage to the spine could result in distal neurological compromise, pain and reduced movement/mobility

Moving and positioning individuals with specific conditions: considerations eg traumatically injured individuals requiring immobilisation, individuals with respiratory problems who need to remain in an upright position, amputees, individual's with long-standing mobility problems such as hemiplegia, individuals restricted through ability and understanding, potential for movement and positioning to worsen an individual's clinical condition

2 Understand legislation and agreed ways of working when moving and positioning individuals

Legislation and agreed ways of working: legislation eg the Manual Handling Operations Regulations (1992); description eg defines manual handling and places a duty of care on employers, the need for manual handling risk assessments to be conducted by the employer, employer required to offer manual handling information instruction, training and supervision to employees; local implications eg organisational policy and procedure for manual handling activities including the reporting of accidents and near misses; agreed ways of working will include policies and procedures and guidelines where these exist

Health and safety factors: considerations eg dynamic risk assessment to include task, individual, load and environment (TILE mnemonic), instruction in the safe use of manual handling equipment available to employees within individual organisations

3 Be able to minimise risk before moving and positioning individuals

Dynamic risk assessment: implementation eg must be carried out before and during safe movement or positioning of any individual; dynamic risk assessment eg the use of the TILE mnemonic; other considerations eg checking serviceability of equipment at beginning of the working day

4 Be able to prepare individuals before moving and positioning

Preparing an individual: how eg the importance of communication in explaining movements, need to gain valid consent from the individual before moving and positioning an individual, possible adaptations to communication style to ensure informed consent from and understanding of the individual being moved or positioned

Valid consent: must be in line with agreed UK country definition

5 **Be able to move and position an individual**

Effective communication: how eg the need to ensure an individual is aware of what is happening at all times, understanding allows for informed consent, communication during moving to provide reassurance to an individual who may feel vulnerable during the move or positioning, the vital need to communicate with others involved with the manoeuvre

Aids and equipment: items eg such as handling belts, banana boards, turning tables, sliding sheets, Manger Elk lifting cushion, carry sheets, orthopaedic stretcher, longboard, carry chair

Active participation: 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

Reporting and recording: how eg ensure that all significant manoeuvres are documented to include equipment used, adverse events the requirement to record details on patient care record and complete any organisation specific documentation as per the reporting process for incidents, accidents or near misses

6 **Know when to seek advice from and/or involve others when moving and positioning an individual**

Seeking advice: when eg advice or further support must be sought in the event of significant risk to an individual or other worker, significant risk identified during dynamic risk assessment, in the event of a near miss or injury sustained by any person including individuals and healthcare workers during a manoeuvre; how eg awareness of local policy and procedure in relation to incident reporting

Describe information sources: sources eg local policy and procedure, local advice and support structure, direct line manager, training staff or senior on-call clinicians

Essential guidance for tutors

Delivery

This unit should encompass both theoretical and practical learning. Formal taught input can be an important method of delivery, particularly for learning outcomes 1 and 2. It is recommended that manual handling is continuously observed throughout to ensure that learners gain experience in different situations and using different techniques.

Assessment

Learning outcomes 1, 2 and 6 could be assessed through short answer/multiple-choice questions or oral questioning. Learning outcomes 3, 4 and 5 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice, case studies, and observational records.

Essential resources

Learners will need access to library facilities, including textbooks, professional magazines/journals, broadsheet newspapers and CD ROMs.

Indicative resource materials

IHCD Basic Training Manual, section 4 (Edexcel Publications, 2007)

Website

www.hse.gov.uk Health and Safety Executive

Unit 5: Understanding and Enabling Assisting and Moving Individuals

Unit code:	K/502/7583
QCF level 2:	BTEC Specialist
Credit value:	4
Guided learning hours:	28

Unit aim

This unit covers the movement, assistance and positioning of individuals as part of their care and support plan. The unit promotes the risk reduction strategy as identified through the individual's risk assessment. The unit is aimed at learners who work in diverse settings and who will be assisting and moving individuals with a range of abilities.

Unit introduction

This unit will enable learners to understand the key concepts of manual handling in relation to assisting and moving individuals. They will explore the impact of assisting and moving on workers and individuals, and their role. On completing this unit, learners will evidence their ability to prepare an environment and support and assist an individual in accordance with their care plan. They will also be able to report and record changes that may affect the individual's future support needs.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 4, 5, 6 and 7 must be assessed in real work situations.

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
2	Understand the impact of assisting and moving for workers and individuals	2.1	Describe the basic anatomy of the human body affected by assisting and moving
		2.2	Describe a range of aids and equipment that is available for assisting and moving individuals
		2.3	Describe the potential injuries to the worker which may arise by failing to follow approved assisting and moving techniques
		2.4	Describe the potential injuries to the individual which may arise by failing to follow approved assisting and moving techniques
		2.5	Describe the potential legal consequences of injuries to the individual
3	Understand the role of workers and others in relation to assisting and moving	3.1	Describe responsibilities of worker's own role in relation to assisting and moving individuals
		3.2	Identify limitations of worker's own role in relation to assisting and moving individuals

Learning outcomes		Assessment criteria	
		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 or move an individual safely
4	Be able to prepare an environment before assisting and moving an individual	4.1	Describe why necessary preparatory checks are completed including: (a) the individual's care plan, (b) moving and handling risk assessment, (c) legal requirements for the safety of equipment
		4.2	Demonstrate that standard precautions for infection prevention and control are applied to: (a) the worker, (b) the individual, (c) equipment
		4.3	Identify any immediate risks to the individual and how these should be assessed both formally (documented) and informally (on the spot)
		4.4	Describe the use of written risk assessment tools in relation to identified risks
		4.5	Describe the steps that should be taken to ensure the environment supports an individual's dignity during assisting and moving activities
		4.6	Describe the additional risk factors that need to be considered when working with one or more colleagues to provide mobility assistance
		4.7	Demonstrate how to prepare the immediate environment, ensuring: (a) adequate space for the move in agreement with all concerned, (b) that potential hazards are removed, (c) that any equipment has been checked as safe to use

Learning outcomes		Assessment criteria	
5	Be able to support the individual to prepare before assisting and moving	5.1	Communicate to ensure that, where applicable, the individual: (a) can provide valid consent where appropriate, (b) can participate in the procedure, (c) can communicate how much they wish to do for themselves, (d) can agree the level of support required, (e) understands why and how an action/activity is being undertaken
		5.2	Describe what actions should be taken when the individual's wishes conflict with their plan of care in relation to health and safety and their risk assessment
		5.3	Describe where to seek advice and assistance if the individual's wishes conflict with their care plan
6	Be able to assist and move an individual in accordance with the individual's risk assessment and care plan	6.1	Demonstrate that the care plan is followed in a way that is satisfactory to the individual
		6.2	Communicate with the individual throughout, in order to provide support and reassurance
		6.3	Communicate with the individual to ensure that assisting and moving techniques are not causing any undue pain or discomfort
		6.4	Demonstrate the appropriate use of equipment in order to maintain the individual in the appropriate position
		6.5	Observe the individual throughout the activity so that movement can be stopped if there is an adverse reaction
		6.6	Communicate with any co-workers throughout the manoeuvre where appropriate
		6.7	Identify when to seek advice or assistance in order to prevent harm or danger to the individual or self

Learning outcomes		Assessment criteria	
7	Be able to report and record changes that may affect the individual's care and support plan for assisting and moving	7.1	Describe what changes may occur in relation to: (a) the individual, (b) environment, (c) equipment. and how this may impact on the care and support plan of an individual
		7.2	Describe how changes should be reported and recorded

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 person includes lifting, putting down, pushing, pulling, carrying or moving, unfavourable ergonomic conditions, involves risk, particularly of back injuries to those involved

Individuals: people requiring health and care services

Terms associated with assisting and moving individuals: risk eg to self or to the individual; hazard eg items with the potential to cause harm; 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 the applied science of equipment design, as for the workplace, intended to maximise productivity by reducing operator fatigue and discomfort, 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'; the ergonomic approach takes into account a range of relevant factors eg the nature of the task, the load, the working environment, individual capability

Current legislation: legislation Health and Safety at Work Act (1974), Lifting Operations and Lifting Equipment Regulations (1998)/Provision and Use of Work Equipment (1998), Reporting of Injuries, Diseases and Dangerous Occurrences (1995), Management of Health & Safety at Work Regulations (1999), MHOR Regulations Manual Handling Operations Regulations (1990), Human Rights Act (1998), Mental Capacity Act 2005, Equality Act (2010) incorporating the Disability Discrimination Act (1995)

Agreed ways of working: include policies and procedures where these exist which may be less formally documented with micro-employers eg includes appropriate clothing/footwear relevant to tasks, coordinated approaches, lifting techniques

2 Understand the impact of assisting and moving for workers and individuals

Basic anatomy relevant to assisting and moving: description eg anatomy of the back, skeleton and muscle structure, muscle and skeletal interaction during a lifting or moving activity, risks of injury if procedure carried out incorrectly

Manual handling aids and equipment available: aids and equipment eg hoists, glide/transfer sheets, turning discs, lifting cushion, glide or transfer sheets

Potential injuries to the worker: injuries eg back injury, strains, falls, cuts, bruises, abrasions

Potential injuries to the individual: injuries eg cuts, bruises, abrasions, strains, sores

Potential legal consequences: consequences eg litigation by individual or their family, workplace disciplinary action, charge of negligence

3 **Understand the role of workers and others in relation to assisting and moving**

Responsibilities of worker: responsibilities 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

Limitations of own role: limitations eg not taking unacceptable risks, notifying employer when limitations reached

The role of others: role 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, pharmacist, nurse, psychologist, Admiral Nurses, independent mental capacity advocate, independent mental health advocate, community psychiatric nurse, dementia care adviser, advocate, support groups

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 worker experience.

4 **Be able to prepare an environment before assisting and moving an individual**

Preparatory checks of an individual's care plan: why needed eg to understand the needs of the individual, to make any necessary adaptations to the plan if circumstances have changed

Preparatory checks to a moving and handling risk assessment: why needed eg to understand what actions and precautions are needed, to be able to communicate with the individual and/or with others, to ensure safety

Preparatory checks regarding legal requirements for the safety of equipment: why 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

Infection prevention and control precautions: by the worker eg personal hygiene, hand washing, self protection, appropriately clean environment, use of uniform; for the individual eg good quality care, awareness and avoidance of cross contamination, appropriate disposal of tissues, sputum and excreta; of the equipment eg cleaning of equipment between use with different individuals, appropriate storage of used equipment before cleaning to avoid cross contamination

Immediate risks to the individual: informal assessment eg environment, spillages, hazards, unstable furniture or equipment, cues and feedback from the individual; formal assessment eg review care plan, review objectives, follow risk assessment process, engage individual in action planning

Written risk assessment tools: related to identified risk eg enables worker to benefit from previous assessment, acts a starting point to update assessment,

Supporting an individual's dignity during assisting and moving activities: dignity eg bearing, conduct, speech indicative of self-respect, appreciation of the formality or gravity of an occasion or situation; how eg thinking ahead, appropriate clothing, screening from the view of others, clear communication with the individual

Additional risk factors when working with one or more colleagues to provide mobility assistance: describe eg potential for misunderstanding, lack of co-ordination, incorrect assumptions made about knowledge or experience, poor collective planning

Prepare the immediate environment: adequate space agreed with all concerned eg assessment, discussion, alteration in line with plan, agreement; removal of potential hazards eg obstacles, unsteady furniture or equipment, spillages or slippery floors dealt with; equipment safety check eg familiarity with instructions for safe use, ensure equipment is serviceable, check for cleanliness

5 Be able to support the individual to prepare before assisting and moving

Communicate to support the individual before assisting and moving: provide valid consent eg individual to understand and agree plan of action, indication of agreement to plan and contribution of all involved; participate in the procedure eg treat with respect, involve in planning, agree nature of participation; level of individual independence eg discussion to avoid assumptions being made without reference to individual's mobility level; level of support required eg joint agreement based on discussion and care plan; understand purpose of activity eg ensure that the individual understands the reason for the plan of care, to provide reassurance

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, the risks associated with non-compliance, any 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

6 Be able to assist and move an individual in accordance with the individual's risk assessment and care plan

Individual satisfied with care plan implementation: demonstrate eg informed consent apparent, effective communication, participation or engagement by individual, individual appears content

Provide support and reassurance through communication: how eg explanation and discussion using individual's preferred communication method, eye contact, touch

Avoidance of undue pain or discomfort through communication: how eg explain activity in advance, agree how the individual will give alert if in pain or discomfort, monitor individual's reaction throughout the process, ask the individual if they are pain and discomfort free

Maintain the appropriate position of the individual through the correct use of equipment: how eg understand instructions for equipment use, consider desired position for individual, consider any environmental constraints, develop a clear plan of action communicated with others if appropriate, discussion with the individual to reassure, use equipment in accordance with instructions

Observe the individual throughout the activity so that movement can be stopped if there is an adverse reaction: how eg self-explanatory

Communicate with any co-workers: how eg agreement over plan of action, assigning of roles, visual or verbal contact throughout the procedure

Preventing harm or danger to the individual or self: when to seek advice or assistance eg unsure about correct use of equipment, faulty equipment, hazards or obstacle not easily dealt with, adverse reaction by individual, health and safety concern

7 Be able to report and record changes that may affect the individual's care and support plan for assisting and moving

Changes that may occur impacting on the care and support plan: related to the individual eg health status, mobility, mood, consent; related to the environment eg spillages, obstacles, hazards, temperature, light, occupancy level; related to the equipment eg damaged, faulty, new, unclean; impact on care and support plan eg altered circumstances, review needed, adaptation to take account of change, advice or support needed from others

Reporting and recording changes: how eg to the individual, alert co-workers if appropriate, report to the manager or supervisor in line with local reporting arrangements, record on care plan

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method, particularly for learning outcomes 1, 2 and 3. Group discussion would enable learners to express views and explore ideas, and may be particularly useful for learning outcomes 3, 4, 5 and 6. There is a clear link between this unit and *Unit 3: Moving Inanimate Loads*. Unit 3 focuses on the movement of inanimate objects, whereas this unit focuses on the movement of people. However, some of the basic principles of manual handling apply to both units. This may facilitate integrating the delivery of these two units.

Assessment

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

To meet 1.1 and 1.2, learners should define manual handling and describe the use of a number of terms in relation to assisting and moving individuals. For assessment criteria 1.3 and 1.4, learners should describe how current legislation and agreed ways of working relate to assisting and moving individuals.

To meet 2.1, learners should describe human anatomy as it relates to assisting and moving individuals. For assessment criterion 2.2, learners should describe a number of aids and pieces of equipment available to support assisting and moving individuals. For assessment criteria 2.3 and 2.4, learners should describe potential injuries which may be sustained by the worker and/or the individual if approved assisting and moving techniques are not followed. For assessment criterion 2.5, learners should describe the potential legal consequences of injuries to the individual.

To meet 3.1 and 3.2, learners should describe their role and the limitations of their role in relation to assisting and moving individuals. For assessment criterion 3.3, learners should describe the role of others in relation to assisting and moving individuals. For assessment criterion 3.4, learners should describe when assistance or advice should be sought in relation to assisting and moving an individual.

Learning outcomes 4, 5, 6 and 7 must be assessed in a real work environment which could include the submission of a portfolio of evidence of continued learning, reflective practice, case studies and observation records.

Essential resources

Learners will need access to library facilities, including appropriate text, professional magazines/journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Websites

osha.europa.eu/en/publications/e-facts/efact14

www.pearsonschoolsandfecolleges.co.uk/AssetsLibrary/SECTORS/FurtherEducation/Colleges/PDFs/RevisedNVQ3.pdf

Unit 6: The Principles of Infection Prevention and Control

Unit code: L/501/6737
QCF level 2: BTEC Specialist
Credit value: 3
Guided learning hours: 30

Unit aim

This unit aims to introduce learners to national and local policies in relation to infection control and explain employer and employee responsibilities in this area.

Unit introduction

This unit will help learners to understand how procedures and risk assessment can help minimise the risk of an outbreak of infection. Learners will also gain an understanding of how to use personal protective equipment (PPE) correctly and the importance of good personal hygiene. On completion of this unit, learners will be better equipped to deal with potential hazards and risks to health presented by infections in a variety of workplace settings.

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 roles and responsibilities in the prevention and control of infections	1.1	Explain employees' roles and responsibilities in relation to the prevention and control of infection
		1.2	Explain employers' responsibilities in relation to the prevention and control of infection
2	Understand legislation and policies relating to prevention and control of infections	2.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection
		2.2	Describe local and organisational policies relevant to the prevention and control of infection
3	Understand systems and procedures relating to the prevention and control of infections	3.1	Describe procedures and systems relevant to the prevention and control of infection
		3.2	Explain the potential impact of an outbreak of infection on the individual and the organisation
4	Understand the importance of risk assessment in relation to the prevention and control of infections	4.1	Define the term risk
		4.2	Outline potential risks of infection within the workplace
		4.3	Describe the process of carrying out a risk assessment
		4.4	Explain the importance of carrying out a risk assessment
5	Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections	5.1	Demonstrate correct use of PPE
		5.2	Describe different types of PPE
		5.3	Explain the reasons for use of PPE
		5.4	State current relevant regulations and legislation relating to PPE
		5.5	Describe employees' responsibilities regarding the use of PPE

Learning outcomes		Assessment criteria	
		5.6	Describe employers' responsibilities regarding the use of PPE
		5.7	Describe the correct practice in the application and removal of PPE
		5.8	Describe the correct procedure for disposal of used PPE
6	Understand the importance of good personal hygiene in the prevention and control of infections	6.1	Describe the key principles of good personal hygiene
		6.2	Demonstrate good hand washing technique
		6.3	Describe the correct sequence for hand washing
		6.4	Explain when and why hand washing should be carried out
		6.5	Describe the types of products that should be used for hand washing
		6.6	Describe correct procedures that relate to skincare

Unit content

1 Understand roles and responsibilities in the prevention and control of infections

Employee roles and responsibilities: roles and responsibilities eg maintenance of good personal hygiene, following rules relating to protective clothing and equipment (PPE) and procedures for safe disposal of waste, awareness of the general principles of cleanliness within the workplace, awareness of potential hazards and the need to report/record hazards, the need for teamwork in the prevention and control of infection and the boundaries of own role

Employer roles and responsibilities: roles and responsibilities eg knowledge of infection control policies, monitoring and training staff, monitoring the environment, equipment and procedures in line with national legislation and organisational policies, clarifying lines of reporting where infection is discovered

2 Understand legislation and policies relating to prevention and control of infections

Relevant legislation and standards: legislation and standards eg Health and Safety at Work Act (1974), Management of Health and Safety at Work Regulations (1999) Act (amended 1994); the Public Health (Control of Diseases) Act (1984), Food Safety Act (1990), the Public Health (Infectious Diseases) Regulations (1988), Control of Substances Hazardous to Health (COSHH) Regulations (2002), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995), the Food Safety (General Food Hygiene) Regulations (Department of Health 1995), the Environmental Protection (Duty of Care) Regulations (1991), Health Protection Agency Bill; Hazardous Waste Regulations (2005), National Institute for Health and Clinical Excellence (NICE) Guidelines (2003)

Organisational policies: describe eg nationally and within the individual setting, location of relevant sources of information, manuals, employer policy documents, national good practice guidelines

3 Understand systems and procedures relating to the prevention and control of infections

Procedures and systems: immunisation eg programmes for staff including hepatitis B, national immunisation programmes including measles, mumps and rubella; safe practice procedures eg sharps, food handling, waste management and management of spillages, procedures for the prevention of cross contamination, organisational policies relating to admissions and discharge of individuals, following a death, reporting infectious or notifiable diseases, record keeping, auditing of adherence to infection prevention and control procedures in use – how the organisation evidences the practice of staff dealing with individuals

Outbreak of infection: potential impact on the individual eg risk of illness or worsening of current condition in vulnerable individuals, emotional disturbance, disability, death; potential impact on the organisation eg risks to staff health, risk to visitors, risk of epidemic, risk of closure, risk to reputation, risk of prosecution

4 **Understand the importance of risk assessment in relation to the prevention and control of infections**

Risk: definition eg potential implication or consequence resulting from a circumstance or action taken, differentiation between low medium and high risks

Potential risks of infection within the workplace: locations eg kitchens and bathrooms; poor hygiene habits of vulnerable service users; reusable equipment; care routines/clinical procedures

Process for carrying out a risk assessment: process eg assessing the risk to health and safety, deciding whether to remove or reduce the risk, developing an appropriate plan, implementing the plan, reviewing actions, implementing further actions if necessary, evaluation

Importance of carrying out a risk assessment: importance eg maintaining health and safety, good practice, compliance with legislation, reviewing the status of risks, documenting the assessment and the steps to be taken

5 **Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections**

PPE: different types eg gloves (latex, polythene and vinyl), plastic aprons, gowns, masks, goggles, visors, hats; correct use eg in accordance with user instructions, as part of a PPE usage plan, cleaning and disposal of equipment; reasons for use eg self-protection, protection of the individual, avoidance of spread of infection, avoidance of cross contamination

Relevant legislation and regulations: legislation and regulations eg NICE (National Institute for Health and Clinical Excellence) Guidelines (2003), the Personal Protective Equipment (PPE) Regulations (as amended 2002); organisational policies/procedures

Employee responsibilities: responsibilities eg undertaking training in the use of PPE, adherence to organisational policies/national legislation/manufacturers' guidelines, use of correct equipment for task

Employer responsibilities: responsibilities eg providing training and monitoring of staff, provision and monitoring of equipment, displaying guidelines/policies pertinent to infection control and prevention, monitoring policies and guidelines

Application and removal of PPE: application and removal eg in accordance with manufacturer instructions, in line with good practice and local procedures, maintaining wellbeing of individual, maintaining health and safety of self

Correct disposal of used items: disposal eg safe and in accordance with regulations and organisational procedures

6 **Understand the importance of good personal hygiene in the prevention and control of infections**

Key principles of good personal hygiene: describe eg personal cleanliness, care of nails, hair and clothing, good oral hygiene, covering of cuts and abrasions, use of tissues to catch sneezes etc, use and disposal of gloves, suitable footwear; reporting of personal infections eg viral infections, diarrhoea,

Good hand-washing technique: correct sequence eg remove jewellery and watches before washing hands, ensure that the nails are clipped short, roll sleeves up to the elbow, wet hands and wrists, keep hands and wrists lower than the elbows, apply soap and lather thoroughly, use firm circular motions to wash hands and arms up to the wrists for minimum of 10-15 seconds, rinse hands thoroughly keeping hands lower than the forearms, dry hands thoroughly with disposable paper towel or napkins, clean dry towel, or air-dry them, use a paper towel, clean towel or your elbow to turn off the tap to prevent recontamination.

Hand-washing: why and when needed eg before providing care to a new individual, after providing care to an individual, after involvement with infectious or unclean substances, when hands are soiled, before and after food handling

Appropriate hand-washing products: types eg liquid soap, antibacterial wash solutions, alcohol gels

Correct skincare procedures: describe eg appropriate action for skin irritations/dermatological conditions, how to access facilities for hand hygiene, approved method for performing hand hygiene

Essential guidance for tutors

Delivery

The unit is likely to require input from a suitably qualified tutor in the form of lectures, presentations and practical demonstrations. The use of videos and/or guest speakers, for example from the local environmental health service or other professionals involved in infection control, may enhance learning. Learners could also be encouraged to research information from suitable journals, newspaper articles and websites.

Although the unit has a general focus, learners should be encouraged to consider their own approach to personal hygiene and general cleanliness, enable them to apply the unit practically

Assessment

Evidence for learning outcomes 1 and 2 could be combined and presented as a booklet for staff in care settings. Illustrations could be included, but learners should be instructed not to include identifying pictures of staff or service users from any work placement. Learners should be supported in identifying relevant sections of legislation and policies appropriate to the level of this qualification.

To meet learning outcome 3, learners should describe systems and procedures relevant to the prevention and control of infection. They should also describe the potential impact of an outbreak of infection on the individual and the organisation.

To meet learning outcome 4, learners should be encouraged and supported in carrying out a risk assessment related to their work placement and producing a report of their findings to cover the unit requirements. Learners will also need to show they understand the general importance of and processes involved in risk assessments. Pictorial evidence in the form of on-site photographs (again features that may identify personnel must be avoided) could form part of the learner evidence, with additional descriptions.

To meet learning outcome 5, learners should demonstrate the use of PPE, observed by the assessor who will produce an observation record. This could take place either in the classroom or in the workplace. The remaining assessment criteria may be covered by a written assignment.

To meet learning outcome 6, assessment criterion 6.2, learners need to demonstrate good hand washing techniques. This may be evidenced in the classroom or the workplace with an observation record completed by the assessor. Evidence for the remaining assessment criteria could be presented as a series of small posters or a booklet designed to inform learners going into the workplace.

Essential resources

Learners will need access to library facilities, including appropriate text, professional magazines/journals, broadsheet newspapers and CD ROMs. Learners will also benefit from access to the internet.

Appropriate videos/DVDs will provide additional interest and suitable resources (such as) hand washing training kits and samples of personal protective equipment are essential.

Resources produced by an employer's own infection prevention and control team for example briefings and posters should be utilised, where available, to demonstrate organisational support.

Indicative resource materials

Textbooks

Asbridge L et al – *BTEC First Health and Social Care Student Book* (Heinemann, 2008)
ISBN 978-0435500269

Ayling P – *Knowledge Set for Infection Prevention and Control* (Heinemann, 2007)
ISBN 978-0435402327

Dustagheer A et al – *Knowledge to Care, a Handbook for Care Assistants* (Blackwell Publications, 2005) ISBN 978-1405111119

Nolan Y – *S/NVQ Level 2 Health and Social Care* (Heinemann, 2005)
ISBN 978-0435450694

Magazines

Community Care magazine

The Nursing Times

Websites

www.dc-solutions.org

www.nice.org.uk

www.nursingtimes.net

www.rcn.org.uk

www.skillsforcare.org.uk

www.skillsforhealth.org.uk

Unit 7: Causes and Spread of Infection

Unit code: H/501/7103

QCF level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 20

Unit aim

This unit aims to enable the learner to understand the causes of infection and common illnesses that may result as a consequence of an infection.

Unit introduction

This unit will enable learners to understand the difference between infection and colonisation and pathogenic and non-pathogenic organisms, the areas of infection and the types of infection caused by different organisms. In addition learners will understand the methods of transmission, the conditions needed for organisms to grow, how infections enter the body and key factors that may lead on infection occurring.

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 causes of infection	1.1	Identify the differences between bacteria, viruses, fungi and parasites
		1.2	Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
		1.3	Describe what is meant by "infection" and "colonisation"
		1.4	Explain what is meant by "systemic infection" and "localised infection"
		1.5	Identify poor practices that may lead to the spread of infection
2	Understand the transmission of infection	2.1	Explain the conditions needed for the growth of micro-organisms
		2.2	Explain the ways an infective agent might enter the body
		2.3	Identify common sources of infection
		2.4	Explain how infective agents can be transmitted to a person
		2.5	Identify the key factors that will make it more likely that infection will occur

Unit content

1 Understand the causes of infection

Bacteria, viruses, fungi and parasites: identify differences in eg structure, reproduction, nutrition

Illnesses and infections caused by bacteria, viruses, fungi and parasites: bacteria eg Tuberculosis, MRSA, Clostridium Difficile; viruses eg HIV, Hepatitis B, common cold, influenza; fungi eg athletes foot, ringworm; parasites eg scabies; lice; head lice, fleas, threadworm, roundworm

Infection and colonisation descriptions: infection eg invasion by and multiplication of pathogenic micro-organisms in a bodily part or tissue; colonisation eg the presence and multiplication of micro organisms without tissue invasion or damage

Systemic infection and localised infection descriptions: systemic infection eg affecting whole systems of the body; localised infection eg confined to a specific area of the body, localised infection may become systemic if left untreated

Poor practices: describe eg coughing, sneezing, poor personal hygiene, not washing hands between contact with individuals, poor use of personal protective equipment, not correctly cleaning or disposing of equipment

2 Understand the transmission of infection

Growth of micro-organisms: conditions needed eg correct temperature, gases, nutrients, humidity, time

Entry routes to the body by infective agents: how eg respiratory tract, urinary tract, digestive tract, skin, mucosal surfaces eg mouth lining, conjunctiva of the eye, genital tract, placental route

Common sources of infection: body fluids eg vomit, faeces, tears, breast milk, semen, vaginal secretions, urine, blood, mouth and nose secretions, sweat, sputum; other sources eg animal or plant carriers, earth, edible substances, stagnant water

Transmission of infective agents: methods eg direct contact, indirect contact, droplet; carriers eg air, flies, fingers, fomites, faeces, dust, water, food, animals, person to person, contaminated objects

Increased likelihood of infection: factors eg prevalence; strength; immunisation or prior contact; compromised immune system; exposure; virulence; vulnerability

Essential guidance for tutors

Delivery

This unit should be delivered by an appropriately qualified tutor. The unit could be introduced through discussions to encourage learners to think about the potential hazards in relation to the causes and transmission of infection. This will encourage learners to consider and share any previous experiences in relation to the unit topic. Learners should be encouraged to relate their learning in this unit to their work experience, work placements or general experience.

Following the introduction, the unit could be delivered using a combination of tutor input, individual/small group research to generate posters and/or presentations, and appropriate videos/DVDs. Experiments involving the growth of organisms in agar or presentations of time-lapsed decomposition of food will enable learners to understand the virulence of different organisms. Case study materials may be used to reinforce learning. Media coverage of topical high profile infections could be used as basis discussions and may provide opportunities for any learner misconceptions to be identified and rectified, for example HIV, MRSA, clostridium difficile.

Learners could be encouraged to carry out internet research into aspects relevant to infection and microbiology, and then share their findings in small groups.

Assessment

This unit could be assessed using one holistic assignment, divided into discrete tasks with separate due dates. Tutors should be aware that, although group work is an essential part of learning, all assessed work must be presented individually by each learner.

To meet requirements 1.1, 1.2 and 1.5 learners could produce a presentation which covers the requirements of each criterion. The remaining assessment criteria could be presented in written format accompanied by appropriate images taken from magazines or the internet. Any such additions must be appropriately referenced.

To meet learning outcome 2 learners could produce a series of informative posters with suitable descriptions and explanations.

Essential resources

Learners will require full access to library facilities including appropriate textbooks, CD ROMs, broadsheet newspapers and journals. Learners will also require access to the internet – with tutor guidance.

Indicative resource materials

IHCD Basic Training Manual, section 17 (Edexcel Publications, 2007)

Textbooks

Ayling P – *Knowledge Set for Infection Prevention and Control* (Heinemann, 2007)
ISBN 978-0435402327

Dustagheer A et al – *Knowledge to Care, a Handbook for Care Assistants* (Blackwell Publications, 2005) ISBN 978-1405111119

Lavers S et al – *BTEC First Health and Social Care Student Book* (Heinemann, 2006) ISBN 978-0435500269

Websites

www.infectioncontrol.nhs.uk	NHS infection control
www.skillsforcare.org.uk	Skills for Care
www.skillsforhealth.org.uk	Skills for Health

Unit 8: Cleaning, Decontamination and Waste Management

Unit code: R/501/6738
QCF Level 2: BTEC Specialist
Credit value: 2
Guided learning hours: 20

Unit aim

This unit aims to enable the learner to understand the correct way of maintaining a clean environment in accordance with national policies and the procedures to follow to decontaminate an area from infection and to explain good practice when dealing with waste materials. This unit does not cover the decontamination of surgical instruments.

Unit introduction

In this unit learners will develop an understanding of the procedures to follow when dealing with standard infection prevention, including how to decontaminate an area from infection and explain good practice when dealing with waste materials. Learners will also understand aseptic techniques, colour coding of cleaning equipment and the safe handling of sharps. Achievement of this unit will contribute to preparing learners to work effectively in a variety of settings.

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 maintain a clean environment to prevent the spread of infection	1.1	State the general principles for environmental cleaning
		1.2	Explain the purpose of cleaning schedules
		1.3	Describe how the correct management of the environment minimises the spread of infection
		1.4	Explain the reason for the national policy for colour coding of cleaning equipment
2	Understand the principles and steps of the decontamination process	2.1	Describe the three steps of the decontamination process
		2.2	Describe how and when cleaning agents are used
		2.3	Describe how and when disinfecting agents are used
		2.4	Explain the role of personal protective equipment (PPE) during the decontamination process
		2.5	Explain the concept of risk in dealing with specific types of contamination
		2.6	Explain how the level of risk determines the type of agent that may be used to decontaminate
		2.7	Describe how equipment should be cleaned and stored
3	Understand the importance of good waste management practice in the prevention of the spread of infection	3.1	Identify the different categories of waste and the associated risks
		3.2	Explain how to dispose of the different types of waste safely and without risk to others
		3.3	Explain how waste should be stored prior to collection

Learning outcomes		Assessment criteria	
		3.4	Identify the legal responsibilities in relation to waste management
		3.5	State how to reduce the risk of sharps injury

Unit content

1 Understand how to maintain a clean environment to prevent the spread of infection

General principles for environmental cleaning: principles eg scrubbing or frictional cleaning is the best way to physically remove dirt and micro-organisms, cleaning required before disinfecting, cleaning products should be selected on the basis of their use efficiency, safety and cost, dry sweeping should be avoided, dilution instructions should be closely followed, cleaning methods and schedules should be based on the type of surface, the amount and type of soil present and the purpose of the area, routine cleaning is needed to maintain the standard of cleanliness

Purpose of cleaning schedules: purpose eg maintaining a clean environment by ensuring regular cleaning and inspection of all areas, reducing risk of infection, risks of non-compliance

Managing the environment to minimise the spread of infection: how eg use of cleaning schedules, application of national or organisational policies, provision of equipment and hand washing facilities, reasons for monitoring and replacing equipment

National policy for colour coding cleaning equipment: colour coding eg red for washroom floors, showers, sinks, toilets; blue for ambulances, offices and public areas, green for kitchen/food and drink preparation areas, yellow for hospital isolation areas, reasons eg national consistency of practice, national compliance, avoidance of additional risk of infection, supports national training approaches

2 Understand the principles and steps of the decontamination process

The decontamination process: the three steps eg cleaning (methods and frequencies), disinfecting, sterilising techniques

Use of cleaning agents: how and when eg appropriate use of cleaning agents for objects and areas of low, medium and high risk; the concept of risk in dealing with specific types of contamination eg blood, vomit, faeces; appropriate sections from Reporting of Injuries, Diseases and Dangerous Occurrences (Riddor) Regulations 1995

Use of disinfecting agents: how and when eg use after initial cleaning to maximise impact, in accordance with application instructions, hand care, use of disposable cloths or paper towels for drying

Role of personal protective equipment (PPE) during the decontamination process: role eg protection from infection, protection from cleaning materials; types of PPE eg gloves, gowns, aprons

Dealing with specific types of contamination: risk eg consideration of dangers associated with the contamination itself and the risks to those dealing with it, weighing up the benefits of containment rather than removal

Determining the type of agent that may be used to decontaminate: impact of risk assessment eg the link between the level of risk and the agent used

Cleaning and storage of equipment: equipment eg drying and storage of mops; appropriate and secure location for storage of cleaning and disinfecting agents

3 **Understand the importance of good waste management practice in the prevention of the spread of infection**

Categories of waste and associated risks: categories eg household waste, clinical waste, sharps, hazardous substances; risk levels eg low risk objects and areas, medium risk objects and areas, high risk objects and areas; risk type eg contamination, infection, injury

Safe disposal of waste: categories eg household, clinical and hazardous waste; disposal method eg appropriately marked or colour code waste receptacles, appropriate waste collection operatives, seeking advice when unsure

Storage of waste before collection: how eg correct receptacles for storage, correct environment for storage considering temperature and use of surrounding space

Legal responsibilities: legislation eg Controlled Waste Regulations (1992), Environmental Protection Act (1990), Environmental Protection Hazardous Waste Regulations (England and Wales 2005), Public Health (Control of Diseases) Act (1984), Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Safe practice procedures for disposing of sharps: types of sharps eg needles, lancets, cannulae, razors, scalpels, bone fragments including teeth, single-use laryngoscope blades; reduction of risk of injury eg use of specialist sharps waste containers, consideration of location of sharps containers, appropriate sealing of containers once full, appropriate storage of containers before specialist collection

Essential guidance for tutors

Delivery

The unit should be delivered using a variety of teaching and learning methods including presentations, group discussion and tutor, supported research.

Learners will benefit from visits to relevant settings for example a recycling centre or a residential setting for older people. A short period of work experience in a setting where the management of clinical and other waste is in operation would benefit learners. Case studies for use in group work would supply a practical dimension, particularly with the application of legislation. Learners should be supported in addressing relevant legislation at a level appropriate for the course.

Assessment

Evidence could take the form of a fact file. This would enable learners to consider the assessment criteria holistically, rather than as separate entities.

If a fact file is used, it could include information gathered from work experience, appropriately referenced and with permission obtained where necessary. It could also include pictures, leaflets and diagrams to add interest. Reference to organisational policies, in addition to national legislation or policies, should be included, but learners should be supported in the selection and inclusion of organisational policy sections that are appropriate to the level of the course.

Learners could be given an assignment brief, which will outline the process of gathering relevant information and producing an organised file of their evidence. The assignment brief could also include case studies or vocational scenarios if appropriate.

Resources within the fact file must exemplify the assessment criteria. Assessors should ensure that learners cover the command verbs appropriately (in this case 'state', 'explain', 'identify' and 'describe'). Learners can work together, gathering information and sharing resources, but must present their work individually to meet Edexcel assessment requirements.

Essential resources

Learners need access to library and ICT facilities. Appropriate DVDs would enhance learning.

Examples of equipment used for the storage and disposal of different types of waste should also be available.

Indicative resource materials

Textbooks

Damani N – *Manual of Infection Control Procedures* (Cambridge University Press, 2003) ISBN 978-0521687010

Nolan Y – *S/NVQ Level 2 Health and Social Care* (Heinemann, 2005)
ISBN 978-0435450694

Stretch B (editor) – *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 978-0435464257

Magazine

The Nursing Times

Websites

www.npsa.nhs.uk

www.npsa.nhs.uk/cleanyourhands

www.nursingtimes.net

www.skillsforcare.org.uk

www.skillsforhealth.org.uk

Unit 9: Principles of Safeguarding and Protection in Health and Social Care

Unit code: A/601/8574
QCF level 2: BTEC Specialist
Credit value: 3
Guided learning hours: 26

Unit aim

This unit is aimed at those working in a wide range of settings. The unit introduces the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. The unit covers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

Unit introduction

This unit will introduce learners to the complex subject of safeguarding and protection in social care. The signs and symptoms of different kinds of abuse will be explored. The actions that should be taken if abuse is suspected will be identified and the observations and record keeping needed will be outlined. The unit will also enable learners to understand the national context of safeguarding and abuse and what they should do if they see or suspect unsafe practice in a work context.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details.

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 how to recognise signs of abuse	1.1	Define the following types of abuse: <ul style="list-style-type: none"> • Physical abuse • Sexual abuse • Emotional/psychological abuse • Financial abuse • Institutional abuse • Self neglect • Neglect by others
		1.2	Identify the signs and/or symptoms associated with each type of abuse
		1.3	Describe factors that may contribute to an individual being more vulnerable to abuse
2	Know how to respond to suspected or alleged abuse	2.1	Explain the actions to take if there are suspicions that an individual is being abused
		2.2	Explain the actions to take if an individual alleges that they are being abused
		2.3	Identify ways to ensure that evidence of abuse is preserved
3	Understand the national and local context of safeguarding and protection from abuse	3.1	Identify national policies and local systems that relate to safeguarding and protection from abuse
		3.2	Explain the roles of different agencies in safeguarding and protecting individuals from abuse
		3.3	Identify reports into serious failures to protect individuals from abuse
		3.4	Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse

Learning outcomes		Assessment criteria	
4	Understand ways to reduce the likelihood of abuse	4.1	Explain how the likelihood of abuse may be reduced by: <ul style="list-style-type: none"> • working with person centred values • encouraging active participation • promoting choice and rights
		4.2	Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse
5	Know how to recognise and report unsafe practices	5.1	Describe unsafe practices that may affect the wellbeing of individuals
		5.2	Explain the actions to take if unsafe practices have been identified
		5.3	Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response

Unit content

1 Know how to recognise signs of abuse

Types of abuse: physical abuse eg hitting, shaking, biting, burning or scalding, suffocating, force-feeding or otherwise causing physical harm to an individual; sexual abuse eg forcing an individual to take part in sexual activities or behave in sexually inappropriate ways, being forced to watch sexual activities or inappropriate sexual activity on the internet; emotional abuse eg bullying, invoking threats or fear, devaluing individual self-esteem, verbal abuse and swearing, conveying feelings of worthlessness; financial abuse eg theft of money or property, misappropriation or mismanagement of individuals' finances, denying individuals access to their own finances; institutional abuse eg misuse of authority, information or power over vulnerable individuals by staff in health and social care settings, failure to maintain professional boundaries, inappropriate use of medication, physical restraint, denying privacy, institutionally condoned unacceptable behaviour; self-neglect eg individuals engaging in neglectful or self-harming behaviours including refusing to eat or drink, neglecting personal hygiene or toilet needs, causing actual bodily harm to self including cutting; neglect by others eg not caring for the basic needs of individuals including neglectful practice in washing, toileting, feeding or personal care

Signs and symptoms of abuse: physical abuse eg bruising, bite marks, burn marks, changes in behaviour; sexual abuse eg disturbed behaviour including self-harm, inappropriate sexualised behaviour, repeated urinary infections, depression, loss of self-esteem, impaired ability to form relationships; emotional abuse eg loss of self-esteem and self-confidence, withdrawn; financial abuse eg loss of trust, insecurity, fearful, withdrawn, conforming or submissive behaviour, disappearance of possessions, power of attorney obtained when individual is unable to comprehend; institutional abuse eg loss of self-esteem and confidence, submissive behaviour, loss of control; self-neglect or neglect by others eg unkempt appearance, weight loss, dehydration, signs of actual self-harm including cuts, withdrawn or submissive behaviour

Factors contributing to vulnerability: age eg elderly, young children; physical ability eg frail, immature development, physical disability or sensory impairment; cognitive ability eg maturity, level of education and intellectual understanding, learning difficulties; emotional resilience eg mental health difficulties, depression; stress eg impact of stressful life events including bereavement, divorce, illness or injury; culture or religion eg as a result of prejudice or discrimination, refugees and asylum seekers; socio-economic factors eg financial situation, a setting or situation, the individual

Individual: will usually mean the person supported by the learner but may include those for whom there is no formal duty of care

2 Know how to respond to suspected or alleged abuse

Suspicions or allegations of abuse: context eg an allegation or suspicion may implicate any individual, a colleague, self or others; considerations eg understanding roles and responsibilities, importance of following legislation, policies, procedures and agreed ways of working; basic information, importance of treating all allegations or suspicions seriously; eg who the alleged victim is, who the alleged abuser is, categories of abuse that could be happening, when abuse has happened, where abuse has happened; actions to be taken eg lines of communication and reporting, reporting suspicions or allegations to appropriate named person, importance of clear verbal and accurate written reports, importance of not asking leading questions with individuals concerned, importance of respectful listening, confidentiality and agreed procedures for sharing information on disclosure, importance of actual evidence and avoiding hearsay

Actions to take: the learner's responsibilities in responding to allegations or suspicions of abuse; actions to take if the allegation or suspicion implicates a colleague, someone in the individual's personal network, the learner, the learner's line manager, others

Ensure evidence is preserved: how eg use of written reports including details of alleged or suspected abuse which are signed, dated and witnessed, use of witness statements which are signed and dated, photographic evidence of any physical injuries, follow agreed procedures for using electronic records which may be password protected systems, confidential and secure systems for manual records, importance of timescales to ensure reliability and validity of evidence, secure storage of any actual evidence such as financial records

3 Understand the national and local context of safeguarding and protection from abuse

National policies and local systems: national policies eg scope of responsibility of the Independent Safeguarding Authority (ISA), the National Vetting and Barring Scheme (VBS), Criminal Records Bureau (CRB) checks; 'No Secrets' national framework and codes of practice for health and social care (2000), 'Safeguarding Adults' National Policy Review (2009), Work of the Care Quality Commission, work of Ofsted, 'Working Together to Safeguard Children' (2010), 'Every Child Matters' (2003), Common Assessment Framework (CAF); local systems eg including the scope of responsibility of Local Safeguarding Children's Boards (LSCBS), Local Safeguarding Adults Boards (LSABS) and protection committees; may include employer/organisational policies and procedures, multi-agency adult protection arrangements for a locality

Role of different agencies: social services eg social workers, care assistants, residential children's home workers; health services eg GPs, nurses, occupational therapists, health visitors; voluntary services eg MIND, NSPCC, Age UK; the police; responsibilities eg for allocating a named person usually from statutory agencies in health or social care, for overseeing the safeguarding assessment and its outcome, for consulting the police regarding all safeguarding incidents, for convening or chairing strategy meetings and the agreement of responsibilities, lead professional, actions and timescales, for coordinating and monitoring investigations, for overseeing the convening of safeguarding case conferences, for providing information about activities and outcomes to the safeguarding coordinator

Reports on serious failures: serious case reviews eg required of LSCBS and LSABS on the abuse of children, young people and vulnerable adults; national inquiries eg the Laming Report into the death of Victoria Climbié (2000), Haringey council report on the death of baby Peter (2007), Bedfordshire Council report into the torture and death of Michael Gilbert (Blue Lagoon murder, 2009); Birmingham Social Services review into the starvation and death of Khyra Ishaq (2010)

Information and advice about own role: sources eg current and relevant sources of information from websites, leaflets, organisations, local authorities, local and voluntary groups including government sources, NSPCC, Barnardos; publications including 'Working together to safeguard children' (2010), 'What to do if you suspect a child is being abused' (2003), National Council for Voluntary Youth Services 'Keeping it safe: a young person-centred approach to safety and child protection', information from the Independent Safeguarding Authority (ISA); Social Care Institute for Excellence; policies, procedures and agreed ways of working within the workplace setting

4 **Understand ways to reduce the likelihood of abuse**

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

Active participation: definition 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; encouraging active participation eg in activities and personal care, by improving self-confidence and self-esteem, encouraging involvement and self-awareness

Promoting choices and rights: eg encouraging decision making, promoting empowerment and independence, importance of informed consent

Accessible complaints procedure: importance eg transparent policies, procedures and agreed ways of working, importance of accountability, clear systems for reporting and recording complaints, robust procedures for following up on any complaints, legal requirement to have a complaints procedure in place; ways of ensuring the procedure is accessible eg published policy, high visibility, widespread distribution

5 Know how to recognise and report unsafe practices

Unsafe practices: may include poor working practices, resource difficulties, operational difficulties; impact on wellbeing eg neglect in duty of personal care in relation to inappropriate feeding, washing, bathing, dressing, toileting, inappropriate physical contact in relation to moving and handling, unsafe administration of medication, unreliable systems for dealing with individuals' money or personal property, misuse of authority including using physical restraint, failure to maintain professional boundaries in relationships, failure to ensure supervision for lone-working situations, inappropriate communication or sharing of information and breaching confidentiality, failure to update knowledge on safeguarding issues, unsafe recruitment practices

Actions to take: when abuse or unsafe practices are suspected eg importance of reporting unsafe practices that have been identified, reporting concerns to a manager or supervisor immediately, verbally and in writing,

Actions to take: if suspected abuse or unsafe practices have been reported but no action has been taken eg policies on 'whistle-blowing', workers have the right to report concerns directly to social services or the police, anyone can report a suspicion or allegation of abuse, workers can be disciplined, suspended or dismissed for not reporting abuse or not following the correct procedures, importance of raising genuine concerns and questioning these, reassurance of protection from possible reprisals or victimisation following reporting

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method, particularly for learning outcomes 1, 2, 4 and 5. Reference to high-profile cases is included in the unit content and this could be delivered in the context of class discussions rather than active teaching. Learners may benefit from inputs from guest speakers from statutory and voluntary organisations who have expertise in dealing with the subject. Group discussion would enable learners to express views and explore ideas, and may be particularly useful for learning outcome 3.

Assessment

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

To meet 1.1 and 1.2, learners should define the types of abuse listed in the assessment criteria. They should also identify the signs and/or symptoms associated with each type of abuse. For assessment criterion 1.3, learners should describe a number of factors that may contribute to an individual being more vulnerable to abuse.

To meet 2.1 and 2.2, learners need to explain the actions that should be taken if there are suspicions that an individual is being abused, or in a situation where an individual alleges that they are being abused. For assessment criterion 2.3, learners should identify ways in which to ensure that evidence of abuse is preserved.

To meet 3.1, learners should identify the national policies and local systems that relate to safeguarding and protection from abuse. For assessment criterion 3.2, learners should explain the roles of different agencies in safeguarding and protecting individuals from abuse. For assessment criterion 3.3, learners should identify a number of reports into serious failures to protect individuals from abuse. For 3.4, learners should identify sources of information and advice about their own role in relation to safeguarding and protecting individuals from abuse.

To meet 4.1, learners should explain good practice approaches may help to reduce the likelihood of abuse. That working with person-centred values encouraging active participation and promoting choice and rights. For assessment criterion 4.2, learners should explain the importance of an accessible complaints procedure for reducing the likelihood of abuse.

To meet 5.1 and 5.2, learners should describe unsafe practices that may affect the well-being of individuals and explain the actions to take if unsafe practices have been identified. For assessment criterion 5.3, learners should describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response.

Essential resources

Learners will require full access to library facilities including relevant textbooks, professional journals and magazines, ICT and CD ROMs.

Guest speakers from statutory and voluntary organisations will give learners with a valuable insight into this area.

Indicative resource materials

Textbooks

Hart D — *Safeguarding Vulnerable Adult* (Russell House Publishing Ltd, 2009)
ISBN 9781905541379

Morris C — *Knowledge Set for Safeguarding Vulnerable People* (Heinemann, 2008)
ISBN 9780435402372

Magazines

Community Care

The Nursing Times

Websites

www.elderabuse.org.uk Action on Elder Abuse

www.isa-gov.org.uk Independent Safeguarding Authority

Unit 10: **Contribute to Health and Safety in Health and Social Care**

Unit code: R/601/8922
QCF Level 2: BTEC Specialist
Credit value: 4
Guided learning hours: 33

Unit aim

This unit is aimed at those working in a wide range of settings. It gives learners the knowledge and skills required to carry out their work safely.

Unit introduction

This unit will give learners an insight into the legislation relating to general health and safety in the workplace. It covers the importance of knowing the policies and procedures agreed with employers, so learners can identify the main safety responsibilities of themselves, the employer and others in the workplace. They will understand the use and importance of risk assessments and will learn the procedures for responding to accidents.

This unit looks at how infections are spread and how the spread of infection can be reduced, the moving and handling of innate objects and the handling of hazardous substances. The unit also covers promotion of fire safety in the workplace, which includes emergency procedures to be followed in the event of a fire, and the importance of keeping evacuation routes clear at all times.

The learners will also develop an understanding of the importance of recognising stress in the workplace, how to recognise their own stress, the triggers involved and how to manage their own stress.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 5 and 8 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 own responsibilities, and the responsibilities of others, relating to health and safety in the work setting	1.1	Identify legislation relating to general health and safety in a health or social care work setting
		1.2	Describe the main points of the health and safety policies and procedures agreed with the employer
		1.3	Outline the main health and safety responsibilities of: <ul style="list-style-type: none"> • self • the employer or manager • others in the work setting
		1.4	Identify tasks relating to health and safety that should not be carried out without special training
		1.5	Explain how to access additional support and information relating to health and safety
2	Understand the use of risk assessments in relation to health and safety	2.1	Explain why it is important to assess health and safety hazards posed by the work setting or by particular activities
		2.2	Explain how and when to report potential health and safety risks that have been identified
		2.3	Explain how risk assessment can help address dilemmas between rights and health and safety concerns
3	Understand procedures for responding to accidents and sudden illness	3.1	Describe different types of accidents and sudden illness that may occur in own work setting
		3.2	Outline the procedures to be followed if an accident or sudden illness should occur

Learning outcomes		Assessment criteria	
4	Be able to reduce the spread of infection	4.1	Demonstrate the recommended method for hand washing
		4.2	Demonstrate ways to ensure that own health and hygiene do not pose a risk to others at work
5	Be able to move and handle equipment and other objects safely	5.1	Identify legislation that relates to moving and handling
		5.2	Explain principles for moving and handling equipment and other objects safely
		5.3	Move and handle equipment or other objects safely
6	Know how to handle hazardous substances and materials	6.1	Identify hazardous substances and materials that may be found in the work setting
		6.2	Describe safe practices for: <ul style="list-style-type: none"> storing hazardous substances using hazardous substances disposing of hazardous substances and materials
7	Understand how to promote fire safety in the work setting	7.1	Describe practices that prevent fires from: <ul style="list-style-type: none"> starting spreading
		7.2	Outline emergency procedures to be followed in the event of a fire in the work setting
		7.3	Explain the importance of maintaining clear evacuation routes at all times
8	Be able to implement security measures in the work setting	8.1	Use agreed ways of working for checking the identity of anyone requesting access to: <ul style="list-style-type: none"> premises information
		8.2	Implement measures to protect own security and the security of others in the work setting
		8.3	Explain the importance of ensuring that others are aware of own whereabouts

Learning outcomes		Assessment criteria	
9	Know how to manage own stress	9.1	Identify common signs and indicators of stress
		9.2	Identify circumstances that tend to trigger own stress
		9.3	Describe ways to manage own stress

Unit content

1 **Understand own responsibilities, and the responsibilities of others, relating to health and safety in the work setting**

Health and safety in the work setting: may include one specific location or a range of locations depending on the context of a particular work role; legislation eg Health and Safety at Work Act 1974 and associated regulations, primary legislation covering occupational health and safety in the Health and Safety Executive HSE

Policies and procedures: agreed with the employer eg may include other agreed ways of working as well as formal policies and procedures, roles, behaviours required, reporting

Health and safety responsibilities: self eg safety for self and others, duty of care not to harm anyone else, responsibility to care for self and others who may be affected by their acts and omissions, to cooperate with their employer and to assist them in complying with relevant statutory provisions, duty to report incidents, concerns and defects, use equipment provided in the way in which it was intended to be used in line with training; acts and omissions eg if something wrong is seen and is not reported; employer or manager eg ensuring the health, safety and welfare of employees at work, provide and maintain eg safe plant equipment, safe systems of work, ensure safe methods of handling and storing articles and substances, provide information, instruction, training and supervision, ensure a safe workplace and environment with adequate facilities, ensure there is a written health and safety policy where there are five or more employees, duty to non-employees to ensure the health and safety of anyone who may be affected by their undertaking; others in the work setting eg team members, other colleagues, those who use or commission their own health or social care services, families, carers and advocates; work setting eg specific location, range of locations

Not to be carried out without special training: tasks eg use of equipment, first aid, administration of medication, healthcare procedures, food handling and preparation

Accessing additional support and information: how eg via the internet, first line managers, local agreements and policies

2 **Understand the use of risk assessments in relation to health and safety**

Assessing health and safety hazards: importance eg risk assessment central to modern and proactive risk management, employer's legal duty to make a suitable and sufficient assessment of all risks within the workplace and record the findings; risk assessment eg identification of what in a work context could cause harm to people

Reporting risks: how eg follow local procedure-policy, report to line manager or senior member of staff, verbally and/or followed up in writing; when eg as soon as feasible, before a potential risk becomes a real risk

Risk assessment balancing rights and health and safety concerns: how eg objective approach, weighing up risk and possible mitigation, legal framework provides a tool to decide the level of acceptable risk

3 Understand procedures for responding to accidents and sudden illness

Accidents and sudden illnesses in own work setting: accidents and illnesses eg slips, trips, falls, injury, assaults, specific communicable diseases, diarrhoea and vomiting, asthma attack, allergic reaction, sudden collapse

Understand procedures: procedures eg follow appropriate local procedures, raise alarm, provide initial support as long as this does not place self in danger, all incidents or sudden illness and near misses need to be reported, a legal duty to report under the HASAWA and the Management of Health and Safety at Work Regulations 1999; understanding of local policies and procedures, document what happened to whom and how, and how this information can provide the basis for an investigation

4 Be able to reduce the spread of infection

Hand-washing technique: recommended method eg remove jewellery and watches before washing hands, ensure that nails are clipped short, roll sleeves up to the elbow, wet hands and wrists, keeping hands and wrists lower than the elbows, apply soap and lather thoroughly, use firm circular motions to wash hands and arms up to the wrists for a minimum of 10-15 seconds, rinse hands thoroughly keeping hands lower than the forearms, dry hands thoroughly with disposable paper towel or napkins, clean dry towel, or air-dry them, use a paper towel, clean towel or elbow to turn off the tap to prevent recontamination.

Hand washing: why and when needed eg before providing care to a new individual, after providing care to an individual, after involvement with infectious or unclean substances, when hands are soiled, before and after food handling

Ensure own health and hygiene do not pose risk: ways eg know the standard infection prevention and control precautions; the seven elements to reduce risk eg hand washing, PPE, safe handling of sharps; spillage and waste management; linen and uniform management

5 Be able to move and handle equipment and other objects safely

Moving and handling related: legislation identify eg Moving and Handling Operations Regulations (1992) which define manual handling as any transporting or supporting of a load by hand or bodily force

Principles for moving: principles eg using the TILEO assessment: task, individual, load, environment, other factors

Move and handle equipment or other objects safely: follow principles for moving as above

6 Know how to handle hazardous substances and materials

Hazardous substances and materials in the work setting: substances eg clinical waste, chemicals, some cleaning materials; materials eg sharps, used linen, contaminated linen, infectious linen, contaminated or infected clothes, used equipment

Safe practices: storing hazardous substances eg identification of what is and what is not hazardous, storage as per manufacturer's instructions, secure, dry, cool, packaging intact; using hazardous substances eg follow instructions for use carefully, protect self, consider health and safety of others, use for appropriate purpose only; disposal of hazardous substances or materials eg follow instructions and local procedures, use of appropriate waste disposal receptacles and processes

7 Understand how to promote fire safety in the work setting

Fire prevention practices: practices eg preventing fires from starting eg safety awareness, appropriate storage of combustible materials, keeping fire escape routes clear of combustible materials, avoidance of high fire risk activities, awareness raising and training; preventing fires from spreading eg raise the alarm, only try to extinguish a fire if trained, not put self in danger, remove oxygen, remove heat, remove fuel; how do fires spread eg convection, conduction, radiation, and direct contact

Emergency procedures: eg know the local arrangements for the workplace, how to raise the alarm, how to get out, ensuring that all evacuation routes are clear, where the fire assembly point should be and who to tell, know the fire action plan for your workplace

Maintaining clear evacuation routes: importance eg providing an obvious escape route, avoidance of accidents during escape, avoidance of route being compromised by combustible materials or hazards

8 Be able to implement security measures in the work setting

Identity checking procedure for those requesting access or information: access eg local procedure, identity cards, security doors, secure waiting areas, signing in procedure, accompany visitors to destination, hand over to a person and do not leave a visitor alone in a sensitive area; information eg ask for reason for information request, refer to others if unsure, know the information that can be disclosed, consider data protection and individual confidentiality

Others awareness of own whereabouts: importance eg health and safety, in case of building evacuation, lone-working risks

9 Know how to manage own stress

Common signs and indicators of stress (in this unit the word is used to refer to negative stress): behaviour eg apathy or depression, constant anxiety, irrational behaviour, loss of appetite, comfort eating, lack of concentration, loss of sex drive, increased smoking, drinking and taking recreational drugs; physical effects eg tiredness, skin problems, aches and pains, heart palpitations, sickness, stomach problems

Own stress: triggers eg pressure to perform at work, money worries, arguments, family conflicts, divorce, bereavement, unemployment, moving house, marriage, cumulative effect of minor triggers

Managing own stress: how eg removal of the source of stress, confronting cause of stress, healthy diet, exercise, work-life balance, stress management techniques, self-help books, therapy sessions and psychotherapy

Essential guidance for tutors

Delivery

Learners may need considerable guidance in exploring the areas covered in this unit. A range of different learning methods may be used including presentations, class discussions and research. Learners may also benefit from guest speakers for example fire officers and visits to health and care settings, which may add interest. Role play and case studies are also useful.

Assessment

To meet 1.1, 1.2 and 1.3, learners should identify the legislation that relates to health and safety, and then describe the main points of health and safety policies and procedures agreed with employers. This should be followed by a description of the main health and safety responsibilities relating to the employee, the employer or manager and to others in the work setting. For assessment criteria 1.4 and 1.5, learners should describe health and safety-related tasks that should not be carried out without special training. They should also describe how to access additional support and information relating to health and safety.

To meet 2.1 and 2.2, learners should describe why it is important to assess health and safety hazards posed by the work setting or by undertaking a particular activity. They should then describe how to report potential health and safety risks that have been identified. For assessment criterion 2.3, learners should describe how risk assessment can help address dilemmas between rights and health and safety concerns.

To meet 3.1 and 3.2, learners should describe a number of different types of accident or sudden illness which may occur in the work setting, and describe the procedure to be followed if one of these should occur.

To meet 6.1 and 6.2, learners should identify a number of substances and materials that may be found in the work setting. They should then describe safe practice in relation to storing, using and disposing of hazardous substances and materials.

To meet 7.1, learners should describe good practice to prevent fires from starting and spreading. For assessment criterion 7.2, learners should describe emergency procedures to be followed in the event of fire in a work setting. For assessment criterion 7.3, learners should explain the importance of maintaining clear evacuation routes at all times.

To meet 9.1, 9.2 and 9.3, learners should describe common signs and indicators of stress, and the circumstances that may trigger stress in themselves. They should then describe ways of managing their own stress.

Learning outcomes 4, 5 and 8 must be assessed in a real work environment. Learners may require advice and support to identify and secure opportunities to provide the required evidence.

Essential resources

DVDs of fire safety, infection control, manual handling and stress management would be beneficial to learners.

Examples of equipment such as that used in manual handling would also be useful.

Indicative resource materials

Textbooks

Damani N – *Manual of Infection Control Procedures* (Cambridge University Press, 2003)
ISBN 978-0521687010

Stretch B (editor) – *Core Themes in Health and Social Care* (Heinemann, 2007)
ISBN 978-0435464257

Journals and Magazines

Journal of Paramedic Practice

Nursing Times

Websites

www.hse.gov.uk/legislation/hswa.htm

www.hse.gov.uk

www.nhs.uk/Livewell/workplacehealth/Pages/beatingworkstress.aspx NHS Choices
– Beat Stress

www.nursingtimes.net

www.npsa.nhs.uk

www.npsa.nhs.uk/cleanyourhands

www.skillsforcare.org.uk

www.skillsforhealth.org.uk

Unit 11: Provide Support for Therapy Sessions

Unit code:	D/601/9023
QCF Level 2:	BTEC Specialist
Credit value:	2
Guided learning hours:	14

Unit aim

This unit is aimed at learners working in a wide range of settings. The unit gives learner's the knowledge and skills needed to support individuals participating in therapy sessions. It covers the preparation, support, observation, recording and review of therapy sessions.

Unit introduction

Learners completing this unit will be able to work with individuals to support them before, during and after therapy sessions. Therapy sessions include those designed to improve physical, mental and emotional wellbeing. Learners will develop an understanding of the range of therapeutic interventions available to individuals and the main features and potential benefits of each. Learners will understand how to prepare for therapy sessions, including identifying risks and hazards and how to deal with these. They will understand the importance of preparing the individuals with whom they work for therapy sessions, including establishing wishes and preferences and in dealing with fears and concerns.

Following completion of the unit, learners will be able to provide effective support for the therapist including understanding the importance of following directions and knowing when and how to report concerns and issues. The learner will be familiar with documentation and records used to support therapy sessions and be able to contribute to these appropriately, understanding the need for confidentiality. Learners will be able to support the therapist by contributing to observations and using their knowledge and understanding of the individuals they support to inform reviews of therapy sessions.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 2, 3, 4 and 5 must be assessed in a real work situation.

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 benefits of therapy sessions	1.1	Identify different types of therapy sessions in which an individual may participate
		1.2	Describe how therapy sessions can benefit an individual
2	Be able to prepare for therapy sessions	2.1	Establish own responsibilities in preparing for a therapy session
		2.2	Identify with the individual their preferences and requirements for the therapy session
		2.3	Follow instructions to prepare the environment, materials, equipment and self for the session
3	Be able to provide support in therapy sessions	3.1	Provide support during a therapy session that takes account of: <ul style="list-style-type: none"> • the therapist's directions • the individual's preferences and requirements
		3.2	Promote the active participation of the individual during the session
		3.3	Describe ways to overcome fears or concerns an individual may have about a therapy session
4	Be able to observe and record therapy sessions	4.1	Agree what observations need to be carried out during therapy sessions
		4.2	Agree how observations will be recorded
		4.3	Carry out agreed observations
		4.4	Record agreed observations as required
5	Be able to contribute to the review of therapy sessions	5.1	Contribute to a review of therapy sessions to identify issues and progress
		5.2	Contribute to agreeing changes to therapy sessions with the individual and others

Unit content

1 Understand the benefits of therapy sessions

Therapy sessions in which an individual may participate: types eg occupational therapy, physiotherapy, behavioural therapy, therapeutic programmes such as for speech and language, hydrotherapy, aromatherapy; individual ie someone requiring care or support

Benefits for the individual: describe eg maximising movement potential, rehabilitation from accident, injury or surgical treatment, reducing pain and discomfort, avoiding complications from specific conditions, improving mental health, increasing wellbeing, relaxation and stress reduction, helping children and young people understand and cope with the world around them, helping individuals to manage their own behaviour, increasing self-worth and social integration, improving and overcoming speech, language and communication difficulties

2 Be able to prepare for therapy sessions

Preparation: own responsibilities eg check with others role in preparing the individual and the environment ahead of the therapy session, identify and address any health and safety issues or risks, reporting as required, seek clarification if responsibilities are unclear, refer to others where responsibilities exceed capabilities

Individual's preferences and requirements: describe eg allow advocates and interpreters to express their views, wishes or feelings, explain before, during and after the therapy session, communicate with the individual, agree requirements, check understanding, communicate individual's wishes to others involved in the therapy where appropriate

Follow instructions to prepare: how eg identify with others how the environment needs to be prepared and by when, report any difficulties, identify hazards following local procedures, locate required materials, report any materials that are missing, prepare equipment according to instructions, report damaged, worn or faulty equipment as appropriate ensuring the therapist is aware

3 Be able to provide support in therapy sessions

Provide support: taking account of therapist's direction eg follow instructions, seek clarification if unsure, report immediately any difficulties in complying with instructions, report where directions contradict with individual's wishes or requirements, make therapist aware of difficulties, note pain or stress in the individual participating in therapy when carrying out directions; taking account of Individual's preferences and requirements eg check records of discussions with the individual of preferences and seek clarification if any are unclear or where circumstances have changed, ensure that individual's preferences and requirements are understood and agreed

Promote active participation: active participation 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; how eg recognise that therapy is a collaborative process between individual and therapist, explain what is happening and why in a way that the individual can understand and using their preferred method of communication, check understanding, listen and act on feedback and response, encourage the individual to do as much for themselves as possible within their capabilities

Overcome fears or concerns: how eg listen to the individual's concerns, identify any signs that the individual has fears or concerns that they have not communicated verbally eg body language, aggressive, anxious or withdrawn, check understanding of the concern with the individual, provide reassurance about the nature and content of the therapy session, highlight concerns or issues unable to resolve to the therapist, seeking their support to allay the individual's fears, develop a supportive relationship with individual participating in therapy

4 **Be able to observe and record therapy sessions**

Agree observations: agree eg with therapist, others where appropriate; how eg ensure individual requiring support understands and is happy with the observations being made

Agree how observations will be recorded: how eg ensure knowledge of and compliance with local, UK and European legislation and the local policies and procedures for accessing records, recording, reporting, information sharing and confidentiality

Carry out agreed observations: how eg follow agreed arrangements before, during and after the therapy session, check observations with appropriate people, against agreed outcomes, identify and report any issues or difficulties with carrying out the agreed outcomes

Record agreed observations as required: how eg record observations using agreed format and documentation, maintain confidentiality agreements, act according to legal and organisational requirements

5 **Be able to contribute to the review of therapy sessions**

Contribute to a review of therapy sessions: how eg identify any issues or problems in relation to therapy sessions, work with the individual and others to identify the effectiveness of the therapy session, draw on records and observations where appropriate, report on any significant changes or difficulties

Agreeing changes to therapy sessions: how eg use knowledge of individual in contributing to agreeing changes, seek the participation of the individual in decisions about future therapy sessions, ensure individuals understand and are happy with the proposed changes, ensure any changes are recorded in line with organisational requirements; others eg therapist, line manager, family, friends, advocates, others who are important to the individual's well-being

Essential guidance for tutors

Delivery

The unit could be delivered through a combination of tutor input, individual/small group research followed by presentations, case studies, visits or guest speakers. Active learning techniques should be used as much as possible, and learners should be encouraged to share their working experiences.

Learners need to work with individuals participating in therapy sessions, getting to know them and their needs and preferences.

To meet learning outcome 1 learners should describe the different types of therapy that individuals may be offered, and the particular benefits of each. Activities that develop this knowledge and understanding could be delivered early in the programme. A tutor-led discussion of the types of therapy available and their purposes - improve physical mobility, reduce pain, improve wellbeing, help individuals to make informed choices, help individuals to understand themselves and others so increasing their social skills, improve communication skills etc. may be helpful. Visits to therapy suites/units or viewing DVD/video clips can broaden the learners understanding and experience.

Visits by therapists could inform learner understanding of the preparation and support therapists require during therapy sessions. Learners may pre-prepare questions to ask during the visit. Follow-up discussions could consider the possible benefits that a support worker with detailed knowledge and an established, trustful relationship with the individuals they support, can bring to the therapeutic process.

Assessment

It is essential that all assessment criteria are fully met so that learners achieve the learning outcomes. Learners need to demonstrate a clear understanding of the separate topics within this unit.

To meet learning outcome 1 learners should identify the different types of therapy that individuals may be offered, or participate in, and describe the particular benefits to the individual of each.

Learning outcomes 2, 3, 4 and 5 must be assessed in a real work situation. To meet these learning outcomes, learners show their ability to provide support for therapy sessions in their own workplace.

Essential resources

Learners must be directly involved in supporting individuals during therapy sessions within the workplace.

Indicative resource materials

Textbooks

Burnham, L – *S/NVQ Level 2 Teaching Assistant's Handbook: Supporting Teaching and Learning in Schools* (Heinemann 2nd edition, 2008) ISBN 978-0435449308

Carlin J – *Including Me: Managing Complex Health Needs in Schools and Early Years Settings* (Council for Disabled Children and Departments for Education and Skills, 2005) ISBN 1 904787 606

Griffin S – *Inclusion, Equality and Diversity in Working with Children* (Heinemann, 2008) ISBN 978-0435402402

Kamen T – *Teaching Assistant's Handbook: NVQ and SVQ levels 2 & 3* (Hodder Education 2nd edition, 2008) ISBN 978-0340959381

Nolan Y – *NVQ/SVQ Level 2 Health and Social Care Learner Book* (Pearson Revised Edition, 2008) ISBN 978-0435466985

Websites

www.creid.ed.ac.uk

www.education.gov.uk

www.equalityhumanrights.com

www.hse.gov.uk

www.hseni.gov.uk

www.nhscareers.nhs.uk/ahp.shtml

www.playtherapy.org.uk/index.html

www.speechdisorder.co.uk/

www.teachernet.gov.uk

Unit 12: Provide Support for Mobility

Unit code: H/601/9024

QCF Level 2: BTEC Specialist

Credit value: 2

Guided learning hours: 14

Unit aim

This unit is aimed at learners working in a wide range of settings. The unit gives learners the knowledge and skills needed to support mobility activities. It covers preparation, support and observations of mobility activities.

Unit introduction

This unit combines developing, understanding and evidencing their ability to provide support for learner mobility. It will enable learners to understand the importance of mobility and the implications of becoming immobile. Learners will prepare mobility activities and support individuals to keep mobile. Learners will also undertake observation, recording and reporting tasks in relation to activities to support mobility.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details. Learning outcomes 2, 3 and 4 must be assessed in a real work situation.

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 mobility	1.1	Define mobility
		1.2	Explain how different health conditions may affect and be affected by mobility
		1.3	Outline the effects that reduced mobility may have on an individual's well-being
		1.4	Describe the benefits of maintaining and improving mobility
2	Be able to prepare for mobility activities	2.1	Agree mobility activities with the individual and others
		2.2	Remove or minimise hazards in the environment before a mobility activity
		2.3	Check the suitability of an individual's clothing and footwear for safety and mobility
		2.4	Check the safety and cleanliness of mobility equipment and appliances
3	Be able to support individuals to keep mobile	3.1	Promote the active participation of the individual during a mobility activity
		3.2	Assist an individual to use mobility appliances correctly and safely
		3.3	Give feedback and encouragement to the individual during mobility activities
4	Be able to observe, record and report on activities to support mobility	4.1	Observe an individual to monitor changes and responses during a mobility activity
		4.2	Record observations of mobility activity

Learning outcomes		Assessment criteria	
		4.3	Report on progress and/or problems relating to the mobility activity including: <ul style="list-style-type: none"> • choice of activities • equipment • appliances • the support provided

Unit content

1 Understand the importance of mobility

Mobility definition: definition eg ability to move physically

Health conditions: effects of mobility eg prevention, improvement, deterioration; effects on mobility eg limitation, restriction

Impact of reduced mobility on individual's wellbeing: impact eg physical, emotional, social impact

Benefits of maintaining and improving mobility: benefits eg independence, strength, confidence, self-esteem, dignity, engagement

2 Be able to prepare for mobility activities

Agree mobility activities with the individual and others: mobility activities eg exercises, physiotherapy, occupational therapy, household activities, group activities; individual ie someone requiring care or support; others eg family, friends, advocates, mobility specialists, line manager, others who are important to the individual's wellbeing; how eg person-centred planning, interests, preferences, care plan, risk assessment, discussion

Remove or minimise environmental hazards: how eg assess activity needs, consider environment, remove hazards if possible, adjust environment to remove or minimise risks, communicate with individual

Check suitability of an individual's clothing and footwear for safety and mobility: clothing eg comfort, dignity, level of restriction, loose or trailing items; footwear eg nature of footwear, comfort, fit, condition, level of trip hazard

Check safety and cleanliness of mobility equipment and appliances: mobility equipment and appliances eg wheelchairs, sticks, walking frames, custom-made appliances; how eg visual check, operational check, general cleanliness, attention to parts of equipment coming into direct contact with self or individual

3 Be able to support individuals to keep mobile

Individual's active participation: active participation eg 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; how to promote eg communication, benefits explained, link to interests and preferences, goal setting, encouragement

Individual's correct and safe use of mobility appliances: how to assist eg check understanding, assess confidence, assess competence, demonstrate correct and safe use if appropriate, assist during use

Give feedback and encouragement to the individual: how eg positive, avoid being patronising, coaching style

4 Be able to observe, record and report on activities to support mobility

Observe an individual to monitor changes and responses: how eg use care plan as baseline, assess physical ability level, observe individual's verbal and non-verbal response to activity, assess capability and tiredness

Recording observations: how eg follow local procedures, objective assessment, include information that will aid review

Report on progress and/or problems: choice of activities eg engagement level, feedback from individual, evaluation of success, suggestions for change; equipment eg appropriateness, condition, positive or negative impact; appliances eg appropriateness, condition, positive or negative impact; the support provided eg more or less than anticipated, impact, future suggestions

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method, particularly for learning outcome 1. Tutor demonstration and or tutor-led practical role play can support learners to increase their understanding and gain confidence in meeting the learning outcomes and assessment criteria for this unit. Learners may also benefit from opportunities to discuss issues, perhaps based on case studies from professional magazines or other valid sources. Group discussion would enable learners to express views and explore ideas, and may be particularly useful for learning outcomes 2 and 3.

Assessment

It is essential that all assessment criteria are 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 provide a definition of mobility. For assessment criterion 1.2, learners should describe how different health conditions may be affected by mobility, and also the effects that different medical conditions may have on mobility. To meet assessment criteria 1.3 and 1.4, learners should describe the effects that reduced mobility may have on an individual's wellbeing and the benefits of maintaining and improving mobility.

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, case studies, and observation records.

Essential resources

Learners will require access to library facilities including textbooks, CD ROMs, broadsheet newspapers and journals. Learners will also require access to the internet with tutor guidance.

Indicative resource materials

Websites

www.ageuk.org.uk/search1/?keyword=keeping+mobile&nation=AgeUK_en-GB
www.articledashboard.com/Article/Armchair-Exercises-for-the-Elderly/553828
www.mobility-help.co.uk/

Unit 13: 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 an 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.

Assessment requirements

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

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
		3.6	Identify the importance for the individual of positive risk-taking

Learning outcomes		Assessment criteria	
4	Understand the importance of independence and inclusion for the individual with a 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: 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: 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: 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: 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: definition 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 actions if not 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 a physical disability

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

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

Independence and inclusion within the community: 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

Formal taught input can be an important delivery method, 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 would enable 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 could provide further opportunities to enhance learning.

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. Learners will need to demonstrate understanding of the separate topics within this unit.

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 assessment criterion 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 assessment criteria 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. A case study approach could also partially cover 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 assessment criteria 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 negative and discriminatory attitudes. For assessment criterion 3.4, learners should identify the key pieces of legislation related to disability and describe the impact on community attitudes and actions. To meet assessment criterion 3.5, learners should describe the effects that having a physical disability can have on a person's day-to-day life. For assessment criterion 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 assessment criteria 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 access to library resources including textbooks, 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 14: 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

The aim of this unit is to 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. Including 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 covers the central place of communication in working with individuals who have learning disabilities.

Assessment requirements

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

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
		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

Learning outcomes		Assessment criteria	
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
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, responsibility of society rather than the person with the disability

Proportion of individuals: for whom the cause of a 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 individuals with learning disabilities individuals: where people live eg community based, individually; daytime activities eg volunteering, working, learning; employment eg fulltime, 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 being labelled learning disabled: positive eg employment rights, training and education, volunteering, inclusion; negative eg discrimination, limited opportunities, attitudes, focus on learning limitations rather than what people can do

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

Changing attitudes, policy and practice: role 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 would enable learners to express views and explore ideas, particularly 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

This unit could be assessed through a holistic assignment, or by being subdivided into separate tasks with some crossover to support a thematic approach. Learners will need to demonstrate understanding of the separate topics.

It may be beneficial to integrate assessment opportunities for learning outcome 1 with other learning outcomes to enable learners to recognise the practical influence of legislation in changing society's attitude 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 assessment criterion 2.4. For assessment criterion 2.3, learners should describe the medical and social models of disability. For 2.5, learners 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 assessment criterion 2.5, assessment opportunities to show an understanding of legislation and human rights (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 (assessment criterion 3.1), and describing how past working methods may affect current services (assessment criterion 3.2). This should be supported by the identification of the key changes in the lives of individuals with learning disabilities in relation to accommodation, activities, employment, relationships and healthcare provision (assessment criterion 3.3). Learners could also show their understanding of the appropriate legislation and its practical application, 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 (assessment criterion 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 learning outcome 5 there are further opportunities to provide evidence for understanding of learning outcome 1, ie legislation and human rights in context. To meet assessment criteria 5.1 and 5.2, learners should explain how attitudes are changing and give examples of changing attitudes towards 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 role is another opportunity to provide interest whilst meeting assessment requirements.

Through the use of scenarios for assessment criteria 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 textbooks, 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.mencap.org.uk

www.mind.org.uk

www.learningdisabilities.org.uk

www.scope.org.uk

www.thedtgroup.org

Unit 15: Principles of Positive Risk Taking for Individuals with Disabilities

Unit code:	K/601/6285
QCF Level 2:	BTEC Specialist
Credit value:	2
Guided learning hours:	20

Unit aim

The aim of this unit is to provide learners with the knowledge behind positive risk taking and highlight the importance of positive risk taking for individuals with disabilities. It explores how to take a person-centred approach to enabling individuals to take risks and how to balance risk taking with duty of care. The legislative context is also covered.

Unit introduction

This unit gives learners the opportunity to explore aspects of positive risk taking. The ability to take risks in a positive way enables individuals with learning disabilities to take control of their own lives by making informed decisions. People with learning disabilities can then develop greater confidence and independence in how they lead their lives. Learners will gain insight into the importance of positive, person-centred risk assessment, as well as knowledge of legislation and policies relevant to positive risk taking. The unit also presents the opportunity to develop learner understanding of how to support individuals with learning disabilities in their decisions about risk taking and also how to support individuals with learning disabilities to manage identified risks.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details.

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 importance of risk taking in everyday life for individuals with disabilities	1.1	Identify aspects of everyday life in which risk plays a part
		1.2	Identify aspects of everyday life in which, traditionally, individuals with disabilities were not encouraged to take risks
		1.3	Outline the consequences for individuals with disabilities of being prevented or discouraged from taking risks
		1.4	Explain how supporting individuals to take risks can enable them to have choice over their lives to: <ul style="list-style-type: none"> • gain in self-confidence • develop skills • take an active part in their community
2	Understand the importance of positive, person-centred risk assessment	2.1	Explain how a person-centred approach to risk assessment can have a more positive outcome than traditional approaches
		2.2	Identify the features of a person-centred approach to risk assessment
		2.3	Describe ways in which traditional risk assessments have tended to have a negative focus
3	Know how legislation and policies are relevant to positive risk taking	3.1	Identify legislation and policies which promote the human rights of individuals with disabilities
		3.2	Describe how to use a human rights based approach to risk management

Learning outcomes		Assessment criteria	
4	Understand how to support individuals with disabilities in decisions about risk taking	4.1	Explain the connection between an individual's right to take risks and their responsibilities towards themselves and others
		4.2	Outline how the principle of 'Duty of Care' can be maintained whilst supporting individuals to take risks
		4.3	Describe ways of enabling individuals with disabilities to make informed choices about taking risks
		4.4	Outline the particular challenges that may arise when supporting individuals to make decisions if they have had limited previous experience of making their own decisions
		4.5	Explain the potential positive and negative consequences of the choices made about taking risks
		4.6	Describe what action to take if an individual decides to take an unplanned risk that places him/herself or others in immediate or imminent danger
		4.7	Explain why it is important to record and report all incidents, discussions and decisions concerning risk taking
5	Understand how to support individuals with disabilities to manage identified risks	5.1	Explain the importance of including risks in the individual's support plan
		5.2	Explain why it is important to review risks in the individual's support plan
		5.3	Outline why it is important to communicate and work in a consistent way with all those supporting the individual
		5.4	Describe ways of supporting individuals with disabilities to test out the risk they wish to take

Unit content

1 Know the importance of risk taking in everyday life for individuals with disabilities

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

Risk as a part of everyday life: individual eg someone requiring care or support; aspects from which disabled individuals are traditionally discouraged eg independent travel, sports and leisure activities, much of the working world, anything with perceived health and safety risks

Prevention of risk taking: individual eg someone requiring care or support; consequences eg negative, anger, timidity, reticence, dependence, limited lack of skills development, exclusion, rebellion

Supporting risk taking: individual eg someone requiring care or support; confidence building eg realisation of new horizons, increased self-esteem, self-belief; skill developing eg new skills through new experiences, transferable skill development; active role in community eg increased visibility, feeling included, feeling able to contribute

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

Approaches to risk assessment: traditional eg medical model of disability, the person as an object, restricting, inhibiting, negative; person-centred reflecting what is important to individuals and helping them to live the life they choose eg social model of disability, enabling, empowering, informing, positive

Person-centred approach to risk assessment: key features eg joint decision making processes, risk minimisation and preparation, short-term risk, long-term gain, guidance, support and involvement; promoting opportunity

Traditional risk assessments: negative focus eg situation avoidance, potential for harm, risk averse, social and cultural barriers, discrimination, exclusion

3 Know how legislation and policies are relevant to positive risk taking

Legislation and policies: promoting human rights eg Valuing People Now (2001), Putting People First (2007), Human Rights Act (1998), Mental Health Act (2007), Equality Act (2010), Safeguarding Children and Vulnerable Adults policies

Using a human rights-based approach to risk management: how eg balancing responsibility, advocacy, direct payments, personalised services, person-centred planning, support planning

4 Understand how to support individuals with disabilities in decisions about risk taking

Rights and responsibilities: connection eg maximising quality of life while maintaining safety, responsibilities to self and others, social, emotional, physical; others: eg individual, colleagues, families or carers, friends, other professionals, members of the public, advocates

Duty of care balanced with supporting to take risks: duty of care ie legal duty to take reasonable care to avoid others being harmed; how maintained eg best interest; defensible decision making; contextualising behaviour; identification of positive and negative risks

Enabling informed choices: how eg use of illustrated templates, flow-charts, information sheets; technology; the right to make 'bad' decisions; planning alternatives

Limited experience: challenges eg perception and understanding of risk; task analysis; perception of the views of others

Consequences of choice: positive eg increases confidence and self-esteem, new experiences encountered; negative eg personal danger or injury, danger or injury to others, reduces future confidence,

Unplanned risks: actions required eg progress checks, monitoring; intervention; explanations; evaluation, future planning

Reporting and recording: importance eg accurate record, accountability, responsibility, to enable evaluation and future planning

5 Understand how to support individuals with disabilities to manage identified risks

Including risks in the support plans: importance eg accurate record, clarity of approach, raises awareness, enables written consent

Reviewing risks: importance eg supports reflective approach, full consideration encouraged, progression of individual

Communicating and working with others consistently: importance eg promotes shared values, information sharing, clarifies goals and targets, supports multi-disciplinary working, avoiding problems with inconsistency

Testing risks: how eg discussion, contingency planning; experiencing the risk with support; reducing support over time

Essential guidance for tutors

Delivery

Learners' vocational experience will help inform this unit and should be related to relevant theory and legislation. Tutor and supervisor support may be required to ensure learners develop a person-centred approach to enabling individuals to take risks. Consideration should be given to the wide range of experiences learners will have and it is important that alternative procedures are discussed.

Learners may need structured guidance to ensure they have a good understanding of how to support individuals in making choices and decisions about risk taking. The need to, and importance, of documenting discussions and actions should be considered in depth, which may enable learners to develop the skill of devising succinct reporting processes. Visiting speakers can provide valuable expertise, offering insights that may enhance the learning experience.

Assessment

Assessment for this unit should be based on experiential learning and evidence-based practice. Evidence of understanding should be supported by reference to the appropriate legislation, policy and theory.

Presentations could be used to assess the knowledge-based learning outcomes 1 and 3. Learning outcomes 2, 4 and 5 could be assessed through a real or fictional case study. Alternatively, a work-based log which links the assessment criteria accompanied by reflective writing or recorded verbal explanation would provide an interesting and valuable means of assessment. The reflection should be underpinned with relevant theory, legislation and policies, as well as appropriate practical examples.

Essential resources

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

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

Journal

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.nmhd.org.uk

Unit 16: 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 every individual is entitled to. 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.

Assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. See *Annexe D* for more details.

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

Attitudes and behaviours of others: 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 delivery method, 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 individual rights. Understanding key terms in current use is important and a glossary will act as an aid when writing assignments. Guest speakers from a variety of professional settings will enhance learning. Independent research should also be encouraged, particularly for prevalence rates of common forms of dementia as part of learning outcome 3. Learning outcome 4 requires learners to consider the effects of others 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 within the unit.

To meet 1.1, learners will need to explain fully what is meant by the term 'dementia'. This links with assessment criterion 1.2 which asks for a description of the key functions of the brain, learners should include how brain functions are affected by dementia. For assessment criterion 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. This could be produced as a poster that includes the requirements of assessment criterion 3.4, ie 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 assessment criterion 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 textbooks, 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

Magazines and guides

BUPA Dementia Guide

Community Care Magazine

The Nursing Times

DVD

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 17: 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 learners 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 explores 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.

Assessment requirements

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

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 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; deaf blindness eg 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 of the sensory loss of the individual, simplify information, present information thematically

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: congenital loss eg ante-natal development, hereditary; acquired loss 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: 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, National 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

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 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 assessment criteria 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 assessment criterion 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 assessment criterion 4.1.

For assessment criteria 2.2, learners should describe the positive impact that can be achieved by communicating effectively with individuals with sensory loss. For assessment criterion 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 assessment criterion 3.1, learners should outline the main causes of sensory loss. For assessment criterion 3.2, learners should define and distinguish between congenital and acquired sensory loss. For assessment criterion 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 assessment criterion 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 assessment criterion 2.1. For assessment criterion 4.2, learners should identify a number of sources of additional advice and support in relation to sensory loss.

For assessment criterion 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 18: 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 give learners 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 system 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
		2.3	Explain how mental ill health may have an impact on those in the individual's family, social or work network 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	
		2.4	Explain the benefits of early intervention in promoting an individual's mental health and well-being

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 eg 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 delivery method or alternatively the learners could be encouraged to undertake self-directed study.

Learners could also benefit from opportunities to discuss issues and explore their own perceptions 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 an insight into the complexities of supporting individuals with mental ill health issues.

Assessment

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, for example 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, however, 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 textbooks, 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 and Magazines

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 19: Provide a Workplace Induction in the Assisting and Moving of Individuals

Unit code: R/503/5645
QCF Level 3: BTEC Specialist
Credit value: 5
Guided learning hours: 40

Unit aim

This unit covers the workplace induction of those involved in assisting and moving individuals as part of their care and support plan. This unit promotes the need to provide an effective induction in the workplace which includes being able to assess competence and record the outcomes of such an assessment. Learners should already be familiar with basic strategies for assisting and moving individuals, be in a position to induct others into the work environment, and demonstrate their ability to role model the use of approved techniques.

Unit introduction

This unit gives learners an understanding of the importance of the inclusion of assisting and moving content as part of workplace induction and their role and responsibilities. On completion of the unit the learner will be able to facilitate the learning and development of the workplace inductee, demonstrate safe practice for assisting and moving individuals and develop and record the competence of others in the workplace.

Assessment requirements

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

On completion of this unit a learner should:

Learning outcomes		Assessment criteria	
1	Understand the importance of workplace induction in the assisting and moving of individuals	1.1	Describe the responsibilities of the employer to provide induction in the assisting and moving of individuals in accordance with current legislation and agreed ways of working
		1.2	Explain the processes which would contribute to workplace induction in the assisting and moving of individuals
2	Understand own role and responsibilities	2.1	Explain the responsibilities and limitations of own role in workplace induction
3	Be able to facilitate the learning and development of the workplace inductee	3.1	Explain different learning styles and how these can apply to workplace induction in the assisting and moving of individuals
		3.2	Describe how to motivate inductees and put them at ease
		3.3	Demonstrate the ability to relay the concepts of assisting and moving individuals in a clear, concise and professional manner
		3.4	Explain and justify actions to be taken if advice and/or assistance should be sought if a lack of compliance, lack of understanding or lack of ability is demonstrated by the inductee
		3.5	Assess inductee's ability to conduct a moving and handling task, using the LITE /TILE Risk Assessment strategies
		3.6	Demonstrate the ability to provide constructive feedback to inductee about their observed practice
4	Be able to demonstrate to others safe practice for assisting and moving individuals	4.1	Demonstrate the use of a range of techniques, aids and equipment available in the workplace for moving and assisting individuals
		4.2	Provide a clear explanation to the inductee regarding the principles of safe handling and the legal responsibilities of self and others

Learning outcomes		Assessment criteria	
		4.3	Describe how to role model appropriate moving and handling techniques in the workplace in relation to induction
		4.4	Demonstrate how to involve an individual and others in risk assessments
5	Be able to develop and record the competence of others in the workplace	5.1	Explain ways of ensuring that inductee's skill in moving and assisting individuals, and knowledge about equipment and risk assessment is maintained and kept current
		5.2	Explain ways in which competence can be developed in the workplace
		5.3	Develop the personal development plan of the inductee
		5.4	Record the competence of the inductee

Unit content

1 **Understand the importance of workplace induction in the assisting and moving of individuals**

Employer responsibilities regarding provision of induction in the assisting and moving of individuals: describe eg adequate information, instruction, supervision and training

Workplace induction in the assisting and moving of individuals: contributing processes eg timely delivery of training before workers are expected to engage in assisting and moving activities, time space and environment conducive to training, well-planned training, engaging process for inductees, practical activities

2 **Understand own role and responsibilities**

Responsibilities and limitations of own role in workplace induction: responsibilities eg to carry out training to the agreed standard, to assess observed competence of participants; limitations eg to explain limits of training, future practice of inductees beyond scope, legal liability for accidents or injuries only if clearly proven link with training approach

3 **Be able to facilitate the learning and development of the workplace inductee**

Workplace induction: taking account of different learning styles eg variety of teaching approaches to account for preferred learning styles whether these are visual, aural or kinaesthetic, written information, verbal information, pictorial information, practical activity, demonstration

Motivating and putting inductees at their ease: how eg introductions, friendly demeanour, inclusive delivery style, positive and supportive approach, avoid putting individual inductees 'on the spot', explanation of purpose and outcomes for the training

Relaying concepts of assisting and moving individuals in a clear, concise and professional manner: how eg lesson planning, find out where learners are, appropriate use of language, checking learning and understanding, seeking feedback

Actions to be taken concerning inductee performance: lack of inductee compliance eg investigate motivation of inductee, practice or behaviour issue, refer to good practice, report behavioural issues for managerial follow up; lack of inductee understanding eg is it a conceptual or a language barrier, review teaching approach, build on inductee's proven level of understanding; lack of inductee ability eg define actual level of competence, differentiate ability to understand from ability to deliver, consider teaching approach, report nature of concerns

Assess inductee's ability to conduct a moving and handling task, using the LITE/TILE risk assessment strategies: how eg explain requirements to learners, share assessment criteria, TILE task, individual capacity, load and environment task eg nature of task, movement and frequency involved; eg individual capacity eg within reasonable capacity or requiring help or support; load eg weight, bulk, nature of load; environment eg space, floor, temperature, lighting

Provide constructive feedback to inductee about their practice: how eg positive and supportive approach, start feedback with positives, provide clear explanation against criteria, encourage discussion, communicate judgements, identify areas for development and how to achieve them

4 Be able to demonstrate to others safe practice for assisting and moving individuals

Use of techniques, available aids and equipment for moving and assisting individuals: demonstrate eg correct aid or piece of equipment for purpose, practical demonstration and inductee participation, demonstrate what could go wrong and how to rectify the problem

Principles of safe handling and legal responsibilities: provide explanation eg avoid hazardous manual handling operations so far as is reasonably practicable, assess any hazardous manual handling operation that cannot be avoided, reduce the risk of injury so far as is reasonably practicable, use of TILE

Appropriate moving and handling techniques: how to role model eg best practice, in line with organisational policy, relating theory to practice

Risk assessments: demonstrate involvement of the individual and others eg person centred planning, communication, clear division of roles, involvement and engagement, written record

5 Be able to develop and record the competence of others in the workplace

Maintaining inductee's skill and currency of knowledge about equipment and risk assessment: how eg include research approach into training, update training embedded into organisation, observation in work setting embedded in organisational practice, advice and support regarding risk assessments included in standard work practice

Competency development in the workplace: how eg skill mix approach to staffing arrangements and work routines, coaching and assessments as part of staff training and appraisal processes

Develop inductee's personal development plan: how eg written record, start with current competence, show areas for development, action plan to achieve goals and targets

Record inductee competence: how eg written record, competence level shown against criteria contained within induction programme, share outcomes with inductee and manager

Essential guidance for tutors

Delivery

Formal taught input can be an important delivery method, particularly for learning outcomes 1 and 2. Group discussion enable learners to express views and explore ideas, and may be particularly useful for learning outcomes 3, 4 and 5.

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.

Assessment

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 within this unit.

To meet 1.1, learners should describe employer responsibilities to provide induction in the assisting and moving of individuals, linking this to current legislation and agreed ways of working. For assessment criterion 1.2, learners should explain the processes that would ensure workplace induction was carried out successfully.

To meet 2.1, learners should describe the responsibilities and the limitations of their role in connection with workplace induction.

Learning outcomes 3, 4 and 5 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.

Assessment requirements

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

Essential resources

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

Websites

www.healthyworkinglives.com/advice/work.../manual-handling.asp

www.ucel.ac.uk/showroom/risk_assessment/downloads/risk_assess.pdf

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

Annexe A

The Edexcel qualification framework for the health and social care sector

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
5		BTEC Higher Nationals in Health and Social Care (QCF)		<p>Edexcel Level 5 Diploma in Leadership for Health and Social Care and Children's Services for England (QCF)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Advanced Practice) Wales and Northern Ireland (QCF)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) Wales and Northern Ireland (QCF)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales (QCF)</p>

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
5				<p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Residential Management) Wales and Northern Ireland (QCF)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland (QCF)</p> <p>Edexcel Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Management) Wales (QCF)</p>

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
3	GCE Health and Social Care Higher Diploma in Society, Health and Development	Edexcel BTEC Level 3 Certificate, Subsidiary Diploma, Diploma and Extended Diploma in Health and Social Care (QCF)	<p>Edexcel BTEC Level 3 Certificate in Preparing to Work in Adult Social Care (QCF)</p> <p>Edexcel BTEC Level 3 Award in Awareness of Dementia Care (QCF)</p> <p>Edexcel BTEC Level 3 Certificate in Dementia Care (QCF)</p> <p>Edexcel BTEC Level 3 Certificate in Activity Provision in Social Care</p> <p>Edexcel BTEC Level 3 Award in Supporting Individuals with Learning Disabilities (QCF)</p> <p>Edexcel BTEC Level 3 Certificate in Supporting Individuals with Learning Disabilities (QCF)</p> <p>Edexcel BTEC Level 3 Certificate in Working with Individuals with Diabetes (QCF)</p>	<p>Edexcel Level 3 Diploma in Health and Social Care (Adults) for England (QCF)</p> <p>Edexcel Level 3 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (QCF)</p> <p>Edexcel Level 3 Diploma in Health and Social Care (Children and Young People) for Wales and Northern Ireland (QCF)</p>

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
2	<p>GCSE (Double and Single Award) in Health and Social Care</p> <p>Advanced Diploma in Society, Health and Development</p> <p>Foundation Diploma in Society, Health and Development</p>	<p>Edexcel BTEC Level 2 Certificate, Extended Certificate and Diploma in Health and Social Care</p> <p>Advanced Diploma in Society, Health and Development (QCF)</p>	<p>Edexcel BTEC Level 2 Certificate in Preparing to Work in Adult Social Care (QCF)</p> <p>Edexcel BTEC Level 2 Award in Awareness of Dementia (QCF)</p> <p>Edexcel BTEC Level 2 Certificate in Dementia Care (QCF)</p> <p>Edexcel BTEC Level 2 Certificate in Supporting Individuals with Learning Disabilities (QCF)</p> <p>Edexcel BTEC Level 2 Award in Supporting Activity Provision in Social Care (QCF)</p> <p>Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF)</p>	<p>Edexcel Level 2 Diploma in Health and Social Care (Adults) for England (QCF)</p> <p>Edexcel Level 2 Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (QCF)</p>

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
1		<p>Edexcel BTEC Level 1 Award/Certificate/Diploma in Health and Social Care (QCF) (until December 2012)</p> <p>Edexcel BTEC Level 1 Award in Preparing to Work in Adult Social Care (QCF)</p> <p>Edexcel BTEC Level 1 Award in Introduction to Health and Social Care and Children and Young People's Settings (QCF)</p> <p>Edexcel BTEC Level 1 Certificate in Introduction to Health and Social Care and Children and Young People's Settings (QCF)</p> <p>Edexcel BTEC Level 1 Award in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Child care (Wales and Northern Ireland) (QCF)</p> <p>Edexcel BTEC Level 1 Certificate in Introduction to Health and Social Care (Adults and Children and Young People), Early Years and Child care (Wales and Northern Ireland) (QCF)</p>		

QCF level	General qualifications	BTEC full vocationally-related qualifications	BTEC Specialist Courses	Occupational
Entry		Edexcel BTEC Entry Level Award in Health and Social Care (Entry 3) (QCF) (until December 2012)		

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 these qualifications. Learners are encouraged to minimise waste and discuss controversial issues.

European developments

Much of the content of the qualifications 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 these qualifications. 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

National Occupational Standards

The grid below maps the knowledge covered in the Edexcel BTEC Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings (QCF) and the Edexcel BTEC Level 3 Award in Inducting Others in the Assisting and Moving of Individuals in Social Care (QCF) against the underpinning knowledge of the National Occupational Standards in Health and Social Care.

Units	1	2	3	4	5	6	7	8	9	10
HSC223	X	X	X		X					X
CHS6				X						
Infection Control NOS						X	X	X		
HCS22							X			X
GEN3							X	X		
HSC246							X			
HSC230								X		
HSC0032								X		
HSC24									X	
HSC240									X	
HSC221										X

Units	11	12	13	14	15	16	17	18	19
HSC212	X								
HSC215		X							
HSC240					X				
Sensory Services 1, 2, 3, 4, 5, 6, 7, 8, 9, 11							X		
HSC223									X

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 (e.g. those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.
- 2.2 Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.
- 2.3 Competence based assessment must include direct observation as the main source of evidence
- 2.4 Simulation may only be utilised as an assessment method for competence based Lo where this is specified in the assessment requirements of the unit'.
- 2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.
- 2.6 Assessment of knowledge based Learning Outcomes (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment.

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

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

3 Internal Quality Assurance

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

4 Definitions

4.1 Occupationally competent:

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

4.2 Occupationally knowledgeable:

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

4.3 Qualified to make assessment decisions:

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

4.4 Qualified to make quality assurance decisions:

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

4.5 Expert witness:

An expert witness must:

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

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

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