

Skillsfirst Awards

Handbook

**Level 2 Certificate in Dementia Care
(QCF)**

DCC2



Skillsfirst
growth through learning

Contents	Page
Section 1 – Introduction	2
Section 2 – Skillsfirst Awards Limited	
2.1 Data protection	2
2.2 Equality and accessibility	2
2.3 Enquiries and information sources	3
2.4 Complaints and appeals	3
2.5 Malpractice and maladministration	4
Section 3 – The sector skills council for care and development	
3.1 Skills for care and development	4
3.2 Occupational expertise of those who assess performance, and moderate and verify assessments	4
3.3 Employer direct model	5
3.4 Continuous professional development	5
Section 4 – Summary of assessment methods	
4.1 Assessment principles	6
4.2 Characteristics of assessment guidance	6
4.3 Simulation and witness testimony	6
4.4 Recognition of prior learning (RPL)	7
Section 5 – Qualification information	
5.1 What is the qualification and credit framework (QCF)	7
5.2 QCF units	8
5.3 QCF terminology	8
5.4 Availability of qualifications	8
5.5 Qualification aim and design	8
Section 6 – Qualification structure	
6.1 Number of credits required for this qualification	8
6.2 The rules of combination	8
6.3 List of available units and their credit value	9
6.4 Learner entry requirements	10
6.5 Progression opportunities	10
Section 7 – The units of learning	
7.1 Structure of the units	11
7.2 Group M – mandatory units	12
7.3 Group O – optional units	31

1.0 Introduction

1.1 Skillsfirst Awards is an awarding organisation specialising in the provision of vocational qualifications across a range of occupational areas.

1.2 Skillsfirst Awards recognises the need for industry to have fully trained and qualified staff – reliably qualified to recognised industry standards.

1.3 The following handbook provides the learning outcomes and assessment strategy for the delivery of the Level 2 Certificate in Dementia Care (QCF). The handbook is a live document and will be updated should there be any incremental change made. Centres will be informed electronically when changes are made and it will be the responsibility of any recognised centre to ensure the most up to date version of the handbook is used. The document also provides details of the administrative procedures, requirements and responsibilities that are associated with the delivery of vocational qualifications.

The handbook is available on the Skillsfirst Awards website www.skillsfirst.co.uk

1.4 This document is copyright but can be copied by any of our recognised centres for the purpose of assessing learners and may also be copied by learners for their own use.

1.5 All learners should be provided with a copy of the Skillsfirst qualification handbook together with the Skillsfirst learner guide. This document can be found on our web-site at www.skillsfirst.co.uk

2.0 Skillsfirst Awards

2.1 Data protection

Skillsfirst Awards takes the protection of data seriously and to this end has developed a data protection statement outlining how Skillsfirst and our centres, comply with the current legislation on data protection. It is important for centres to read our statement and ensure that our requirements are put in place. It is particularly important that centres make learners aware that data is shared with Skillsfirst Awards. Our policy statement on this and data requirements can be found in our centre handbook on our website www.skillsfirst.co.uk

2.2 Equality and accessibility

Equality and accessibility

Skillsfirst is committed to giving everyone who wants to gain one of our qualifications an equal opportunity of achieving it in line with current UK legislation and EU directives including the Equality Act 2010 and to ensure this occurs, has in place a policy on equality and accessibility which can be found on our website www.skillsfirst.co.uk and within our centre handbook.

Skillsfirst will ensure that centres use a equality and accessibility policy that works together with ours and that they maintain an effective appeals procedure which along with the equality and accessibility policy, will be monitored by the external verifier. We expect centres to tell learners how to find and use their own equality and accessibility and appeals procedures.

Access to assessment

Skillsfirst Awards is committed to guaranteeing all learners are treated fairly and equally and to ensure this occurs, has in place a policy on reasonable adjustments and special considerations. This policy states clearly what centres can and in some cases must, put in place to assist learners who may have particular requirements.

We expect centres to tell learners how to find and use their own reasonable adjustments and special considerations policy and will monitor implementation through the external verification process. This policy can be accessed at www.skillsfirst.co.uk and within our centre handbook. Further advice on this policy and its application can be obtained from our customer services team at customerservices@skillsfirst.co.uk

2.3 Enquiries and information sources

Skillsfirst aims to provide accurate information in a variety of formats and media. Recognised centres are encouraged to make enquiries to the customer services team, or seek clarification from our website. Learners wishing to enquire about qualifications, aspects of qualifications or quality assurance policies and procedures are encouraged, in the first instance, to seek information from the recognised centre or their tutor/assessor. Where a satisfactory answer is unavailable, learners are encouraged to seek clarification from our website, or from the Skillsfirst customer services team.

As a guide, the majority of frequently requested information is available on our website or on request via the electronic helpline listed below.

Website: www.skillsfirst.co.uk
email: customerservices@skillsfirst.co.uk
Tel: 0121 270 5100
Fax: 0121 747 4102

In writing to:

Customer Services
Skillsfirst Awards Limited
Suite 215
Fort Dunlop
Fort Parkway
Birmingham
B24 9FD

2.4 Complaints and appeals

Complaints

Skillsfirst Awards will endeavour at all times to satisfy our customer's needs and ensure a quality service. There may be times when our centres do not feel we have met these needs. Should they wish, centres may complain in writing to the Skillsfirst Awards customer services manager. We will attempt to resolve all complaints within the published timescales and will record and review all complaints as part of our ongoing customer service commitment.

Appeals

Skillsfirst Awards aims to ensure that at all times its decisions are fair, consistent and based on valid judgements. However, it is recognised that there may be occasions when a centre or a learner may wish to question a decision made. Skillsfirst Awards therefore has an appeals policy and process which clearly indicates the rights of the centre and the learner to appeal against a range of decisions taken by Skillsfirst.

The Skillsfirst Awards appeals policy and process can be accessed on our website www.skillsfirst.co.uk and within our centre handbook. Centres are required to have a documented policy and procedure which allows learners to question decisions made by the centre. The final stage of such a procedure may be to appeal to the Skillsfirst Awards external verifier. This policy would form part of the original centre recognition process and its implementation will be monitored by the external verifier.

2.5 Malpractice and maladministration

Skillsfirst Awards has a responsibility to ensure that malpractice and maladministration is addressed effectively and to publish procedures to centres for dealing with malpractice on the part of learners, centre staff and any others involved in providing the qualification. To meet this requirement, Skillsfirst Awards has a malpractice and maladministration policy and process, the details of which can be accessed on our website www.skillsfirst.co.uk

3.0 The sector skills council for care and development

3.1 Skills for Care and Development

The Level 2 Certificate in Dementia Care (QCF) is based on the units developed by Skills for Care and Development (SfC) who are the sector skills council for people working in early years, children and young people's services, and those working in social work and social care for children and adults in the UK. Their contact details are:

2nd Floor
City Exchange
11 Albion Street
Leeds
LS1 5ES

Phone: 01133907666

Email sscinfo@skillsforcareanddevelopment.org.uk

This handbook provides details from SfC's assessment strategy, which centres will need to apply in order to assess and quality assure the Level 2 Certificate in Dementia Care (QCF) and includes the:

- occupational expertise of those who assess performance, and moderate and verify assessments
- continuous professional development
- summary of assessment methods

The complete assessment strategy is available for view and to download from the Skills for Care and Development website www.skillsforcareanddevelopment.org.uk

3.2 Occupational expertise of those who assess performance, and moderate and verify assessments

Deliverers, assessors and internal verifiers (IVs) are appointed by the recognised centre and approved by Skillsfirst through the external verifier (EV).

Staff delivering these qualifications must be able to demonstrate that they meet the following occupational expertise requirements. They should:

- be technically competent in the areas for which they are delivering training and/or have experience of providing training. This knowledge must be at least to the same level as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

While the assessor/verifier (A/V) and the assessor/internal quality assurance (TAQA) units are valued as qualifications for centre staff, they are not currently a requirement for the qualifications. Centre staff should have verifiable relevant experience and current knowledge of the occupational working area at, or above, the level they are assessing or verifying. This experience and knowledge

must be of sufficient depth to be effective and reliable when judging learner competence or verifying assessment processes and decisions. This could be verified by:

- curriculum vitae and references
- possession of a relevant qualification
- corporate membership of a relevant professional institution

Centre staff may undertake more than one role, e.g. tutor and assessor or internal verifier, but must never internally verify their own assessments.

Expert witness

Expert witnesses may observe learners practice and provide testimony for competence based units which will have parity with assessor observation for all competence based units across the qualification. If an assessor is unable to observe their learner she/he will identify an expert witness in the workplace, who will provide testimony of the learner's work based performance.

3.3 Employer direct model

The SfC feels that the employer direct model of in-house assessment will encourage more employers to offer the Level 2 Certificate in Dementia Care (QCF), particularly when they often have highly trained and experienced assessors, managers and trainers already in situ who meet or exceed the requirements of the recognised assessor and quality assurance qualifications. Wherever possible, the SfC works with employers to encourage assessment to be carried out by colleagues, supervisors and/or managers in a workplace environment. However, many employers see gaining the assessor and quality assurance qualifications as an obstacle and unnecessary given the experience and quality of their own internal assessors and trainers.

The SfC supports this model with several provisos. The organisation must:

- Liaise with an awarding organisation/body who will be offering the qualification prior to beginning the process.
- Prepare, validate and review the assessment/verification roles.
- Carry out 100% mapping of the employers training to the National Occupational Standards for the assessor and quality assurance units which the qualifications are based on.
- Agree the mapping process with the awarding organisation/body involved.
- Demonstrate an equivalent level of rigour and robustness as the achievement of the unit qualification.

The awarding organisation/body must:

- Offer this model to employers only.
- Inform the SfC of employers who are using this model.
- Supply the SfC with statistical data including take-up, sector, size of organisation etc. when requested.
- Keep the SfC informed of any problems/issues incurred in the delivery of this model.

3.4 Continuous professional development

Centres are expected to support their assessors and IVs in ensuring that their knowledge remains current of the occupational area and of best practice in delivery, mentoring, training, assessment and verification, and that it takes account of any national or legislative developments. Centres may have generic criteria and personnel specifications in addition to the above.

4.0 Summary of assessment methods

For this qualification, learners will be required to provide evidence for **each** unit which may be supplied via observation of workplace activities, witness testimony, professional discussion and questions, learner reports/reflective accounts and inspection of products, using evidence appropriate to the learner's job role.

4.1 Assessment principles

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.

4.2 Characteristics of assessment guidance

The evidence provided by candidates must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector. This qualification is internally assessed and externally verified. Independence of assessment is achieved via robust external and internal verification processes.

The prime source of evidence for competency based learning outcomes within this qualification is assessor observation. Where assessor observation would be difficult because of intrusion into areas of privacy and/or because activities occur rarely, expert witnesses may provide testimony for the occupationally specific units. Other assessment methods which can be used to collect evidence include:

- work product
- professional discussion
- learners reflective accounts
- questions
- case studies and
- projects and assignments

4.3 Simulation and witness testimony

Simulation or witness testimony is warranted where the centre can demonstrate that performance evidence has been impossible to obtain in the work environment.

Simulation

When simulation is used, those who assess the learner should be confident that the simulation replicates the workplace to such an extent that learner's will be able to fully transfer their occupational competence to the workplace and real situations.

Witness testimony

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. 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.

4.4 Recognition of prior learning (RPL)

RPL recognises how the contribution of a learner's previous experience could contribute to a qualification. Should any opportunities for RPL be identified, it is important that a complete process of recognising prior experience and learning is undertaken, by ensuring that:

- it covers relevant or appropriate experience for previous activities, as well as accredited learning and qualifications
- it is incorporated into the assessment planning, with details of how this will take place
- mapping of prior learning to the national occupational standards to identify gaps is documented and auditable
- assessment methods or processes for recognising prior experience and learning, are documented and made available to the external verifier
- the audit trail covers the whole process and methodology of RPL
- the authenticity and currency of presented evidence is established by the assessor
- where observation or expert witness testimony is a unit assessment method requirement, this activity is undertaken after learner registration for the qualification

In considering the appropriateness of any single piece of **evidence**, the following should be considered:

- **Content** – the degree to which the content of any previous accredited learning meets the requirements of the national occupational standards against which it is being presented as evidence.
- **Performance and knowledge** – the degree to which the previous learning covered both performance and knowledge. Some learning will only have offered and tested the latter, in which case RPL will only recognise the meeting of knowledge requirements. Performance will require further assessment. Although unlikely, the reverse (performance tested but not knowledge) could be true in which case knowledge and understanding would need further assessment.
- **Relevance of context** – the degree to which the context of the learning gained and assessed, relates to the current context of learner's work roles. If the context was different, assessors will need to satisfy themselves of learners' ability to transfer the learning gained into their current setting.
- **Currency** – how recently the learning was gained. Learners would need to demonstrate current knowledge and understanding of areas such as legislation, policy and practice etc, which may have changes since the previous learning programmes were undertaken.
- **Authenticity** – how the ownership of the evidence is established to ensure it was generated by the learner.

5.0 Qualification information

5.1 What is the qualification and credit framework?

The qualification and credit framework (QCF) is a new way of recognising achievement through the award of credit for units and qualifications. It will provide flexible routes to gaining full qualifications and enable qualifications to be achieved in smaller steps. Units within the framework will have a level (ranging from entry level to level 8) to indicate the level of difficulty. They will also have a credit value to indicate the size of the unit.

The QCF will:

- allow providers to design more flexible programmes, suited to the needs of a wider range of learners
- describe achievements (credits) to employers, providers and learners in a way that is easy to understand

- allow learners to accumulate credit, by recognising smaller steps of learning at their own pace
- allow learners to transfer credits into an electronic learner achievement record, which they will keep for life

5.2 QCF units

Each unit has a credit value based on the total number of hours of learning required to achieve it, (notional learning). Each 10 hours of learning equals 1 credit, for example, if a unit takes 30 hours of learning, it will receive a credit value of 3. The units vary in credit value. In addition all units have a level which may be different from the qualification in which they can be used.

5.3 QCF terminology

Whilst the evidence outcomes required from QCF and NVQ units are the same, the QCF units use different terminology to the NVQ units. The assessment criteria for NVQ units are listed under 'what you must do' and 'what you must know' whereas the QCF units are all listed under 'the learner can'.

5.4 Availability of qualifications

This handbook covers the Level 2 Certificate in Dementia Care (QCF). To complete a qualification, the minimum credit value must be achieved and progressive qualifications at a higher level require more credit to be achieved. The number of units to achieve this is not fixed, as it is the total credit value that is required. Rules of combination apply to each qualification. Learners can accumulate credit which will allow them to claim award, certificate or diploma certification, as the qualification credit values are achieved.

5.5 Qualification aim and design

This qualification is aimed at those who are already working in care roles with individuals with dementia and it provides learners with an opportunity to have their competence assessed. The achievement of units from this qualification can be used towards the achievement of the Level 2 Diploma in Health and Social Care (QCF)

6.0 Qualification structure

6.1 Number of credits required for this qualification

Qual no.	Level	Qualification title	Number of credits
600/4628/4	2	Level 2 Certificate in Dementia Care (QCF)	Minimum of 18

6.2 Rules of Combination

A minimum total of 18 credits must be achieved to gain the qualification as follows:

A learner must complete:

All 14 credits from Group M
At least 4 credits from Group O

Minimum Guided Learning Hours (GLH) are 131
Maximum Guided Learning Hours (GLH) are 136

6.3 List of available units and their credit value

The list below gives the unit titles, their level and the credit value of each unit.

Group M – mandatory units

QCF unit no.	Skillsfirst unit no.	Unit title	Credit value
J/601/2874	DEM201	Dementia awareness	2
F/601/3683	DEM204	Understand and implement a person centred approach to the care and support of individuals with dementia	3
Y/601/9277	DEM209	Equality, diversity and inclusion in dementia care practice	3
A/601/9434	DEM210	Understand and enable interaction and communication with individuals who have dementia	3
H/601/9282	DEM211	Approaches to enable rights and choices for individuals with dementia whilst minimising risks	3

Group O - optional units

QCF unit no.	Skillsfirst unit no.	Unit title	Credit value
T/601/9187	DEM302	Understand and meet the nutritional requirements of individuals with dementia	3
K/601/9199	DEM305	Understand the administration of medication to individuals with dementia using a person centred approach	2
H/601/8049	HSC3020	Facilitate person centred assessment, planning, implementation and review	6
A/601/9546	HSC2031	Contribute to support of positive risk-taking for individuals	3
F/602/0097	CMH301	Understand mental well-being and mental health promotion	3
D/601/9023	HSC2001	Provide support for therapy sessions	2
R/601/8256	HSC2022	Contribute to the care of a deceased person	3
L/601/9471	HSC2023	Contribute to supporting group care activities	3
T/601/9495	HSC3048	Support individuals at the end of life	7
L/601/6442	LD202	Support person centred thinking and planning	5
Y/601/3446	SSOP21	Introductory awareness of models of disability	2
H/601/3451	SSOP24	Contribute to supporting individuals in the use of assistive technology	3

6.4 Learner entry requirements

Formal requirements

There are no formal entry requirements for learners undertaking these qualifications. However, centres must ensure that learners have the potential and opportunity to gain the qualification successfully. Additionally, learners would be expected to work with or care for individuals, in a paid, voluntary or personal capacity.

Legal requirements

Learners working within care services may be legally required to undergo criminal record checks prior to taking up or continuing in employment. Centres and employers will need to liaise closely with one another to ensure that any requirements for the particular area of work are fully met.

Age restrictions

These qualifications are not approved for use by candidates under the age of 16, and Skillsfirst cannot accept any registrations for candidates in this age group.

6.5 Progression opportunities

On completion of the Level 2 Certificate in Dementia Care (QCF), learners may progress into employment or onto the following Skillsfirst qualifications:

- Skillsfirst Level 2 Diploma in Health and Social Care
- Skillsfirst Level 3 Certificate in Dementia Care

or similar higher level qualifications.

7.0 The Units of Learning

7.1 Structure of the units

The units which make up these qualifications are written in a standard format and comprise of:

- Skillsfirst reference number
- unit title
- level and credit value
- unit aim
- learning outcomes
- guided learning hours
- relationship to NOS/other qualifications
- endorsement of the unit
- information on assessment
- learning outcomes and assessment criteria

7.2 Group M - mandatory units



DEM201

Dementia awareness



DEM201 Dementia awareness

Level: 2

Credit value: 2

Unit aim

The aim of the 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.

Learning outcomes

There are **four** learning outcomes to this unit. The learner will:

1. Understand what dementia is
2. Understand key features of the theoretical models of dementia
3. Know the most common types of dementia and their causes
4. Understand factors relating to an individual's experience of dementia

Guided learning hours

It is recommended that **17** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards (if appropriate)

This unit is linked to the national occupational standard DEM 201.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development SSC

Assessment

Learners must provide a portfolio of evidence which must contain a guided discussion with their assessor.

DEM201 Dementia awareness
Learning Outcomes and Assessment Criteria

Outcome 1 Understand what dementia is

The learner can:

1. explain what is meant by the term 'dementia'
2. describe the key functions of the brain that are affected by dementia
3. explain why depression, delirium and age related memory impairment may be mistaken for dementia

Outcome 2 Understand key features of the theoretical models of dementia

The learner can:

1. outline the medical model of dementia
2. outline the social model of dementia
3. explain why dementia should be viewed as a disability

Outcome 3 Know the most common types of dementia and their causes

The learner can:

1. list the most common causes of dementia
2. describe the likely signs and symptoms of the most common causes of dementia
3. outline the risk factors for the most common causes of dementia
4. identify prevalence rates for different types of dementia

Outcome 4 Understand factors relating to an individual's experience of Dementia

The learner can:

1. describe how different individuals may experience living with dementia depending on age, type of dementia, and level of ability and disability
2. outline the impact that the attitudes and behaviours of others may have on an individual with dementia

DEM204

Understand and implement a person centred approach to the care and support of individuals with dementia



DEM204 Understand and implement a person centred approach to the care and support of individuals with dementia

Level: 2

Credit value: 3

Unit aim

This unit is aimed at those who provide care and support to people who have dementia in a wide range of settings. It requires the demonstration of knowledge and skills in planning and delivering support to meet an individual's identified and agreed abilities and needs, in order to reflect the person centred approach

Learning outcomes

There are **three** learning outcomes to this unit. The learner will:

1. Understand the importance of a person centred approach to dementia care and support
2. Be able to involve the individual with dementia in planning and implementing their care and support using a person centred approach
3. Be able to involve carers and others in the care and support of individuals with dementia

Guided learning hours

It is recommended that **21** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

Assessment

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles

DEM204 Understand and implement a person centred approach to the care and support of individuals with dementia

Learning outcomes and assessment criteria

Outcome 1 Understand the importance of a person centred approach to dementia care and support

The learner can:

1. describe what is meant by a person centred approach
2. describe how a person centred approach enables individuals with dementia to be involved in their own care and support

Outcome 2 Be able to involve the individual with dementia in planning and implementing their care and support using a person centred approach

The learner can:

1. explain how information about personality and life history can be used to support an individual to live well with dementia
2. communicate with an individual with dementia using a range of methods that meet individual's abilities and needs
3. involve an individual with dementia in identifying and managing risks for their care and support plan
4. involve an individual with dementia in opportunities that meet their agreed abilities, needs and preferences

Outcome 3 Be able to involve carers and others in the care and support of individuals with dementia

The learner can:

1. explain how to increase a carer's understanding of dementia and a person centred approach
2. demonstrate how to involve carers and others in the support of an individual with dementia

Additional guidance

Carer e.g.

- Partner
- Family
- Friends
- Neighbours

Others e.g.

- Care worker
- Colleagues
- Managers
- Social Worker
- Occupational Therapist
- GP
- Speech & Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Psychologist
- Admiral Nurses

- IMCA
- CPN
- Dementia Care Advisors
- Advocate
- Support groups



DEM209

Equality, diversity and inclusion in dementia care practice



DEM209 Equality, diversity and inclusion in dementia care practice

Level: 2

Credit value: 3

Unit aim

This unit provides knowledge, understanding and skills for those who provide care or support to individuals with dementia in a wide range of settings. The unit introduces the concepts of equality, diversity and inclusion that are fundamental to person centred care practice.

Learning outcomes

There are **three** learning outcomes to this unit. The learner will:

1. Understand the importance of equality, diversity and inclusion when working with individuals with dementia
2. Be able to apply a person centred approach in the care and support of individuals with dementia
3. Be able to work with a range of individuals who have dementia to ensure diverse needs are met

Guided learning hours

It is recommended that **24** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to the HSC 21, 31, 41, 24, 35, 45.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

Assessment

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles

Learning outcomes 2 and 3 must be assessed in the workplace environment

DEM209 Equality, diversity and inclusion in dementia care practice

Learning outcomes and assessment criteria

Outcome 1 Understand the importance of equality, diversity and inclusion when working with individuals with dementia

The learner can:

1. explain what is meant by:
 - diversity
 - equality
 - inclusion
2. explain why an individual with dementia has unique needs and preferences
3. describe how an individual with dementia may feel excluded
4. describe why it is important to include an individual with dementia in all aspects of care practice
5. explain how values, beliefs and misunderstandings about dementia can affect attitudes towards an individual

Outcome 2 Be able to apply a person centred approach in the care and support of individuals with dementia

The learner can:

1. demonstrate how an individual with dementia has been valued, included and able to engage in daily life
2. show how an individual's life history and culture has been taken into consideration to meet their needs
3. demonstrate how the stage of dementia of an individual has been taken into account when meeting their needs and preferences
4. demonstrate ways of helping carers and others to understand that an individual with dementia has unique needs and preferences

Outcome 3 Be able to work with a range of individuals who have dementia to ensure diverse needs are met

The learner can:

1. demonstrate how to work in ways that ensure that the needs and preferences of individuals with dementia from a diverse range of backgrounds are met
2. describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia
3. describe how to use a person centred approach with an individual with a learning disability and dementia

Additional guidance

An **individual** is someone requiring care or support

Person centred approach: This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences

Carers and others may be:

- Care worker
- Family
- Advocate
- Colleagues
- Managers
- Social worker

- Occupational Therapist
- GP
- Speech and Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Independent Mental Capacity Advocate
- Independent Mental Health Advocate
- Advocate
- Dementia care advisor
- Support groups



DEM210

**Understand and enable interaction
and communication with individuals who have
dementia**



DEM210 Understand and enable interaction and communication with individuals who have dementia

Level: 2

Credit value: 3

Unit aim

This unit provides the knowledge, understanding and skills required to develop and implement positive interaction and communication with individuals with dementia

Learning outcomes

There are **two** learning outcomes to this unit. The learner will:

1. Be able to communicate with individuals with dementia
2. Be able to apply interaction and communication approaches with individuals in dementia

Guided learning hours

It is recommended that **19** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to the HSC 21, 31, 41, 24, 35, 45.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF assessment principles

DEM210 Understand and enable interaction and communication with individuals who have dementia

Learning outcomes and assessment criteria

Outcome 1 Be able to communicate with individuals with dementia

The learner can:

1. describe how memory impairment can affect the ability of an individual with dementia to use verbal language
2. gather information from others about an individual's preferred methods of communicating to enhance interaction
3. use information about the communication abilities and needs of an individual with dementia to enhance interaction
4. use a person centred approach to enable an individual to use their communication abilities
5. demonstrate how interaction is adapted in order to meet the communication needs of an individual with dementia

Outcome 2 Be able to apply interaction and communication approaches with individuals in dementia

The learner can:

1. list different techniques that can be used to facilitate positive interactions with an individual with dementia
2. use an individual's biography/history to facilitate positive interactions
3. demonstrate how the identity and uniqueness of an individual has been reinforced by using their preferred methods of interacting and communicating

Additional guidance

An **individual** is someone requiring care or support

Others may be,

- Care worker
- Colleagues
- Managers
- Social worker
- Occupational Therapist
- GP
- Speech and Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Independent Mental Capacity Advocate
- Independent Mental Health Advocate
- Advocate
- Dementia care advisor
- Support groups

Person centred approach: This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences.

DEM211

Approaches to enable rights and choices for individuals with dementia whilst minimising risks



DEM211 Approaches to enable rights and choices for individuals with dementia whilst minimising risks

Level: 2

Credit value: 3

Unit aim

This unit provides knowledge, understanding and skills required to promote individuals' rights and choices whilst minimising risk

Learning outcomes

There are **four** learning outcomes to this unit. The learner will:

1. Understand key legislation and agreed ways of working that ensure the fulfilment of rights and choices of individuals with dementia while minimising risk of harm
2. Understand how to maintain the right to privacy, dignity and respect when supporting individuals with dementia
3. Be able to support individuals with dementia to achieve their potential
4. Be able to work with carers who are caring for individuals with dementia

Guided learning hours

It is recommended that **25** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to the HSC 21, 31, 41, 24, 35, 45.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF assessment principles

Learning outcomes 3 and 4 must be assessed in the workplace environment

DEM211 Approaches to enable rights and choices for individuals with dementia whilst minimising risks

Learning outcomes and assessment criteria

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

The learner can:

1. outline key legislation that relates to the fulfilment of rights and choices and the minimising of risk of harm for an individual with dementia
2. describe how agreed ways of working relate to the rights of an individual with dementia
3. explain why it is important not to assume that an individual with dementia cannot make their own decisions
4. explain how the best interests of an individual with dementia must be included when planning and delivering care and support
5. explain what is meant by providing care and support to an individual with dementia in the least restrictive way

Outcome 2 Understand how to maintain the right to privacy, dignity and respect when supporting individuals with dementia

The learner can:

1. describe how to maintain privacy when providing personal support for intimate care to an individual with dementia
2. give examples of how to show respect for the physical space of an individual with dementia
3. give examples of how to show respect for the social or emotional space of an individual with dementia
4. describe how to use an awareness of the life history and culture of an individual with dementia to maintain their dignity
5. outline the benefits of knowing about the past and present interests and life skills of an individual with dementia

Outcome 3 Be able to support individuals with dementia to achieve their potential

The learner can:

1. demonstrate how the physical environment may enable an individual with dementia to achieve their potential
2. demonstrate how the social environment may enable an individual with dementia to achieve their potential
3. support an individual with dementia to use their abilities during personal care
4. explain how the attitudes of others may enable an individual with dementia to achieve their potential

Outcome 4 Be able to work with carers who are caring for individuals with dementia

The learner can:

1. identify some of the anxieties common to carers of an individual with dementia
2. outline the legal rights of the carer in relation to an individual with dementia
3. involve carers in planning support that enables the rights and choices and protects an individual with dementia from harm
4. describe how the need of carers and others to protect an individual with dementia from harm may prevent the individual from exercising their rights and choices
5. demonstrate how a carer can be supported to enable an individual with dementia to achieve their potential

Additional guidance

Key legislation:

- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity and Deprivation of Liberty Safeguards 2005
- Adults with Incapacity (Scotland) Act 2000
- Mental Health Act 2007
- The Disability Discrimination Act 1995
- Safeguarding Vulnerable Groups Act 2006
- Carers (Equal Opportunities) Act 2004

Agreed ways of working: Include policies and procedures where these exist; they may be less formally documented with micro-employers

An **individual** is someone requiring care or support

Best interests: This is an essential aspect of the Mental Capacity Act (2005). To support the financial health, emotional and social well being of an individual and to take into consideration their past and present wishes and feelings, advance directives, beliefs and values.

Physical space:

- Bedroom
- Handbag
- Personal belongings

Social or emotional space:

- Personal boundaries
- Subjective feelings

Carers and others may be:

- Care worker
- Colleagues
- Managers
- Social worker
- Occupational Therapist
- GP
- Speech and Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Independent Mental Capacity Advocate
- Independent Mental Health Advocate
- Advocate
- Dementia care advisor
- Support groups

7.3 Group O – optional units



DEM302

Understand and meet the nutritional requirements of individuals with dementia



DEM302 Understand and meet the nutritional requirements of individuals with dementia

Level: 3

Credit value: 3

Unit aim

This unit is about understanding that individuals may have specific nutritional needs because of their experience of dementia. Learners will develop their knowledge and skills in meeting these nutritional requirements and be able to provide evidence of their competence to enable individuals with dementia to eat and drink well.

Learning outcomes

There are **three** learning outcomes to this unit. The learner will:

1. Understand the nutritional needs that are unique to individuals with dementia
2. Understand the effect that mealtime environments can have on an individual with dementia
3. Be able to support an individual with dementia to enjoy good nutrition

Guided learning hours

It is recommended that **26** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to HSC 213, HSC 214, HSC 21, 31, 41, 24, 35 and 45.

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF assessment principles.

Learning outcome 3 needs to be assessed in the workplace environment

DEM302 Understand and meet the nutritional requirements of individuals with dementia

Learning outcomes and assessment criteria

Outcome 1 Understand the nutritional needs that are unique to individuals with dementia

The learner can:

1. describe how cognitive, functional and emotional changes associated with dementia can affect eating, drinking and nutrition
2. explain how poor nutrition can contribute to an individual's experience of dementia.
3. outline how other health and emotional conditions may affect the nutritional needs of an individual with dementia
4. explain the importance of recognising and meeting an individual's personal and cultural preferences for food and drink
5. explain why it is important to include a variety of food and drink in the diet of an individual with dementia

Outcome 2 Understand the effect that mealtime environments can have on an individual with dementia

The learner can:

1. describe how mealtime cultures and environments can be a barrier to meeting the nutritional needs of an individual with dementia
2. describe how mealtime environments and food presentation can be designed to help an individual to eat and drink
3. describe how a person centred approach can support an individual, with dementia at different levels of ability, to eat and drink

Outcome 3 Be able to support an individual with dementia to enjoy good nutrition

The learner can:

1. demonstrate how the knowledge of life history of an individual with dementia has been used to provide a diet that meets his/her preferences
2. demonstrate how meal times for an individual with dementia are planned to support his/her ability to eat and drink
3. demonstrate how the specific eating and drinking abilities and needs of an individual with dementia have been addressed
4. demonstrate how a person centred approach to meeting nutritional requirements has improved the well-being of an individual with dementia

Additional guidance

An **individual** is someone requiring care or support

Person-centred approach: This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences

Meal times may include:

- Meal planning
- Food shopping
- Food preparation
- Pre- and post-meal activities
- Dining
- Snacking

Well-being may include:

- Appropriate weight gain/loss
- Improved sleep patterns
- Reduced confusion
- Improved physical health
- Improved emotional state
- Reduced infections
- Reduced constipation



DEM305

Understand the administration of medication to individuals with dementia using a person centred approach



DEM305 Understand the administration of medication to individuals with dementia using a person centred approach

Level: 3

Credit value: 2

Unit aim

This unit is about knowledge and understanding of individuals who may have specific needs for receiving medication because of their experience of dementia. Learners will develop their knowledge of these medication requirements. This unit does not confirm competence.

Learning outcomes

There are **two** learning outcomes to this unit. The learner will:

1. Understand the common medications available to, and appropriate for, individuals with dementia
2. Understand how to provide **person centred** care to individuals with dementia through the appropriate and effective use of medication

Guided learning hours

It is recommended that **15** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards (if appropriate)

This unit is not linked to the national occupational standard.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development SSC

Assessment

Learners must provide a portfolio of evidence which must contain a guided discussion with their assessor.

DEM305 Understand the administration of medication to individuals with dementia using a person centred approach

Learning Outcomes and Assessment Criteria

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

The learner can:

1. outline the most common medications used to treat symptoms of dementia
2. describe how commonly used medications affect individuals with dementia
3. explain the risks and benefits of anti-psychotic medication for individuals with dementia
4. explain the importance of recording and reporting side effects/adverse reactions to medication
5. describe how 'as required' (PRN) medication can be used to support individuals with dementia who may be in pain

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

The learner can:

1. describe person-centred ways of **administering** medicines whilst adhering to administration instructions
2. explain the importance of advocating for an individual with dementia who may be prescribed medication.

HSC3020

**Facilitate person centred assessment,
planning, implementation and review**



HSC3020 Facilitate person centred assessment, planning, implementation and review

Level: 3

Credit value: 6

Unit aim

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to facilitate person-centred assessment, planning, implementation and review.

Learning outcomes

There are **six** learning outcomes to this unit. The learner will:

1. Understand the principles of person centred assessment and care planning
2. Be able to facilitate person centred assessment
3. Be able to contribute to the planning of care or support
4. Be able to support the implementation of care plans
5. Be able to monitor a care plans
6. Be able to facilitate a review of care plans and their implementation

Guided learning hours

It is recommended that **45** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to HSC 328 and HSC 329.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

Assessment

The unit must be assessed in accordance with Skills for Care and Development's QCF assessment principles.

HSC3020 Facilitate person centred assessment, planning, implementation and review

Learning outcomes and assessment criteria

Outcome 1 Understand the principles of person centred assessment and care planning

The learner can:

1. explain the importance of a holistic approach to assessment and planning of care or support
2. describe ways of supporting the individual to lead the assessment and planning process
3. describe ways the assessment and planning process or documentation can be adapted to maximise an individual's ownership and control of it

Outcome 2 Be able to facilitate person centred assessment

The learner can:

1. establish with the individual a partnership approach to the assessment process
2. establish with the individual how the process should be carried out and who else should be involved in the process
3. agree with the individual and others the intended outcomes of the assessment process and care plan
4. ensure that assessment takes account of the individual's strengths and aspirations as well as needs
5. work with the individual and others to identify support requirements and preferences.

Outcome 3 Be able to contribute to the planning of care or support

The learner can:

1. take account of factors that may influence the type and level of care or support to be provided
2. work with the individual and others to explore options and resources for delivery of the plan
3. contribute to agreement on how component parts of a plan will be delivered and by whom
4. record the plan in a suitable format

Outcome 4 Be able to support the implementation of care plans

The learner can:

1. carry out assigned aspects of a care plan
2. support others to carry out aspects of a care plan for which they are responsible
3. adjust the plan in response to changing needs or circumstances

Outcome 5 Be able to monitor a care plans

The learner can:

1. agree methods for monitoring the way a care plan is delivered
2. collate monitoring information from agreed sources
3. record changes that affect the delivery of the care plan

Outcome 6 Be able to facilitate a review of care plans and their implementation

The learner can:

1. seek agreement with the individual and others about:
 - who should be involved in the review process
 - criteria to judge effectiveness of the care plan

2. seek feedback from the individual and others about how the plan is working
3. use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
4. work with the individual and others to agree any revisions to the plan
5. document the review process and revisions as required

Additional guidance

The **individual** is the person requiring care or support.

An **advocate** may act on behalf of an individual.

A **care plan** may also be known by other names, such as a support plan, individual plan or care delivery plan. It is the document where day to day requirements and preferences for care and support are detailed.

Others may include:

- Carers
- Friends and relatives
- Professionals
- Others who are important to the individual's well-being

Factors may include:

- Feasibility of aspirations
- Beliefs, values and preferences of the individual
- Risks associated with achieving outcomes
- Availability of services and other support options

Options and resources should consider:

- Informal support
- Formal support
- Care or support services
- Community facilities
- Financial resources
- Individual's personal networks

Revisions may include:

- Closing the plan if all objectives have been met
- Reducing the level of support to reflect increased independence
- Increasing the level of support to address unmet needs
- Changing the type of support
- Changing the method of delivering support

HSC2031

Contribute to support of positive risk-taking
for individuals



HSC2031 Contribute to support of positive risk-taking for individuals

Level: 2

Credit value: 3

Unit aim

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to contribute to supporting positive risk-taking to benefit individuals.

Learning outcomes

There are **six** learning outcomes to this unit. The learner will:

1. Know the importance of risk-taking in everyday life
2. Understand the importance of positive, person-centred risk assessment
3. Know how legislation and policies are relevant to positive risk taking
4. Be able to support individuals to make informed choices about taking risks
5. Be able to contribute to the support of individuals to manage identified risks
6. Understand duty of care in relation to supporting positive risk-taking

Guided learning hours

It is recommended that **27** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

This unit is linked to HSC 240.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Skills for health SSC and Skills for Care and Development SSC.

Assessment

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

Learning outcomes 4, 5 and 6 must be assessed in a real work environment.

HSC2031 Contribute to support of positive risk-taking for individuals

Learning outcomes and assessment criteria

Outcome 1 Know the importance of risk-taking in everyday life

The learner can:

1. identify aspects of everyday life in which risk plays a part
2. outline the consequences for individuals of being prevented or discouraged from taking risks
3. explain how supporting individuals to take risks can enable them to have choice over their lives to:
 - gain in self-confidence
 - develop skills
 - take an active part in their community

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

The learner can:

1. explain how a person-centred approach to risk assessment can support positive outcomes
2. identify the features of a person-centred approach to risk assessment

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

The learner can:

1. identify how legislative frameworks and policies can be used to safeguard individuals from risks whilst promoting their rights

Outcome 4 Be able to support individuals to make informed choices about taking risks

The learner can:

1. explain the connection between an individual's right to take risks and their responsibilities towards themselves and others
2. support the individual to access and understand information about risks associated with a choice they plan to make
3. support the individual to explore the potential positive and negative consequences of the options
4. support the individual to make an informed decision about their preferred option and the associated risks
5. explain why it is important to record and report all incidents, discussions and decisions concerning risk taking

Outcome 5 Be able to contribute to the support of individuals to manage identified risks

The learner can:

1. use an individual's support plan to record identified risks
2. support the individual to test out the risk they wish to take, in line with agreed ways of working
3. explain the importance of working within the limits of own role and responsibilities
4. contribute to the review of risks in an individual's support plan

Outcome 6 Understand duty of care in relation to supporting positive risk-taking

The learner can:

1. outline how the principle of duty of care can be maintained while supporting individuals to take risks
2. describe what action to take if an individual decides to take an unplanned risk that places himself/herself or others in immediate or imminent danger

Additional guidance

An **individual** is someone requiring care or support

Person-centred reflects what is important to individuals and helps them to live the life they choose

Policies may include:

- National policy
- Local policy

Others may include

- The individual
- Colleagues
- Families or carers
- Friends
- Other professionals
- Members of the public
- Advocates

Agreed ways of working will include policies and procedures where these exist

CMH301

Understand mental well-being and mental health promotion



Level: 3

Credit value: 3

Unit aim

This unit aims to provide the learner with an understanding of the key concepts of mental wellbeing, mental health and mental health promotion. It focuses on the range of factors that can influence mental well-being and how to effectively promote mental well-being and mental health with individuals and groups in a variety of contexts, not just specialist mental health services.

Learning outcomes

There are **two** learning outcomes to this unit. The learner will:

1. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both across the life span
2. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups

Guided learning hours

It is recommended that **14** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards (if appropriate)

This unit is linked to the national occupational standard HSC 3112, HSC 3119 and MH25

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health.

Assessment

Learners must provide a portfolio of evidence which must contain a guided discussion with their assessor.

CMH301 Understand mental well-being and mental health promotion

Learning Outcomes and Assessment Criteria

Outcome 1 Understand the different views on the nature of mental wellbeing and mental health and the factors that may influence both across the life span

The learner can:

1. evaluate two different views on the nature of mental well-being and mental health
2. explain the range of factors that may influence mental well-being and mental health problems across the life span, including:
 - biological factors
 - social factors
 - psychological factors
3. explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health
 - risk factors including inequalities, poor quality social relationships
 - protective factors including socially valued roles, social support and contact

Outcome 2 Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups

The learner can:

1. explain the steps that an individual may take to promote their mental well-being and mental health
2. explain how to support an individual in promoting their mental well-being and mental health
3. evaluate a strategy for supporting an individual in promoting their mental well-being and mental health
4. describe key aspects of a local, national or international strategy to promote mental wellbeing and mental health within a group or community
5. evaluate a local, national or international strategy to promote mental well-being and mental health within a group or community.

HSC2001

Provide support for therapy sessions



Level: 2**Credit value: 2****Unit aim**

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

Learning outcomes

There are **five** learning outcomes to this unit. The learner will:

- 1 Understand the benefits of therapy sessions
- 2 Prepare for therapy sessions
- 3 Provide support in therapy sessions
- 4 Observe and record therapy sessions
- 5 Contribute to the review of therapy sessions

Guided learning hours

It is recommended that **14** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

- HSC212 Support individuals during therapy sessions

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

Key/Functional skills

This unit could contribute towards the key/functional skills in the following areas:

- Communication/English Level 1
- Application of Number/Mathematics Level 1
- ICT Level 1

Assessment

Learners must provide a portfolio of evidence which contains evidence that all the assessment criteria have been met.

Notes for guidance

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles. Learning outcomes 2, 3, 4 and 5 must be assessed in a real work environment.

HSC2001 Provide support for therapy sessions

Learning outcomes and assessment criteria

Outcome 1 Understand the benefits of therapy sessions

The learner can:

- 1 identify different types of therapy sessions in which an individual may participate
- 2 describe how therapy sessions can benefit an individual

Outcome 2 Prepare for therapy sessions

The learner can:

- 1 establish own responsibilities in preparing for a therapy session
- 2 identify with the individual their preferences and requirements for the therapy session
- 3 follow instructions to prepare the environment, materials, equipment and self for the session

Outcome 3 Provide support in therapy sessions

The learner can:

- 1 provide support during a therapy session that takes account of:
 - a) the therapist's directions
 - b) the individual's preferences and requirements
- 2 promote the active participation of the individual during the session
- 3 describe ways to overcome fears or concerns an individual may have about a therapy session

Outcome 4 Observe and record therapy sessions

The learner can:

- 1 agree what observations need to be carried out during therapy sessions
- 2 agree how observations will be recorded
- 3 carry out agreed observations
- 4 record agreed observations as required

Outcome 5 Contribute to the review of therapy sessions

The learner can:

- 1 contribute to a review of therapy sessions to identify issues and progress
- 2 contribute to agreeing changes to therapy sessions with the individual and others

Additional guidance

Therapy sessions may include:

- occupational therapy
- physiotherapy
- hydrotherapy
- aromatherapy

An **individual** is someone requiring care or support.

Others may include:

- therapist
- line manager
- family
- friends
- advocates
- others who are important to the individual's well-being

Active participation is 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.



HSC2022

Contribute to the care of a deceased person



HSC2022 Contribute to the care of a deceased person

Level: 2

Credit value: 3

Unit aim

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to contribute to the care, preparation and transfer of the deceased individual and provide immediate support to those affected by the death.

Learning outcomes

There are **five** learning outcomes to this unit. The learner will:

- 1 Know the factors that affect how individuals are cared for after death.
- 2 Be able to contribute to supporting those who are close to deceased individuals.
- 3 Be able to contribute to preparing deceased individuals prior to transfer.
- 4 Be able to contribute to transferring deceased individuals.
- 5 Be able to manage own feelings in relation to the death of individuals.

Guided learning hours

It is recommended that **24** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

This unit is linked to HSC 239.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Skills for health SSC and Skills for Care and Development SSC.

Assessment

Learning outcomes 2, 3, 4 and 5 must be assessed in a real work environment in ways that do not intrude on the privacy of those involved.

HSC2022 Contribute to the care of a deceased person

Learning outcomes and assessment criteria

Outcome 1 Know the factors that affect how individuals are cared for after death

The learner can:

- 1 outline legal requirements and **agreed ways of working** that underpin the care of deceased individuals
- 2 describe how beliefs and religious and cultural factors affect how deceased individuals are cared for
- 3 identify the physical changes that take place after death and how this may affect laying out and moving individuals
- 4 identify diseases and conditions that necessitate specialist treatment or precautions when caring for and transferring deceased individuals
- 5 describe the precautions needed when undertaking the care and transfer of deceased individuals with specific high risk diseases and conditions

Outcome 2 Be able to contribute to supporting those who are close to deceased individuals

The learner can:

- 1 describe the likely immediate impact of an individual's death on **others** who are close to the deceased individual.
- 2 support others immediately following the death of the individual in ways that:
 - reduce their distress
 - respect the deceased individual

Outcome 3 Be able to contribute to preparing deceased individuals prior to transfer

The learner can:

- 1 follow agreed ways of working to ensure that the deceased person is correctly identified
- 2 carry out agreed role in preparing the deceased individual in a manner that respects their dignity, beliefs and culture
- 3 use protective clothing to minimise the risk of infection during preparation of the deceased individual
- 4 contribute to recording any property and valuables that are to remain with the deceased individual

Outcome 4 Be able to contribute to transferring deceased individuals

The learner can:

- 1 carry out agreed role in contacting appropriate organisations
- 2 carry out agreed role in transferring the deceased individual in line with agreed ways of working and any wishes expressed by the individual
- 3 record details of the care and transfer of the deceased person in line with agreed ways of working

Outcome 5 Be able to manage own feelings in relation to the death of individuals

The learner can:

- 1 identify ways to manage own feelings in relation to an individual's death
- 2 utilise support systems to deal with own feelings in relation to an individual's death

Additional guidance

Agreed ways of working will include policies and procedures where these exist.

Others may include:

- Family
- Friends
- Own colleagues
- Others who were involved in the life of the individual

Appropriate organisations may include:

- Mortuary
- Funeral directors
- Places of worship



HSC2023

Contribute to supporting group care activities



HSC2023 Contribute to supporting group care activities

Level: 2

Credit value: 3

Unit aim

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to support individuals to participate in and enjoy group care activities.

Learning outcomes

There are **four** learning outcomes to this unit. The learner will:

1. Be able to understand the place of group care activities in the care and support of individuals
2. Be able to contribute to the development of a supportive group culture
3. Be able to contribute to the implementation of group care activities
4. Be able to contribute to the evaluation of group care activities

Guided learning hours

It is recommended that **23** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

This unit is linked to HSC 228.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Skills for health SSC and Skills for Care and Development SSC.

Assessment

This unit must be assessed in line with Skills for Care and Development's QCF Assessment Principles.

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

HSC2023 Contribute to supporting group care activities

Learning outcomes and assessment criteria

Outcome 1 Be able to understand the place of group care activities in the care and support of individuals

The learner can:

1. explain how participating in group care activities can benefit an individual's identity, self-esteem and well-being
2. identify examples of when a group care activity may be the best way to meet an individual's care or support needs
3. explain why dilemmas may arise when providing support for individuals through group care activities

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

The learner can:

1. support group members to understand the benefits of group activities
2. encourage interaction between new and existing group members that promotes enjoyment, co-operation, inclusion and well-being
3. describe ways to support group members to resolve any conflicts that may arise amongst themselves

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

The learner can:

1. work with individuals and others to agree approaches, content and methods for group care activities
2. carry out agreed role to support individuals and the group during activities
3. address any adverse effects and maximise benefits for individuals during activities
4. maintain records about group care activities in line with agreed ways of working

Outcome 4 Be able to contribute to the evaluation of group care activities

The learner can:

1. contribute to agreeing with individuals and others the processes, roles and criteria for assessing group care activities
2. carry out agreed role in contributing to the evaluation of the processes, effects and outcomes of group activities
3. describe ways to ensure that individuals and others are actively involved in the evaluation
4. contribute to agreeing changes to activities or processes to improve outcomes for individuals

Additional guidance

Group care activities may include:

- Recreational or leisure activities
- Visits outside the usual setting
- Social activities

Individuals are those requiring care or support

Well-being includes the following aspects:

- Physical
- Emotional
- Social
- Spiritual

Others may include:

- Carers and family members
- Line manager
- Therapists or other specialists who may recommend group care activities
- The local community

Agreed ways of working will include policies and procedures where these exist.



HSC3048

Support individuals at the end of life



HS C3048 Support individuals at the end of life

Level: 3

Credit value: 7

Unit aim

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to support end of life care

Learning outcomes

There are **ten** learning outcomes to this unit.

The learner will:

1. Understand the requirements of legislation and agreed ways of working to protect their rights of individuals at the end of life
2. Understand factors affecting end of life care
3. Understand advance care planning in relation to end of life care
4. Be able to provide support to individuals and key people during end of life care
5. Understand how to address sensitive issues in relation to end of life care
6. Understand the role of organisations and support services available to individuals and key people in relation to end of life care
7. Be able to access support for the individual or key people from the wider team
8. Be able to support individuals through the process of dying
9. Be able to take action following the death of individuals
10. Be able to manage own feelings in relation to the dying or death of individuals

Guided learning hours

It is recommended that **53** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

This unit is linked to HSC 385.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Skills for health SSC and Skills for Care and Development SSC

Assessment

Learning outcomes 4, 7, 8, 9 and 10 must be assessed in a real work environment in ways that do not intrude on the care of an individual at the end of life.

HSC3048 Support individuals at the end of life

Learning outcomes and assessment criteria

Outcome 1 Understand the requirements of legislation and agreed ways of working to protect the rights of individuals at the end of life

The learner can:

- 1 outline legal requirements and agreed ways of working designed to protect the rights of individuals in end of life care
- 2 explain how **legislation** designed to protect the rights of individuals in end of life care applies to own job role.

Outcome 2 Understand factors affecting end of life care

The learner can:

- 1 outline key points of theories about the emotional and psychological processes that **individuals** and **key people** may experience with the approach of death
- 2 explain how the beliefs, religion and culture of individuals and key people influence end of life care
- 3 explain why key people may have a distinctive role in an individual's end of life care
- 4 explain why support for an individual's health and well-being may not always relate to their terminal condition

Outcome 3 Understand advance care planning in relation to end of life care

The learner can:

- 1 describe the benefits to an individual of having as much control as possible over their end of life care
- 2 explain the purpose of **advance care planning** in relation to end of life care
- 3 describe own role in supporting and recording decisions about advance care planning
- 4 outline ethical and legal issues that may arise in relation to advance care planning

Outcome 4 Be able to provide support to individuals and key people during end of life care

The learner can:

- 1 support the individual and key people to explore their thoughts and feelings about death and dying
- 2 provide support for the individual and key people that respects their beliefs, religion and culture
- 3 demonstrate ways to help the individual feel respected and valued throughout the end of life period
- 4 provide information to the individual and/or key people about the individual's illness and the support available
- 5 give examples of how an individual's well-being can be enhanced by:
 - environmental factors
 - non-medical interventions
 - use of equipment and aids
 - alternative therapies
- 6 contribute to partnership working with key people to support the individual's well-being

Outcome 5 Understand how to address sensitive issues in relation to end of life care

The learner can:

- 1 explain the importance of recording significant conversations during end of life care
- 2 explain factors that influence who should give significant news to an individual or key people
- 3 describe conflicts and legal or ethical issues that may arise in relation to death, dying or end of life care
- 4 analyse ways to address such conflicts

Outcome 6 Understand the role of organisations and support services available to individuals and key people in relation to end of life care

The learner can:

- 1 describe the role of **support organisations and specialist services** that may contribute to end of life care
- 2 analyse the role and value of an advocate in relation to end of life care
- 3 explain how to establish when an advocate may be beneficial
- 4 explain why support for spiritual needs may be especially important at the end of life
- 5 describe a range of sources of support to address spiritual needs

Outcome 7 Be able to access support for the individual or key people from the wider team

The learner can:

- 1 identify when support would best be offered by **other members of the team**
- 2 liaise with other members of the team to provide identified support for the individual or key people

Outcome 8 Be able to support individuals through the process of dying

The learner can:

- 1 carry out own role in an individual's care
- 2 contribute to addressing any distress experienced by the individual promptly and in agreed ways
- 3 adapt support to reflect the individual's changing needs or responses
- 4 assess when an individual and key people need to be alone

Outcome 9 Be able to take action following the death of individuals

The learner can:

- 1 explain why it is important to know about an individual's wishes for their after-death care
- 2 carry out **actions** immediately following a death that respect the individual's wishes and follow agreed ways of working
- 3 describe ways to support key people immediately following an individual's death

Outcome 10 Be able to manage own feelings in relation to the dying or death of individuals

The learner can:

- 1 identify ways to manage own feelings in relation to an individual's dying or death
- 2 utilise support systems to deal with own feelings in relation to an individual's dying or death

Additional guidance

Legislation and agreed ways of working will include policies and procedures where

These apply, and may relate to:

- equality, diversity and discrimination
- data protection, recording, reporting, confidentiality and sharing information
- the making of wills and living wills
- dealing with personal property of deceased people
- removal of medical equipment from deceased people
- visitors
- safeguarding of vulnerable adults

Systems for advance care planning may include:

- Gold standard framework
- Preferred priorities for care

An **individual** is the person requiring end of life care

Key people may include:

- Family members
- Friends
- Others who are important to the well-being of the individual

Support organisations and specialist services may include:

- nursing and care homes
- specialist palliative care services
- domiciliary, respite and day services
- funeral directors

Other members of the team may include:

- line manager
- religious representatives
- specialist nurse
- occupational or other therapist
- social worker
- key people

Actions may include:

- Attending to the body of the deceased
- Reporting the death through agreed channels
- Informing key people

Agreed ways of working will include policies and procedures where these exist.

LD202

Support person-centred thinking and planning



Level: 2

Credit value: 5

Unit aim

This unit is aimed at those who work in a range of health and social care settings. Person-centred thinking and planning reflects what is important to individuals and supports them to live the life they choose. This unit provides knowledge about the principles and processes of person-centred thinking, planning and reviews. It also requires demonstration of the skills and attitudes required to support person-centred thinking.

Learning outcomes

There are **five** learning outcomes to this unit. The learner will:

1. Understand the principles and practice of person-centred thinking, planning and reviews
2. Understand the context within which person-centred thinking and planning takes place
3. Understand own role in person-centred planning, thinking and reviews
4. Be able to apply person-centred thinking in relation to own life
5. Be able to implement person-centred thinking and person-centred reviews

Guided learning hours

It is recommended that **34** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupational standards

This unit is linked to HSC 25.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Skills for health SSC and Skills for Care and Development SSC

Assessment

Units need to be assessed in line with the Skills for Care and Development QCF Assessment Principles.

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

LD202 Support person-centred thinking and planning

Learning outcomes and assessment criteria

Outcome 1 Understand the principles and practice of person-centred thinking, planning and reviews

The learner can:

1. identify the beliefs and values on which person-centred thinking and planning is based
2. define person-centred thinking, person-centred planning and person-centred reviews
3. describe the difference that person-centred thinking can make to individuals and their families
4. describe examples of person-centred thinking tools
5. explain what a 'one page profile' is
6. describe the person-centred review process

Outcome 2 Understand the context within which person-centred thinking and planning takes place

The learner can:

- 1 outline current legislation, policy and guidance underpinning person-centred thinking and planning
- 2 describe the relationship between person-centred planning and personalised services
- 3 identify ways that person-centred thinking can be used:
 - with individuals
 - in teams

Outcome 3 Understand own role in person-centred planning, thinking and reviews

The learner can:

1. describe own role in person-centred thinking, planning and reviews when supporting individuals
2. identify challenges that may be faced in implementing person-centred thinking, planning and reviews in own work
3. describe how these challenges might be overcome

Outcome 4 Be able to apply person-centred thinking in relation to own life

The learner can:

1. demonstrate how to use a person-centred thinking tool in relation to own life to identify what is working and not working
2. describe own relationship circle
3. describe how helpful using a person-centred thinking tool was to identify actions in relation to own life
4. describe how to prepare for own person-centred review

Outcome 5 Be able to implement person-centred thinking and person-centred reviews

The learner can:

- 1 use person-centred thinking to know and act on what is important to the individual
- 2 establish with the individual how they want to be supported
- 3 use person-centred thinking to know and respond to how the individual communicates
- 4 be responsive to how an individual makes decisions to support them to have maximum choice and control in their life
- 5 support the individual in their relationships and in being part of their community using person-centred thinking
- 6 ensure that the individual is central to the person-centred review process
- 7 explain how to ensure that actions from a review happen

SSOP21

Introductory awareness of models of disability



SSOP21 Introductory awareness of models of disability

Level: 2

Credit value: 2

Unit aim

The purpose of this unit is to provide the learner with introductory knowledge about the medical and social models of disability

Learning Outcomes

There are **two** learning outcomes to this unit. The learner will:

1. Know the difference between the medical and social models of disability
2. Understand how the adoption of models of disability impact on the wellbeing and quality of life of individuals

Guided learning hours

It is recommended that **15** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupation standards unit

This unit is linked to the Sensory Services 1, 2, 3, 10, 11.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development SSC

Assessment

Units need to be assessed in line with the Skills for Care and Development QCF Assessment Principles

SSOP21 Introductory awareness of models of disability

Learning outcomes and assessment criteria

Outcome 1 Know the difference between the medical and social models of disability

The learner can:

1. describe the medical model of disability
2. describe the social model of disability
3. outline how each of the models has developed and evolved over time
4. give examples of where each model of disability may be used in service delivery.

Outcome 2 Understand how the adoption of models of disability impact on the wellbeing and quality of life of individuals

The learner can:

1. identify how the principles of each model are reflected in service delivery
2. explain how each of the models of disability impacts on the
 - inclusion
 - rights
 - autonomy
 - needs of individuals
3. explain how own practice promotes the principle of inclusion

SSOP24

Contribute to supporting individuals in the use of assistive technology



SSOP24 Contribute to supporting individuals in the use of assistive technology

Level: 2

Credit value: 3

Unit aim

The purpose of this unit is to provide the learner with the knowledge and skills to contribute to supporting the use of assistive technology

Learning outcomes

There are **two** learning outcomes to this unit. The learner will:

1. Understand the range and purpose of assistive technology available to support individuals
2. Be able to contribute to the use of selected assistive technology

Guided learning hours

It is recommended that **19** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national standards

This unit is linked to the Sensory Services 4, 5, 6, 7, 9, 11

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF assessment principles.

Learning outcome 2 must be assessed in a real work environment

SSOP24 Contribute to supporting individuals in the use of assistive technology

Learning outcomes and assessment criteria

Outcome 1 Understand the range and purpose of assistive technology available to support individuals

The learner can:

1. define the term assistive technology
2. list a sample of assistive technology aids
3. explain the functions of the sample of assistive technology aids selected
4. describe how the sample of assistive technology aids selected can be utilised to promote participation, access and inclusion

Outcome 2 Be able to contribute to the use of selected assistive technology

The learner can:

1. support an individual to access information about assistive technology
2. support an individual to use assistive technology following instructions and / or agreed ways of working
3. provide feedback on the effectiveness of assistive technology

LHS39

Independent mental capacity advocacy



LHS39 Independent mental capacity advocacy

Level: 4

Credit value: 12

Unit aim

The unit aims to support candidates to develop the practical skills and knowledge required to provide IMCA support within the Mental Capacity Act 2005

Learning outcomes

There are **nine** learning outcomes to this unit. The learner will:

1. Understand and use the Mental Capacity Act
2. Provide independent mental capacity advocacy
3. Work with the decision maker
4. Challenge decisions made by the decision maker
5. Work with people who lack capacity
6. Work with accommodation and care review referrals
7. Work with serious medical treatment referrals
8. Work with adult protection referrals
9. Construct an Independent mental capacity advocacy written report that meets statutory requirements

Guided learning hours

It is recommended that **35** hours should be allocated for this unit, although patterns of delivery are likely to vary.

Details of the relationship between the unit and relevant national occupation standards unit

This unit is linked to AHP 17 Assist and support individuals to use total communication systems

GEN 12 Reflect on and evaluate your own values, priorities, interests and effectiveness

H16 Market and promote the service

H136 Communicate effectively with individuals and others

HSC 328 Contribute to care planning and review

HSC 368 Present individuals' needs and preferences

HSC 3199 Promote the values and principles underpinning best practice

HSC 41 Use and develop methods and systems to communicate record and report

HSC 45 Develop practices which promote choice, well-being and protection of all individuals

HSC 418 Work with individuals with mental health needs to negotiate and agree plans for addressing those needs

HSC 423 Assist individuals at formal hearings

HSC 431 Support individuals where abuse has been disclosed

HSC 434 Maintain and manage records and reports

HSC 437 Promote your organisation and its services to stakeholders

MH_1 Promote effective communication and relationships with people who are troubled or distressed

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development SSC

Evidence requirements

Learners must provide a portfolio of evidence

LHS39 Independent mental capacity advocacy

Learning outcomes and assessment criteria

Outcome 1 Understand and use the Mental Capacity Act

The learner can:

- 1 explain key principles of the Mental Capacity Act 2005
- 2 analyse powers within the Mental Capacity Act 2005
- 3 use research skills to identify a range of provisions within the Mental Capacity Act 2005
- 4 explain who may be affected by the Mental Capacity Act 2005 and why
- 5 use the code of practice

Outcome 2 Provide independent mental capacity advocacy

The learner can:

- 1 use the Mental Capacity Act 2005 to identify when there is a duty and a power to instruct an IMCA
- 2 analyse the role and responsibilities of an IMCA
- 3 summarise rights afforded to an IMCA within the Mental Capacity Act 2005
- 4 prioritise a range of case work
- 5 assess a range of potential challenges which IMCAs can face in practice
- 6 resolve practice dilemmas
- 7 evaluate the differences between IMCA and general advocacy
- 8 assess and resolve conflicts of interest
- 9 summarise the role of commissioners
- 10 commit to using supervision
- 11 signpost qualifying people to other services

Outcome 3 Work with the decision maker

The learner can:

- 1 identify the decision maker
- 2 Identify good practice in partnership working between the decision maker and the IMCA
- 3 resolve a range of dilemmas and challenges which may be faced
- 4 use referral processes which identify legal requirements for accepting a new client
- 5 evaluate the correctness of the assessment of capacity
- 6 identify the requirements for accepting referral when family are involved
- 7 identify which IMCA service is responsible to represent an individual in different geographical areas
- 8 respond to decision makers who do not practice partnership working
- 9 present to decision makers on what an IMCA can contribute

Outcome 4 Challenge decisions made by the decision maker

The learner can:

- 1 map out the decision making process within each area an IMCA may be involved
- 2 raise concerns during the decision making process
- 3 highlight concerns after the decision is made

Outcome 5 Work with people who lack capacity

The learner can:

- 1 use a range of methods to communicate with people who lack capacity
- 2 use non-instructed Advocacy to identify the wishes and preferences of people receiving IMCA support
- 3 use strategies to work with people with dementia or learning disabilities
- 4 ascertain the wishes and preferences of people who lack capacity

Outcome 6 Work with accommodation and care review referrals

The learner can:

- 1 research information and establish options
- 2 evaluate the differences and similarities in a range of types of accommodation
- 3 identify a range of possible care packages to enable people to stay at home
- 4 assess the suitability of types of accommodation to individuals
- 5 assess the impact the decision will have on the individual
- 6 use a range of information sources to suggest alternative courses of action
- 7 explain the function of a range of regulatory bodies

Outcome 7 Work with serious medical treatment referrals

The learner can:

- 1 summarise the criteria for serious medical treatment
- 2 research and gather information
- 3 assess the impact the decision will have on the individual
- 4 use a range of information sources to suggest alternative courses of action
- 5 obtain a second medical opinion where appropriate
- 6 explain the importance of seeking a second medical opinion
- 7 identify risks, benefits and ethical issues connected to medical treatments
- 8 explain the process of referral in medical systems to access treatment

Outcome 8 Work with adult protection referrals

The learner can:

- 1 identify the different stages at which the IMCA may be instructed within adult protection procedures
- 2 identify a range of situations where the IMCA may represent the individual during adult protection meetings
- 3 analyse and use local and national adult protection procedures
- 4 use the guidelines for IMCA in adult protection proceedings referrals
- 5 research and gather information
- 6 attend meetings where necessary
- 7 identify a range of protection plans which may be formulated within adult protection strategy meetings
- 8 summarise the issues involved in communicating with families in adult protection cases

Outcome 9 Construct an Independent mental capacity advocacy written report that meets statutory requirements

The learner can:

- 1 identify a range of issues that should be addressed within an IMCA report
- 2 identify what should never be in an IMCA report
- 3 write an IMCA report
- 4 identify good practice in recording case work
- 5 explain the impact of data protection legislation on the recording of work



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